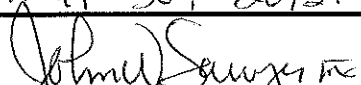


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	JOHN W. SAWYER III		
Residence Address	14320 BRISTOL BAY PL - 307		
City and Zip Code	FT. MYERS , 33912		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-292-6470	OR	
Email Address	JWSawyer88@gmail.com		
Office Sought	LEE COUNTY COMMISSONER.		
Area, District, Group Or Seat Number	DISTRICT 2		
Political Party (if applicable for office sought)	NPA		
Date Of Birth Or Voter ID #	109319756		
Date	May 30, 2012.		
Candidate Signature	X 		

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.

SCANNED

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

I, JOHN W. SAWYER III,

candidate for the office of LEE COUNTY COMMISSIONER DISTRICT 2;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X John W. Sawyer III
Signature of Candidate

May 30, 2012
Date

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).

12 JUN 7 PM 1 35 SDE LEE CO FL

SCANNED

12 JUN 7 PM 1 35 SGT1 F0001

CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JOHN W. SAWYER III

(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 with no party affiliation for the office of COUNTY COMMISSIONER, 2 (office) (district #)

; I am a qualified elector of LEE County, Florida; (circuit #) (group or seat #)

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 [Signature] (239) 292-6470 jwsawyer88@gmail.com
Signature of Candidate Telephone Number Email Address

14320 Bristol Bvd - 307 FT. MYERS FL 33912
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109319756

* 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):

JOHN Sawyer

STATE OF FLORIDA

COUNTY OF Lee

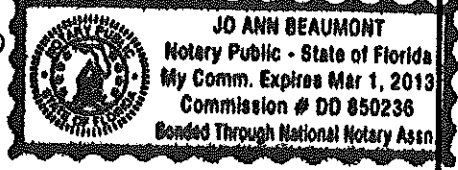
Sworn to (or affirmed) and subscribed before me this 7th day of June, 20 12

Personally Known: _____ or

Produced Identification:

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL DL S# 000 479 42 2260



SCANNED

12 JUN 7 PM 1 35 50
E 011

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)

JOHN WILBUR SAWYER III

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

14320 BRISTOL BAY PL. - 307
FT. MYERS, FL 33912

4. Telephone

(239) 292-6470

5. E-mail address

JWSawyer88@gmail.com

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

Lee COUNTY COMMISSIONER - DISTRICT 2.

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

Reba Nell Sawyer

11. Mailing Address

14320 BRISTOL BAY PL. - 307

12. Telephone

(239) 989-5543

13. City

FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33912

17. E-mail address

JWSawyer88@gmail.com.

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

19. Name of Bank

Wells Fargo

20. Address

13541 GOLDENWOOD DR.

21. City

FT. MYERS

22. County

LEE

23. State

FL

24. Zip Code

33913x

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

May 30, 2012

26. Signature of Candidate

X John W Sawyer III

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

I, Reba N. Sawyer, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

May 30, 2012
Date

X Reba N. Sawyer
Signature of Campaign Treasurer or Deputy Treasurer

**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)

John W. Sawyer III

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

*14320 Bristol Bay PL - 307
FT. MYERS, FL 33912*

4. Telephone

(239) 292-6477

5. E-mail address

JWSawyer88@gmail.com

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

LEE COUNTY COMMISSIONER - DIST 2

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

John W. Sawyer III

11. Mailing Address

14320 Bristol Bay PL - 307

12. Telephone

()

13. City

FT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33912

17. E-mail address

JWSawyer88@gmail.com

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

19. Name of Bank

Wells Fargo

20. Address

13541 GARDENWOOD DR.

21. City

FT MYERS

22. County

LEE

23. State

FL

24. Zip Code

33912

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

May 30 2012

26. Signature of Candidate

X John W. Sawyer III

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

I, *John W. Sawyer III*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

May 30 2012
Date

X

John W. Sawyer III
Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

2012 JWS

FORM 6 FULL AND PUBLIC DISCLOSURE OF MAY 30, 2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

SAWYER, JOHN WILBUR III

MAILING ADDRESS:

14320 Bristol Bay PL.

307

CITY:

Ft. Myers

ZIP:

33912

COUNTY:

LEE

NAME OF AGENCY:

LEE COUNTY BOARD OF 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

12/21/11 7 PM 1 35 SDE LEE CO FL

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 MAY 30, 2012 was \$ 29,700.

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 \$ 18,700

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
<u>Residence - 14320 Bristol Bay PL - 307 Ft. Myers, 33912.</u>	<u>\$ 130,000</u>
<u>Reptal Property - 6450 Collins Ave - 1009, Miami Beach, FL</u>	<u>180,000</u>

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

<u>Home 123 mortgage CO. - 2033 Milwaukee Ave #237 Riverwoods, IL</u>	<u>\$ 232,000</u>
<u>Wells Fargo Bank - 1530 Herndon St., Ft Myers FL</u>	<u>64,000</u>
<u>Hurricane shutter CO. - 2100 Beacon Manor Dr - Ft Myers</u>	<u>3,000</u>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SCANNED

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
Social Security	WASHINGTON, D.C.	\$ 22,680
RENTAL INCOME.	6450 COLLINS AVE. MIAMI BEACH	9,500

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			
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 7th day of

June, 20 12 by John W Sawyer
Jo Ann Beaumont
 (Signature of Notary Public--State of Florida)

John W Sawyer
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

JO ANN BEAUMONT
 (Print, Type, or Stamp Commissioned Name of Notary Public - State of Florida)
 My Comm. Expires Mar 1, 2013
 Commission # DD 850236
 Bonded Through National Notary Assn.

Personally Known _____ OR Produced Identification _____
FL DL
 Type of Identification Produced S 600 449 42 2260

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.

SCANNED