




## CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED

Candidate Name	CHARLES EDWARDS		
Residence Address	1613 McARTHUR AVE		
City and Zip Code	LEESPORT ACRES, 33972		
Mailing Address	<input type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	614-989-9612		
Campaign Email Address	CEDW122827@AOL.COM		
Campaign Website			
Office Sought	LEESPORT ACRES FIRE COMMISSIONER		
Area, District, Group or Seat #	#5		
<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			
Incumbent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	10-8-1958		
Candidate Signature & Date	 6-21-18		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website [www.lee.vote](http://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**

(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, Charles Edwards

(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 LEHIGH ACRES FORE DISTRICT, 5  
(Office) (District #)

\_\_\_\_\_, \_\_\_\_\_; 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): 121559211

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** [Signature] Telephone Number (614) 989 9612 Email Address cedw122827@Aol.com

Address 1613 McARTHUR AVE City Lehigh Acres State FL ZIP Code 33972

STATE OF FLORIDA  
COUNTY OF LEE

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

Sworn to (or affirmed) and subscribed before me this 21st day of June, 2018.

Personally Known: \_\_\_\_\_ or Produced Identification: X

Type of Identification Produced: FLDL



**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)

*Charles F. EDWARDS*

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

*1613 McARTHUR  
LEHIGH ACRES, FL 33972*

4. Telephone

*(614) 989 9612*

5. E-mail address

*CEDW12287@A1.com*

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

*LEHIGH ACRES FIRE COMMISSIONER  
SEATS*

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

*Charles EDWARDS*

11. Mailing Address

*1613 McARTHUR AVE*

12. Telephone

*(614) 989 9612*

13. City

*Lehigh Acres*

14. County

*Lee*

15. State

*FL*

16. Zip Code

*33972*

17. E-mail address

*CEDW12287@A1.com*

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

19. Name of Bank

*SUN TRUST*

20. Address

*1110 HOMESTEAD AVE*

21. City

*Lehigh Acres*

22. County

*Lee*

23. State

*FL*

24. Zip Code

*33936*

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

*6-21-18*

26. Signature of Candidate

*X [Signature]*

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

I, *Charles EDWARDS*, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*6-21-18*  
Date

*X [Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

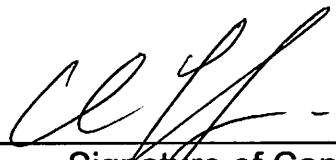
(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, CHARLES EDWARDS,  
candidate for the office of LEHIGH ACRES FIRE COMMISSIONER

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

X   
Signature of Candidate

6-21-18  
Date

13 JUN 21 PM 12:07 SUE LEE CCH

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).

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  
INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

**PART B -- SECONDARY SOURCES OF INCOME** [Major 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**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")

NAME OF SOURCE OF INCOME	SOURCES ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DIETZMAN EXIT	1819 BEDFORD ST COLUMBUS OH 43224	REAL ESTATE SALES

**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  DOLLAR VALUE THRESHOLDS

**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):

DECEMBER 31, 2017 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY: 2017

LAST NAME -- FIRST NAME -- MIDDLE NAME: EDWARDS CHARLES  
MAILING ADDRESS: 1613 Mc PETERSON AVE  
CITY: COLUMBUS OH ZIP: 3972

NAME OF AGENCY: Leight Acres Fall Compressor HS  
NAME OF OFFICE OR POSITION HELD OR SOUGHT:

YOU ARE NOT LIMITED TO THE SPACE ON THE LINES ON THIS FORM. ATTACH ADDITIONAL SHEETS, IF NECESSARY.  
CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**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
Capital One Investing STOCKS	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NO	

**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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

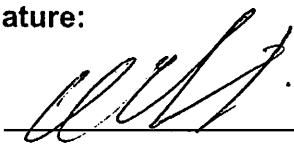
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6-21-18

**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.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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.