E COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL DREVISED				
Candidate Name	EDWARD KIMBALL			
Residence Address	2253 DAVIS BLVD.			
City and Zip Code	FORT MYERS, FL. 33905			
Mailing Address (if different)	Check if same as above.			
Telephone Number(s) (Daytime)	(239) 694-7822 OR			
Email Address	KIMELKQ NETZERO, COM			
Office Sought	FIRE COMMISSIONER FORT MYRAS SHORES-FIRE PROTECTION			
Area, District, Group Or Seat Number	FORT MYRRS SHORES-FIRE PROTECTION AND RESCUE SECICES DISTRICT - SERT 1			
Political Party (if applicable for office sought)	NIA			
Date Of Birth Or Voter ID #	APRIL 9, 1941			
Date 6/5/2012				
Candidate Signature	X Chward Kimball			

All information on this form 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.

111731712 KIMBALL, EDWARD 2253 DAVIS BLVD FORT MYERS FL 33905 **OFFICE USE ONLY CANDIDATE** (Section 106.023, F.S.) (Please print or type) EDWARD KIMBALL ١, candidate for the office of FIRE COMMISSIONER - SEAT # have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. Х Signature of Candidate Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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DS-DE 84 (05/11)

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FORM 1	FORM 1 STATEMENT OF			2011			
Please print or type your name, mailing address, agency name, and position be	FINANCIA	AL INTEREST	S [
LAST NAME FIRST NAME MIDI	DLE NAME :	FOR	DFFICE				
KIMBALL EDWARD			ONLY:				
	C RI IN						
2253 DAVIS BLUD				oae 🚺 👘			
FORT MYERS, FL.	<u>33905</u> L.R. ZIP: COUNTY	E E					
FORT MYERS SHORE	ZIP: COUNTY	: Contraction Balance	ID N				
NAME OF AGENCY :				A A A A A A A A A A A A A A A A A A A			
FIRE COMMISS		AT # 1	Conf	. Code			
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT :		P. Re	eq. Code			
You are not limited to the space on the	lines on this form. Attach additional s	heets, if necessary.					
				1001 1 MOR Kranas J			
**** BO	TH PARTS OF THIS SE		VIPLET	ED ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF	R FINANCIAL INTERESTS FOR TH	E PRECEDING TAX YEAR, WHET	HER BASE	D ON A CALENDAR YEAR OR ON			
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 20 ⁻		IT IS FOR THE PRECEDING TAX					
MANNER OF CALCULATING REPOR	Bernard D						
THE LEGISLATURE ALLOWS FILE	RS THE OPTION OF USING RE						
REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	SE STATE BELOW WHETHER THE	S STATEMENT REFLECTS EITHE	R (must cl	eck one):			
	a second a second second second second second second	and the state way to state the state of the		RESHOLDS			
PART A PRIMARY SOURCES OF (If you have nothing to r	INCOME [Major sources of income report, you must write "none" or "		ructions p.	4)			
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
VERIZON COMM		ADDREGG		LE COMMUNICATION			
			PENSION BEALEFITS				
BANDIK OF AMERIC	-14			SANKING			
1ST BANK OF CLEWI	stont		1	Fulkinda			
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	OF SOURCE		ACTIVITY OF SOURCE			
N,A.				······································			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")				G INSTRUCTIONS for and where to file this form			
2253 DAVIS BLUD, Fr. MYERS, FL. 3390				cated at the bottom of page 2.			
				RUCTIONS on who must s form and how to fill it out			
				on page 3.			
			отн	R FORMS you may need			
			to file	are described on page 6.			

PART D — INTANGIBLE PERSONAL PROPER (If you have nothing to report, you	TY [Stocks, bonds, certifi must write "none" or "	icates of deposit, etc See instru n/a")	uctions p. 5]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	ICH THE PROPERTY RELATES			
NI/A						
·						
				rð D		
PART E — LIABILITIES [Major debts - See instr (If you have nothing to report, you		n/a")		0 NU		
NAME OF CREDITOR		ADDRESS	OF CREDITOR	99 9		
NIA				영		
				- AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
		·		E C		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]						
NAME OF BUSINESS ENTITY N/A		N/A-	1/14			
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	F ARE CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required): Edund Killed		DATE SIGNED (required): 6/5/2012				
FILING INSTRUCTIONS:						
WHAT TO FILE: After completing all parts of this form, including			WHEN TO FILE: Initially, each local officer/employed	a atata		
After completing all parts of this form, <u>including</u> <u>signing and dating it</u> , send back only the first sheet (pages 1 and 2) for filing. 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 the the the date				ee must		

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.

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.

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.

CANDIDATE OATH – NONPARTISAN OFFICE	KIMBALL, EDWARD 2253 DAVIS BLVD FORT MYERS FL 33905	111/3/1/12				
(Not for use by Judicial or						
School Board Candidates)		OFFICE USE ONLY				
		DF QUALIFYING) $F \underline{F} \underline{K} \underline{S} \underline{F} \underline{S} \underline{F} \underline{S}$, (district #) County, Florida;				
	.021, Florida Statutes)	N69				
PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BAL	LOT * NAME MAY NOT BE CHANGED AFTER THE END	OF QUALIFYING)				
am a candidate for the nonpartisan office of F_{IRE}	COMMISSION DER	FMSFD, B				
# ,	(office)	, <u>FM5F</u> 2, (district #)				
(circuit #) (group or seat #)	elector of LEE	_ County, Florida; 🖁				
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.						
X Schward Kindred 1239 694-782 KIMELKONETZERO, com Signature of Candidate Telephone Number Email Address						
22-53 DAVIS BLUD FT, MYR. Address City	<u>K-S FL 3.</u> State Z	3905				
Address City	State Z	IP Code				
Candidate's Florida Voter Registration Number (located on your voter information card): <u>99-607078</u> <u>111731712</u> * 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)	:	ot for persons				
- KIM-BAL						
STATE OF FLORIDA						
Sworn to (or affirmed) and subscribed before me thi	S 5TH day of JUNE,	20 <u>12</u> .				
Personally Known: or		rard				
Produced Identification:	Print, Type, or Stamp Commissioned Na					
Type of Identification Produced:	NOTARY PUBLIC-STATE OF F Debora L. Ho Commission # DD Expires: JAN. 1 BONDED THEU ATLANTIC BONDING	ward 946396				
	BONDED THRU ATLANTIC BONDING	CO., INC.				

LEE COUNTY—FLORIDA AFFIDAVIT OF INTENT SPECIAL DISTRICT CANDIDATE

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida County of Lee

I, <u>EDIENARD</u> KIMB141L, am a candidate for the independent special district office of: (print name)

FORT MYERS SHORES FIRE PROTECTION AND RESCUE DIST. - SEAT "4 (Include district name AND district, seat, area or group #)

in the <u>November 6, 2012 General Election</u>. I declare that my <u>only campaign expense</u>, from personal funds, shall be the \$25 candidate-qualifying fee *OR* the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, <u>I will not be required to</u>: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that <u>prior to doing so, I am required to file</u> Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

Signature of Candidate

5/20/2

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository.

History 2007 HB537, FS 99.061, FS 105.021 Revised-4/20/11 (Lee County Special District Forms)