


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	Kyle A. Lee		
Residence Address	5621 Harborage Dr.		
City and Zip Code	Ft Myers 33908		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	(239)267-0717	OR	
Email Address	kylelee00@gmail.com		
Office Sought	Tax Collector		
Area, District, Group Or Seat Number	Lee County		
Political Party (if applicable for office sought)	Republican		
Date Of Birth Or Voter ID #	111320845		
Date	6-6-12		
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.

JUN 7 PM 4 21 SCL EEO F1



**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)
Kyle Austin Lee

3. Address (include post office box or street, city, state, zip code)
5621 Harborage Dr.
Ft. Myers, FL 33908

4. Telephone
(239) 267-0717

5. E-mail address
kylelee00@gmail.com

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

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 Republican Party candidate.

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

10. Name of Treasurer or Deputy Treasurer
Cheryl Lee

11. Mailing Address
5621 Harborage Dr.

12. Telephone
(239) 267-0717

13. City
Ft. Myers

14. County
Lee

15. State
FL

16. Zip Code
33908

17. E-mail address
smasher007@aol.com

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

19. Name of Bank
Bank of America

20. Address
19017 S. Tamiami Trail

21. City
Ft. Myers

22. County
Lee

23. State
FL

24. Zip Code
33908

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
6/6/2012

26. Signature of Candidate
 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Cheryl Lee, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/6/2012
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

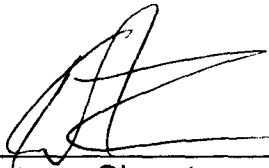
OFFICE USE ONLY

I, Kyle Lee ,

candidate for the office of Lee County Tax Collector ;

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

X



Signature of Candidate

6-6-12

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 4 21 SEELE OF FL

**CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

12 JUN 7 PM 4 21 50 E LEE DE

I, Kyle Lee

(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 Tax Collector, _____, _____, _____
(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): 111320845

* 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):

Kyle Lee

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.

X

Signature of Candidate

(239) 267-0717

Telephone Number

kylelee00@gmail.com

Email Address

5621 Harborage Drive

Address

Fort Myers

City

FL

State

33908

ZIP Code

STATE OF FLORIDA

COUNTY OF Florida, Lee

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

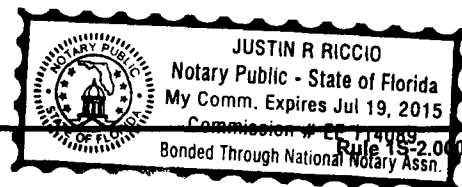
Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public

Print Name, or Stamp Commissioned Name of Notary Public



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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

* JUN 7 PM 4 21 SEEL OFF

LAST NAME — FIRST NAME — MIDDLE NAME:

Lee, Kyle Austin

MAILING ADDRESS:

5621 Harborage Drive

CITY:

Fort Myers

ZIP:

33908

COUNTY:

Lee

NAME OF AGENCY:

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee County Tax Collector

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 6, 20 12 was \$ 320,547.50

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 \$ 2,000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Hendry County Port Labelle lots (2)	\$6,000
Lee Family Trust LLC (25% owner) (See attached list)	\$112,547.50
Lee Auto Group Inc. (stock 100% shareholder)	\$200,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
Ride Green Inc. (50%)	5686 Youngquist Rd #114 Fort Myers, FL 33912	\$55,000

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			
DO 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

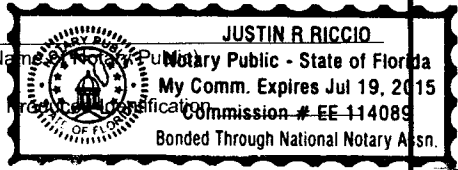
Sworn to (or affirmed) and subscribed before me this 07 day of

June, 2012 by Kyle Lee

(Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public) **JUSTIN R. RICCIO**
 Notary Public - State of Florida
 My Comm. Expires Jul 19, 2015
 Personally Known X OR Identification # EE-114089
 Bonded Through National Notary Assn.
 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.