

12 JUN 5 AM 9 00 SDE LEE CO FL

**CANDIDATE OATH -  
CANDIDATE WITH PARTY AFFILIATION**

OFFICE USE ONLY

**OATH OF CANDIDATE** (Section 99.021, Florida Statutes)

I, Doug St. Cerny  
(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 Lee County Commissioner, Two, \_\_\_\_\_  
(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): 111508562

\* 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):

Saint Sir nee

**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.

Doug St. Cerny (239) 278-3665 dougstcerny@comcast.net  
Signature of Candidate Telephone Number Email Address

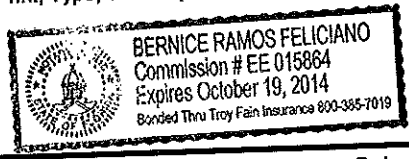
12181 Lucca Street #202 Fort Myers FL 33966  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 5th day of June, 2012.

Personally Known  or \_\_\_\_\_  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

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



# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2011

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

LAST NAME — FIRST NAME — MIDDLE NAME:  
St. Cerny Douglas Roman

MAILING ADDRESS:  
6900 Daniels Parkway Suite 29-281

CITY: Fort Myers ZIP: 33912 COUNTY: Lee

NAME OF AGENCY:  
Lee County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
Lee County Commissioner, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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## 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 December 31, 20 11 was \$ 651,430.36

## 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 \$ 148,000.00

### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Fort Myers Home - 12181 Lucca Street #202, Fort Myers, FL 33966	190,000.00
Cape Coral Home - 1028 SE 26th Street, Cape Coral, FL 33904	86,000.00
Illinois Home - 341 Country Club Drive, Pekin IL 61554	135,000.00
CE/FCU Account 136,118.35/CEFCU savings 57,587.19/IRA Suncoast Schools FCU 21,651.80	
Checking Wachovia 4492.18 (219,849.52 Total)	219,849.52

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools FCU, P.O. Box 11904, Tampa, FL 33680	127,419.16

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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
Reliance Trust Company	P. O. Box 48449, Atlanta, GA 30362	135,245.21
Suncoast Schools FCU	P. O. Box 11904 Tampa, FL 33680	6,002.18
Investment Distribution FRS	P. O. Box 9000 Tallahassee, FL 32315	34,308.84
Social Security Administration	6401 Security Blvd. Baltimore, MD 20235	23,025.00

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
	N/A		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP 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.

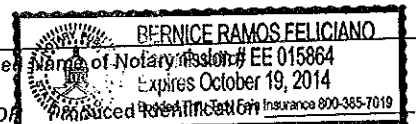
STATE OF FLORIDA  
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of

June, 2012, by DOUG ST CERNY  
Bernice R. Feliciano  
 (Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioner's Name)



Personally Known  Or

Type of Identification Produced

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.