


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL                       REVISED  
 (PLEASE CHECK ONE)

Candidate Name	111290524		
Residence Address	MOORE, NEAL OWEN		
City and Zip Code	#3 5580 MALT DR FORT MYERS FL 33907		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	2394176706	OR	
Email Address	ketrava@aol.com		
Office Sought	Lee County Commissioner District 2		
Area, District, Group Or Seat Number	District 2		
Political Party (if applicable for office sought)	UN affiliated		
Date Of Birth Or Voter ID #	111290524		
Date	June 7 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.

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### 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)

*Neal Owen Moore*

3.  Candidate     Party    111290524

MOORE, NEAL OWEN  
#3  
5580 MALT DR  
FORT MYERS FL 33907

4. Telephone

*(239) 410 6706*

5. E-mail address

*ketrava@aol.com*

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

*Lee District 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. *MOORE, NEAL OWEN*  
*#3*  
*5580 MALT DR*  
*FORT MYERS FL 33907*

11. *MOORE, NEAL OWEN*  
*#3*  
*5580 MALT DR*  
*FORT MYERS FL 33907*

12. Telephone  
*(239) 410 6706*

13. City

14. County

15. State

16. Zip Code

17. E-mail address

*ketrava@aol.com*

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

*Bank of America*

20. Address

21. City

*Ft. Myers*

22. County

*V.S.*

23. State

*FL*

24. Zip Code

*33907*

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 7 2012*

26. Signature of Candidate

*X [Signature]*

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

I, *Neal Moore*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*June 7, 2012*  
Date

*X [Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

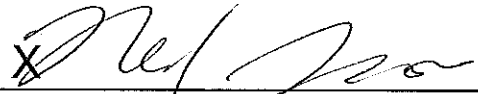
111290524

MOORE, NEAL OWEN  
#3  
5580 MALT DR  
FORT MYERS FL 33907

I, \_\_\_\_\_,

candidate for the office of Lee County Commissioner District 7

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



\_\_\_\_\_  
Signature of Candidate

June 7, 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).

CANDIDATE OATH -  
WRITE-IN CANDIDATE

(Not for use by Judicial or  
School Board Candidates)

MOORE, NEAL OWEN  
#3  
5580 MALT DR  
FORT MYERS FL 33907

111290524  
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OATH OF CANDIDATE  
(Section 99.021, Florida Statutes)

I, Neal Moore

(PLEASE PRINT NAME)

am a write-in candidate for the office of Lee County Commissioner 2,  
(office) (district #) (circuit #)

Lee; 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 [Signature] 1238410 6706 ketrava@aol.com  
Signature of Candidate Telephone Number Email Address

5580 Malt Dr. #3 Ft. Myers FL 33907  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111290524

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2012

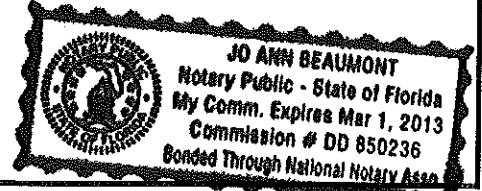
Personally Known: \_\_\_\_\_ or

Produced Identification:

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

Type of Identification Produced:

[Signature] FLDL M 600 634 82 2510



**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011**

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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

MOORE, NEAL OWEN  
#3  
5580 MALT DR  
FORT MYERS FL 33907

111290524

ID Code

ID No.

Conf. Code

P. Req. Code

12 JUN 7 PM 3 45 SDC LEE CO

2011 PDF Form

CITY: ZIP: COUNTY:

NAME OF AGENCY:

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

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 7, 2012 was \$ 57,000

**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 \$ 57,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
<i>Joint ownership of house 906 Sally Ave N. Lehigh</i>	<i>50,000</i>
<i>2006 Saturn LE</i>	<i>7,000</i>

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>student loan</i>	<i>1,000</i>

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>NA</i>	

**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
STATE wide security		4000

**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	N/A		
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			

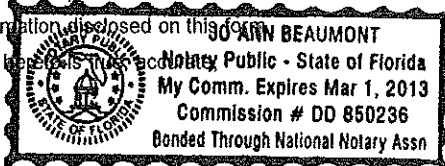
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

STATE OF FLORIDA  
 COUNTY OF Lee

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 and complete.

Sworn to (or affirmed) and subscribed before me this 7 day of



June, 2012 by Neal Moore

Jo Ann Beaumont  
 (Signature of Notary Public--State of Florida)

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Jo Ann Beaumont  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

FL DL  
 Type of Identification Produced M 600 634 82 2510

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.