



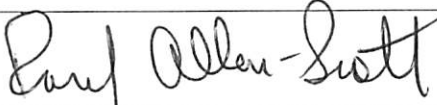
# LEE COUNTY ELECTIONS

2022 JUN 16 PM 3 12 SDE LEE CO FL

## CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Randy Allen-Scott		
Residence Address	1129 Cherokee		
City and Zip Code	Lehigh Acres, Florida 33936		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	2393007007		
Campaign Email Address	leehealth@randyscott.us		
Campaign Website	http://leehealth.randyscott.us		
Office Sought	LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS		
Area, District, Group or Seat #	District 4		
<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	non-partisan		
Incumbent	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
Date of Birth or Voter Registration ID #	118349015		
Candidate Signature & Date	 6/10/2022		

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

(Revised 08/2021)  
**CANDIDATE OATH  
 NONPARTISAN OFFICE  
 LEE MEMORIAL HEALTH SYSTEM  
 LEE COUNTY TRAUMA SERVICES  
 BOARD OF DIRECTORS**

22 JUN 16 PM 3 13 50 E LEE 001-1

OFFICE USE ONLY

(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:

Write-in candidate

Lee Memorial Health System candidates must use this Candidate Oath to qualify for office.

**CANDIDATE OATH**

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, Randy Allen-Scott

(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 LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 4,  
 (office) (district #)

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.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

**Section 876.05, Florida Statutes, oath** (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the Lee Memorial Health System and Lee County Trauma Services Board of Directors and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 118349015

**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.]

rændi æln-skot

X Randy Allen-Scott (239) 3007007 leehealth@randyscott.us  
 Signature of Candidate Telephone Number Email Address

1129 Cherokee Lehigh Acres Florida 33936  
 Address City State ZIP Code

STATE OF FLORIDA  
 COUNTY OF LEE

Dawn Kamiedulski  
 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 12 day of JUNE, 2022.

Personally Known:  OR Produced Identification:   
 Type of Identification Produced: DRIVER LICENSE FLORIDA

Bonded thru Budget Notary Services  
 Expires February 4, 2025  
 Commission # HH 089266  
 DAWN KAMIEDULSKI





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ԱՆՈՒՅՑՈՒԹՅԱՆ ԿՐԹԱԿԱՆՈՒԹՅԱՆ  
ԿՈՄԻՏԵ

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

**FOR OFFICE USE ONLY:**

LAST NAME – FIRST NAME – MIDDLE NAME :  
Allen-Scott Randy

MAILING ADDRESS :  
1129 Cherokee

Lehigh Acres                      33936                      Lee

CITY :                                      ZIP :                                      COUNTY :

NAME OF AGENCY :  
LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
District 4

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

20200406 PM 3:13:50 ELEC001

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 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 ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
All Claims Process	1129 Cherokee Lehigh Acres, Fl	legal service provider

**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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

n/a

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
n/a	

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
FedLoan Servicing	P.O. Box 790234 St. Louis, MO 63179-0234

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #	
	1	2
n/a		
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		

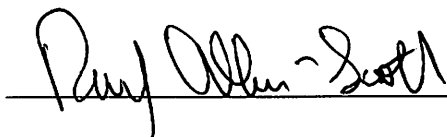
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

~~06/10/2022~~ 06-16-2022

**CPA or ATTORNEY SIGNATURE ONLY**

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

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



# LEE COUNTY ELECTIONS

## 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

I, Randy Allen-Scott, am a candidate for the independent special  
(print name)

district office of:

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS District 4

(include district name AND .district, seat, area or group #)

in the November 8, 2022, General Election. I declare that my only campaign expense, 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 prior to doing so, I am required to file Form DS-DE 9 (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 Randy Allen-Scott  
Signature of Candidate

06/16/2022 DAS  
~~06/10/2022~~  
Date