ELECTIONS

CANDIDATE CAMPAIGN FILE COVER SHEET

| | REVISED | |
|---|---|--|
| Candidate Name | Antonio Domenech | |
| Residence Address | | |
| City and Zip Code | THE DESTRICT STORE OF VER FOA MYERS, FL 33967 Structure Structure Check if same as above. | |
| Mailing Address | Check if same as above. Check if different from residence. | |
| Telephone Number(s) | Daytime (list below) 239-896-2443 OR | |
| Campaign Email Address | Modernation @ gnedl. an | |
| Campaign Website | 60 | |
| Office Sought | San Carlos Park Fire Commussioner | |
| Area, District, Group or Seat # | Seat 1 | |
| System, Library and Mosquito Control are n partisan" on the line below. | ns, and Special District Offices such as Community Development, Fire, Health on-partisan offices. A candidate for any of these offices, must indicate "non- ounty Commission may file partisan or "No Party Affiliation" (NPA) and shall arty Affiliation" on the line below. | |
| ➔ Political Party for Office Sought | None | |
| Date of Birth or Voter Registration ID # | 0629-82 | |
| Date | 6/14-18 | |
| Candidate Signature | f candjuate-qualifying documents and campaign finance reports on its website | |

<u>www.lee.vote</u> or visit the following link: <u>http://www.lee.vote/campaigns/candidate-packets/</u> and <u>http://www.lee.vote/campaigns/candidate-finance-reports/</u>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

| CANDIDATE OATH - | '18JUN19PM0244 SOE Lee Co F1 |
|--|--|
| NONPARTISAN OFFICE | |
| (Do not use this form if a Judicial or School Board Candidate) | |
| Check box only if you are seeking to qualify as a write-in candidate: | |
| Write-in candidate | |
| | OFFICE USE ONLY |
| | ate Oath (a), Florida Statutes) |
| | |
| hyphen, check box . (See page 2 - Compound Last Although a write-in candidate's name is not printed on the | . If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.) |
| am a candidate for the nonpartisan office of San Carlos | (Office) (District #) |
| (Circuit #) , Group or Seat #) ; I am a qualified elector of | County, Florida; |
| | f which office or any part thereof runs concurrent with the office equired to resign pursuant to Section 99.012, Florida Statutes; e Constitution of the State of Florida. |
| Candidate's Florida Voter Registration Number (located on y | our voter information card): |
| Phonetic spelling for audio ballot: Print name phonetically of ballot as may be used by persons with disabilities (see instruction | on the line below as you wish it to be pronounced on the audio on son page 2 of this form): [Not applicable to write-in candidates.] |
| X (2391) 896-24 | 143 Modernation Daniel com |
| Signature of Candidate Telephone Number | Email Address |
| Address Stepping stone drive FUT Mye | K FL 33967 State ZIP Code |
| STATE OF FLORIDA | Signature of Notary Public |
| COUNTY OF LEE | Print, Type, or Stamp Commissioned Name of Notary Public below: |
| Sworn to (or affirmed) and subscribed before me this <u>/</u> ?/ day of <u>JUNC</u> , 20 <u>/</u> <u>S</u> . Personally Known: or Produced Identification: <u></u> | Motary Public State of Florida Tamaris A Lipa My Commission GG 187350 Expires 06/11/2022 |
| Type of Identification Produced: | ····· |

11/06/17



Affidavit of Intent Special District Candidates

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida County of Lee

1. Antonio Domener , am a candidate for the independent special (print name)

district office of:

CArlos (include district name AND_district_seat_area or group #)

in the <u>November 6, 2018, General Election</u>. I declare that my <u>only campaign expense</u>, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, <u>I will not be required to</u>: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that <u>prior to doing so, I am required to file Form DS-DE 9</u> (Appointment of Campaign Treasurer/Besignation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

Signature & Candidate

Date

FS 106,021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository. History 2007 HB537, FS 99.061, FS 106.021 Revised-11/06/17 (Lee County Special District Forms)

| FORM 1 | STATEMENT OF | - | 2017 |
|---|---|--|--|
| Please print or type your name, malling address, agency name, and position below: | FINANCIAL INTERES | rs 🛛 | FOR OFFICE USE ONLY: |
| LIST NAME FIRST NAME MIDULE DOMENECH Arts Mailling address: 17420 Sterong Sone | | | .BJUN19PM0243 SCE |
| CITY : For My AS NAME OF AGENCY : Son Order NAME OF OFFICE OR POSITION HELD Son - Fice Gas You are not limited to the space on the line | ZIP: FL COUNTY: 33967 Shall Fire District | | 0243 SUE Lee (o F1 |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one): DECEMBER 31, 201 MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPAR for further details). CHECK THE ONE | ORTABLE INTERESTS: B REPORTING THRESHOLDS THAT ARE ABSOLUTE I RATIVE THRESHOLDS, WHICH ARE USUALLY BASED YOU ARE USING (must check one): | YEAR, WHET OR THE PRI R THAN THE OOLLAR VAL O ON PERCE | THER BASED ON A CALENDAR ECEDING TAX YEAR ENDING CALENDAR YEAR: |
| (If you have nothing to repor NAME OF SOURCE | SOURCE'S | i D | ESCRIPTION OF THE SOURCE'S |
| Noton (25 of SU) HE To | ADDRESS | 0 | PRINCIPAL BUSINESS ACTIVITY |
| | The set of | | |
| | | | |
| (If you have nothing to repo | other sources of income to businesses owned by the reportir | | e instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
| <u> </u> | / | | |
| | / \ | | |
| PART C REAL PROPERTY [Land, build (If you have nothing to report 17420 Steppin Store FOFT MYOS FC 339 | tings owned by the reporting person - See instructions] , write "none" or "n/a") Drive 16 7 | and v locat | G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out on page 3. |

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certifica (If you have nothing to report, write "none" or "n/a") | ates of deposit, etc See instructions] |
|--|---|
| | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| NIA | NIA |
| | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") | 1 |
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| NIA | NIA |
| | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or posit (If you have nothing to report, write "none" or "n/a") BUSINI | ions in certain types of businesses - See instructions] ES\$ ENTITY # 1 BUSINESS ENTITY # 2 |
| NAME OF BUSINESS ENTITY | |
| ADDRESS OF BUSINESS ENTITY | A |
| PRINCIPAL BUSINESS ACTIVITY | |
| POSITION HELD WITH ENTITY | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | |
| NATURE OF MY OWNERSHIP INTEREST | |
| For elected municipal officers required to complete annual ethics training I CERTIFY THAT I HAVE COMP IF ANY OF PARTS A THROUGH G ARE CONTINUED O | LETED THE REQUIRED TRAINING. |
| | |
| | |
| SIGNATURE OF PILER. Signature: | <u>CPA or ATTORNEY SIGNATURE ONLY</u> If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: |
| SIGNATURE OF PILER. Signature: | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or |
| SIGNATURE OF FILER. | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the |
| SIGNATURE OF PILER. Signature: | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. |
| SIGNATURE OF PILER. Signature: | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, |
| Signature: Signature: Date Signed: <i>FILING INSTRUCTIONS:</i> If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions. | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, |
| Signature: Signature: Date Signed: | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: |
| Signature: Signature: Date Signed: | CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I |

CE FORM 1 - Effective: January 1, 2018. Incorporated by reference in Rule 34-8.202(1), F.A.C.



Canvassing Board Meetings and Logic and Accuracy Testing Schedule Primary Election on Tuesday, August 28, 2018

718JUN19FM0244 SOE Lee Co F1



General Election on Tuesday, November 6, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule