CANDIDATE OATH -	
STATE AND LOCAL PARTISAN OFFICE	
Check applicable one:	
Candidate with party affiliation	
Candidate with no party affiliation	
☑ Write-in candidate	
Condi	OFFICE USE ONLY
	date Oath 1)(a), Florida Statutes)
1, havley McHuah	, No. 1. Total dillilles)
(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 Although a write-in candidate's name is not printed on the	Names). No change can be made after the end of qualifying. the ballot, the name must be printed above for oath purposes.)
am a candidate for the office of Lee County Con	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(District #) (Order #)
(Group or Seat #)	County, Florida; I am qualified
	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
	ursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the S	state of Florida.
Stateme	ent of Party
(Section 99.021(1)(b), Florida Statutes)
(Complete Statement of Party only if you are seeking to quality	y for nomination as a party candidate.)
•	Party; I have not been a registered member of any other political
	g the general election for which I seek to qualify; and I have paid
	aid office by the executive committee of the political party, of which
I am a member.	
Candidate's Florida Voter Registration Number (located on	your voter information card): 125672830
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 instructi	ons on page 2 of this form): [Not applicable to write-in candidates.]
- peliff Mitter	
x kinga 11142 19091962.	7550 Kayliyannamica amail.com
Signature of Candidate **CID N anciering Deer Ct Jacksonville	Email Address
Address City	State ZIP Code
STATE OF FLORIDA	The state of the s
COUNTY OF Duck	Signature of Notary Public Print, Type, or Stamp Commissioner Nature of Notary Proffic below:
Swom to (or affirmed) and subscribed before me by physical vor	30.40
online _ presence this H day of	My Comm. Expires January 25 2022 January 25 085
Personally Known: or Produced Identification:	No. GG 1
Type of Identification Produced: FL DL EXP 0/5/20	DUP PUR PUR
DS-DE 301SL (Rev. 04/20)	OF Rule 15-2.0001, F.A.C.

FORM 6	FULL AND PUBLIC DISCI	LOSURE	2019
Please print or typo your name, mailing address, agency name, and position below	OF FINANCIAL INTER	ESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MID McHUGH KAY			
MAILING ADDRESS: 8010 WANDERING DEER C	Γ		
спу:	ZIP: COUNTY:	-	
JACKSONVILLE NAME OF AGENCY :	32256 DUVAL	-	
NAME OF OFFICE OR POSITION HE LEE COUNTY COMMISSIO		_	
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🔽		
culated by subtracting your rep	PART A – NET WORTH net worth as of December 31, 2019 or a mo orted liabilities from your reported assets, so NE 10, 20 was \$	o please see th	ne instructions on page 3.]
following, if not held for investment furnishings; clothing; other househol The aggregate value of my househo	cts may be reported in a lump sum if their aggregate purposes: jewelry; collections of stamps, guns, and ditems; and vehicles for personal use, whether owned did goods and personal effects (described above) is \$	numismatic items I or leased.	1,000. This category includes any of the ; art objects; household equipment and
	SSET (specific description is required - see instruc	ctions p.4)	VALUE OF ASSET
WELLS FARGO CHECKING	<u> </u>		550
BBVA SAVINGS			10,000
	PART C – LIABILITIES	. ·	
LIABILITIES IN EXCESS OF \$1,000 (1 NAME AND ADDRES	, ,		AMOUNT OF LIABILITY
			NA
JOINT AND SEVERAL LIABILITIES N	OT REPORTED ABOVE:		
NAME AND ADDRES	S OF CREDITOR		NA
			INA I
CE FORM 6 - Effective January 1, 2020	(Continued on reverse side)		PAGE 1

	PART D – INCOME						
Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.							
I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]							
PRIMARY SOURCES OF INCO	•	nge 5):	ADDDESS OF SOURCE OF MISSIA				
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000	0000 0011	ADDRESS OF SOURCE OF INCOM				
CHCIK-FIL-A		9980 500	THSIDE BLVD	2,000			
SECONDARY SOURCES OF IN	NCOME (Major customers, di	ents, etc., of bu	sinesses owned by reporting person-	see instructions on page 5]:			
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS	PRINCIPAL BUSINESS			
BOSINESS ENTITY	OF BUSINESS	INCOME	OF SOURCE	ACTIVITY OF SOURCE			
		· · · · · · · · · · · · · · · · · · ·					
P	ART E - INTERESTS II	N SPECIFIEI	D BUSINESSES [Instructions on	page 6]			
	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY							
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 F - 7	TRAINING				
			cs training pursuant to section				
	CERTIFY THAT I H	AVE COMP	PLETED THE REQUIRED 1	TRAINING.			
O A	TH	STATE	OF FLORIDA Y OF				
I, the person whose name appe	ears at the		o (or affirmed) and subscribed before	me by means of NCE			
beginning of this form, do depose on oath or affirmation physical presence or online notarization, this form, the control of							
and say that the information disclosed on this form							
and any attachments hereto is true, accurate,							
and complete.		(Signan	re of Notary Public-State of Florida)	My Comm. Ext			
		(D. 4. S	Bully 1 /Kin	No. GG 17			
KANG M	1/ Hel a	(Pnm;)	ype, or Stamp Commissioned Name	of Notary Public O', PUB			
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Persona	illy Known OR Produ	uced Identification			
		Type of	Identification Produced FLDL E	xp. (c/5/3(3/min))			
If a certified public accountant she must complete the following	licensed under Chapter 47	3, or attorney i	n good standing with the Florida Ba	ar prepared this form for you, he or			
I,	.5	nrenared th	ne CE Form 6 in accordance with A	d II Sec. 8. Florida Constitution			
prepared the CE Form 6 in accordance with Art. If, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.							
Cianata				Data .			
Signature Date Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.							
			ON A SEPARATE SHEET, PLE				
CE FORM & Effective Inches 1 2000							

CE FORM 6 - Effective January 1, 2020 Incorporated by reference in Rule 34-8.002(1), F.A.C. PAGE 2

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

1. Mayley McHugh

candidate for the office of Lee County Commission, Dist 5

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

X Rich Marching (Signature of Candidate

7 60

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).

DS-DE 84 (05/11)



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 Illachines 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

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
 - NOON, 4 PM, and 6 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Illail 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 Mivers, 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., 3st Floor, Fort Myers, 33901

Friday, 11-06-20 at 2 PM

Canvass of Overseas Vote-by-Itail 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

I am a candidate for local office and have marked a servent the at-

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.

Will and the second	- hayley melt	
Signature	Print Name	Date

06/14/2018



CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL		REVISED					
Candidate Name	Kayley McHug) h					
Residence Address	8010 Wandering Deer Ct						
City and Zip Code	Jacksonville, Fl	-32256					
	☐ Check if same as above. ☐ Check if different from residence.						
Mailing Address							
	☑ Daytime (list below)	Alternate (list below)					
Telephone Number(s)	(904)962-7550	OR					
Campaign Email Address	<u></u>						
Campaign Website							
Office Sought	LEE COUNTY COMMISSION						
Area, District, Group or Seat #	DISTRICT 5						
Judicial, School Board, Supervisor of Election System, Library and Mosquito Control are in partisan" on the line below.							
→ A candidate for a Constitutional Office or Conditional application or "No Principle application or "		"No Party Affiliation" (NPA) and shall					
→ Political Party for Office Sought	WRITE - IN						
Prollucal Party for Office Sought	WRITE						
Incumbent	∐Yes	∕∕No					
Date of Birth or Voter Registration ID #	06/05/20	C) [
Candidate Signature & Date	Kay 4 1716-162	2 6.9.20					

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http:/

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

\sim	 ^=	USF	AN	ıv
		1126	UN	ı T

officer before opening th	e campa	ign account.						OFFICE	USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change:	П П	reasurer/	Deputy] Deposito	ry 🗆	Office		Party
2. Name of Candidate (in this order: First, Middle, Last)					ldress (includ	de post offic	e box or s	street, city,	state, :	zip
Kayley McHugh				code	•	D C				
4. Telephone	5. E-ma	il address) Wanderin	•	ι			
(904) 962-7550				Judok	Jacksonville, FL 32256					
6. Office sought (include of	district, ci	rcuit, group numl	ber)		7. If a candidate for a <u>nonpartisan</u> office, check if					
Lee County Commission	oner, Di	strict 5			applicable: My intent is to run as a Write-In candidate.					
8. If a candidate for a <u>par</u>	tisan off	ice, check block	and fil	l in name	of party as	applicable	: My inte	ent is to rui	n as a	
⊠ Write-In ☐ No	Party Affi	liation					Pa	rty can	didate.	
9. I have appointed the fo	llowing	person to act as	s my	X Ca	mpaign Trea	surer 🔲	Deput	y Treasure	er	
10. Name of Treasurer or I	Deputy Tr	easurer			*,					
Kayley McHugh										
11. Mailing Address							12. Tele	ohone		
8010 Wandering Deer	Ct						(904	962-75	50	
13. City	14. C	ounty	15. St		e 16. Zip Code 17. E-mail address					
Jacksonville	Duva	ıl	FL	32	256					
18. I have designated the following bank as my			_	ary Deposito	ry 🔲	Seconda	ry Deposit	ory		
					ress					
Bank of America		T		8081 D	081 Dani Dr					
21. City		22. County			23. State			24. Zip C	ode	
Ft Myers		Lee			FL			33912		
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. Sigr	26. Signature of Candidate					
6/11/20				X	hay	4 14	(1402	1		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, Kayley McHugh , do hereby accept the appointment										
	(Pleas	se Print or Type I	Name)		· · · · · · · · · · · · · · · · · · ·	_		• •		
designated above as:	\boxtimes	Campaign T	reasure	er 🔲	Deputy Tre	easurer.				
6/11/20 X 🖟			Kay 4	2 1216	112/					
Date				Signatur	e of Campai	gn Treasure	er or Depu	ty Treasur	er	