

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL		REVISED
Candidate Name	Richard P. McCurry	
Residence Address	1076 White Ibis Drive	
City and Zip Code	Sanibel, Florida 33957	
	Check if same as above.	Check if different from residence.
Mailing Address		
v		
Telephone Number(s)	Daytime (list below)	OR Alternate (list below)
	239.292.4631	
Campaign Email Address	rpmsanibel1@yahoo.com	
Campaign Website		
Office Sought	Sanibel Fire Control District	
Area, District, Group or Seat #	Seat 1	
 Judicial, School Board, Supervisor of Election System, Library and Mosquito Control are no partisan" on the line below. A candidate for a Constitutional Office or Co- indicate a political party affiliation or "No Pa 	on-partisan offices. A candidate for an ounty Commission may file partisan or	ny of these offices, must indicate "non-
→ Political Party for Office Sought	Nonpartisan	
Incumbent	Yes	□No
Date of Birth or Voter Registration ID #	#111492883	
Candidate Signature & Date	Rehard P. Mo only	6-14-2022

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.



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

Richard P. McCurry	, am a candidate for the independent special
(print name)	-

district office of:

Sanibel Fire Control 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, I will not be required to: 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 Ruhay P. Maley

Signature of Candidate

June 14, 2022

Date

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)

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:

100000000000000000000000000000000000000				
Write-	in	car	did	ata
I VVIIIC:	-111	101	1111111	110

*22JUN14AM 9 24 SOE LEE CO F1

	OFFICE USE ONLY	
Candidate Oath (Section 99.021(1)(a), Florida Statutes) 1, Richard P. McCury (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 ball am a candidate for the nonpartisan office of $\frac{1}{2}$		
(Circuit #) , 1 am a qualified elector of _	Lee County, Florida;	
I am qualified under the Constitution and the Laws of Florida to have qualified for no other public office in the state, the term of v I seek; and I have resigned from any office from which I am recand I will support the Constitution of the United States and the Constitution of the	which office or any part thereof runs concurrent with the office quired to resign pursuant to Section 99.012, Florida Statutes;	
Candidate's Florida Voter Registration Number (located on you	ur voter information card): 111492883	
Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions		
X School P. MC by (239) 292- Signature of Candidate Telephone Number	4631 rfmsanibel 1 @ Yahoo. Com Email Address	
1076 White Ibis Drive Sanibal	FL 33957 State ZIP Code	
STATE OF FLORIDA	Signature of Notary Public	
COUNTY OF	Print Type or Stamp Commissioned Name of Notary Public below:	
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\sum \text{OR} \) physical presence \(\sum \) this \(\sum \text{UI}^m \) day of \(\sum \text{VV} \) \(\text{C} \) Personally Known \(\sum \text{OR} \) Produced Identification \(\sum \text{VV} \)	SUNNAH SHAIKH Commission # HH 256520 Expires April 24, 2026	

FORM 1	STATEN	IENT OF		2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	STS FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE I McCurry, Richard Phillip MAILING ADDRESS : 1076 White Ibis Drive	NAME :	Ž.			
NAME OF AGENCY: Sanibel Fire Control District NAME OF OFFICE OR POSITION HELD Seat 1	ZIP: COUNTY: 3957 Lee OR SOUGHT:		CC	22.UN14m 9 24 S0E LEE 00 F1	
AT A PORT OF THE PROPERTY OF T	* THIS SECTION MUS	ST BE COMPLETE	D ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	R FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	IDING DE	ECEMBER 31, 2021.	
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF SOURCE OF INCOME	SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY				
K & R Adventures, L.L.C.	2007 Periwinkle Way Sanibel FL. 339		7 Restaurant		
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE					
1/1					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") Innes on this form. Attach additional sheets, if necessary.			on this form. Attach additional		
			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file		
			this f	form and how to fill it out n on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no	tocks, bonds, certificates of deposit, etc See instructions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
IRA and Savings	Chase Bank, N.A.	
Savings	SanibelCaptiva Community Bank	
PART E — LIABILITIES [Major debts - See instruction		
(If you have nothing to report, write "no	ne" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Sanibel Captive Community Bank	2406 Periwinkle Way, Sanibel, FL 33957	
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positions in certain types of businesses - See instructions]	
(If you have nothing to report, write "none	" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2	
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 G — TRAINING For elected municipal officers	s, appointed school superintendents, and commissioners of a community redevelopment	
	complete annual ethics training pursuant to section 112.3142, F.S.	
I CERTIFY THAT I	HAVE COMPLETED THE REQUIRED TRAINING.	
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R: 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:	
Ruly P.M. Eng	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the	
Date Signed:	disclosure herein is true and correct.	
June 14, 2022	CPA/Attorney Signature:	
Julie 14, 2022	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. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

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.