## 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:

20MAY27AM0757 SDE Lee Co FI

Candidate Oath  (Section 99.021(1)(a), Florida Statutes)  I,	☐ Write-in candidate				OFFICE USE ONLY
(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 pege 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 LEE COUNTY MOS QUITO CONTROL DISTRICT (Office) (District #)  (Office) (Office) (District #)  (I am a qualified elector of LEE COUNTY MOS QUITO CONTROL DISTRICT (Office) (District #)  (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 is 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):  Candidate's Florida Voter Registration Number (located on your voter information card):  (I) 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):  (I) Florida Voter Registration Number (located on your voter information card):  (I) Florida Voter Registration Number (located on your voter information card):  (I) Florida Voter Registration Number (located on the audio ballots as may be used by persons with disabilities (see instructions on page 2 of this form): (Not applicable to write-in candidates.)  Signature of Candidate  Telephone Number  (I) Florida Voter Registration Number (located on Voter) Florida Voter Registration (located on Voter) Florida Voter Registration (located on Voter) Florida Voter Re	· ·				
(Circuit #) : I am a qualified elector of LEE County, Florida;  (Circuit #) : I am a qualified elector of LEE County, Florida;  (Circuit #) : I am a qualified elector of LEE County, Florida;  (Circuit #) : I am a qualified elector of LEE County, Florida;  (Circuit #) : I am a qualified elector of LEE County, Florida;  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):	hyphen, check box . (See page 2 - Col	mpound Last N	lames). No change car	n be made after the	end of qualifying.
Circuit #) (Group or Seet #)   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):	am a candidate for the nonpartisan office of	EE COUNTY		ROL DISTRICT	(District #)
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):		alified elector of	LEE		County, Florida;
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.]    EDWARD.   BRANTLEY® GMAIL. COM	have qualified for no other public office in the st I seek; and I have resigned from any office from	ate, the term of m which I am re	f which office or any par equired to resign pursua	t thereof runs concurr ant to Section 99.012	ent with the office
EDWARD. BRANTLE/@ GMATL. COM  Signature of Candidate  Telephone Number  Email Address    ES 70 WILDCAT DR FORT MYERS   FL 33913  Address  City  State   ZIP Code  STATE OF FLORIDA  COUNTY OF   Le   Signature of Notary Public Delow:  Swom to (or affirmed) and subscribed before me by physical or online presence this 20 day of MATL 202D.  Personally Known: or Produced Identification:   Delow   Commission of State of Florida   Signature of State of Florida   Signature of Notary Public   County Public Delow:  Notary Public State of Florida   Jazzma Ashiey Mozele   My Commission GG 520766   Expired 1/106/2023  Type of Identification Produced: FLY	Candidate's Florida Voter Registration Numb	er (located on yo	our voter information card)	: 111411824	-
Signature of Candidate  Telephone Number  Email Address  FL  33913  Address  City  State  Signature of Notary Public  Frint, Type, or Stamp Commissioned Name of Notary Public below:  Swom to (or affirmed) and subscribed before me by physical or online presence this 20 day of 2020.  Personally Known: or Produced Identification:  Type of Identification Produced: FLYX  EDWARD, BRANTLEY & GMATL. Com  Signature of Candidate  State  ZIP Code  Signature of Notary Public  Fint, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Fierda Jazzma Ashley Moate My Commission GG \$20766 Expired 11/06/2023  Type of Identification Produced: FLYX					
Signature of Candidate  Telephone Number  Email Address  Address  City  State  ZIP Code  STATE OF FLORIDA  COUNTY OF	XELBA (	)	EDWARD, R	RANTI EVO GA	1871 CAM
STATE OF FLORIDA  COUNTY OF  Sworm to (or affirmed) and subscribed before me by physical or online presence this or Produced Identification: \( \)  Personally Known: or Produced: \( \)  Type of Identification Produced: \( \)  State ZIP Code	Signature of Candidate Teleph	none Number			
STATE OF FLORIDA  COUNTY OF	18570 WILDCAT DR FOR	T MYERS	FL	33	913
Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me by physical or onlinepresence this 20 day of	Address City		State	McT. z	IP Code
Sworn to (or affirmed) and subscribed before me by physical or onlinepresence this 20_day of	STATE OF FLORIDA		Signature of Notary	y Public	
onlinepresence this 20_ day of	COUNTY OF Lee		Print, Tyle, or Stamp Co.	mmissioned Name of Nota	ry Public below:
Personally Known: or Produced Identification: W  Type of Identification Produced: Or Produced:	the contract of the contract o	_ or	\$~~~~	<b>~~~</b>	
Type of Identification Produced:	•	20 <u>20</u> .	Jazzmi	a Ashley Moste 💝 🤌	
	T. 1	<del></del>	To not Expires	11/06/2023	
	•	<del></del>		\$	

FORM 1	STATEN	MENT OF	2019
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - M			<b></b>
BRANTLEY-EI	DWARD-MARVIN	!	
MAILING ADDRESS :	•		<u></u>
18576 WILDO	AT DR		
			Γ. 
CITY:	ZIP: COUNTY:		SOUTH IS THE STATE OF
FORT MYERS		-EE	2
NAME OF AGENCY :			'
LEE COUNTY M	<u>osguito control</u>	DISTRICT	Ę
NAME OF OFFICE OR POSITION			5
COMMISSION	ER, AREA 1		
CHECK ONLY IF X CANDIDA	TE OR NEW EMPLOYEE O	R APPOINTEE	
Control of the Control of the State of the S	**** THIS SECTION MU	ST BE COMPLETED	# * * * * * * * * * * * * * * * * * * *
DISCLOSURE PERIOD:			
THIS STATEMENT REFLECTS	S YOUR FINANCIAL INTERESTS F	OR CALENDAR YEAR ENDI	NG DECEMBER 31, 2019.
MANNER OF CALCULATIE	NG REPORTABLE INTERESTS	:	
			OOLLAR VALUES, WHICH REQUIRES
	USING COMPARATIVE THRESHO ails). CHECK-THE ONE YOU ARE		BASED ON PERCENTAGE VALUES
· ~	E (PERCENTAGE) THRESHOLDS	· — ·	R VALUE THRESHOLDS
	OF INCOME [Major sources of income to		PERMITTER STATES AND S
	o report, write "none" or "n/a")	the reporting person - See institu	Liionsj
NAME OF SOURCE	ı sc	DURCE'S I	DESCRIPTION OF THE SOURCE'S
OF INCOME	1A	DDRESS	PRINCIPAL BUSINESS ACTIVITY
INOVO INC			DESIGNAMEG MEDICAL
FLITE ESTATES	1857C WILLXAT	DR 33913 C	CNSTRUCTION
N/A	MA		~/A
N/A	NA		N/A
	ES OF INCOME  ats, and other sources of income to busine to report, write "none" or "n/a")	esses owned by the reporting pers	on - See instructions]
NAME OF	. NAME OF MAJOR SOURCES	ADDRESS	. PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
<u>~/A</u>	MA	MA	N/A
<u>NA</u>	NA	N/A	N/A
N/A	l N/A	l N/A	N/A
	nd, buildings owned by the reporting person report, write "none" or "n/a")	on - See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
5422 BECK ST 33971			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
~/A			INSTRUCTIONS on who must file
N/P			this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Sic	cks, bonds, certificates	of deposit, etc See inst	ructions]		
(If you have nothing to report, write "none TYPE OF INTANGIBLE		BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES		
BANK ACCOUNT	SYNCV				
<i>∿'/i</i> <del>7</del>	N/A				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	s) e" or "n/a")	er e			
NAME OF CREDITOR		ADDRES	S OF CREDITOR		
N/D	N/A				
N/A	~ <i>/</i> A				
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	MA		MP		
ADDRESS OF BUSINESS ENTITY	N/A		\ <u>/P</u>		
PRINCIPAL BUSINESS ACTIVITY	NA		N/A		
POSITION HELD WITH ENTITY	NΊA		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		<u> </u>		
NATURE OF MY OWNERSHIP INTEREST	N/A		N/A		
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 FILE	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:  I,			
Date Signed:           5-26-2020		CPA/Attorney Signature:  Date Signed:			
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on E	thics or a County Co	andidates file this form	together with their filing papers.		

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**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, 2019.





# 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., 3<sup>rd</sup> 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.

Lam a candidate for local office a	and have received a copy of the above schedu	les.
XEMPER	ED BRANTLEY	5-27-2020
Signature	Print Name	Date