

## CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED				
Candidate Name	Alfred N. (Mike) Lawrence				
Residence Address	545 Boulder Drive				
City and Zip Code	Sanibel, Florida 33957				
	Check if same as above. Check if different from residence.				
Mailing Address			No. Specialis		
			gr fun Landing Landing Landing		
			Ń.		
Telephone Number(s)	Daytime (list below)		Alternate (list below)		
	239-,395-1697	OR	239-699-2712		
Campaign Email Address	Ns		Alternate (list below)  239-699-2712		
Campaign Website	,				
Office Sought	Fire Commissioner Sanibel Fire and Rescue District				
Area, District, Group or Seat #	Seat# 1				
<ul> <li>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.</li> <li>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.</li> </ul>					
→ Political Party for Office Sought	NPA				
Incumbent	■Yes		□No		
Date of Birth or Voter Registration ID #	September 8, 1931				
Candidate Signature & Date	alled n'inte Lour	1	6/20/18		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website <a href="http://www.lee.vote/campaigns/candidate-packets/">www.lee.vote/campaigns/candidate-packets/</a> and <a href="http://www.lee.vote/campaigns/candidate-packets/">http://www.lee.vote/campaigns/candidate-packets/</a> and <a href="http://www.lee.vote/campaigns/candidate-finance-reports/">http://www.lee.vote/campaigns/candidate-finance-reports/</a>. 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		
(Do not use this form if a Judicial or School Board Candidate	)	
Check box <b>only</b> if you are seeking to qualify as a write-in candidate:	1	pà
☐ Write-in candidate		OFFICE USE ONLY
	date Oath 1)(a), Florida Statutes) ot. If your last name consists of	RHIOIA SUE LE
hyphen, check box	e ballot, the name must be printe	d above for oath purposes:
am a candidate for the nonpartisan office of Fire Commis		
	(Office)	(District #)
Seat# 1; I am a qualified elector	Lee	County, Florida;
(Circuit #) (Group or Seat #)		
have qualified for no other public office in the state, the term I seek; and I have resigned from any office from which I am and I will support the Constitution of the United States and t	required to resign pursuant to S	ection 99.012, Florida Statutes;
Candidate's Florida Voter Registration Number (located or	your voter information card): 1115	571292
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction of the second	tions on page 2 of this form): [Not a	
Signature of Candidate Telephone Number	γv	Email Address
545 Boulder Drive Sanibel	Florida	33957
Address City	State 1	, ZIP Code
STATE OF FLORIDA  COUNTY OF Lee	Signature of Notary Public Print, Type, or Stamp Commission	
Sworn to (or affirmed) and subscribed before me this 20th day of June, 20_18  Personally Known: or Produced Identification:	MY CON	FRANCES HICKEY  MISSION # GG870558  RES March 23, 2021
Type of Identification Produced:		



## 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

Alfred N. (Mike) Lawrence, am a candidate for the independent special

(print name)

district office of:

## Sanibel Fire and Rescue District Seat# 1

(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, I will not be required to: 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/Designation 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 of Candidate

June 20, 2018

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, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE	NAME:					
Mureux alpest	nh	<del></del>	<del>à</del>			
MAILING ADDRESS:						
	is Lec		7.8JUN1.3AM0839.SOE Lee CoF			
Samilel Fire D	ZIP: COUNTY:		/ 3999			
NAME OF AGENCY:	•		<u> </u>			
NAME OF OFFICE OR POSITION HELI	OR SOUGHT:		<u></u>			
<i></i>	lear 1		IJ			
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AF	10 M 61	<b>/</b> }			
**** <u>BOTH</u>	PARTS OF THIS SECTION	N MUST BE COM	IPLETED ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF YEAR OR ON A FISCAL YEAR. PLE. EITHER (must check one):	R FINANCIAL INTERESTS FOR THE ASE STATE BELOW WHETHER TH	PRECEDING TAX YEAR, IS STATEMENT IS FOR T	WHETHER BASED ON A CALENDAR HE PRECEDING TAX YEAR ENDING			
DECEMBER 31, 20	17 <u>OR</u> D SPECIFY	TAX YEAR IF OTHER THA	N 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 (PE	RCENTAGE) THRESHOLDS	OR G DOLLA	R VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to the rt, write "none" or "n/a")	reporting person - See Instru	uctions]			
NAME OF SOURCE OF INCOME	SOURC ADDRI		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Junt Famil	Citi Bank of	N.Y.				
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")						
NAME OF	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
BUSINESS ENTITY	OF BUSINESS INCOME	OF SOURCE	ACTIVITY OF SOUNCE			
PART C REAL PROPERTY (Land, bu	ildings owned by the reporting person -	See instructions]	FILING INSTRUCTIONS for when			
I house is famena Lagar 41. No.			and where to file this form are located at the bottom of page 2.			
mora in fameur Latt 41. NI			INSTRUCTIONS on who must file this form and how to fill it out			
			begin on page 3.			

PAGE 1

PART D — INTANGIBLE PERSONAL PROPERTY (St (If you have nothing to report, write "nor	ocks, bonds, certificates	of deposit, etc See instr	ructions)	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Town Fand				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
·· NAME OF CREDITOR	1401 WW 13 ADDRESS OF CREDITOR			
NOVAD MENT	Obla City,	1401 NW 13 St ADDRESS OF CREDITOR OBLA City, OK. 73107		
	<b>V</b> '		r. C.C.	
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or position	s in certain types of busin	nesses - See instructions]	
(If you have nothing to report, write "none		SENTITY#1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY			Is CC	
PRINCIPAL BUSINESS ACTIVITY			F	
POSITION HELD WITH ENTITY			gr E	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			0	
NATURE OF MY OWNERSHIP INTEREST			1.2	
PART G — TRAINING				
For elected municipal officers required to complete an				
I CERTIFY THAT I	HAVE COMPLE	ETED THE REQU	IRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature:		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:		
M lawered		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.		
Date Signed:				
6/11/16		CPA/Attorney Signature:		
		Date Signed:		
FILING INSTRUCTIONS:	•			
If you was mailed the form but he Commission on Et	ibion or a County - C-	andidatan file thin f t-	andhar with their filling pages	

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.