LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGI	NAL [] (PLEASE CHECK ONE)	REVISED
Candidate Name	SHERMAN, JAY KEI	119213859
Residence Address	8676 SUMNER AVE FORT MYERS FL 33908	
City and Zip Code		
Mailing Address (if different)	Check if same as abov	/e.
Telephone Number(s) (Daytime)	239-223-9843	OR 239-337-5444
Email Address	Keithe Sheema	
Office Sought	CATALINA of WIN	J @ SECURITASING.COM SEAT J KLER PERSEVE CUN
Area, District, Group Or Seat Number	SEAT 1	
Political Party (if applicable for office sought)		
Date Of Birth Or Voter ID #	10/23/	45
Date	6/8/12	2_
Candidate Signature	X Kink S	her ,

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.

FORM 1	STATEM	ENT OF		2011
Please print or type your name, mailing address, agency name, and position bel	w: FINANCIAL	INTERESTS		
SHERMAN, JAY KEITH 8676 SUMNER AVE	119213859	FOR OF USE ON		
FORT MYERS FL 33908	; 		ID Code	. 4
CITY :	21P; 000m; :		ID No.	12JUN B
NAME OF AGENCY :	Winkler Pre	SCHUR	Conf. Code	3 AM1116
Senti		C N D	I P. Req. Code	Å
CHECK ONLY IF CANDIDATE	OR 🔲 NEW EMPLOYEE OR AP	POINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 2017 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS	TABLE INTERESTS: IS THE OPTION OF USING REPORTI OR USING COMPARATIVE THRESHO E STATE BELOW WHETHER THIS STATE	CEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y AX YEAR IF OTHER THAN TH ING THRESHOLDS THAT AN DLDS, WHICH ARE USUALL TEMENT REFLECTS EITHER	ER BASED ON A CALEND EAR ENDING EITHER (mu HE CALENDAR YEAR: RE ABSOLUTE DOLLAR Y BASED ON PERCENTA	ust check one):
PART A PRIMARY SOURCES OF I (If you have nothing to re	INCOME [Major sources of income to the port, you must write "none" or "n/a")	e reporting person - See instru	ctions p. 4]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF T PRINCIPAL BUSINE	
SECURITAS SECURI	5 4984 Royal Gulflir, FTM		SECURIFY	
PART B SECONDARY SOURCES (Major customers, clients, a (If you have nothing to re	OF INCOME and other sources of income to business aport , you must write "none" or "n/a")	es owned by the reporting per-	son - See instructions p, 4]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PAL BUSINESS Y OF SOURCE
U.S. ARMY	RETIREMENT INC.		60	N'T
	i buildings owned by the reporting person port, you must write "none" or "n/a")	- See instructions p. 4]	FILING INSTRUC when and where to fi are located at the bol INSTRUCTIONS o file this form and how begin on page 3.	le this form ttom of page 2. on who must
			OTHER FORMS yet to file are described	

PART D — INTANGIBLE PERSON (If you have nothing to				actions p. 5]	
TYPE OF INTANGIB	JLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
USAA INVES	TMENT MICH		STOCKE +	Bone	b
MERRILL LUN	NP.			<u>}</u>	f anna an an
///////////////////////////////////////					t may R
PART E — LIABILITIES (Major de	bts - See instructions	i o. 51			
(If you have nothing to			ı/a'')		FOR B
NAME OF CREDIT	OR				
LiTi GROU	40	MORTCHTE			
BANK of AME	RICA				
PART F - INTERESTS IN SPECIFI	ED BUSINESSES [O	wnership or positi	ons in certain types of businesses	s - See instru	uctions p. 5)
(If you have nothing to i	report, you must writ	te "none" or "n/a" S ENTITY # 1	") BUSINESS ENTITY #		BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					******
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	l				
I OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS NATURE OF MY					
OWNERSHIP INTEREST					···-
IF ANY OF PARTS A	THROUGH F ARI	E CONTINUE	D ON A SEPARATE SHE	ET, PLEA	SE CHECK HERE
SIGNATURE (requir	red):		DATE SIG	NED (r	required):
NV. N)			. /	/
plut th	/ 			6/8	//2
	FII	LING IN	STRUCTIONS:	/ /	
WHAT TO FILE:		HERE TO F		WHEN	N TO FILE:
After completing all parts of this form signing and dating it, send back	m, including If y	you were mailed t	the form by the Commission	Initially,	each local officer/employee, state
sheet (pages 1 and 2) for filing.	you	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to		officer, and specified state employee must file within 30 days of the date of his or her	
If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s)		that location. Local officers/employees file with the Supervisor of Elections of the county in which they permanently readed of the up of the permanently readed in		Appointe	ent or of the beginning of employment. es 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.	
	Flo	orida, file with the	not permanently reside in le Supervisor of the county	Candida	tes for publicly-elected local office must
NOTE:	St		has its headquarters.)	file at the papers.	e same time they file their qualifying
MULTIPLE FILING UNNECESSAR' Generally, a person who has filed f	lile with the Commission on Ethics, P.O. Drawer		ssion on Ethics, P.O. Drawer	Thereaft	ter, local officers/employees, state
calendar or fiscal year is not requi second Form 1 for the same year.	ired to file a add	ldress: 3600 Macl	e, FL 32317-5709; physical slay Boulevard, South, Suite	required t	and specified state employees are to file by July 1st following each calendar
candidate who previously filed Form another public position must at least	1 because of)1, Tallahassee, FL andidates file thi	L 32312. is form together with their	•	hich they hold their positions. at the end of office or employment,
his or her original Form 1 when qual	lifying. qua	qualifying papers.		each local officer/employee, state officer, and	
			t category your position falls to Must File" Instructions on	final discl	state employee is required to file a losure form (Form 1F) within 60 days
		ige 3.		a CE Fo	orm 1F (Final Statement of Financial
	<u>Fa</u>	<u>acsimiles wi</u> l	Il not be accepted.	CE Form) does <u>not</u> relieve the filer of filing a 1 if he or she was in their position on er 31, 2011.

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

119213859

SHERMAN, JAY KEITH 8676 SUMNER AVE FORT MYERS FL 33908

lidate for the independent special district office of:

(include district name AND. district, seat, area or group #) PRESERVE CDD

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.

Candidate Signatu

6/8/12

Date

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 106.021 Revised-4/20/11 (Lee County Special District Forms)

OFFICE USE ONLY STATEMENT OF **CANDIDATE** (Section 106.023, F.S.) *12JUN 8 PM1116 SDE LEE OP F1 (Please print or type) 119213859 SHERMAN, JAY KEITH 8676 SUMNER AVE FORT MYERS FL 33908 Ι, CPA candidate for the office of CATALINA @ WINKler PRESERVE 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).

DS-DE 84 (05/11)

CANDIDATE OATH – NONPARTISAN OFFICE	
(Not for use by Judicial or School Board Candidates)	OFFICE USE ONLY
	OF CANDIDATE
	P9.021, Florida Statutes) Merida Statutes) Allot*NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) AliNA C WINKIER (office) Preserve (D) (district #) elector of Lee County, Florida; of Florida to hold the office to which I desire to be nominated or n the state, the term of which office or any part thereof runs
I, Keith S (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE B/	ALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of $CA+J$	(office) PRESCRVE (D) (district #)
A	(office) PLESCRVE(DD (district #)
(clrcuit #) (group or seat #)	elector of County, Florida;
elected; I have qualified for no other public office in concurrent with the office I seek; and I have resigned	of Florida to hold the office to which I desire to be nominated or n the state, the term of which office or any part thereof runs I from any office from which I am required to resign pursuant to the Constitution of the United States and the Constitution of the
X Leut ch (239)	233-9843 Keith. Shermano securitasine. O
	SHERMAN, JAY KEITH 8676 SUMNER AVE FORT MYERS FL 33908
Address City	
	d on your voter information card): <u>119213859</u> you wish it to be pronounced on the audio ballot for persons n):
STATE OF FLORIDA	
COUNTY OF <u>Lee</u>	\sim
Sworn to (or affirmed) and subscribed before me th	his \underline{S} day of \underline{JUNQ} , $20/2$.
Personally Known: or	Ex tue
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	
	Solution Public State of Florida Cheryl E Futch

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