

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED				
Candidate Name	Linda Uhler				
Residence Address	9426 Yucca Ct				
City and Zip Code	Sanibel 33957				
	Check if same as above. Check if different from residence.				
Mailing Address					
	Daytime (list below)	Alternate (list below)			
Telephone Number(s)	239-472-3817	OR			
Campaign Email Address	luhler@comcast.net				
Campaign Website					
Office Sought	Board Member, Sanibel Public Library District				
Area, District, Group or Seat #	Seat 1				
→ 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. 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 Pa	(a)				
→ Political Party for Office Sought	Non-partisan				
Incumbent	■Yes				
Date of Birth	7/5/1947				
or Voter Registration ID #					
Candidate Signature & Date	Linda Uhler	6/5/2022			

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 OATH NONPARTISAN OFFICE

(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:

_	1	
	\Mnit_in	candidate

'22JUN 8 AM 1015 SOE LEE CO (F)

write-iii carididate			OFFICE USE ONLY		
Candidate Oath (Section 99.021(1)(a), Florida Statutes) Linda Uhler					
(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 of	Fice of Board Member, S	Sanibel Public Library I	District		
		(Office)	(District #)		
Seat 1	am a qualified elector of	ee	County, Florida;		
(Circuit #) (Group or Seat #)	am a qualified elector of				
I am qualified under the Constitution			esire to be nominated or elected; I		
have qualified for no other public offic					
I seek; and I have resigned from any	·				
and I will support the Constitution of the		- ,			
Candidate's Florida Voter Registrat	ion Number (located on you		478800		
Phonetic spelling for audio ballot: ballot as may be used by persons with YOO luhr					
X Linda Uhler	(239), 472-3817	luhler@comc	ast.net		
Signature of Candidate	Telephone Number		Email Address		
9426 Yucca Ct	Sanibel	FL	33957		
Address	City	State	ZIP Code		
STATE OF FLORIDA		/ HC			
COUNTY OF LEE	·	Signature of Notary Pub Print, Type, or Stamp Commissi	lic oned Name of Notary Public below:		
Sworn to (or affirmed) and subscribed be	fore me by means of	~~~~~	······································		
	ysical presence	S SUPPLIES SI	USAN SCHULTE		
this the day of UNE	,2027	en e	PIRES: February 27, 2026		
Personally Known OR Produced Identification					
Personally Known OR Produc	ed Identification				



Affidavit of Intent Special District Candidates

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida County of Lee				
Linda Uhler				
l,	, am a candidate for the independent special			
(print name)				
district office of: Sanibel Public Library District Seat 1				
(include district name AND .district, seat, area or group #)				

in the <u>November 8, 2022, General Election</u>. I declare that my <u>only campaign expense</u>, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, <u>I will not be required to</u>: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that <u>prior to doing so, I am required to file Form DS-DE 9</u> (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

X Linda Whler

Date

6/5/2022

Signature of Candidate

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository. History 2007 HB537, FS 99.061, FS 106.021 Revised-06/21/21 (Lee County Special District Forms)

FORM 1		STATEM	IENT OF		2021	
Please print or type your name, mailing address, agency name, and position below	w. FII	NANCIAL	INTERES	STS	FOR OFFICE USE ONLY ಸ್ಥೌ	
LAST NAME FIRST NAME MIL Uhler Linda Su		and to read post of East of Ea		anna a parametra anna and	JUN 8 AM	
MAILING ADDRESS : 9426 Yucca Ct					AM10155	
					50E LEI	
CITY: Sanibel	ZIP : 33957	COUNTY: Lee		CO	PY OF	
NAME OF AGENCY: Sanibel Public Library Dist	rict				•	
NAME OF OFFICE OR POSITION Seat 1	HELD OR SOU	GHT :				
CHECK ONLY IF CANDIDAT	E OR 🔲	NEW EMPLOYEE OF	RAPPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS		SECTION MUS			CEMBER 31, 2021.	
MANNER OF CALCULATIN FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR (see instructions for further deta COMPARATIVE	USING REPO JSING COMPA ils). CHECK T	ORTING THRESHOL ARATIVE THRESHO	DS THAT ARE ABSO LDS, WHICH ARE U USING (must check	JSUALLY BASE (one):		
PART A PRIMARY SOURCES OF			the reporting person - S	See instructions]		
NAME OF SOURCE OF INCOME			URCE'S DRESS	1	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Social Security				Retirement Account		
US House of Representatives				Federal Pension		
John Uhler	9426	9426 Yucca Ct, Sanibel, FL 33957		Spousa	Spousal Income	
Raymond James Financial		Divid			nds	
PART B - SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and other sour		sses owned by the repo	rting person - See	instructions]	
NAME OF BUSINESS ENTITY		MAJOR SOURCES INESS' INCOME	ADDRES OF SOUR	31575	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A						
PART C - REAL PROPERTY [Land (If you have nothing to 1510 Royal Palm Square B)	eport, write "no	one" or "n/a")		lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
22 To Noyal Turn Oquate Di		22 22 10 1, 1 010 14	.,	FILING and w	INSTRUCTIONS for when here to file this form are	
					d at the bottom of page 2. UCTIONS on who must file	
					rm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ncks honds certificated	s of denosit etc - See ins	etructions)	
(If you have nothing to report, write "non		o or deposit, etc ecc ma	au deuons)	
TYPE OF INTANGIBLE			VHICH THE PROPERTY RELATES	
Stocks and Mutual Funds	Raymond James	Financial Services		
	· · · · · · · · · · · · · · · · · · ·			
PART E — LIABILITIES [Major debts - See instruction:	sì			
(If you have nothing to report, write "non				
NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
Wells Fargo Home Mortgage	PO Box 10335 Γ	Des Moines IA 5030	06	
PART F — INTERESTS IN SPECIFIED BUSINESSES	Comprehin or position	es in cortain types of hus	incore San instructional	
(If you have nothing to report, write "none"	" or "n/a")		-	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	N/A			
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, agency created under Part III, Chapter 163 required to c				
☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQI	UIRED TRAINING.	
IF ANY OF PARTS A TUROUOU O ARE	CONTRILLED ON			
IF ANY OF PARTS A THROUGH G ARE				
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature:		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:		
Lenda Uhler		I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
- sinaa will			Upon my reasonable knowledge and belief, the	
Date Signed:		i e		
6/5/2022		CPA/Attorney Signature		
\(\varphi\) \(\dagger\) \(\dagger\)		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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.