




CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED

Candidate Name	Paul Martin Louwers		
Residence Address	856 North Town & River Dr		
City and Zip Code	Fort Myers, 33919		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.	<input type="checkbox"/> Check if different from residence.	
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-826-4407		
Campaign Email Address	plouwers@auto-video.com		
Campaign Website	na		
Office Sought	Commissioner <i>Seat 1</i>		
Area, District, Group or Seat #	Iona-Mcgregor Fire Protection & Rescue District		
<p>➔ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➔ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➔ Political Party for Office Sought	non-partisan		
Incumbent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	111712496		
Candidate Signature & Date			6/18/2018

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. 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 –
NONPARTISAN OFFICE**

18 JUN 20 PM 12:31 SOE Lee Co FL

(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

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Paul Martin Louwers

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

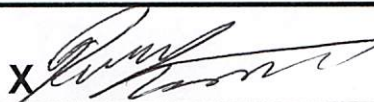
am a candidate for the nonpartisan office of Iona-McGregor Fire Protection & Rescue District, _____,
(Office) (District #)

_____, 1 ; I am a qualified elector of Lee County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

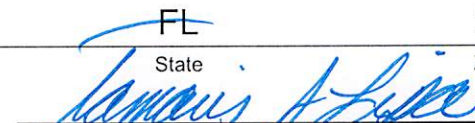
Candidate's Florida Voter Registration Number (located on your voter information card): 111712496

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

X  (239) 826-4407 plouwers@auto-video.com
Signature of Candidate Telephone Number Email Address

856 North Town & River Dr Fort Myers FL 33919
Address City State ZIP Code

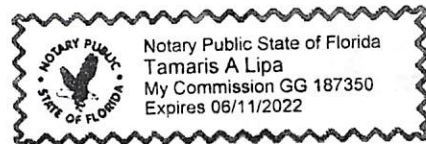
STATE OF FLORIDA
COUNTY OF LEE


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 20th
day of June, 2018.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: FL DL



OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Paul Martin Louwers

candidate for the office of Lee ^{seat 1} WONA. Mc Gregor Commissioner

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X 
Signature of Candidate

6/18/2017
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME
LOUWERS PAUL MARTIN

MAILING ADDRESS
856 NORTH TOWN & RIVER DR

CITY: FORT MYERS ZIP: 33919 COUNTY: LEE

NAME OF AGENCY:
IONA MCGREGOR FIRE PROTECTION & RESCUE DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COMMISSIONER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

[X] DECEMBER 31, 2017 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [X] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: AUTOMOTIVE VIDEO INNOVATIONS, INC, 6280 ARC WAY, AUTOMOTIVE TRAINING VIDEOS.

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: NONE.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 1 column: REAL PROPERTY. Row 1: VACANT LOT 848 NORTH TOWN & RIVER DR 33919, 6280 ARC WAY FORT MYERS FL 33966.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SHAREHOLDER	AUTOMOTIVE VIDEO INNOVATIONS, INC
STOCKS -Detail of equity sector analysis	SEE ATTACHED PAGE

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
SYNOVUS BANK	HEALTH PARK COMMONS

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 NONE	BUSINESS ENTITY # 2 NONE
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

<p>SIGNATURE OF FILER:</p> <p>Signature: _____</p> <p>Date Signed: <u>6/18/2018</u></p>	<p>CPA or ATTORNEY SIGNATURE ONLY</p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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FILING INSTRUCTIONS:

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.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

FORM 1 PART D CONTINUED

PAUL MARTIN LOUWERS

Detail of equity sector analysis

Consumer Discretionary

ADVANCE AUTO PARTS INC

DORMAN PRODUCTS INC

HOME DEPOT INC

O REILLY AUTOMOTIVE INC

WALT DISNEY CO (HOLDING CO) DISNEY COM

Consumer Staples

COLGATE PALMOLIVE CO

Energy

SCHLUMBERGER LTD NETHERLANDS ANTILLES

Financials

AMERIPRISE FINANCIAL INC

BLACKROCK INC

Health Care

MEDTRONIC PLC

THERMO FISHER SCIENTIFIC INC

UNITEDHEALTH GROUP INC

Industrials

HONEYWELL INTL INC

PARKER HANNIFIN CORP

ROCKWELL AUTOMATION INC NEW

UNTD TECHNOLOGIES CORP

Information Technology

ACCENTURE PLC IRELAND CL A

ADOBE SYSTEMS INC (DELAWARE)

ALPHABET INC CL A

FACEBOOK INC CL A

MICROSOFT CORP

RED HAT INC

VISA INC CL A

6/18/2018

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Paul Martin Louwers

3. Address (include post office box or street, city, state, zip code)

856 North Town & River Dr
Fort Myers, FL 33919

4. Telephone

(239) 826-4407

5. E-mail address

plouwers@auto-video.com

6. Office sought (include district, circuit, group number)

Commissioner
Iona-McGregor Fire Protection & Rescue District 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Paul Martin Louwers

11. Mailing Address

856 North Town & River Dr

12. Telephone

(239) 826-4407

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33919

17. E-mail address

plouwers@auto-video.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Synovus Bank

20. Address

16451 Healthpark Commons Dr, Suite 100

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33908

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

06/20/18

26. Signature of Candidate



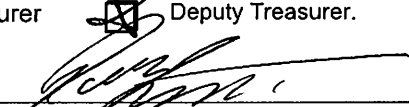
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Paul Martin Louwers, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/20/18

Date


Signature of Campaign Treasurer or Deputy Treasurer

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Paul Martin Louwers

3. Address (include post office box or street, city, state, zip code)

856 North Town & River Dr
Fort Myers, FL 33919

4. Telephone

(239) 826-4407

5. E-mail address

plouwers@auto-video.com

6. Office sought (include district, circuit, group number)

Commissioner
Iona-McGregor Fire Protection & Rescue District Seat 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Robert Allan Watson

11. Mailing Address

11378 Royal Tee Cir

12. Telephone

(239) 283-9303

13. City

Cape Coral

14. County

Lee

15. State

FL

16. Zip Code

33991

17. E-mail address

rwatson@watson-industries.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Synovus Bank

20. Address

16451 Healthpark Commons Dr, Suite 100

21. City

Fort Myers

22. County

Lee

23. State

Florida

24. Zip Code

33908

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

06/18/2018

26. Signature of Candidate



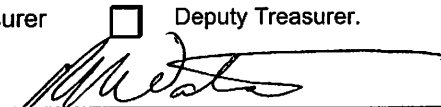
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Robert Allan Watson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/18/2018

Date


Signature of Campaign Treasurer or Deputy Treasurer