



LEE COUNTY ELECTIONS

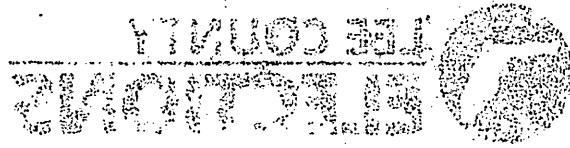
CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Karen Watson		
Residence Address	2705 Via Santa Croce Ct.		
City and Zip Code	Fort Myers 33905		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above. <input type="checkbox"/> Check if different from residence.		JUN 7 PM 1 25 50E LEE CO FL
	2705 Via Santa Croce Ct.		
	Fort Myers, FL 33905		
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	(239) 565-5563		
Campaign Email Address	karen@karenwatson4ourcommunity.com		
Campaign Website	www.karenwatson4ourcommunity.com		
Office Sought	County Commissioner		
Area, District, Group or Seat #	District 2		
<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	Democrat <i>Kuo Write in</i>		
Incumbent	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
Date of Birth or Voter Registration ID #	111508556		
Candidate Signature & Date	<i>Karen Watson</i> 6-7-2022		

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: <https://www.lee.vote/Candidates/Candidate-Online-Packets>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. If you have questions or need more information about becoming a candidate for public office, please call (239) LEE-VOTE (239-533-8683) and ask for the Qualifying Department.



CANDIDATE CAMPAIGN FILE COVER SHEET

REVERSED

ORIGINAL

Candidate Name Karen Watson	
Residence Address 2705 Via Santa Croce Ct	
City and Zip Code Fort Myers 33905	
<input checked="" type="checkbox"/> Check if same as above. <input type="checkbox"/> Check if different from residence.	
Mailing Address Fort Myers, FL 33905	
Telephone Number(s) (941) 888-8888	<input type="checkbox"/> Daytime (list below) <input type="checkbox"/> Alternate (list below)
Campaign Email Address karen@karenwatson4ourcommunity.com	
Campaign Website www.karenwatson4ourcommunity.com	
Office Sought County Commissioner	
Area, District, Group or Seat # District 2	
<p><input type="checkbox"/> I am a candidate for a Constitutional Office or County Commission may be the position of No Party Affiliation (NPA) and shall indicate my political party affiliation on the line below.</p> <p><input type="checkbox"/> I am a candidate for a Constitutional Office or County Commission and shall indicate my political party affiliation on the line below.</p> <p><input type="checkbox"/> I am a candidate for a Constitutional Office or County Commission and shall indicate my political party affiliation on the line below.</p>	
Political Party for Office Sought Democrat	
<input type="checkbox"/> Independent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth 11/15/1958	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Candidate Signature & Date	

The Lee County Supervisor of Elections posts all candidate information on the website www.lee.org/elections. Candidates should check the website for the most current information and update their information as needed. Candidates should also check the website for the most current information and update their information as needed. Candidates should also check the website for the most current information and update their information as needed.

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WRITE-IN CANDIDATE**

OFFICE USE ONLY

2021 JUN 17 PM 1:25:00 EDT

Candidate Oath

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

I, Karen Watson
(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.)

am a write-in candidate for the office of Lee County Commissioner, 2, _____
(Office) (District #) (Circuit #)

_____ ; my legal residence is Lee County, Florida; I am a qualified elector
(Group or Seat #)

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): 111508556

X Karen Watson (239) 565-5563 Karen@KarenWatsonHour
Signature of Candidate Telephone Number Email Address community.com

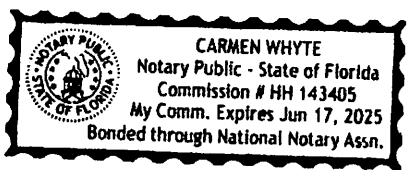
2705 Via Santa Croce Ct. Fort Myers FL 33905
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Lee

Carmen Whyte
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 7th day of June, 2022

Personally Known OR Produced Identification
Type of Identification Produced: FL Driver License



CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WRITE IN CANDIDATE

OFFICE USE ONLY

Candidate Oath

(Section 10 of the Florida Constitution)

If your last name consists of two or more names, please put the first name in the check box [] (see page 2 - Instructions) and the second name in the check box [] (see page 2 - Instructions). No change can be made after the end of polling.

I, _____, do hereby declare that I am a qualified elector of the State of Florida and I am qualified to hold the office of _____ in the County of _____.

I am a qualified elector of the State of Florida and I am qualified to hold the office of _____ in the County of _____.

I have read the Constitution and the Laws of Florida and I believe to be qualified to hold the office of _____ in the County of _____.

I have read the Constitution and the Laws of Florida and I believe to be qualified to hold the office of _____ in the County of _____.

I have read the Constitution and the Laws of Florida and I believe to be qualified to hold the office of _____ in the County of _____.

I have read the Constitution and the Laws of Florida and I believe to be qualified to hold the office of _____ in the County of _____.

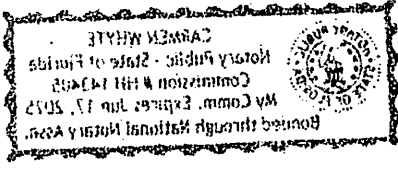
Candidate's Florida Voter Registration Number (located on your voter information card) _____

Signature of Candidate _____

Print Name of Candidate _____

STATE OF FLORIDA
 COUNTY OF _____
 Signature of Notary Public _____
 Print Name of Notary Public _____

I have read the oath and signed before me by means of _____
 OR physical presence
 OR produced identification
 Date of Signature _____



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Watson Karen

MAILING ADDRESS:

2705 Via Santa Croce Ct

CITY:

Fort Myers

ZIP:

33905

COUNTY:

Lee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

JUN 7 PM 1 25 SDE LEE CO FL

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 7, 20 22 was \$ _____.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 23,300.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Black Beauty Statue	4,000
Walking by Faith Painting	1,500
wedding Ring white w/diamonds	4,500
2015 Mercedes GLA 250	13,000

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credit Union P.O. Box 11904, Tampa FL 33680	20,000.00
Navient Student Loans P.O. Box 9500, Wilkes-Barre PA	29,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage New Rez P.O. Box 740039, Cincinnati OH 45274-0039	8199,000.

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Lee Health	2776 Cleveland Ave. Fort Myers 33901	63,000.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

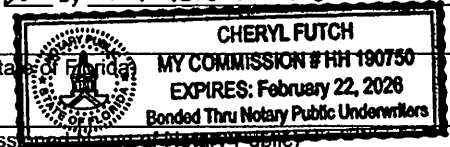
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 7 day of

June, 2022 by KAREN WATSON

[Handwritten Signature]
 (Signature of Notary Public—State of Florida)



(Print, Type, or Stamp Commission Number of Notary Public)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FLDL

[Handwritten Signature: Karen Watson]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 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.

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.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

STATE OF TEXAS

County of ... State of Texas

Know all men by these presents that ...

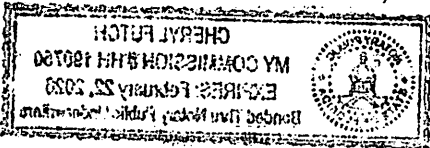
That the within and foregoing ...

Witness my hand and seal of office ...

Notary Public in and for the State of Texas

My commission expires ...

Notary Public in and for the State of Texas



Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

22 JUN 7 PM 1 25 30E LEE OFF

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)
Karen Watson

3. Address (include post office box or street, city, state, zip code)
2705 Via Santa Croce Ct.
Fort Myers, FL 33905

4. Telephone
(239) 5655563

5. E-mail address
karen@karenwatson2ourcom

6. Office sought (include district, circuit, group number)
District 2, County Commissioner

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 ~~Democrat~~ KW Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Frederick Watson

11. Mailing Address
2705 Via Santa Croce Ct

12. Telephone
(239) 6035318

13. City
Fort Myers

14. County
Lee

15. State
FL

16. Zip Code
33905

17. E-mail address
fwatson2705@hotmail.com

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

19. Name of Bank
First Horizon Bank

20. Address
2247 First Street

21. City
Fort Myers

22. County
Lee

23. State
FL

24. Zip Code
33901

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
June 6, 2022

26. Signature of Candidate
 Karen Watson

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

I, Frederick Watson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

June 6, 2022
Date

Frederick Watson
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

2022 JUN 7 PM 1 28 02C LEE001

I, Karen Watson ,

candidate for the office of County Commissioner District 2 ;

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

X Karen Watson
Signature of Candidate

June 7, 2022
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).

OFFICE USE ONLY

STATEMENT OF
CANDIDATE

(Section 108.003, F.S.)

(Please print or type)

Karen Watson

S. F. C. candidate for the office of County Commissioner

have been provided access to read and understand the requirements of

Chapter 108, Florida Statutes.

June 7, 2022
Date

[Signature]
Signature of Candidate

X

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depositor 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, (as 108.19(1)(c), 108.285(1), Florida Statutes).