CANDIDATE OATH -					
STATE AND LOCAL PARTISAN OFFICE					
Check applicable one:					
☐ Candidate with party affiliation					
Candidate with no party affiliation					
Write-in candidate					
Candi	office use only date Oath				
	1)(a), Florida Statutes)				
I, Molly Hannigan	If the land of the same and the same had been same as a same but been same as a same a				
hyphen, check box . (See page 2 - Compound Last	If your last name consists of two or more names but has no 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 C	,				
(Off	FA7				
; I am a qualified elector of Pinellas	County, Florida; I am qualified				
· · · · · · · · · · · · · · · · · · ·	ce to which I desire to be nominated or elected; I have qualified for				
•	any part thereof runs concurrent with the office I seek; and I have				
•	oursuant to Section 99.012, Florida Statutes; and I will support the				
Constitution of the United States and the Constitution of the					
	ent of Party (1)(b), Florida Statutes)				
(Complete Statement of Party only if you are seeking to quali	ify for nomination as a party candidate.)				
l am a member of the	_Party; I have not been a registered member of any other political				
party for 365 days before the beginning of qualifying precedi	ng the general election for which I seek to qualify; and I have paid				
• •	said office by the executive committee of the political party, of which				
I am a member.					
Candidate's Florida Voter Registration Number (located or	1 your voter information card): 125905637				
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 / (727)365-2588	Molly.hannigan@icloud.com				
Signature of Candidate Telephone Number  1621 Gulf Blvd Clearwater	Email Address FL 33767				
Address City	State ZIP Code				
STATE OF TESTINATION OF THE STATE OF TESTINATION OF THE STATE OF THE S	Diane Shrito				
COUNTY OF Wood	Signature of Notary Public My Commission Supires Sept 6,303.  Print, Type, or Stamp Commissioned Name of Notary Public below:				
Sworn to (or affirmed) and subscribed before me by physical or	,				
online _ presence this 11 <sup>+n</sup> day of, 20, 20, 20	DIANE TIBBITTS Notary Public				
Personally Known: or Produced Identification:	State of Wisconsin				
Type of Identification Produced: Florida Driver License.					



### CANDIDATE CAMPAIGN FILE COVER SHEET

UNIGINAL		KEVISED				
Candidate Name	Moily Han	nigan				
Residence Address	1621 Gulf Blvd Apt. 1606					
City and Zip Code	Clearwater 33767					
	Check if same as above. Check if different from residence.					
Mailing Address						
	Daytime (list below)	Alternate (list below)				
Telephone Number(s)	727-365-2888	OR				
Campaign Email Address		gan@icloud.com				
Campaign Website						
Office Sought	Lee County	Commission				
Area, District, Group or Seat #	District 3					
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-						
<ul> <li>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	No Party Affiliation					
Incumbent	□Yes	⊠No				
Date of Birth or Voter Registration ID #	03/16/2	000				
Candidate Signature & Date	mde	6/10/2020				
The Lee County Supervisor of Elections posts a	Il candidate-qualifying documents an	nd rampaign finance reports on its website				

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-finance-reports/">http://www.lee.vote/campaigns/candidate-finance-reports/</a>. 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.

## STATEMENT OF CANDIDATE

**OFFICE USE ONLY** 

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

1, Molly Hannigan, candidate for the office of Lee County Commission, District 3
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X M (10/2020 Signature of Candidate 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)

FORM 6	<b>FULL AN</b>	ND PUBLIC	DISCLOSUR	E 2019
Please print or type your name, mailing address, agency name, and position below:	OF FI	NANCIAL I	NTERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDI		_		<b>-</b>
Hannigan Molly		Jean		
MAILING ADDRESS: 1621 Gulf Blvd				
Apt. 1606				
CITY:	ZIP :	COUNTY:		
Clearwater	33767	Pinellas		
NAME OF AGENCY :				
NAME OF OFFICE OR POSITION HE	_D OR SOUGHT :			
CHECK IF THIS IS A FILING BY A CA	NDIDATE 🗹			
		PART A NET V	VORTH	
Please enter the value of your r	net worth as of	December 31, 201	9 or a more current da	ate. [Note: Net worth is not cal-
culated by subtracting your repo	orted liabilities f	from your reported	assets, so please see	the instructions on page 3.]
My net worth as of Jui	ne 10th	20 20	was \$ 29,300	
		,		·
		PART B - ASS	SETS	
HOUSEHOLD GOODS AND PERSON, Household goods and personal effect following, if not held for investment furnishings; clothing; other household	cts may be reporte purposes: jewelry;	collections of stamps,	guns, and numismatic item	\$1,000. This category includes any of the ns; art objects; household equipment and
The aggregate value of my househol	d goods and perso	onal effects (described a	bove) is \$ 4,000	
ASSETS INDIVIDUALLY VALUED AT				
		escription is required -	see instructions p.4)	VALUE OF ASSET
Wells Fargo Savings/ Checking				\$4,800
Fomorrow's Scholarship 529 S	tock			\$12,800
Columbia Threadneedle Stock			· · · · · · · · · · · · · · · · · · ·	\$7,700
		PART C LIABI	LITIES	
LIABILITIES IN EXCESS OF \$1,000 (S		n page 4):		I AMOUNT OF LIABILITY
				NA NA
				IVA
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS		BOVE:		AMOUNT OF LIABILITY
				NA

PART D - INCOME							
identify each separate source and copy of your 2019 federal income attaching your returns, as the law	e tax return, including all W2:	s, schedules, a	nd attachments. Please redact any :	y sources of income. Or attach a compl social security or account numbers bef	<del>le</del> te fore		
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	ME (See instructions on pa	ge 5):					
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCO				
APlus Business Forms		711 18th St. N Wis, Rapids, WI 54494 \$10,947.50					
SECONDARY SOURCES OF IN	COME [Major customers, cli	ents, etc., of bu	isinesses owned by reporting person	n-see instructions on page 5]:			
NAME OF	NAME OF MAJO		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
BUSINESS ENTITY	OF BUSINESS	INCOME	OF SOURCE	AGIIVIII OI GGGKO	-		
<u></u>							
	1						
P.			D BUSINESSES [Instructions	• • •	- 1		
NAME OF	BUSINESS ENTITY	#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
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 -	TRAINING				
For office	rs required to complete	annual eth	ics training pursuant to secti	on 112.3142, F.S.			
	CERTIFY THAT I H	AVE COM	PLETED THE REQUIRES	TRAINING.			
O/	TH		OF FLORIDA WISCONSI	0			
I, the person whose name app		COUN Swom	to (or affirmed) and subscribed before	ore me by means of			
beginning of this form, do depo			sical presence or online notari				
and say that the information di	sclosed on this form	$\tau$	100 20 20 by M	lolly Hannigan			
and any attachments hereto is	true, accurate,	Z	Jana Joldalto		=-4		
and complete.		(Signa	ture of Notary Public-State of Flori	DIANE TIBBITTS	-		
		$\mathcal{D}_i$	ane Tibbles	Notary Public State of Wisconsin			
100 0h	<u></u>	(Print, MyCom	Type, or Stamp Commissioned Nar mission Expires September 4,20	ne of Notary Public)	~~		
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATI	Persor E	nally KnownOR P	roduced Identification	-		
		Туре с	of Identification Produced Florid	a Driver License			
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:							
1,		, prepared	the CE Form 6 in accordance wit	h Art. II. Sec. 8. Florida Constitution	,		
i,, prepared the CE Form 6 in accordance with Art. II, 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.							
Signatur	re		<del></del>	Date			
Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.							
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							



# 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-Mall 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-Mall 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.

#### 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

officer before opening the c	campaign account.						OFFICE	: USE	UNLT
1. CHECK APPROPRIATE E  Initial Filing of Form	BOX(ES): Re-filing to Change	: Trea	asurer/D	eputy [	] Depositor	y 🗆	Office		Party
2. Name of Candidate (in thi	nis order: First, Middle, L	ast)	1	lress (includ	e post office	box or s	treet, city,	state, z	zip
Molly Hannigan			1621	Gulf Blvd					
4. Telephone 5	5. E-mail address		Clearwater, FL 33767						
(727 ) 365-2588 m	molly.hannigan@iclo	oud.com	<b>,</b>						
6. Office sought (include dis	strict, circuit, group num	ber)		7. If a candidate for a <u>nonpartisan</u> office, check if					
Lee County Commissioner, District 3			applicable:  My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partis</u>	san office, check block	k and fill in	name	of party as	applicable:	My inte	ent is to rur	n as a	
⊠ Write-In ☐ No Pa	arty Affiliation					Pa	rty cand	didate.	
9. I have appointed the folk	owing person to act a	s my	<b>₹</b> Cam	npaign Treas	surer	Deput	y Treasure	r	
10. Name of Treasurer or De Molly Hannigan	eputy Treasurer								
11. Mailing Address						12. Tele	ohone		
1621 Gulf Blvd						(727	365-25	88	
13. City	14. County	15. State	e 16. Zip Code 17. E-mail address						
Clearwater	Pinellas	FL	337	<b>'</b> 67	molly.han	nigan@	icloud.c	om	
18. I have designated the following bank as my									
19. Name of Bank			0. Addre						
Bank of America 8			3081 Dani Dr						
21. City	22. County		23. State 24. Zip 0			•	ode		
Ft Myers	Lee			FL	<del></del>		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.							RAND		
25. Date		2	6. Signa	ature of Can	didate				
6/11/20 Xm									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
Molly Hannigan do hereby accept the appointment				t					
(Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.									
6/11/20 X M									
Date Signature of Campaign Treasurer or Deputy Treasurer									