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# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

(PLEASE CHECK ONE)

Candidate Name	MELOY, PAUL F 3101 STYLES RD ALVA FL 33920			111460186
Residence Address				
City and Zip Code				
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.			
Telephone Number(s) (Daytime)	839 728-2151	OR		
Email Address	meloy.p@embargo@mail.com			
Office Sought	Alva Fire Comm.			
Area, District, Group Or Seat Number	Seat 4			
Political Party (if applicable for office sought)	non-partisan			
Date Of Birth Or Voter ID #	111460186			
Date	6/17/2010			
Candidate Signature	X Paul F. Meloy			

10JUN17PM1002SDE Lee Co F1

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.

**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

MELOY, PAUL F  
3101 STYLES RD  
ALVA FL 33920

111460186

I, \_\_\_\_\_, am a candidate for the Special District  
(print name)

office of:

Alva Twp Comm. Seat 4  
(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 Paul F. Meloy  
Signature of Candidate

6/17/2010  
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

### OFFICE USE ONLY

111460186

MELOY, PAUL F  
3101 STYLES RD  
ALVA FL 33920

STATE OF FLORIDA

COUNTY OF Lee

I,

PAUL

First Name

F.

Middle Name/Initial

MELOY

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,

PAUL F. MELOY

(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

Alva Fire Comm.

(office)

(district)

Seat 4

(circuit)

(group)

; I am a qualified elector of

Lee

County, Florida;

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.

111460186

Paul F. Meloy

Signature of Candidate

Telephone Number

MELOY, PAUL F  
3101 STYLES RD  
ALVA FL 33920

Address

City

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of June, 2010.

Personally Known: \_\_\_\_\_ or

Produced Identification: ☒

Bernice Ramos Feliciano

Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:

Florida Drivers License



Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010  
Bonded Tray Print - HAWKINS, INC. 800-385-7018

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAI

MELOY, PAUL F  
3101 STYLES RD  
ALVA FL 33920

111460186

CIT

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN17M1002 SDE Lee Co FL

**\*\*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, 2008 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]

NAME OF SOURCE  
OF INCOME

SOURCE'S  
ADDRESS

DESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

See Attached

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF  
BUSINESS ENTITY

NAME OF MAJOR SOURCES  
OF BUSINESS' INCOME

ADDRESS  
OF SOURCE

PRINCIPAL BUSINESS  
ACTIVITY OF SOURCE

See Attached

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

None

**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.

Untitled

MELOY, PAUL F  
ALVA FIRE COMMISSION  
SEAT 4

PART A PRIMARY SOURCES OF INCOME

SOCIAL SECURITY P O BOX 3600 WILKES-BARRE PA 18767  
RETIREMENT

FLORIDA RETIREMENT SYSTEM P O BOX 9000 TALLAHASSEE FL 32315  
FIRE CHIEF PENSION

NATIONWIDE RETIREMENT SOLUTIONS [HTTP://NATION-WIDE-RETIREMENT-SOLUTIONS.COM](http://nation-wide-retirement-solutions.com)  
BENEFICIARY PENSION

PAUL MELOY HAY 3101 STYLES RD ALVA FL 33920 HAY PRODUCTION AND SALES

PART B

PAUL MELOY HAY HAY PRODUCTION AND SALES DREXEL CRUMP-CUSTOM FARMWORK  
CHARLOTTE COUNTY FLORIDA

PART D INTANGIBLE PERSONAL PROPERTY

CERTIFICATES OF DEPOSIT  
MONEY MARKEY ACCOUNT  
IRA

FLORIDA COMMUNITY BANK  
FLORIDA COMMUNITY BANK  
WOODMEN OF THE WORLD INS

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

*See Attached***PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

*None***PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTEREST*None*IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

*Paul F. Melby*

DATE SIGNED (required):

*6/17/2010***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.