

CANDIDATE CAMPAIGN FILE COVER SHEET

⊠ ORIGINAL		REVISED
Candidate Name	Cheryl Smi	th
Residence Address	19904 Beechcrest	th Pl Estero, FL 33928
City and Zip Code	Estero, FL 33	928
	Check if same as above.	Check if different from residence.
Mailing Address		
Telephone Number(s)	☑Daytime (list below)	OR Alternate (list below)
relephone Number(s)	239-297-1131	
Campaign Email Address	@ csmith @ ca	meratta.com
Campaign Website		
Office Sought	Supervisor	
Area, District, Group or Seat #	Supervisor Corkscrew Farm	CAD 4
 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	rty Affiliation" on the line below.	
→ Political Party for Office Sought	non-partisan	
Incumbent	⊠Yes	□No
Date of Birth or Voter Registration ID #	1/09/82	111438834
Candidate Signature & Date	Cheryl Smi	从

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: http://www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and 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 (239-533-8683) for more information about becoming a candidate for public office.

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:

*22.JUN16PM1225 SOE LEE CO F1

Write-in candidate	OFFICE USE ONLY			
Candidate Oath (Section 99.021(1)(a), Florida Statutes) (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 OV CSCY- (Circuit #), (Group or Seat #); I am a qualified elector of	(Office) (District #)			
have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.			
Candidate's Florida Voter Registration Number (located on your voter information card):				
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 Cheryl Smith (239) 29 Signature of Candidate) Telephone Number 19904 B-eechcrest Pl Estero Address City STATE OF FLORIDA COUNTY OF 189	Name of the Control o			
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\sum OR \) physical presence \(\folday \) this \(\folday \sum OR \) Produced Identification \(\overline{\sum} \) Type of Identification Produced: \(\overline{\sum} \)	SUNNAH SHAIKH Commission # HH 256520 Expires April 24, 2026			

SUNNAH SHAIKH
Commission # HH 256520
Engines April 24, 2026

FORM 1	NAME OF TAXABLE	STATEM	ENT OF	7	access a number of constitute that and	2	021	
Please print or type your name, mailing		FINANCIAL INTERE		ESTS		FOR OFFICE USE ONLY:		
Address, agency name, and position below: LAST NAME FIRST NAME MIDDLE NAME :								
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MAILING ADDRESS:) \cr	est Pl					NOEAMO919 SOE	722JUN16PM1225
						A	98	喜
CITY:		ZIP: COUNTY:					8	Ē.
CITY: ZIP: COUNTY: Estero 33928 Lee					Ģ.	91		
Corkiscre-Farms CDD /V-Dana CDD						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			V				9/	
CHECK ONLY IF A CANDIDATION	E OR	NEW EMPLOYEE OR	APPOINTEE	6/2				
Onzak anzi ii 🧸 anka a	****			LETED	****			
DISCLOSURE PERIOD:		THIS SECTION INIOC						
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	R CALENDAR Y	EAR END	ING DE	CEMBER 31	, 2021.	
MANNER OF CALCULATING FILERS HAVE THE OPTION OF			DS THAT ARE AB	SOLUTE	DOLLAF	R VALUES, V	VHICH REC	QUIRES
FEWER CALCULATIONS, OR U (see instructions for further detail	ISING	COMPARATIVE THRESHOR	_DS, WHICH ARE	E USUALL				
		CENTAGE) THRESHOLDS	<u>OR</u> □		AR VALU	JE THRESH	OLDS	
PART A PRIMARY SOURCES OF (If you have nothing to a	INCON eport, v	ME [Major sources of income to write "none" or "n/a")	the reporting person	- See instr	uctions]			
NAME OF SOURCE OF INCOME		SOURCE'S DESCRIPTION OF THE SOUR ADDRESS PRINCIPAL BUSINESS ACTIV						
Camprop, Inc.						eal Estate Development		
		21101 Design Parc Ln #103 Estero, TZ 33928						
DART R. SECONDARY SOURCE	OFIN	COME						
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to	, and ot	her sources of income to busines	sses owned by the re	eporting per	son - See	instructions]		
NAME OF	N.A	AME OF MAJOR SOURCES	ADDF				CIPAL BUSIN	
BUSINESS ENTITY		OF BUSINESS' INCOME	OF SO	URCE		ACTIV	/ITY OF SOU	RCE
N/A								
PART C REAL PROPERTY [Land	, buildir	ngs owned by the reporting perso	n - See instructions)			e not limited		
(If you have nothing to report, write "none" or "n/a") N				onal				
- 1/1			FILING INSTRUCTIONS for when and where to file this form are					
						d at the bot		
				this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bor (If you have nothing to report, write "none" or "no	nds, certificates of deposit, etc See instructions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NIA	
· ·	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/	/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownersh (If you have nothing to report, write "none" or "n/a"	
NAME OF BUCINESS ENTITY	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	1- (13
PRINCIPAL BUSINESS ACTIVITY	
POSITION HELD WITH ENTITY	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	
NATURE OF MY OWNERSHIP INTEREST	
	ted school superintendents, and commissioners of a community redevelopment
agency created under Part III, Chapter 163 required to complete	•
I CERTIFY THAT I HAVE	E COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONT	TINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
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:
Date Signed:	I
Date Signed:	CPA/Attorney Signature:
6/2/2022	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. Do not email your form to the Commission on Ethics, it will be

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

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		
I, Cheryl Smith	, am a candidate for the independent special	
district office of:		
Corkscrew Farms	CDD Stat 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, 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 Cheryl Smith
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)