

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL		REVISED	
Candidate Name	BRUCE C SCOTA		
Residence Address		GROVE BLUD	
City and Zip Code	N. FORT MINERS, FL. 33903		
	Check if same as above.	Check if different from residence.	
Mailing Address			
Telephone Number(s)	Daytime (list below)	OR Alternate (list below)	
relephone (4dinber(5)	2392335281		
Campaign Email Address	BRUCEJRZON	AOL COM	
Campaign Website		,	
Office Sought	DIST 7 LEE CO	DUNTY MUSQUTIC)	
Area, District, Group or Seat #	DIST 7		
→ 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.			
 → 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. 			
→ Political Party for Office Sought			
Incumbent	₩Yes	□No	
Date of Birth or Voter Registration ID #	NOV 10 195	/	
Candidate Signature & Date	Rruer C So	(ell) 6/10/2020	

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website 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:

*20JUN10AM1115 SOE Lee Co F1

OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes) I, BRUCE CLYNE Scott (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 (Office), (District #)
(Circuit #) (Group or Seat #) ; I am a qualified elector of 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): 111613613
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 Druce Signature of Candidate (239) 233 528) Bevæl R2 O Act COV
4708 ORANGE GROVE BUD NFM FL 33903
Address City State ZIP Code
STATE OF FLORIDA City State ZIP Code Signature of Notary Public
STATE OF FLORIDA COUNTY OF LEE Print, Type, or Stamp Commissioned Name of Notary Public below:
STATE OF FLORIDA Signature of Notary Public

Compound Last Names

If your <u>last</u> name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be "Smith". If you check the box, your last name would be listed on the ballot as "Jones Smith." If you have a hyphen within your last name, the last name would be listed as "Jones-Smith".

Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

- 1. Use tables below.
- 2. Use upper case for "stressed" syllables. Use lower case for "unstressed" syllables.
- 3. Use dashes (-) to separate syllables.
- 4. Add any notes such as rhyming examples, silent letters, etc.

Vowels			
Stressed Vowel Sounds		Unstressed Vowel Sounds	
EE	(FEET) feet	uh (SO-fuh) sofa (FING-guhr) finger	
1	(FIT) fit		n's shorts of many stallings a stress for
E	(BED) bed		
Α	(KAT) cat (KAD) cad	50 A - 5 - 6	and the figure of the state of
AH	(FAH-thur) father (PAHR) par		
AH	(HAHT) hot (TAH-dee) toddy		
UH	(FUHJ) fudge (FLUHD) flood	1.1	is all address to t
UH	(CHUHRCH) church		
AW	(FAWN) fawn	Certain Vowel Sounds with R	
U	(FUL) full	AHR	(PAHR) par
00	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
0	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
Al	(FAIT) fate	UHR	(PUHR) p <i>urr</i>
Ol	(FOIL) foil	and the second s	A STATE OF THE PROPERTY OF THE PARTY OF THE
Y00	(FYOOR-ee-uhs) furious		to the state of th

Consonants				
В	(BED) bed	and R	(RED) red	
D	(DET) debt	S	(SET) set	
F	(FED) fed	T	(TEN) ten	
G	(GET) get	V	(VET) vet	
Н	(HED) head	Υ	(YET) yet	
HW	(HWICH) which	W	(WICH) witch	
J	(JUHG) jug	CH	(CHUCRCH) church	
K	(KAD) cad	SH	(SHEEP) sheep	
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield	
M	(MAT) mat	TH	(THEI) Thigh	
N	(NET) net	TH	(THEI) Thy	
NG	(SING-uhr) singer	ZH	(A-zhuhr) azure (VI-zhuhn) vision	
P	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston	

Examples of Phonetically Spelled Names		
NAME ON BALLOT PRONOUNCED AS		
Mishaud	mee-SHO ('d' is silent)	
Jahn	HAHN (rhyme: fawn)	
Beauprez	boo-PRAI (rhyme: hooray)	
Maniscalco	man-uh-SKAL-ko	
Tangipahoa	TAN-ji-pah-HO-uh	
Monte	Mahn-TAI	
Tanya	TAWN-yuh (not TAN)	

OFFICE

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

1, BRUCE CLYDE SCOTT

candidate for the office of LEE COUNTY MOSQUITO CONTROL DIST

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

Signature of Candidate

Data

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).

"20JUN10AM1115 SDE Lee Co F1

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

1. CHECK APPROPRIATE BOX(ES):	officer before opening the campaign account.	OFFICE USE ONLY		
Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party	1. CHECK APPROPRIATE BOX(ES):			
Code	Service and the first of the service	easurer/Deputy Depository Office Party		
4. Telephone 5. E-mail address 8. FRUEL SQACCOW 7. If a candidate for a nonpartisan office, check if applicable: When the control of the con	2. Name of Candidate (in this order: First, Middle, Last)			
4. Telephone S. E-mail address RRUCE 20 ACC COM N. F. M., F. L. 33 9 0 3 6. Office sought (include district, circuit, group number) T. 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 candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer Deputy Treasurer Deputy Treasurer 11. Mailing Address 12. Telephone C39 1229 C 10 C 13. City 14. County 15. State 16. Zip Code 17. E-mail address T. E-mail addres	BRUCE CLYDE SCOTT			
6. Office sought (include district, circuit, group number) Courty Courte Dist T My intent is to run as a Write-In candidate.				
applicable: My intent is to run as a Write-In candidate.	1239 1233 5281 BRUCE J 2 @ AOL. COM	N.F.M, F-L. 33903		
My intent is to run as a Write-In candidate.	6. Office sought (include district, circuit, group number)			
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 Deputy Treasurer Deputy Treasurer Deputy Treasurer		The state of the s		
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 HAREN SCOTT		/		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer Campaign Treasurer	8. If a candidate for a <u>partisan</u> office, check block and fill	in name of party as applicable: My intent is to run as a		
10. Name of Treasurer or Deputy Treasurer KAREL SCOTT 11. Mailing Address 4708 OLARXE GROVE BLAD 12. Telephone 239 1229 G10 G 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository 19. Name of Bank 10. NATIONA BANK 10. Address 10. Address 10. Address 10. Address 11. E-mail address 12. County 12. City 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository 19. Name of Bank 10. Address 10. Address 11. E-mail address 12. E-mail address 13. County 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository 19. Name of Bank 10. Address 10.	☐ Write-In ☒ No Party Affiliation ☐	Party candidate.		
12. Telephone 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 17. E-mail address 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 21. City 22. County 23. State 24. Zip Code 3390) 24. Zip Code 25. Date 26. Signattipe of Candidate 26. Signattipe of Candidate 26. Signattipe of Candidate 26. Signattipe of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Campaign Treasurer Deputy Treasurer. Dep	9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer		
11. Mailing Address 4708 ORANCE GROVE BLOW 13. City 14. County 15. State 53903 KRBCSCOTTO AOL. Com 18. I have designated the following bank as my 19. Name of Bank 20. Address EDISON NATIONAL BANK 21. City 22. County 23. State 24. Zip Code 3390) 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 26. Signature of Candidate X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my 19. Name of Bank EDISOU NATIONAL BANK 21. City 22. County 23. State 24. Zip Code 33903 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 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, KAREN Campaign Treasurer Deputy Treasurer. Campaign Treasurer Deputy Treasurer. Campaign Treasurer Deputy Treasurer. Campaign Treasurer Deputy Treasurer.	KAREN SCOTT			
13. City 14. County		12. Telephone		
18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank EDISOU NATIONAL BANK 21. City 22. County 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 Collologo Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, KARLY SCOTT (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Collologo X Address 24. Zip Code 3390) 24. Zip Code 3390) Campaign Treasurer Deputy Treasurer. Deputy Treasurer.				
18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank EDISON NATIONAL BANK 21. City 22. County 23. State 24. Zip Code 3390) 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 26. Signature of Candidate X X Y 40 hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Colorada Campaign Treasurer Deputy Treasurer. Colorada X X X X X X X X X X X X X	1.7			
19. Name of Bank EDISON NATIONAL BANK 21. City 22. County EDISON NATIONAL BANK 21. City 23. State 24. Zip Code 3390) 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 26. Signature of Candidate X X X X X X X X X X X X X X X X X X X	NFM LEE FL	33903 KRBCSCOTT® AOL.COM		
21. City 22. County 23. State 24. Zip Code FWES LEE FL 3390) 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 26. Signature of Candidate X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	18. I have designated the following bank as my	Primary Depository Secondary Depository		
21. City FMYERS 22. County LEE 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 26. Signature of Candidate X X X X X A A A A A A A A	19. Name of Bank	20. Address		
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 26. Signature of Candidate X X Y L L L L L L L L L L L L L L L L L	EDISON NATIONAL BANK			
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 26. Signature of Candidate X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	21. City 22. County			
25. Date 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. KAREN Scott (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Chiolzozo X Mun Scott	FMYERS LEE	FL 3390)		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, KAREN SCOTT , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. C/10/2020 X KAREN SCOTT Deputy Treasurer.				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, KAREN SCOTT , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. KAREN SCOTT , do hereby accept the appointment Deputy Treasurer.	25. Daţe	26. Signature of Candidate		
I, KAREN SCOTT , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Kaun Scott	6/10/2020	X Brueen & Sook		
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Colo Zozo X	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)			
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Collo Zozo X Collo Zozo X	I, KAREN S'COTT , do hereby accept the appointment			
6/10/2020 x Karen Scott	(Please Print or Type Name)			
6/10/2020 x Karen Scott	designated above as: Campaign Treasurer Deputy Treasurer.			
4/0/2020	Chalzaza x Karen Scott			
	4/0/2020	Signature of Campaign Treasurer or Deputy Treasurer		

FORM 1	STATEMENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE	NAME :	
SCOTT BRUCE MAILING ADDRESS:	CLYDE	
4708 ORANGE G	PROVE BLUD	ğ
1108 0 211000	2000	Farmer Comment
NFM 33		20 LN1 ORM11
CITY:	ZIP: COUNTY:	
NAME OF AGENCY:	SQUITD CONTROL	LT.
DIST 7		Ä
NAME OF OFFICE OR POSITION HELD	O OR SOUGHT:	(e)
		<u> </u>
CHECK ONLY IF A CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	₩
**	** THIS SECTION MUST BE COMPLETED) ****
DISCLOSURE PERIOD:	Q = 22 · 0	
THIS STATEMENT REFLECTS YOU	IR FINANCIAL INTERESTS FOR CALENDAR YEAR END	DING DECEMBER 31, 2019.
MANNER OF CALCULATING R	EPORTABLE INTERESTS:	
	ING REPORTING THRESHOLDS THAT ARE ABSOLUTE	경기 경기 가장 그렇게 살아가는 살아 내려면 가장 하는 것이 없다.
	G COMPARATIVE THRESHOLDS, WHICH ARE USUAL CHECK THE ONE YOU ARE USING (must check one):	
	I √ 1	AR VALUE THRESHOLDS
(If you have nothing to repor	OME [Major sources of income to the reporting person - See inst t, write "none" or "n/a")	ructions
NAME OF SOURCE	I SOURCE'S I	DESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS	PRINCIPAL BUSINESS ACTIVITY
ALLCOAST AUCTION	4708 ORANGE GROVE	AUCTION SHPUCES
7 REALTY	BUD NFM, FL 33908	
PART B SECONDARY SOURCES OF	INCOME	
[Major customers, clients, and (If you have nothing to repo	I other sources of income to businesses owned by the reporting pe	erson - See instructions]
NAME OF	NAME OF MAJOR SOURCES ADDRESS	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME OF SOURCE	ACTIVITY OF SOURCE
NA	The state of the s	
PART C - REAL PROPERTY [Land, build (If you have nothing to report	dings owned by the reporting person - See instructions] t, write "none" or "n/a")	You are not limited to the space on the lines on this form. Attach additional
1	VA	sheets, if necessary.
	V 1	FILING INSTRUCTIONS for when
		and where to file this form are located at the bottom of page 2.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks (If you have nothing to report, write "none")	s, bonds, certificates of deposit, etc See instructions] or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
1/17	to the second of		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" of	or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
NA			
	Transport Records to the second secon		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ow (If you have nothing to report, write "none" or	"n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	The state of the s		
ADDRESS OF BUSINESS ENTITY	NA		
PRINCIPAL BUSINESS ACTIVITY	AT USE A SAME HORSE		
POSITION HELD WITH ENTITY	KINDERSON . S. BRESTON A PERSON STATEMENT SET STREET		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	10 E LA 13 LA 2011 10 DE 21 E		
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers required to complete annua I CERTIFY THAT I HA	al ethics training pursuant to section 112.3142, F.S. AVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE C	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER	CPA or ATTORNEY SIGNATURE ONLY		
Signature: Scal	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.		
Date Signed:	CPA/Attorney Signature:		
6/10/2020	Date Signed:		
FILING INSTRUCTIONS:	THE REPORT OF THE PROPERTY OF		

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), 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., 3™ Floor, Fort Myers, 33901

- Tuesday, 08-18-20
 - 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
 - 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.

yam a candidate for local office and have received a copy of the above schedules.			
X Druce (Scal)	BRUCE C SCOTT	6/10/2020	
Signature	Print Name	Date	