

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY – FLORIDA**

<u>PHYSICAL ADDRESS</u> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901	<u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE www.leeelections.com

QUALIFICATION CONFIRMATION

CANDIDATE	ERIC P. FEICHTHALER		
	LEE COUNTY COURT JUDGE GROUP 4		
DATE ISSUED	ALL FORMS SUBMITTED	FILING FEE PAID (CHECK ONE)	RECEIVED BY
04-27-10	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> PETITION METHOD <input type="checkbox"/> N/A(WRITE-IN)	BERNIE FELICIANO QUALIFYING OFFICER

This office is in receipt of all required candidate-qualifying forms, filing fee (if any) and/or candidate petition signatures required in order to qualify for the office you seek. If you have received a qualification confirmation from this office your candidate-qualifying process is complete.

Questions or concerns regarding candidate-qualifying can be addressed by contacting me at 239-533-6304.

Bernie Feliciano

Bernie Feliciano
Qualifying Officer

JUDICIAL OFFICE LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

COUNTY OF LeeOFFICIAL USE ONLY
10APR27PM1202 SDE Lee Co FL**SCANNED**

I,

Eric

First Name

Paul

Middle Name/Initial

Feichthaler

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 105.031, Florida Statutes)

I,

Eric P. Feichthaler

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of

Lee County Judge

(office)

(district)

(circuit)

4

(group)

; my legal residence is

Lee

County, Florida; I am a qualified elector

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; by executing this form, I have taken the oath required by ss. 876.05 – 876.10, Florida Statutes; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

X

Eric Feichthaler

Signature of Candidate

Telephone Number

(239) 898-8524

Email Address

ericfeichthaler@comcast.net3200 Surfside Bl

Address

Cape Coral

City

FL

State

33914

ZIP Code

Sworn to (or affirmed) and subscribed before me this 27th day of April, 2010.Personally Known: ☒ or

Produced Identification: _____

Type of Identification Produced: _____

Sandra R. Jimeron

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



SANDRA R. JIMERON

Commission DD 648461

Expires May 5, 2011

Bonded Thru Troy Pain Insurance 800-385-7019

10APR27PM1202 SDE Lee Co FL

FORM 6**FULL AND PUBLIC DISCLOSURE OF****2009**

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

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

Feichthaler, Eric Paul

MAILING ADDRESS:

PO Box 152909

CITY:

Cape Coral

ZIP:

33915

COUNTY:

Lee

NAME OF AGENCY:

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Judge, Group 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☒FOR OFFICE
USE ONLY:**SCANNED**

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2009 was \$ 761,096.**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 28,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Please see attached addendum

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Regions Bank - PO Box 216, Birmingham, AL 35201

\$248,359

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SCANNED

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Asset	Value of Asset
Homestead, Cape Coral	\$ 681,480
3110 Santa Barbara Bl, Cape Coral	\$ 16,000
1734 NW 26th Avenue, Cape Coral	\$ 33,600
3200 NW 1st Ave, Cape Coral	\$ 9,000
3026 NW Juanita Pl, Cape Coral	\$ 8,000
3917 Yucatan Parkway, Cape Coral	\$ 39,900
Lot 17, Blk 828, Cranberry Blvd, North Port	\$ 6,500
Lots 27&28, Blk 2192 Devonia Circle, North Port	\$ 7,300
Village on the New Lot 47, West Jefferson, NC	\$ 110,000
Suntrust Momey Market Account	\$ 39,897
Suntrust Checking Account	\$ 2,818
Fidelity Rollover IRA	\$ 26,961

CF

SCANNED

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2009 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Eric P. Feichthaler PA	PO Box 152909, Cape Coral, 33915	3,491
Naples Fort Myers Kennel Club	Drawer 2567, Bonita Springs, FL 34133	9950
Suntrust Bank	1533 CC Pkwy W, Cape Coral 33914	791

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Eric P Feichthaler PA	Waste Pro, Inc	13110 Rickenbacker Pkwy Fort Myers, FL 33913	Waste Disposal

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
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			

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Eric Feichthaler
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 27th day of

April, 2010 by Eric Feichthaler

Sandra R. Jimerson
(Signature of Notary Public--State of Florida)



SANDRA R. JIMERSON
Commission DD 648461
Expires May 5, 2011
Bonded They They Pain Insurance 800-385-7019

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.