CANDIDATE OATH --NONPARTISAN OFFICE

'12MAY22RM1010 SDE LEE CO F1

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

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(Section 99.021, Florida Statutes)

I, JAMES J. MENDOLERA (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)							
(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 nonpartisan office of COMMISSIONER ESTERO FIRE RESCUE (office) (district #) SEAT # / ; I am a qualified elector of LEE County, Florida; (circuit #)							
(office) (district #)							
(circuit #) (group or seat #); I am a qualified elector of							
I am qualified 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.							
Xames Mendolca (239) 390-0346 jmendolera 323 Egahoo. co Signature of Candidate Telephone Number Email Address	m						
Signature of Candidate Telephone Number Email Address							
21003 TORRE DEL LAGO ST ESTERO FLORIDA 33928 Address City State ZIP Code							
Address City State ZIP Code							
Candidate's Florida Voter Registration Number (located on your voter information card):							
* 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):							
JAMES J. MEN-DOH-LAIR-AH							
STATE OF FLORIDA							
COUNTY OF							
Sworn to (or affirmed) and subscribed before me this <u>Jul</u> day of <u>May</u> , 20 <u>1</u> .							
Personally Known: or SANTIAGO CARRILLO Notary Public - State of Florida Bignature of Notary Public							
Produced Identification: My Comm. Expires Oct 3, 2014 Commission # EF 31572 Bonded Through National Notary Assn. Replace of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Com							
Type of Identification Produced:							

FORM 1 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE 1ENDOLERA USE ONLY: MAILING ADDRESS: ID Code CITY: COUNTY: ID No. NAME OF AGENCY: Conf. Code P. Req. Code MMISSIONER You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF (2) CANDIDATE OR □ NEW EMPLOYEE OR APPOINTEE **** 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 (must check one): **DECEMBER 31, 2011** \Box 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME ADDRESS PRINCIPAL BUSINESS ACTIVITY 140 E. TOWN ST. ENSION PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME **ACTIVITY OF SOURCE** OF SOURCE NONE PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] FILING INSTRUCTIONS for (If you have nothing to report, you must write "none" or "n/a") 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

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

begin on page 3.

PART D — INTANGIBLE PERSOI (If you have nothing t	to report, you must w	cks, bonds, certil <i>I</i> rite "none" or " 	'n/a")		ICH THE PROPERTY RELATES		
NONE			Z.(())				
7000	·	<u> </u>					
PART E — LIABILITIES [Major de (If you have nothing to	ebts - See instructions o report, you must w	p. 5] rite "none" or "	n/a")				
NAME OF CREDI	ADDRESS OF CREDITOR						
WELLS FARGO HOME	P.O. BOX 660278 DALLAS TEXAS 75266-0278						
LEXUS FINANCIAL	SERVICES		5855	CAROL	STREAM IL 60197-5855		
				<u> </u>			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (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	NONE				11: 0		
ADDRESS OF BUSINESS ENTITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	Ö 0		
PRINCIPAL BUSINESS ACTIVITY					İ		
POSITION HELD WITH ENTITY		-			# 8		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					T		
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A	THROUGH F ARE	CONTINUE	D ON A SEP	ARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE (required): DATE SIGNED (required):							
James I.M.	en dolera-		APRIL 3, 2012				

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 filling.

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

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.

FILING INSTRUCTIONS:

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.