

## CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	-		_KEVISED		
Candidate Name	Sandra Varnum				
Residence Address	23645 Stonyriver Place				
City and Zip Code	Bonita Springs, 34135				
	Check if same as above.	Chec	k if different from residence.		
Mailing Address					
Telephone Number(s)	Daytime (list below)	OR	Alternate (list below)		
Telephone Namber(5)	239-495-5055				
Campaign Email Address	svarnum@mac.com				
Campaign Website	None				
Office Sought	Assistant Secretary , SEAT #3				
Area, District, Group or Seat #	Brooks of Bonita Springs C	DD			
<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	Non-partisan				
Incumbent	Yes		□No		
Date of Birth or Voter Registration ID #	114010640				
Candidate Signature & Date	Sardra Varrun		5/11/2020		

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-packets/</a> and <a href="http://www.lee.vote/campaigns/candidate-packets/">http://www.lee.vote/campaigns/candidate-packets/</a> Lee. VOTE <a href="http://www.lee.vote/campai

State of Florida



# 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.

County of Lee				
Sandra Varnum				
Ι,	, am a candidate for the independent special			
	(print name)			
district office of: Assistant Secretar	y, Brooks of Bonita Springs CDD , SEAT #3			
(include district name AND .district, seat, area or group #)				

in the <u>November 3, 2020, 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.

V / / /	5/11/2020
X daydie Varxus	
Signature of Candidate	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)

## 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

	Candidat (Section 99.021(1)(a)		Ë F		
I, Sandra Varnum			 •		
(Print name above as you wish it to hyphen, check box ☑. (See page 2 Although a write-in candidate's name	2 - Compound Last Na	ames). No change can be mad	le after the end of qualifying.		
am a candidate for the nonpartisan office	of Assistant Se	cretary, Brooks CDD	1 1		
•		(Office)	(District #)		
(Circuit #), Group or Seat #)	m a qualified elector of _	LEE	County, Florida;		
I am qualified under the Constitution and have qualified for no other public office in I seek; and I have resigned from any offi and I will support the Constitution of the U	the state, the term of vice from which I am red	which office or any part thereof r quired to resign pursuant to Sec	runs concurrent with the office tion 99.012, Florida Statutes;		
Candidate's Florida Voter Registration	Number (located on you	r voter information card):	0640		
Phonetic spelling for audio ballot: Print ballot as may be used by persons with disa					
X Sandra Varning Signature of Candidate	( 237) 495 - 503 Telephone Number		me Mac.com		
23645 Stonyriver Place	Bonita Springs	FL	34135		
Address	City	\( \) State \( \)	ZIP Code		
STATE OF FLORIDA		Cecle Cede	1		
COUNTY OF LEE		Signature of Notary Public / Print, Type, or Stamp Commissioned	Name of Notary Public below:		
Swom to (or affirmed) and subscribed before me by ph	ysical X or				
onlinepresence this 26 day of hay	, 20 20.	CECILE COO	DLEY		
Personally Known: or Produced Identification:  Type of Identification Produced:  Notary Public - State of Florida Commission # GG 258622 My Comm. Expires Oct 4, 2022 Bonded through National Notary Assn.					
DS-DF 302NP (Rev. 04/20)		-silaca tili odgi Mational	NOTATY ASSN.		

## - NTAO DIAGIGMAD

### POTENCE WAS STRAINED

Congression in the multi-scene of the larging and a manager see that the 19 a little of the contraction of the contraction and interest to ±21 1 120

		`s'	

7.36 13U 501510

Commence of the second

វណ្ឌៈ នៃ នៅស្រែក្រុងស៊ី Paragraph Color of the Cartical Color of the

## His mist as a sec

valin va**d zer**om min i zwej i ki waza enastikiwi woji mbin kafasi kejisantin wa Miliwa nasa i inibiwi Ba Application of the second of t The program of the complete the first of the second control of the control of the

and the second of the second o

appropriate to style course.

King of Colors

on the contract of the contrac ക്ക് ഒരു ഏറ്റു അവരെ പാരുത്ത് അത് വാര്യമായ ജൂസ്സ് അത്താനം പുരുവർക്കാന് അത്ത്ത് വരു കൊടുവര് വ്യാത്ത് അദ്ദേഹം **സ്**രീ Trada, cha i su ra rabajara i bengarah bana kana mana mengerah bana mengarah bana bana bana bengarah mengarah m no visita de alabata e e la seguidada de la compresión de la conferencia de la compresión de la compresión de conferencia de la compresión de

> Supplied to - Augustus Bernard - Commission - Bernard -

rest, or taine a visual contract of the contract was a service of the contract ลิงการและสมาชาง (การเพียง) **, เม่**า เมื่องหรือที่ สมาช**อ**นสุดภาษาสมอนของขาวการสสนาสิง ขึ้นกรอดขางสุดตามตาม และเป็นตรี

12 1 1 11

্বাচ্যাত্র ভারাপ্র A LONG WANT TEN CO.

8 ...

A BROWS SATING

Landing Control

The Super commission of the arrival court of the contract of Carlotte and the state of the s The second distribution of the second The same of the sa

200 14, 400 PMS 15 20 30

ં સાંભળતી મું તેમારી દુરી **લેવાને ઉ**ત્તરણ ઉત્ત

the way of mist a large way that the mistage will be a second or the second of the sec

93,000 BB //C Notary Bub is state of Flo Combination # 00.25362/ My Colom Exp. (9) 061 #, 2012 Sonded in Dustring the Marketty Assir

## FORM 1

## STATEMENT OF

2019

Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDI Varnum Sandra	E NAME :		·	ŗ
MAILING ADDRESS: 233645 Stonyriver Place				
				ļ
CITY: Bonita Springs	ZIP: COUNTY: 34135 Lee			!
NAME OF AGENCY: Brooks of Bonita Springs (	DD			
NAME OF OFFICE OR POSITION HE Assistant Secretary,				
CHECK ONLY IF   CANDIDATE	OR NEW EMPLOYEE O	R APPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR US (see instructions for further details)	REPORTABLE INTERESTS SING REPORTING THRESHO NG COMPARATIVE THRESHO	OR CALENDAR YEAR EN  : LDS THAT ARE ABSOLUTI DLDS, WHICH ARE USUAL USING (must check one)	DING DE E DOLLAI LLY BASE :	R VALUES, WHICH REQUIRES
ון ביוואוא ווווסט	ERCENTAGE) TITLESTICEDO		AR VAL	DE TRIKESHOLDS
PART A PRIMARY SOURCES OF IN		the reporting person - See ins	tructions]	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep NAME OF SOURCE	ort, write "none" or "n/a")		-	SCRIPTION OF THE SOURCE'S
(If you have nothing to rep NAME OF SOURCE OF INCOME	ort, write "none" or "n/a") SC AL	DURCE'S DDRESS	DE P	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to rep NAME OF SOURCE	ort, write "none" or "n/a") SC AL 10010 Coconut Ro	ource's odress ad, Estero, FL	DE P	RINCIPAL BUSINESS ACTIVITY  ng/Investments
(If you have nothing to rep NAME OF SOURCE OF INCOME Finemark Bank & Trust	ort, write "none" or "n/a") SC AL	ource's odress ad, Estero, FL	DE P Banki	RINCIPAL BUSINESS ACTIVITY  ng/Investments
(If you have nothing to rep NAME OF SOURCE OF INCOME Finemark Bank & Trust	ort, write "none" or "n/a") SC AL 10010 Coconut Ro	ource's odress ad, Estero, FL	DE P Banki	RINCIPAL BUSINESS ACTIVITY  ng/Investments
(If you have nothing to reposition of the position of the posi	10010 Coconut Ro	ource's odress ad, Estero, FL n, MA	Banki Treas	RINCIPAL BUSINESS ACTIVITY  ng/Investments  urer
(If you have nothing to reposition of the position of the posi	10010 Coconut Ro	ource's odress ad, Estero, FL n, MA	Banki Treas	RINCIPAL BUSINESS ACTIVITY  ng/Investments  urer
PART B - SECONDARY SOURCES (If you have nothing to report to the second	10010 Coconut Ro.  1 Winter ST. Boston  FINCOME and other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES	ource's odress ad, Estero, FL n, MA esses owned by the reporting p	Banki Treas	RINCIPAL BUSINESS ACTIVITY  ng/Investments  urer  instructions]  PRINCIPAL BUSINESS
PART B - SECONDARY SOURCES (If you have nothing to report to the second	10010 Coconut Ro.  1 Winter ST. Boston  FINCOME and other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES	ource's odress ad, Estero, FL n, MA esses owned by the reporting p	Banki Treas	RINCIPAL BUSINESS ACTIVITY  ng/Investments  urer  instructions]  PRINCIPAL BUSINESS
PART B - SECONDARY SOURCES (If you have nothing to report to the second	10010 Coconut Ro.  1 Winter ST. Boston  FINCOME and other sources of income to businessort, write "none" or "n/a")  NAME OF MAJOR SOURCES	ource's odress ad, Estero, FL n, MA esses owned by the reporting p	Banki Treas	RINCIPAL BUSINESS ACTIVITY  ng/Investments  urer  instructions]  PRINCIPAL BUSINESS
PART B - SECONDARY SOURCES (If you have nothing to report to the second	10010 Coconut Ro. 1 Winter ST. Bosto  Winter ST. Bosto  Winter ST. Bosto  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  Indidings owned by the reporting persort, write "none" or "n/a")	esses owned by the reporting p	Banki Treas erson - See	ng/Investments urer  instructions]  PRINCIPAL BUSINESS
(If you have nothing to repose to the post of the post	10010 Coconut Ro. 1 Winter ST. Bosto  Winter ST. Bosto  Winter ST. Bosto  NAME OF MAJOR SOURCES OF BUSINESS' INCOME  Indidings owned by the reporting persort, write "none" or "n/a")	esses owned by the reporting p	P Banki Treas  erson - See	PRINCIPAL BUSINESS ACTIVITY  Ing/Investments  Urer  Principal Business ACTIVITY OF SOURCE  Re not limited to the space on the on this form. Attach additional

Investment accounts  Finemark Bank and Trust  PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "r/a")  NAME OF CREDITOR  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 "r/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  LOWN 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.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE OF FILER:  Signature:  Date Signed:  5/11/2020  Date Signed:  CPA/O TATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or altomey in good standing with the Florida Bar 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:  Date Signed:  Date Signed:  Date Signed:  Date Signed:	PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (If you have nothing to report, write "none" or "n/a")					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  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  PRINCIPAL BUSINESS ACTIVITY  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:  5/11/2020  Date Signed:  CPA/Attorney Signature:  Date Signed:  Date Signed:  CPA/Attorney Signature:  Date Signature:						
(If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  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 # 1  BUSINESS ENTITY # 2  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ENTITY  POSITION HELD WITH ENTITY  LOWM 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 OF FILER:  SIGNATURE OF FILER:  CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florids Bar prepared this form for you, he or she must complete the following statement:    I	Investment accounts					
(If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  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 # 1  BUSINESS ENTITY # 2  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ENTITY  POSITION HELD WITH ENTITY  LOWM 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 OF FILER:  SIGNATURE OF FILER:  CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florids Bar prepared this form for you, he or she must complete the following statement:    I						
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  ADDRESS OF BUSINESS ACTIVITY  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:    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:    CPA or ATTORNEY SIGNATURE OLY   If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar 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:	PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/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  ADDRESS OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  LOWN 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 OF FILER:  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 strue and correct.  CPA/Attorney Signature:  Date Signed:  Date S	NAME OF CREDITOR		ADDRES	SS OF CREDITOR		
BUSINESS ENTITY # 2     NAME OF BUSINESS ENTITY   DUSINESS ENTITY # 1     NAME OF BUSINESS ENTITY   DISINESS ENTITY # 2     NAME OF BUSINESS ENTITY   DISINESS ENTITY   DISINESS ENTITY # 2     NAME OF BUSINESS ENTITY   DISINESS	n/a					
BUSINESS ENTITY # 2     NAME OF BUSINESS ENTITY   DUSINESS ENTITY # 1     NAME OF BUSINESS ENTITY   DISINESS ENTITY # 2     NAME OF BUSINESS ENTITY   DISINESS ENTITY   DISINESS ENTITY # 2     NAME OF BUSINESS ENTITY   DISINESS						
PRINCIPAL BUSINESS ACTIVITY 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:  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,	(If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY #					
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:    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:    J.	ADDRESS OF BUSINESS ENTITY	n/a				
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:  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:  Date Signed:  Date Signed:  Date Signed:  Date Signed:	PRINCIPAL BUSINESS ACTIVITY					
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:  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:  Date Signed:  Date Signed:	POSITION HELD WITH ENTITY					
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:  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,	I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
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:  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,	NATURE OF MY OWNERSHIP INTEREST					
Signature:  Signature:  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,	For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.					
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,	IF ANY OF PARTS A THROUGH G ARI	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE		
Date Signed:  5/11/2020  Date Signed:  Date Signed:	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, prepared the CE			
5/11/2020 Date Signed:			instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.			
TOTAL TRAIN TOTAL CONTRACTOR OF THE BOOK A	5/11/2020 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

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), cond it to CEE and Olean state flux and retain a convergence. 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.

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, 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., 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.