

CANDIDATE CAMPAIGN FILE COVER SHEET

Residence Address 74 30 LMKK BALLEL DR H 303 City and Zip Code Cont myans A 33907 Check if same as above. Check if different from residence.	ORIGINAL	REVISED			
City and Zip Code Cont My Curk A 33907 Check if same as above. Check if different from residence.	Candidate Name	A. KEDNENS BROWD In			
Mailing Address	Residence Address	7430 LAKE BA	28828 Dr #303		
Mailing Address Daytime (list below) OR	City and Zip Code	1			
Telephone Number(s) Daytime (list below) 239-415-9519 OR Alternate (list below)		Check if same as above.	heck if different from residence.		
Telephone Number(s) 739-415-9519 OR 551-477-9922 Campaign Email Address SLASH4770 @ AOL. Com Campaign Website Office Sought Area, District, Group or Seat # T. Wq. Comm 145100000 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 Party Affiliation" on the line below. → Political Party for Office Sought Incumbent □ No Date of Birth or Voter Registration ID # O 23 62 22 3 20 77	Mailing Address				
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Campaign Website Office Sought Fire Commission Messive Area, District, Group or Seat # Fire Commission Messive 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 Party Affiliation" on the line below. → Political Party for Office Sought Incumbent □ No Date of Birth or Voter Registration ID # 10 23 12 213 2077	relephone Number(s)	239-415-9519	551-497-9922		
Office Sought Area, District, Group or Seat # Fr. Wy Cass. Gooth Trush Fire District → 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 Party Affiliation" on the line below. → Political Party for Office Sought Pres No	Campaign Email Address	ÉLASH4710 @ AOL. Com			
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Date of Birth or Voter Registration ID# 10 23 62 22 32077	green the teach of the same and				
or Voter Registration ID# 10 23 62 22 32077	Incumbent	⊠Yes	□No		
Candidate Signature & Date ASSA C/14/22		10/23/62/ 13	22132077		
	Candidate Signature & Date	156	chulzz		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http:/

CANDIDATE OATH	22JUN14PM 2 56 SOE LEE CO F ¹			
NONPARTISAN OFFICE				
(Do not use this form if a Judicial or School Board Candidate)				
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:				
Write-in candidate	OFFICE USE ONLY			
Candidate Oath (Section 99.021(1)(a), Florida Statutes) In				
(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 office of	mission was with the was in the			
(Circuit #), (Group or Seat #); I am a qualified elector of	County, Florida;			
I am qualified 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): 122132077				
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 BOS (235) W/5 Signature of Candidate Telephone Number TUROWAL BALLER DE 4303 FORT	Email Address			
Address City	State ZIP Code			
COUNTY OF	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 Personally Known OR Produced Identification Type of Identification Produced:	SUNNAH SHAIKH Commission # HH 256520 Expires April 24, 2026			

SUNNAH SHAIKH
Cemmission # HH 266520
Expires April 24, 2028

06/21/21

State of Florida



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.

County of Lee			
, P- KEDNETH Brown Le am a candidate for the independent special (print name)			
LING Commissioner, South Train Fing Destrict Sant 4 (
(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.

Signature of Candidate

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)

INSTRUCTIONS on who must file located at the bottom of page 2. and where to file this form are FILING INSTRUCTIONS for when sheets, if necessary. lines on this form. Attach additional (If you have nothing to report, write "none" or "n/a") You are not limited to the space on the PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] 50 DS ACTIVITY OF SOURCE OF SOURCE OF BUSINESS' INCOME BUSINESS ENTITY PRINCIPAL BUSINESS ADDRESS NAME OF MAJOR SOURCES **JO BMAN** (If you have nothing to report, write "none" or "n/a") [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] PART B -- SECONDARY SOURCES OF INCOME 7 CC NO ZUES PRINCIPAL BUSINESS ACTIVITY ADDRESS OF INCOME DESCRIPTION OF THE SOURCE'S SOURCE'S NAME OF SOURCE (If you have nothing to report, write "none" or "n/a") PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] **ВОГГАЯ УАГИЕ ТНЯЕЅНОГРЅ** <u>OB</u> COMPARATIVE (PERCENTAGE) THRESHOLDS (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES MANNER OF CALCULATING REPORTABLE INTERESTS: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021. DISCLOSURE PERIOD: **** THIS SECTION MUST BE COMPLETED **** CHECK ONLY IF CANDIDATE ■ NEW EMPLOYEE OR APPOINTEE 7905 COUNTY: : AME -- FIRST NAME -- MIDDLE NAME : address, agency name, and position below: FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing STATEMENT OF FORM 1 1707

begin on page 3.

this form and how to fill it out

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	e" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY 1	O WHICH THE PROPERTY RELATES	
DA			
PART E LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
locate Montanz	SETROIT WICH		
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"		businesses - See instructions] BUSINESS ENTITY # 2	
	1		
ADDRESS OF BUSINESS ENTITY	i //A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY		,	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<u> </u>		
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c		ection 112.3142, F.S.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE S	HEET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R: CPA or AT	TORNEY SIGNATURE ONLY	
Signature:	in good standing wi she must complete I, Form 1 in accordan	the Florida Bar prepared this form for you, he or the following statement:	
Date Signed:	CPA/Attorney Signa Date Signed:	CPA/Attorney Signature:	
FILING INSTRUCTIONS:	Date Signed.		
ELLANG MISTRUCTIONS:			

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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021