

CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION

111618687

MILLER, MATTHEW SHAWN
P O BOX 818
ALVA FL 33920

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Matt Miller

(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 office of County Commisioner, District 5, _____,
(office) (district #) (circuit #)
_____ ; I am a qualified elector of Lee County, Florida; I am qualified
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 111618687

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

m a e t m I H I e r

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Independence Party; I have not been a registered member of any other political party 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, as a candidate for said office by the executive committee of the political party, of which I am a member.

X [Signature] (239) 872-0690 info@mattmillerforleecounty.org
Signature of Candidate Telephone Number Email Address

4204 E 23rd Street Alva Florida 33920
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 1st day of June, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



COPY

The Independence Party of Florida (IDP)

*12MAY11 4PM 10:41 SOELEE OR FL

To Bernie Feliciano
Qualifying Officer
Post Office Box 2545
Fort Myers, FL 33902

From Peter Allen
State Party Chairmen
The Independence Party of Florida
P.O. Box 2206
Riverview, FL 33568

Ref: Waiving of party assessment fees

Thank you for taking the time to provide the valuable information concerning the waiver of these fees.

It is the intent of this letter,
To ask you to accept our waiver of Assessment fees in the qualifying of
Independence Party of Florida candidate Mr. Matt Miller in Lee County, Florida

This waiver of Assessment fees for Mr. Miller has the full approval of the Independence Party of Florida, State Executive Committee and Chairmen.

With Great Appreciation



Peter Allen
State Party Chairmen
The Independence Party of Florida
(813) 671-3122

John Zanni vice Chairmen
Shauna Ayres, Secretary / Treasure

**Sharon L. Harrington
Supervisor of Elections
Lee County**

CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902
(239) LEE-VOTE
(239) 533-8683
FAX (239) 533-6310
www.leeelections.com

COPY

May 15, 2012

Matthew Miller Campaign
P O Box 818
Alva FL 33920

Subject: Waiver of Party Assessment by the Independence Party of Florida
Matthew Miller for Lee County Commission, District 5

Dear Mr. Miller:

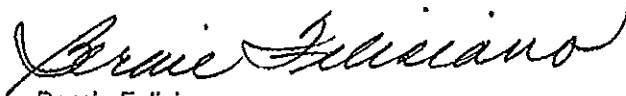
On May 14, 2012, the Independence Party of Florida officially notified the Lee County Supervisor of Elections of its intention to waive the party assessment for a minor party candidate pursuant to s. 99.096 Florida Statutes. A copy of the official notice is enclosed with this correspondence.

Based on the notification, the qualifying fee for the office sought is reduced from six percent (6%) to four percent (4%). The filing fee shall be paid by check drawn on the campaign account in an amount not less than \$3,371.76. The qualifying fee shall be made payable to the Lee County Elections Office.

In order to qualify for the office sought, you must submit prior to Noon, June 8, 2012, a properly executed Form DS-DE 24 Candidate Oath for Candidate with Party Affiliation, Form 6 Full and Public Statement of Financial Interests, and a properly executed campaign check for the amount of the qualifying fee as described in the previous paragraph.

Do not hesitate to contact me if you have any questions regarding the candidate-qualifying process. I can be reached at 239-533-6304 or bfeliciano@leeelections.com.

Sincerely,



Bernie Feliciano
Qualifying Officer

Enclosure

Copy: Peter Allen, Chairman, Independence Party of Florida
John Zanni, Vice Chairman, Independence Party of Florida
Shauna Ayres, Secretary, Independence Party of Florida

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Miller Matthew Shawn

MAILING ADDRESS:
P.O.Box 818

CITY : ZIP : COUNTY :
Alva 33920 Lee

NAME OF AGENCY :
Lee County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

ID Code

ID No.

Conf. Code

P. Req. Code

2011 PDF Form 6

12 JUN 4 PM 1 04 SDE LEE CO FL

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 May 31, 20 12 was \$ 1,687,092.40.

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.

The aggregate value of my household goods and personal effects (described above) is \$ 98,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
4204 E 23rd Street, Alva, FL 33920, Primary Residence	\$275,849.00
7879 Nile Street, Fort Denaud, FL 33935	\$99,000.00
Parcel ID# 780284400000009 39.48 Acres	\$27,700.00
Corporate Holdings - Matt Miller Tractors, Inc.	\$1,110,980.00
Corporate Holdings - M&M Horticulture Disposal, Inc.	\$506,405.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America - P.O. Box 650070, Dallas, TX 75265	573,171.42
Bank of America - P.O. Box 650225, Dallas, TX 75265	49,558.22
USAA Bank - P.O. Box 65020, San Antonio, TX 78265	19,350.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

MILLER, MATTHEW SHAWN
P O BOX 818
ALVA FL 33920

111618687

FOR OFFICE USE ONLY:

PART B

SUPPLEMENT

ID Code

ID No.

Conf. Code

P. Req. Code

#1

* JAN 4 PM 1 04 SDE LEE CO

NAME OF AGENCY:

COUNTY COMMISSIONER LEE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DISTRICT 5

CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 _____, 20__ was \$ _____.

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.

The aggregate value of my household goods and personal effects (described above) is \$ _____.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Suntrust Bank Accounts	\$118,000.00
2007 Chop Shop Motorcycle (custom chopper)	\$35,000.00
2011 War Eagle Motorcycle (custom chopper)	\$18,000.00
1978 Chevrolet Camaro (race car)	\$16,000.00
1965 Ford Mustang	\$10,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

M/ MILLER, MATTHEW SHAWN 111618687
 P O BOX 818
 ALVA FL 33920

CI _____

NAME OF AGENCY: **COUNTY COMMISSIONER LEE COUNTY**

NAME OF OFFICE OR POSITION HELD OR SOUGHT: **DISTRICT 5**

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

PART B
SUPPLEMENT
 ID Code _____
 ID No. _____
 Conf. Code **#2**
 P. Req. Code _____

12 JUN 4 PM 1 05 SDE LEE CO FL

2011 PDF Form 6

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 _____, 20__ was \$ _____

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.

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Telephone & Data Systems Stock Holdings	\$2,100.00
American Beach Resort Condo Association	\$8,000.00
Kingston Reef Condo Association	\$12,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 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
South East Employee Leasing	2739 US Hwy 19 North, Holiday, FL 34691	\$8,100.00
Alliance Business Solutions II	9016 Philips Hwy, Jacksonville, FL 32256	\$7,575.00

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
Matt Miller Tractors, Inc.	Equipment Dealership	7261 W SR 80, Fort Denaud	
M&M Horticulture Disposal	Farming & Organics	4204 E 23rd Street, Alva	

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Matt Miller Tractors, Inc.	M&M Horticulture Disposal	
ADDRESS OF BUSINESS ENTITY	7261 W SR 80, Fort Denaud	P.O. Box 818, Alva, FL	
PRINCIPAL BUSINESS ACTIVITY	Equipment Dealership	Farming & Organics	
POSITION HELD WITH ENTITY	President	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%	
NATURE OF MY OWNERSHIP INTEREST	Primary Income	Primary Income	

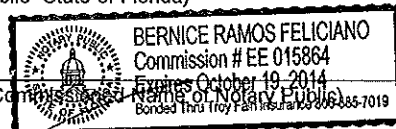
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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
 COUNTY OF Lee
 Sworn to (or affirmed) and subscribed before me this 1st day of

June, 2012 by MATTHEW MILLER
Bernice Ramos Feliciano
 (Signature of Notary Public--State of Florida)



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Candidate's Name)
 Personally Known OR Produced Identification
 Type of Identification Produced FLDL

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.