



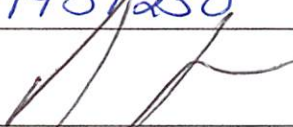
LEE COUNTY ELECTIONS

20 JUN 12 AM 11:50 SDE Lee Co FL

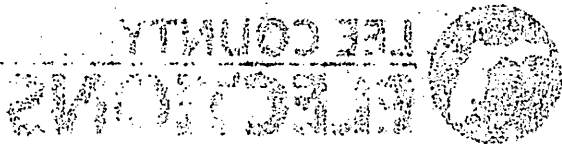
CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Bryan Raymond		
Residence Address	4810 Coquina		
City and Zip Code	Fort Myers Beach, FL 33931		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239 835 8388		
Campaign Email Address	Progressandpride@gmail.com		
Campaign Website	—		
Office Sought	Fort Myers Beach Fire District Commissioner		
Area, District, Group or Seat #	Seat 1		
<p>→ 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.</p> <p>→ 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.</p>			
→ Political Party for Office Sought	Non-partisan		
Incumbent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	111431230		
Candidate Signature & Date	 6/4/20		

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 CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	
Residence Address	
City and Zip Code	
<input type="checkbox"/> Mailing Address same as above or <input type="checkbox"/> Mailing Address different from residence.	
Mailing Address	
<input type="checkbox"/> Daytime (list below)	<input type="checkbox"/> Alternate (list below)
OR	
Telephone Number(s)	
Candidate Email Address	
Campaign Website	
Office Address	
Area, District, Group or Seat #	
→ Indicate a political party affiliation or "No Party Affiliation" on the line below. → A candidate for a Constitutional Office or County Commission may file petition of "No Party Affiliation" (NPA) and then partner" on the line below. → System Library and Mailing Control are non-partisan offices. A candidate for any of these offices must indicate non-partisan affiliation on the line below.	
→ Political Party for Office Sought	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incumbent	
Date of Birth	
or Voter Registration ID #	
Candidate Signature & Date	

The Lee County Supervisor of Elections posts all candidate qualifying documents and campaign financial reports on its website at <http://www.lee.org/elections> or visit the following link: <http://www.lee.org/elections>. Under Florida law, a candidate's campaign and election information may be made available to the public. Do not hesitate to contact this office at (352) 352-7077 for more information about becoming a candidate for public office.

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 officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

^{Robert}
Bryan Raymond

3. Address (include post office box or street, city, state, zip code)

4810 Coquina Rd
Fort Myers Beach, FL
33931

4. Telephone

(239) 825-8388

5. E-mail address

progressandpride@gmail.com

6. Office sought (include district, circuit, group number)

Fort Myers Beach Fire Commissioner Seat 1

7. 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 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

Donna Raymond

11. Mailing Address

~~18020~~ 18020 San Carlos Blvd #62

12. Telephone

(239) 218-0132

13. City

Fort Myers Beach

14. County

Lee

15. State

FL

16. Zip Code

33931

17. E-mail address

doraymond@snhu.edu

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

2815 Estero Blvd

21. City

Fort Myers Beach

22. County

Lee

23. State

FL

24. Zip Code

33931

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

6/3/20

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Donna Raymond, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/3/20
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 108.02(1), F.S.)

PLEASE PRINT OR TYPE

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Individual of Form Relating to Change Resigning Treasurership Secretary Other Party

2. Name of Candidate (in the order: First, Middle, Last)

3. Address (including street, box or post office, city, state, zip)

4. Telephone

5. E-mail address

6. Office sought (include district, circuit, county number)

7. If a candidate for a governing office, check if applicant is to run as a write-in candidate

8. If a candidate for a governing office, check block and fill in name of party as applicant. My intent is to run as a Party candidate No Party Affiliation

9. I have not had the following period for at least 90 days: Campaign Treasurer Party Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address

12. Telephone

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my Primary Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

I HEREBY PLEDGE 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

27. Treasurer's Acceptance of Appointment (fill in name and check the appropriate block)

I do hereby accept the appointment

(Please Print or Type Name)

Campaign Treasurer Deputy Treasurer

Date

Signature of Campaign Treasurer or Deputy Treasurer

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 officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Bryan Raymond

3. Address (include post office box or street, city, state, zip code)

4810 Coquina Rd
Fort Myers Beach, FL 33921

4. Telephone

(239) 825-8388

5. E-mail address

progressandpride@gmail.com

6. Office sought (include district, circuit, group number)

Fort Myers Beach Fire Commission Seat 1

7. 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 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

Bryan Raymond

11. Mailing Address

4810 Coquina Rd

12. Telephone

(239) 825-8388

13. City

Fort Myers Beach

14. County

Lee

15. State

FL

16. Zip Code

33931

17. E-mail address

progressandpride@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

2815 Estero Blvd

21. City

Fort Myers Beach

22. County

Lee

23. State

FL

24. Zip Code

33931

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

6/3/20

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Bryan Raymond, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/4/20

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-opening or Change Campaign/Deputy Campaign/Deputy Office Party

2. Name of Candidate (in this order: First, Middle, Last)

3. Address (include post office box or street, zip code)

4. Telephone

5. E-mail address

6. Other party (include district, group number)

7. If a candidate for a non-party office, check the appropriate box:

8. I am a candidate for a partisan office, check box and fill in name of party as applicable. (Name of party as applicable)

Without Party Affiliation Party Affiliation

9. I have approved the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address

12. City

13. County

14. State

15. Zip Code

16. E-mail address

17. I have designated the following bank as my

Primary Depository Secondary Depository

18. Name of Bank

19. Address

20. City

21. County

22. State

23. Zip Code

I, the undersigned, do hereby certify 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.

24. Signature of Candidate

25. Date

Treasurer's Acceptance of Appointment: I fill in the blanks and check the appropriate box.

(Please Print or Type Name)

Campaign Treasurer Deputy Treasurer

Signature of Campaign Treasurer or Deputy Treasurer

Date

**CANDIDATE OATH –
NONPARTISAN OFFICE**

*20JUN12AM1151 SOE Lee Co FL

(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

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Bryan Raymond

(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 Fort Myers Beach Fire Commissioner,
(Office) (District #)

, 1 ; I am a qualified elector of Lee County, Florida;
(Circuit #) (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 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): 111431230

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.]

BRI-AMV RAY-MOND

X [Signature] 239 825-8388 progressandpride@gmail.com
Signature of Candidate Telephone Number Email Address

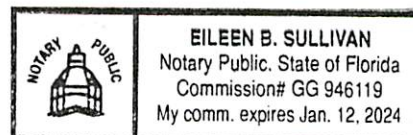
4810 Coguin Rd Fort Myers Beach FL 33931
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Lee

[Signature]
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
online presence this 12th day of June, 2020.
Personally Known: or Produced Identification: FL DL
Type of Identification Produced: FL DL



CANDIDATE OATH -

NONPARTISAN OFFICE

Check box only if you are seeking to qualify as a write-in candidate. Do not use this form if a ballot or ballot box (Candidate)

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

Print name as you wish to appear on the ballot. You last name consists of two or more names but has no hyphen check box (See page 2 - Compound last Name). 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 ballot access.

I am a candidate for the _____ position of _____

(Group or Seat #)

County, Florida

I am qualified under the Constitution and the laws of Florida to hold the office to which I desire to be appointed or elected. I have qualified for no other public office in the state (the term of which office or any part thereof has not expired) and I have resigned from any office from which I am required to resign pursuant to Section 99.021, 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 registration card)

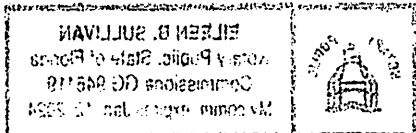
Phone number for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot. Do not use any abbreviations (see instructions on page 2 of this form). Mark appropriate (to write in candidate).

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print type of script, name, and title of Notary Public below



I am to be affirmed and subscribed before me by physical ...

I am present on this ... day of ...

My commission expires on ...

US BR 2024 (Rev. 04/23)

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Bryan Raymond,

candidate for the office of Fort Myers Beach Fire Commissioner Sect 1,

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

6/4/20
Date

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).

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Raymond Bryan Robert

MAILING ADDRESS :

4810 Coquina

Fort Myers Beach 33931

CITY : ZIP : COUNTY : Lee

NAME OF AGENCY :

Fort Myers Beach Fire Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

1 Sgt. J.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

*20191228M151 SOEL Lee Co FL

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Self employed	4810 Coquina RD FMB, FL	Owned gym equipment

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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:

6/4/20

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: _____

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 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.

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.



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	<i>Bryan Raymond</i>	6/4/20
Signature	Print Name	Date

