

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

REVISED

☐

ORIGINAL

☐

REVISED

(PLEASE CHECK ONE)


Candidate Name	AL (BIG AL) AGATHEN SR
Residence Address	701 MATANZAS CT
City and Zip Code	FORT MYERS BEACH FL 33931
	239-357-4295
	WOODMAN8989@AOL.COM
Mailing Address (if different)	<input type="checkbox"/> Check if same as above. AL (BIG AL) AGATHEN SR 701 MATANZAS CT FORT MYERS BEACH FL 33931 239-357-4295 WOODMAN8989@AOL.COM
Telephone Number(s) (Daytime)	
Email Address	
Office Sought	
Area, District, Group Or Seat Number	FIRE COMMISSION
Political Party (if applicable for office sought)	FORT MYERS BEACH-SEAT 3
Date Of Birth Or Voter ID #	NON PARTISAN
	10/26/1943
	10/12/2010
Date	
Candidate Signature	X

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

OBSOLETE
LEE COUNTY**SCANNED****SUPERVISOR OF ELECTIONS
CANDIDATE CAMPAIGN FILE COVER SHEET**☒ ORIGINAL☐ REVISED

(PLEASE CHECK ONE)

Candidate Name	ALAN AGATHEN SR.		
Residence Address	4521 BAY BEACH LANE # 221		
City and Zip Code	FORT MYERS BEACH FL 33931		
Mailing Address (if different)	<input type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-357-4295	OR	239-463-1733
Email Address	WOODMAN8989@AOL.COM		
Office Sought	Fort Myers Beach FIRE COMMISSIONER.		
Area, District, Group Or Seat Number	SEAT 3		
Political Party (if applicable for office sought)	N/A		
Date Of Birth Or Voter ID #	10/26/1943		
Date	6/14/2010		
Candidate Signature	X 		

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

*10JUN14PM1108 SDE Lee Co F1

*10JUN14PM0118 SDE Lee Co F1

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
SCANNED

10JUN14PM110850E

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

ALAN N AGATHEN SR.

3. Address (include post office box or street, city, state, zip code)

4521 BAY BEACH LN #221
FORT MYERS BEACH FL 33931

4. Telephone (optional)

(239) 357-4295

5. E-mail address (optional)

WOODMAN8989@AOL.COM

6. Office sought (include district, circuit, group number)

FORT MYERS BEACH FIRE CONTROL
FIRE COMMISSIONER SEAT #3

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

ALAN AGATHEN SR.

11. Mailing Address (If post office box or drawer, also include street address)

4521 BAY BEACH LN, #221

12. Telephone

(239) 357-4295

13. City

FORT MYERS BEACH

14. County

LEE

15. State

FL

16. Zip Code

33931

17. E-mail address (optional)

WOODMAN8989@AOL.COM

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

B&B T

20. Street Address

ESTERO BLVD

21. City

FORT MYERS BEACH

22. County

LEE

23. State

FL

24. Zip Code

33931

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

JUNE 14, 2010

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, ALAN AGATHEN SR., do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

JUNE 14, 2010

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

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I, ALAN AGATHEN SR
FORT MYERS Beach
candidate for the office of FIRE Commissioner seat 3;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X

Al Agathen Sr
Signature of Candidate

6/14/2010
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

10JUN14PM11085DEL ee Co FI

10JUN14PM01185DEL ee Co FI

AFFIDAVIT OF INTENT
LEE COUNTY
SPECIAL DISTRICT CANDIDATE

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, ALAN AGATHEN, am a candidate for the Special District
(print name)

office of: FIRE COMMISSIONER FORT MYERS BEACH 3
(include district name and district, seat, area or group#)

in the November 2010 General Election. I understand that my campaign expense, from
(date of election)
personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

Provided that these are my only campaign expenses, 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 and, therefore, during my campaign, 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 campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST 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 
Signature of Candidate

6/14/2010
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.

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF LEE

OFFICE USE ONLY

SCANNED

I,

ALAN

First Name

N.

Middle Name/Initial

AGATHEN SR.

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

AL (BIG AL) AGATHEN SR

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of FIRE COMMISSIONER SEAT 3,
(office) (district)

_____, _____; I am a qualified elector of LEE COUNTY County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

XAl Agathen

Signature of Candidate

(239) 357-4295

Telephone Number

woodman8989e@aol.com

Email Address

4521 BAY BEACH LN #221 FORT MYERS BEACH FL 33931
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 14 day of June, 20 10.

Personally Known: _____ or

Produced Identification VFL DL

Type of Identification Produced:

A 235 -014-43-386-0Jo Ann Beaumont

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



*10JUN14PM110850E Lee Co FL

*10JUN14PM110850E Lee Co FL

SCANNED

Sample Affidavit for Use of Nickname on Ballot
AFFIDAVIT OF (Insert legal name of candidate)

STATE OF FLORIDA

COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared (insert legal name of candidate), who being first duly sworn or placed under affirmation, says:

1. My legal name is ALAN AGATHEN SR. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

2. I am a candidate for the office of FIRE COMMISSIONER.

3. My nickname is BIG AL. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.

4. Attached are (insert #) documents that show that my nickname is one by which I am generally known or is one that I have used as a part of my legal name: (list the title of any documents or affidavits from other persons reflecting that the candidate is generally known by the nickname or that it has been used as part of the candidate's legal name).

Further, affiant sayeth not.

Al Agathen Sr.

Signature of Affiant

ALAN AGATHEN SR.

Printed/Typed Name of Affiant

Sworn to and subscribed before me this 14 day of JUNE 2010 by (insert legal name of candidate).



Notary Public

Jo Ann Beaumont

JO ANN BEAUMONT

Printed Name

Personally known _____ or Produced Identification ✓ FL DL

Type of Identification Produced A 235-014-43-386-0

10JUN14PM1108SDELeeCoFl

10JUN14PM0118SDELeeCoFl

SCANNED COPY

Sample Affidavit for Use of Nickname on Ballot

AFFIDAVIT OF (Insert legal name of candidate)

STATE OF FLORIDA

COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared (insert legal name of candidate), who being first duly sworn or placed under affirmation, says:

1. My legal name is ALAN AGATHEN SR. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

2. I am a candidate for the office of FIRE COMMISSIONER

3. My nickname is BIG AL. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.

4. Attached are (insert #) documents that show that my nickname is one by which I am generally known or is one that I have used as a part of my legal name: (list the title of any documents or affidavits from other persons reflecting that the candidate is generally known by the nickname or that it has been used as part of the candidate's legal name).

Further, affiant sayeth not.

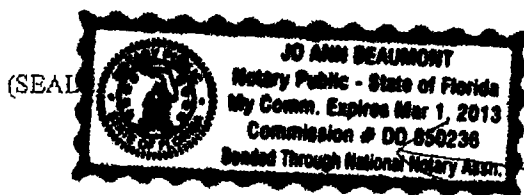
Al Agathen Sr.

Signature of Affiant

ALAN AGATHEN SR.

Printed/Typed Name of Affiant

Sworn to and subscribed before me this 14 day of JUNE 2010 by (insert legal name of candidate).



Notary Public

Jo Ann Beaumont

Printed Name

Mike Becked
Mike Becked

Personally known _____ or Produced Identification V FL DL

Type of Identification Produced A 235-014-43-386-0

I affirm that ⁶³Al Agathen is known as Big Al. Jo Ann Beaumont 6.14.10

*10JUN14PM110850ELEE Co FI

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

AGATHEN, ALAN N

MAILING ADDRESS :

4521 BAY BEACH LN. #221

FORT MYERS BEACH 33931 LEE

CITY : ZIP : COUNTY :

NAME OF AGENCY :

FORT MYERS BEACH FIRE CONTROL SEAT 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FIRE COMMISSIONER

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

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

SCANNED

ID No.

Conf. Code

P. Req. Code

10JUN14PM11085DE Lee Co FI

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☒ DECEMBER 31, 2009 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY	WASHINGTON DC	

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]
(If you have nothing to report, you must 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]
(If you have nothing to report, you must write "none" or "n/a")

N/A

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.

OTHER FORMS you may need
to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

SCANNED

PART E — LIABILITIES [Major debts]

(If you have nothing to report, you must write "none" 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]

(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

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 BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):



DATE SIGNED (required):

6/14/2010

FILING INSTRUCTIONS:**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.