# **CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE**

\*20JUN11PM0447 SDE Lee Co F1

Check box only if you are seeking to qualify as a

| write-in candidate:   |   |  |  |  |  |
|---|---|--|--|--|--|
| Write-in candidate  | OFFICE USE ONLY   |  |  |  |  |
| Candid  | ate Oath  |  |  |  |  |
|   | d 105.031, Florida Statutes)  |  |  |  |  |
| 1, Acqueline Recent   | a 100.001, 1 londa Statutos)  |  |  |  |  |
| hyphen, check box . (See page 2 - Compound Last   | ot. If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. e ballot, the name must be printed above for oath purposes.)  |  |  |  |  |
| am a candidate for the nonpartisan office of  | ounty School Dand. 3.   |  |  |  |  |
|   | Office) (District #)  |  |  |  |  |
| ; I am a qualified elector  | of County, Florida;   |  |  |  |  |
| (Circuit #) (Group or Seat #)   |   |  |  |  |  |
| have qualified for no other public office in the state, the term of   | to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; e Constitution of the State of Florida. |  |  |  |  |
| Florida and of the United States of America, and being emplo  | ected and when term of office begins): I, a citizen of the State of yed by or an officer of the school board and a recipient of public or affirm that I will support the Constitution of the United States                                      |  |  |  |  |
| Candidate's Florida Voter Registration Number (located on y   | rour voter information card): 111634836   |  |  |  |  |
| 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.] |   |  |  |  |  |
| $\sim$  |   |  |  |  |  |
| Signature of Candigate Telephone Number   | 200 Jacqueline schooldistrict & a gmail com<br>Email Address  |  |  |  |  |
| 17675 Boct Club Dr. 47 Myly th.   | 33909   |  |  |  |  |
| Address City  | State ZIP Code  |  |  |  |  |
|   | Janaus I Lem  |  |  |  |  |
| STATE OF FLORIDA  | Signature of Notary Public  |  |  |  |  |
| COUNTY OF   | Print, Type, or Stamp Commissioned Name of Notary Public below:   |  |  |  |  |
| Sworn to (or affirmed) and subscribed before me by physical vor onlinepresence this // day of   | Notary Public State of Florida Tamaris A Lipa My Commission GG 187350 Expires 06/11/2022  |  |  |  |  |
| Type of Identification Produced:  |   |  |  |  |  |

| FORM 6  | FORM 6 FULL AND PUBLIC DISCLOSURE  |                                       | 2019  |
|---|--|---------------------------------------|---|
| Please print or type your name, mailing address, agency name, and position below: |  | ESTS                                  | FOR OFFICE USE ONLY:  |
| LAST NAME - FIRST NAME - MIDE<br>LCEZ VOC   | DLE NAME:  |                                       | p.  |
| MAILING ADDRESS:  | - Club Nc.   |                                       |   |
| 14 - 1141   | ((()))).   |                                       |   |
| Fort Hyers  | ZIP: COUNTY:<br>F(.33908 LEC   |                                       |   |
| NAME OF AGENCY!   | hool District  |                                       | (*)<br>(*)  |
| NAME OF OFFICE OR POSITION HELL   | LIPOR SOUGHT:  |                                       | V.<br>H   |
| CHECK IF THIS IS A FILING BY A CAI  |  |                                       |   |
|   | PART A NET WORTH   |                                       |   |
| Please enter the value of your r culated by subtracting your repo                 | net worth as of December 31, 2019 or a more orted liabilities from your reported assets, so p  | current date.                         | [Note: Net worth is not cale instructions on page 3.]                       |
| My net worth as of  | 1  |                                       |   |
|   | PART B ASSETS  |                                       |   |
| following, if not held for investment   | AL EFFECTS:  cts may be reported in a lump sum if their aggregate val purposes: jewelry; collections of stamps, guns, and nun d items; and vehicles for personal use, whether owned or | nismatic items: a                     | 000. This category includes any of the art objects; household equipment and |
| The aggregate value of my household   | ld goods and personal effects (described above) is \$  | 10,000                                |   |
| ASSETS INDIVIDUALLY VALUED AT O   | OVER \$1,000:<br>SSET (specific description is required - see instructio   | ,<br>ens n.4)                         | VALUE OF ASSET  |
|   | Dr. Fort Myers Pl. 33900   | 110 F/                                | 600,000 —   |
|   | 1, Fort Myers FL. 33912  |                                       | 335,000-  |
| ^   | hip Money Market Regarshavic.  |                                       | 48,705-   |
| Regions Checking A  |  |                                       | 4700 -  |
| ,   | PART C LIABILITIES   |                                       |   |
| LIABILITIES IN EXCESS OF \$1,000 (SE  | ee instructions on page 4):<br>S OF CREDITOR   |                                       | AMOUNT OF LIABILITY   |
| Suntruct loan P.OR  | Box 7904 Bactimere MD, 2271  | -6041                                 | \$324302.09   |
| PNC BANKLORN 405 5  | 5 hre S. Nayle 4. 34102  |                                       | 47144_  |
|   | •  |                                       |   |
| IOINT AND SEVEDAL LIADILITIES NO  | THE STEP A PAUL.   |                                       |   |
| JOINT AND SEVERAL LIABILITIES NO<br>NAME AND ADDRESS                              |  |                                       | AMOUNT OF LIABILITY   |
| MA.   |  |                                       |   |
| l   |  |                                       |   |
|   |  | · · · · · · · · · · · · · · · · · · · |   |

|   |                              | PART D -   | INCOME             |                       |   |  |  |
|---|------------------------------|--|--------------------|-----------------------|---|--|--|
| Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website. |                              |  |                    |                       |   |  |  |
| I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]  |                              |  |                    |                       |   |  |  |
| PRIMARY SOURCES OF INCO   | ,                            | ige 5):  |                    |                       | ī.  |  |  |
| NAME OF SOURCE OF INC   | 0                            | 11   |                    | SOURCE OF INCOME      | AMOUNT  |  |  |
| International Marble  | C <sub>O</sub> .             | 14175 0  | us 41              | F. Myer F. 3          | 3912 95,000 -                                 |  |  |
| SECONDARY SOURCES OF I  | NCOME [Major customers, cli  | ents. etc., of bu  | sinesses owned     | by reporting personse | e instructions on page 51:                    |  |  |
| NAME OF<br>BUSINESS ENTITY  | NAME OF MAJOR<br>OF BUSINESS | SOURCES  |                    | ADDRESS<br>OF SOURCE  | PRINCIPAL BUSINESS ACTIVITY OF SOURCE         |  |  |
| MIA   |                              |  |                    |                       |   |  |  |
| /V 1 /  |                              |  |                    |                       |   |  |  |
| I   | PART E INTERESTS I           | N SPECIFIE   | D BUSINESSE        | S [Instructions on p: | age 6]  |  |  |
|   | BUSINESS ENTITY              | # 1  | BUSINESS I         | ENTITY # 2            | BUSINESS ENTITY # 3                           |  |  |
| NAME OF<br>BUSINESS ENTITY  | N/A.                         |  |                    |                       |   |  |  |
| ADDRESS OF<br>BUSINESS ENTITY   | 1                            |  |                    |                       |   |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY  |                              |  |                    |                       |   |  |  |
| POSITION HELD<br>WITH ENTITY  |                              |  |                    |                       |   |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS  |                              |  |                    |                       |   |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST  |                              |  |                    |                       | 3   |  |  |
|   |                              | PART F - 7   | ΓRAINING           |                       |   |  |  |
| For office  | ers required to complete     | annual ethi  | cs training pu     | rsuant to section 1   | 12.3142, F.S.                                 |  |  |
| ☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  |                              |  |                    |                       |   |  |  |
| O/  | ATH                          |  | OF FLORIDA         | <i>c c</i>            |   |  |  |
| I, the person whose name app  |                              |  | to (or affirmed) a |                       | ne by means of                                |  |  |
| I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me by means of beginning of this form, do depose on oath or affirmation beginning of this form, do depose on oath or affirmation day of  |                              |  |                    |                       |   |  |  |
| and say that the information d  |                              | 1  | UNE                | 20 11) hu             | ACQUELINE PEREZ                               |  |  |
| and any attachments hereto is   | true, accurate,              |  | To marine          |                       | 1) CRAEDING TEPLE                             |  |  |
| and complete. (Signature of Notary PublicStates) Florida  |                              |  |                    |                       |   |  |  |
|   |                              | (-3  |                    | ANY PUL               | Notary Public State of Florida Tamaris A Lipa |  |  |
| 1 6/  | ) /                          | (Print,  | ype, or Stamp C    | • 10.00               | My Commission GG 187350 EXHIBITS 06/1/1/2022  |  |  |
| Hargue V  |                              | Person   | ally Known         | \$ 1000 Front         | ed Identification                             |  |  |
| SIGNATURE OF REPORTING  | OFFICIAL OR CANDIDATE        |  | Identification Pro |                       | 7/_   |  |  |
|   |                              | туре о   | identification Fit | oddced                |   |  |  |
| 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:   |                              |  |                    |                       |   |  |  |
| 1,, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution.  |                              |  |                    |                       |   |  |  |
| Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.   |                              |  |                    |                       |   |  |  |
| Cianati   |                              |  |                    | -                     | Data  |  |  |
| Signatu Preparation of this form  |                              | nes not ralia  | ve the filer of    | the responsibility    | Date  |  |  |
| Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.  IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET PLEASE CHECK HERE.   |                              |  |                    |                       |   |  |  |
| IF ANY OF PARTS A   | THROUGH E ARE CO             | IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE |                    |                       |   |  |  |





# Tommy Doyle Supervisor of Elections (239) LEE-VOTE (533-8683) ● www.lee.vote

## Canvassing Board Meeting Dates - August 18, 2020, Primary Election

#### Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 07-27-20 at 9 AM

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

Wednesday, 07-29-20 at 9 AM – Immediately Following Proceed to the Main Office (see below)

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 07-29-20

#### Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Friday, 07-31-20 Monday, 08-03-20 Wednesday, 08-05-20 Friday, 08-07-20
- Monday, 08-10-20 Wednesday, 08-12-20 Friday, 08-14-20 Monday, 08-17-20

#### Election Day

#### Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 08-18-20
  - o NOON, 4 PM, and 6 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 08-21-20 at 8 AM

#### Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 08-26-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 08-22-20 through 08-25-20 will apply.

# Canvassing Board Meeting Dates – November 3, 2020, General Election

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, the Tabulating Equipment used for Vote-by-Mail Ballots, and the Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

Monday, 10-12-20 at 9 AM – Immediately Following Proceed to the Main Office (see below)

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 10-12-20

#### Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Wednesday, 10-14-20 Friday, 10-16-20 Monday, 10-19-20
- Wednesday, 10-21-20 Friday, 10-23-20 Monday, 10-26-20
- Wednesday, 10-28-20 Friday, 10-30-20 Monday, 11-02-20

### **Election Day**

#### Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 11-03-20
  - o 9 AM, NOON, 3 PM, and 5 PM until finished

#### Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 11-06-20 at 2 PM

Canvass of Overseas Vote-by-Mail Ballots, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 11-13-20 at NOON

#### Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 11-18-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 11-08-20 through 11-14-20 will apply.

| I am a candidate for local office and have received a copy of the above schedules. |                  |           |  |  |
|--|------------------|-----------|--|--|
| X Spirale by   | Tocqueline Perez | 10/1/2000 |  |  |
| Signature  | Print Name       | Date      |  |  |
|  |                  |           |  |  |