

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

OFFICE USE ONLY

22 JUN 28 PM 1 25 58 SDC
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Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Joseph Robert Gambino

(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.)

am a candidate for the office of County Commissioner, LEE, 5, -
(Office) (District #) (Circuit #)

-; my legal residence is 802 Lustra Ave in Lee County, Florida; I am a qualified elector
(Group or Seat #)

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.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 129466114

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):

JUH G - foe - bed

X Joseph R. Gambino (239) 902-3793 jgambino@lee.com
Signature of Candidate Telephone Number Email Address
802 Lustra Ave Fort Myers FL 33913
Address City State ZIP Code

STATE OF ~~FLORIDA~~ New York
COUNTY OF Nassau

[Signature]
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 27 day of June, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: FL DL

IVONN A. RODRIGUEZ
Notary Public, State of New York
No. 01RO6308824
Qualified in Nassau County
Commission Expires August 4, 2022

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

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LAST NAME — FIRST NAME — MIDDLE NAME:

Cramble Joseph Robert

MAILING ADDRESS:

822 Lystra Ave
Fort Myers 33913 Lee

NAME OF AGENCY:

Lee County Commissioner District 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 21 was \$ 1,000,000.

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 100,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
822 Lystra Ave Fort Myers FL 33913 (Residence)	450,000
LP Financial "Stocks"	120,000
Brandy Federal Credit Union	300,000
Furnishings, Clothing, Jewelry, Equipment, Vehicles	283,000

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lexus Financial Services P.O. Box 15012, Charlotte AZ 85244	23,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PNC Bank 390 Madison Ave, New York NY 10175	130,000

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Chiropractor	822 LASTA AVE Fort Myers	10,000
Chiropractor	37 Smith St Hightown NJ 08520	93,600

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Joseph Gambino LLC	Chiropractor	822 LASTA AVE #3913	Health Care
JJ, R Chiropractic LLC	Chiropractor	37 SMITH ST 11520	Health Care

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	JJ, R Chiropractic	Joseph Gambino LLC	Major Colman Holdings
ADDRESS OF BUSINESS ENTITY	37 Smith St Hightown	822 LASTA AVE	37 Smith St
PRINCIPAL BUSINESS ACTIVITY	Chiropractic	Chiropractic	Real Estate
POSITION HELD WITH ENTITY	CEO	CEO	CEO
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Health Care Provider	Health Care Provider	Real Estate Trustee

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA New York
COUNTY OF Nassau

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27 day of

June, 2022 by Joseph R. Gambino

(Signature of Notary Public, State of Florida) IVONNA A. RODRIGUEZ
Ivonna Rodriguez
Notary Public, State of New York
No. 01RC630824
Qualified in Nassau County
Commission Expires August 4, 2022

Personally Known _____ OR Produced Identification PLDL
Type of Identification Produced PLDL

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, Timothy P. Culhane, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Timothy P. Culhane 6/27/2022
Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

IVONNA A. RODRIGUEZ
Notary Public, State of New York
No. 01RC630824
Qualified in Nassau County