CANDIDATE OATH					
NONPARTISAN OFFICE		තු			
(Do not use this form if a Judicial or School Board Candidate)		25			
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:		23JAN10PM0322			
Write-in candidate	OF	トラ FICE 始\$E ONLY			
<u></u>	late Oath)(a), Florida Statutes)	[HO]			
(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 Village of Es	stero City Council , 4	1			
	(Office)	(District #)			
(Circuit #) (Group or Seat #); I am a qualified elector of	f Lee C	County, Florida;			
	As held the affice to which I decire to be persingle	ad ar alastadı l			
I am qualified under the Constitution and the Laws of Florida have qualified for no other public office in the state, the term					
I seek; and I have resigned from any office from which I am					
and I will support the Constitution of the United States and the		ŕ			
Candidate's Florida Voter Registration Number (located on your voter information card): 111455348					
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.] FAI - Hee					
x Son Jayhu (239) 776-88	<u> </u>				
Signature of Candidate V Telephone Number 9200 Lanthorn Way Estero	r Email Address FL 33928				
Address City		Code			
STATE OF FLORIDA COUNTY OF LEE	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public	ublic below:			
Sworn to (or affirmed) and subscribed before me by means of					
online notarization \(\subseteq \text{ OR physical presence } \text{ This \(\subseteq \subseteq \text{ day of } \subseteq \text{ NUAN} \(\subseteq \subseteq \text{ Personally Known } \text{ OR Produced Identification } \)	MY COMMISSIC IF THE 190 EXPIRES: February 2E 20 Bonded Thre II	1750 28 Arthurs			
Type of Identification Produced:	CHERYL FUTCH				
DS-DE 302NP (Rev. 08/2021)	MY COMMISSION # HH 190750e EXPIRES: February 22, 2026 Bonded Thru Notary Public Underwriters	S-2.0001, F.A.C.			

FORM 1	STATEM	IENT OF		2022
Please print or type your name, mailing address, agency name, and position below		INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDE	LE NAME :			
Fayhee Lori C				
MAILING ADDRESS: 9200 Lanthorn Way				2
15		·		Ę.
<u> </u>				23JAN10PM0322 SOE Lee Co F
CITY: Estero	ZIP: COUNTY: 33928 Lee			Ö Ç
NAME OF AGENCY:	33726 LCC	 -		რ <i>დ</i>
				뮫
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT:	-		'ee C
Village of Estero Council Di	strict 4	<u> </u>		Ξ
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE		·
	**** THIS SECTION MUS	ST BE COMPLETED	****	
DISCLOSURE PERIOD:	COLIG FINANCIAL INTEDESTS F		WO DE	OCNED 04 0000
THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS F	OR CALENDAR YEAR ENL	ING DE	CEMBER 31, 2022.
MANNER OF CALCULATING				
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR U				•
(see instructions for further detail			-i bao	ON I ENGLINAGE VALUES
COMPARATIVE	PERCENTAGE) THRESHOLDS	OR 🗹 DOLL	AR VALI	JE THRESHOLDS
	INCOME [Major sources of income to	the reporting person - See instr	uctions]	
_		uperie .	Dr	CODIDITION OF THE COURSE
NAME OF SOURCE OF INCOME		SOURCE'S DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY		
MMNA, Inc.	4031 Aspen Grove Dr	4031 Aspen Grove Dr., Franklin, TN 37067 Pension		1
,		,		
			-	
	OF INCOME and other sources of income to busine eport, write "none" or "n/a")	sses owned by the reporting pe	son - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	OF BOSINESS INCOME	OF SOURCE		ACTIVITY OF SOURCE
N/A				
N/A				
	buildings owned by the reporting perso	on - See instructions]		e not limited to the space on the on this form. Attach additional
()	, ,			if necessary.
N/A			and w	INSTRUCTIONS for when there to file this form are
				d at the bottom of page 2.
,			this fo	RUCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non TYPE OF INTANGIBLE	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	s] e" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
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	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.					
	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILE Signature: Date Signed:	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,				
01/04/2023	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, 2022.



Tommy Doyle Supervisor of Elections (239) LEE-VOTE (533-8683) • www.lee.vote

Canvassing Board Meeting Dates – March 7, 2023, Regular Election

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots, and Initial Canvass of Vote-by-Mail Ballots Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 02-15-23 at 9 AM

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
 - o Wednesday, 02-22-23
 - o Wednesday, 03-01-23

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Tuesday, 03-07-23, 5 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election.

Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit: Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 03-10-23 at 11 AM

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 03-13-23 at 9 AM

I am a candidate for local office and have received a copy of the above schedules.

x Sai	Lori Fayhee	12/14/2022
Signature	Print Name	Date