

CANDIDATE OATH -  
CANDIDATE WITH PARTY AFFILIATION

114097518

KIKER, LARRY R  
6035 ESTERO BLVD  
FORT MYERS BEACH FL 33931

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, LARRY KIKER  
(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 COMMISSIONER 3, \_\_\_\_\_,  
(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): 114097518

\* 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):  
\_\_\_\_\_

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the REPUBLICAN 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.

Larry Kiker (239) 209-1527 LARRY@LARRYKIKER.COM  
Signature of Candidate Telephone Number Email Address

6035 ESTERO BLVD. FORT MYERS BEACH FLORIDA 33931  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Lee

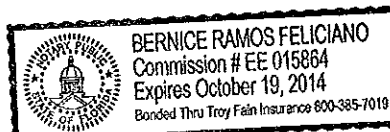
Sworn to (or affirmed) and subscribed before me this 6th day of June 2012

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

Produced Identification:

Type of Identification Produced: FLDL

Bernice R Feliciano  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

KIKER LARRY

MAILING ADDRESS:

6035 ESTERO BLVD

CITY: ZIP: COUNTY:

FORT MYERS BEACH FL 33931

NAME OF AGENCY:

LEE BOCC

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSIONER DISTRICT 3

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12 JUN 6 PM 10:17:50 E LEE OF 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 APRIL 30, 20 12 was \$ \$687,123.

**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 \$ 50,000

**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
2 PALMVIEW BLVD, FORT MYERS BEACH, PERSONAL RESIDENCE	320,000
6035 ESTERO BLVD, FORT MYERS BEACH, COMMERCIAL PROPERTY, 50% INTEREST	410,000
50% INTEREST IN PALARA, LLC	525,000
LIBERTY BANK, 6400 WESTOWN PARKWAY, WEST DESMOINES, IA, BANK ACCOUNT	9,000

**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
WELLS FARGO DEALER SERVICES, PO BOX 25341, SANTA ANA, CA; VEHICLE	21,149
WELLS FARGO DEALER SERVICES, PO BOX 25341, SANTA ANA, CA; VEHICLE	15,728

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
LIBERTY BANK, 6400 WESTOWN PARKWAY, WEST DESMOINES, IA; MORTGAGE	375,500
WELLS FARGO BANK, PO BOX 14411, DES MOINES IA; MORTGAGE	310,000

**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:  
**KIKER LARRY**

FOR OFFICE USE ONLY:

**PART B**  
 ID Code

MAILING ADDRESS:  
**6035 ESTERO BLVD**

**SUPPLEMENT**

CITY: ZIP: COUNTY:  
**FORT MYERS BEACH 33931 LEE**

NAME OF AGENCY:

Conf. Code **#1**  
 P. Req. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

2011 PDF Form 6

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, 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
2 HARLEY DAVIDSON MOTORCYCLES	28,000
TOOLS	10,000
IRA, WELLS FARGO ADVISORS	3,000
IRA, WELLS FARGO ADVISORS	4,000
BROKERAGE ACCOUNT, WELLS FARGO ADVISORS	3,000

**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

KIKER, LARRY R  
 6035 ESTERO BLVD  
 FORT MYERS BEACH FL 33931

114097518

**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:  
**KIKER LARRY**

MAILING ADDRESS:  
**6035 ESTERO BLVD**

CITY: ZIP: COUNTY:  
**FORT MYERS BEACH 33931 LEE**

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY: **PART B**

ID Code

ID No **SUPPLEMENT**

Conf. Code **#2**

P. Rec. Code

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
VEHICLE, NAVIGATOR	25,000
VEHICLE, TUNDRA	22,500

**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

KIKER, LARRY R  
 6035 ESTERO BLVD  
 FORT MYERS BEACH FL 33931

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**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
PALARA, LLC	6035 ESTERO BLVD, FORT MYERS BEACH	45,568
TOWN OF FORT MYERS BEACH	2523 ESTERO BLVD, FORT MYERS BEACH	17,220

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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 5)**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	PALARA LLC	FMB SUN LLC	
ADDRESS OF BUSINESS ENTITY	6035 ESTERO BLVD	6035 ESTERO BLVD	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE	REAL ESTATE	
POSITION HELD WITH ENTITY	MANAGER	MANAGER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	50%	
NATURE OF MY OWNERSHIP INTEREST	SEPARATE INTEREST	SEPARATE INTEREST	

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

**OATH**

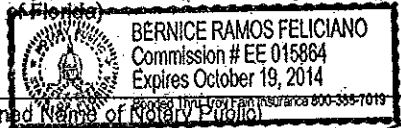
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 6th day of

June, 2012 by LARRY KIKER

Bernice R. Feliciano  
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Larry Kiker  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.