

**REVISED**  
6/6/12

**LEE COUNTY  
SUPERVISOR OF ELECTIONS  
CANDIDATE CAMPAIGN FILE COVER SHEET**

 ORIGINAL REVISED

(Please Check One)

Candidate Name	CHRISTIAN MEISTER		
Residence Address			
City and Zip Code			
Mailing Address (if different)	<input type="checkbox"/> Check if same as above. PO BOX 60662 FORT MYERS FL 33906		
Telephone Number(s) (Daytime)	786 390 4985	OR	
Email Address	MEISTERFORSHERIFF@GMAIL.COM		
Office Sought	SHERIFF		
Area, District, Group Or Seat Number	LEE		
Political Party (if applicable for office sought)	WRITE-IN		
Date Of Birth Or Voter ID #	114 637 270		
Date	JUNE 6 2012		
Candidate Signature	X Christian Meister		

\*12:01:06 PM 1 49 SOB LEE CO FL

*All candidate information 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.*

'12 JUN 6 PM 1 49 SOE LEE CO FI

# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form    Re-filing to Change:    Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)  
Christian, Franz, Meister

3. Address (include post office box or street, city, state, zip code)

PO Box 60662  
Fort Myers, FL 33906

4. Telephone  
(786 ) 390-4985

5. E-mail address  
meisterforsheriff@gmail.com

6. Office sought (include district, circuit, group number)  
Sheriff, Lee County

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In    No Party Affiliation     \_\_\_\_\_ + Party candidate.

9. I have appointed the following person to act as my     Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
Christian Meister

11. Mailing Address  
PO Box 60662

12. Telephone  
( 786 ) 390-4985

13. City  
Fort Myers

14. County  
Lee

15. State  
FL

16. Zip Code  
33906

17. E-mail address  
meisterforsheriff@gmail.com

18. I have designated the following bank as my     Primary Depository     Secondary Depository

19. Name of Bank  
Preferred Community Bank

20. Address  
4379 Colonial Blvd, Suite 100

21. City  
Fort Myers

22. County  
Lee

23. State  
FL

24. Zip Code  
33966

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date  
*June 6 2012*

26. Signature of Candidate  
**X** *Christian Meister*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Christian Meister, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

June 6 2012  
Date

**X** Christian Meister  
Signature of Campaign Treasurer or Deputy Treasurer

12 JUN 6 PM 1 49 SDE LEE CO FL

# CANDIDATE OATH - WRITE-IN CANDIDATE

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

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

I, Christian Meister

(PLEASE PRINT NAME)

am a write-in candidate for the office of Sheriff, Lee, \_\_\_\_\_,  
(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.

**X** Christian Meister

(786)390-4985

meisterforsheriff@gmail.com

Signature of Candidate

Telephone Number

Email Address

PO Box 60662

Fort Myers

Florida

33906

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 114-637-270

STATE OF FLORIDA

COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of June, 2012.

Personally Known:  or

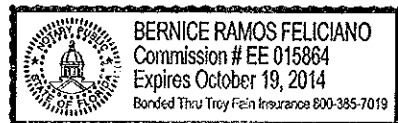
Produced Identification: \_\_\_\_\_

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

2011

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

## FINANCIAL INTERESTS

\* 12011 6 PM 1 49 SDE LEE OF PI

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Meister Christian Franz**

FOR OFFICE USE ONLY:

MAILING ADDRESS:  
**PO Box 60662**

CITY: **Fort Myers** ZIP: **33906** COUNTY: **Lee**

NAME OF AGENCY:  
**Lee County Sheriff's Office**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**Sheriff**

ID Code

ID No.

Conf. Code

P. Req. Code

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 June 5, 20 12 was \$ -\$49,757.

### 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 \$ 2,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Toyota Corolla 2008	\$8,000

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Sallie Mae PO Box 9532 Wilkes-Barre, PA 18773 (Student Loans)	\$57,757

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

**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
Department of Veterans Affairs	PO Box 1437, St. Petersburg, FL 33731	\$5,936

**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
NONE			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

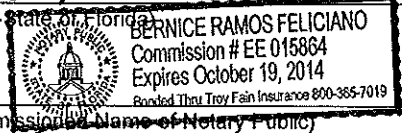
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**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 6th day of

June, 2012, by CHRISTIAN MEISTER  
Bernice R. Feliciano  
 (Signature of Notary Public--State of Florida)



Christian Meister  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Personally Known OR Produced Identification

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.