CANDIDATE OATH -	
STATE AND LOCAL PARTISAN OFFICE	
Check applicable one:	
☐ Candidate with party affiliation	
Candidate with no party affiliation	
Write-in candidate	
	OFFICE USE ONLY
	late Oath)(a), Florida Statutes)
(Print name above as you wish it to appear on the ballot hyphen, check box . (See page 2 - Compound Last I Although a write-in candidate's name is not printed on the	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. e ballot, the name must be printed above for oath purposes.)
Office	re) (District #) (Circuit #)
; I am a qualified elector of (Group or Seat #) under the Constitution and the Laws of Florida to hold the office	County, Florida; I am qualified e 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 a	any part thereof runs concurrent with the office I seek; and I have
resigned from any office from which I am required to resign pu	ursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the St	tate of Florida.
	nt of Party)(b), Florida Statutes)
(Complete Statement of Party only if you are seeking to qualify	y for nomination as a party candidate.)
I 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 preceding	g the general election for which I seek to qualify; and I have paid
the assessment levied against me, if any, as a candidate for sa	id 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): 124746561
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]
X Elenn Caret (631) 549-93	
Signature of Candidate Telephone Number 862 Placid Lake Prive USPrey	Email Address 34229
Address City	State / ZIP Code
STATE OF FLORIDA	1 /h/l
COUNTY OF Sakasota	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 _ \(\text{O} \) day of _ \(\text{O} \text{C} \) .	ROBERT W. SCHLOSS MY COMMISSION # GG 922806 EXPIRES: February 12, 2024
Personally Known: or Produced Identification:	Bonded Thru Notary Public Underwriters

www.lee.vote or

visit

the

(239-533-8683) for more information about becoming a candidate for public office.

following

link:

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

http://www.lee.vote/campaigns/candidate-packets/



CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL		REVISED					
Candidate Name	Elaina Cosenti	no					
Residence Address	862 Placid Lake D	Irre					
City and Zip Code	Ospny 34229 FL						
	Check if same as above.						
Mailing Address							
Telephone Number(s)	Daytime (list below)	OR Alternate (list below)					
	(431)599-9322						
Campaign Email Address	ercasentino 4684@	fgev. ed					
Campaign Website							
Office Sought Lee Carry	Property Appraiser						
Area, District, Group or Seat #	10000000000000000000000000000000000000						
Judicial, School Board, Supervisor of Election System, Library and Mosquito Control are n	ns, and Special District Offices such as	Community Development, Fire, Health					
partisan" on the line below.							
A candidate for a Constitutional Office or Co indicate a political party affiliation or "No Pa	ounty Commission may file partisan or arty Affiliation" on the line below	"No Party Affiliation" (NPA) and shall					
→ Political Party for Office Sought		ile-in no party Affiliation					
Incumbent	□Yes	□ZNo					
Date of Birth	NE 10H 1900/2						
or Voter Registration ID #	05/04/2000						
Candidate Signature & Date Elem Comme							
The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website							

STATEMENT OF CANDIDATE

OFFICE USE ONLY

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

I. Elaina Cosentino	,
candidate for the office of Lee County Property Appraiser	,
have been provided access to read and understand the requirements of	
Chapter 106, Florida Statutes.	

X Elem Commun. 6/10/2020
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).

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

		AT THE CONTRACT OF THE SAME OF		The same of the sa			-
Please print or type your name, mailing address, agency name, and position below:	OF FINA	ANCIAL II	NTERE	STS	FOR	OFFICE USE ONLY:	
LAST NAME — FIRST NAME — MIDDI							
Cosentino-Elama-R	1086						
MAILING ADDRESS:							
862 Placid Lake Drive	-						
CITY:	ZIP:	COUNTY:					
ospry	34779	Sarasotu					
NAME OF AGENCY:							
NAME OF OFFICE OR POSITION HELI	D OR SOUGHT :						
Property Appraiser So		nty					
CHECK IF THIS IS A FILING BY A CAN		0					
	P	ART A - NET W	ORTH				
Please enter the value of your no	et worth as of Dec	cember 31 2019	or a more	current date	[Note: N	let worth is not cal-	
culated by subtracting your repo	rted liabilities from	n your <i>reported</i> a	ssets, so p	lease see the	e instruction	ons on page 31	
						o o pago o.,	
My net worth as of	June 10th	, 20 <u>20</u>	_ was \$ _	3,000	·	*	
		PART B ASS	ere				
HOUSEHOLD GOODS AND PERSONA	1 FEFFOR	PARI B ASS	EIS				
Household goods and personal effect		a lump sum if their	aggregate val	ue exceeds \$1	000. This ca	tegory includes any of th	ie
following, if not held for investment p	purposes: jewelry; coll	lections of stamps, of	uns, and nur	nismatic items:	art objects;	household equipment an	ıd
furnishings; clothing; other household					~		
The aggregate value of my household	goods and personal	effects (described ab	ove) is \$	\$13	,000		
ASSETS INDIVIDUALLY VALUED AT O	VER \$1,000:						
DESCRIPTION OF AS	SET (specific descri	ption is required - s	ee instructio	ns p.4)		VALUE OF ASSET	
Savings account	- Chase B	ank				\$ 3,000	
Vehicle						\$ 10,000	
						THE STATE OF THE S	
		ART C LIABII	LITIES				
LIABILITIES IN EXCESS OF \$1,000 (Se		ge 4):					
NAME AND ADDRESS	OF CREDITOR					AMOUNT OF LIABILIT	IY
						(NA)	
						w	

JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS		E:				AMOUNT OF THE	-1
MAINE AND ADDRESS	OI OKEDITOR	~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4m-4		AMOUNT OF LIABILIT	Υ
			***************************************			(NA)	

			INCOME			
Identify each separate source an copy of your 2019 federal incom attaching your returns, as the la					sources of inco ocial security o	ome. Or attach a complete r account numbers before
I elect to file a copy of m	ny 2019 federal income tax re id attach a copy of your 2019	tum and all W2 tax retum, you	s, schedules, a need not comp	and attachments. Lete the remainder of F	Part D.]	
PRIMARY SOURCES OF INCO		ge 5):				
NAME OF SOURCE OF INC			ADDRESS OF	SOURCE OF INCOM	E	AMOUNT
110-15- 00-1 65-51	iversity student	-10501 F	GCU Blud	South FOA Myur	s PL 33965	3,000
	summer lamp			2 Sarasolu FL 3	4238	4,000
SECONDARY SOURCES OF IN			inesses owned	by reporting person	see instruction	s on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'			ADDRESS OF SOURCE	l P	PRINCIPAL BUSINESS
				OF COUNCE	^	CTIVITY OF SOURCE
P	ART E INTERESTS IN	SPECIFIEI	BUSINESS	FS Unstructions on	page 61	
	BUSINESS ENTITY #			ENTITY # 2		ESS ENTITY # 3
NAME OF BUSINESS ENTITY				2.000	BOSIN	233 EN111 # 3
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS						
ACTIVITY POSITION HELD						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
		PART F - T	DAINING			
For officer	s required to complete			ireliant to coetion	110 24 40 7	-0
	CERTIFY THAT I HA	VE COMP	LETED TH	E REQUIRED T	112.3142, 1 RAINING .	⁻. S.
OA						
	828 8228	S STATE C		rasota		
I, the person whose name apper beginning of this form, do depos	ars at the se on oath or affirmation (COMMISSION # COMMISSION # COMMIS	Sworn to	(or affirmed) a	nd subscribed before	me by means	· 1' '
and say that the information disc	closed on this form	2 A		omine notanzatio	on, this	day of
and any attachments hereto is tr	closed on this form WORKING COMMERCY WAS CONTROL OF THE CONTROL OF	- Not	Iune	20 <u>20</u> by	laind	Cosentino.
and complete.	S 20 8	S & (Signatur	e of Notany Pul	blic-State of Florida)		
	₹ "	Bond	Dr hor		lo\$	
El. Car		(Print, Ty	e, or Stamp C	ommissioned Name o		c)
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Personal	y Known	OR Produ	ced Identificati	ion :
	OFFICIAL OR CANGIDALES:	Type of lo	entification Pro			u-unse
If a certified public accountant li	censed under Chapter 473	or attorney in	good standing	with the Florida Pa	Dionared 44:	a farm farmer
she must complete the following	statement:		good outriding	g with the Florida Bai	prepared thi	s form for you, ne or
I,Section 112.3144. Florida Statut	tes, and the instructions to	, prepared the	CE Form 6 in	accordance with Art	i. II, Sec. 8, F	lorida Constitution,
Section 112.3144, Florida Statut and correct.	and the moundins to	uie iomi. Upor	my reasonab	e knowledge and be	lief, the discl	osure herein is true
Cianat						
Signature Preparation of this form by	a CPA or atta		.1 01 -	_	Date	
Preparation of this form by	THEOREM TATE	s not relieve	the filer of	the responsibility	to sign the	form under oath.
IF ANT OF PARISA I	HROUGH E ARE CON	TINUED O	I A SEPAR <i>a</i>	TE SHEET, PLEA	SE CHEC	K 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-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.

X Elicure Corrections | Elain a Casentino | L/10 |
Signature | Print Name | Date

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 th	e campa	ign account.							OFFICI		CINET
1. CHECK APPROPRIATE	•	•		_							
✓ Initial Filing of Form	1.00	filing to Change:				eputy _	Deposito		Office	<u> </u>	Party
2. Name of Candidate (in this order: First, Middle, Last)						lress (includ	le post offic	e box or	street, city,	state,	zip
Elaina Cosentino				- 1	code) 162 P	lacid Lake	≏ Dr				
4. Telephone	5. E-ma	il address			862 Placid Lake Dr Osprey, FL 34229						
(631) 599-9322	ercose	ntino@fgcu.ec	iu								
6. Office sought (include of	district, ci	rcuit, group numb	per)		7. If a candidate for a <u>nonpartisan</u> office, check if					k if	
Lee County Property A	ppraise	r			applicable: My intent is to run as a Write-In candidate.					idate.	
8. If a candidate for a <u>par</u>	<u>tisan</u> off	ice, check block	and fil	l in na	ame	of party as	applicable	: My int	ent is to ru	n as a	
Write-In No	Party Affi	liation						Pa	arty can	didate.	
9. I have appointed the fo	llowing	person to act as	my	\boxtimes	Can	npaign Treas	surer 🔲	Depu	ty Treasure	er	
10. Name of Treasurer or I	Deputy Tr	easurer		•							
Elaina Cosentino											
11. Mailing Address								12. Tele	phone		
862 Placid Lake Dr (631) 599-9322											
13. City	14. C	ounty	15. St	ate	e 16. Zip Code 17. E-mail address						
Osprey	Sara	sota	FL		34229 ercosentino@fgcu.edu					:	
18. I have designated the	followin	g bank as my	Σ	₹] F	Prima	ry Depositor	у 🗆	Seconda	ary Deposit	ory	
19. Name of Bank					20. Address						
Bank of America		· · · · · · · · · · · · · · · · · · ·		808	31 Da	ani 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.	Signa	ature of Can	didate				
6/11/2020				X	Ele	un Cas	سارر				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Elaina Cosentino , do hereby accept the appointment											
	(Pleas	se Print or Type N	Name)								
designated above as: Campaign Treasurer Deputy Treasurer.											
6/11/2	20		X	El	em	a Com	Ne				
Date				Sign	Signature of Campaign Treasurer or Deputy Treasurer						