P I

E COUNTY OR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED
(PLEASE CHECK ONE)	

Candidate Name	Scott A. Kuhn		
Residence Address	3660 Woodstork Court		
City and Zip Code	Fort Mycrs, 33908		
Mailing Address (if different)	Check if same as above.		
Telephone Number(s) (Daytime)	333-4529 OR		
Email Address	Scott@ Kuhntegal.com		
Office Sought			
Area, District, Group Or Seat Number	Fire Board, Iona - McGregor, Scot 2		
Political Party (if applicable for office sought)	<i>J</i> .		
Date Of Birth Or Voter ID #	814168		
Date	6/7/12		
Candidate Signature	x /Ma		

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.

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

1, Scott Kuhn
(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 nonpartisan office of <u>Fift Board - long McGrogor</u> , (district #)
(office) (district #) (circuit #) (group or seat #) (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 full for (239) 333.4529 Scott@Kuhntagal.com
Signature of Candidate Telephone Number Email Address
32908 Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 111 440 187
* Please print name phonetically on the line below as warming to the sed on the audio ballot for persons with disabilities (see instructions on page 2 of the STATE OF FLORIDA * Please print name phonetically on the line below as warming to the sed on the audio ballot for persons with disabilities (see instructions on page 2 of the STATE OF FLORIDA * Please print name phonetically on the line below as warming to the sed on the audio ballot for persons with disabilities (see instructions on page 2 of the STATE OF FLORIDA
STATE OF FLORIDA
COUNTY OFLee
Sworn to (or affirmed) and subscribed before me this day of
Personally Known: or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public

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		es Luck
•		15.0511 #8 B.N.153 14.85 8511 #8 B.N.153
		Z
1		55 00
, Scott A. Whn	_, am a candidate for the independent special district office o	yf: ⊨≗
(print name)		B
Tro Devel In MAC		
HITC BOOKS, 10mg - MICEGIO	90c, 50at 2	[
(include district	name AND .district, seat, area or group #)	- H
in the November 6, 2012 General Flaction, Ldc	eclare that my <u>only campaign expense,</u> from personal funds,	
be the \$25 candidate-qualifying fee OR the	esignature verification fee for candidates who qualify by	snall"
candidate-netition method by submitting the	ralid signatures of 25 registered voters residing within the Dis	tne
boundaries.	and signatures of 25 registered voters residing within the Dis	strict
Provided that this is my only campaign even	ense, <u>I will not be required to</u> : appoint a campaign treas	
designate a campaign denository or file perior	dic campaign treasurer's reports as required by Florida Stat	urer,
\$99.061 or \$106.07. Lunderstand that Lam no	rohibited from expending, collecting, soliciting, or accepting	utes
money or contribution(s) in-kind, in connection	with my campaign	any
the state of the s	weering campaign.	
In the event I later decide to, collect, solicit,	or accept any money or contribution(s) in-kind, or make	
additional campaign expense. I understand	that prior to doing so, I am required to file Form DS-D	any
(Appointment of Campaign Treasurer/Design	nation of Campaign Depository Form) with the Lee Co)E 3
Supervisor of Elections. My campaign shall the	en be subject to campaign finance regulations in accordance	with
Florida Statutes, Chapter 106 and I will be requ	rired to file periodic campaign treasurer's reports, as require	MILII A bu
Florida Statute §106.07, with the Lee County Su	inervisor of Flections	u by
, , , , , , , , , , , , , , , , , , , ,	Provided at mindfinition	
1 1.		
w / Att a ll		
X//ory W//v		
Signature of Candidate	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.

Date

FORM 1	STATEMENT OF			2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		
LAST NAME - FIRST NAME - MIDDLE SCOH - KUHN - AL		FOR OF USE ON		
MAILING ADDRESS :	A.	JOE 3,	****	
31db0 Woodstork	COUFT	4 TACONIN NA MARKA CONTRE EN ESTA Substantial de la Marka de la conference de consecutivo de la conference de conference	ID C	ode
CITY:	ZIP: COUNTY:			
Ft. Myas	FL LCC		ID N	о.
NAME OF AGENCY :		Action Actions	Conf	. Code
NAME OF OFFICE OR POSITION HELD			P. Re	. Code 다 eq. Code
You are not limited to the space on the lines	CGregor, Scot 2	if necessary.	1	
CHECK ONLY IF CANDIDATE O	DR NEW EMPLOYEE OR A	PPOINTEE		ister 💆 🖘
DISCLOSURE PERIOD:	PARTS OF THIS SECT			111
THIS STATEMENT REFLECTS YOUR FINA FISCAL YEAR. PLEASE STATE BELON	IANCIAL INTERESTS FOR THE PR W WHETHER THIS STATEMENT IS	ECEDING TAX YEAR, WHETH FOR THE PRECEDING TAX Y	ER BASE EAR END	D ON A CALENDAR YEAR OÑ ON DING EITHER (must check one)
DECEMBER 31, 2011		TAX YEAR IF OTHER THAN TI	HE CALEI	NDAR YEAR:
MANNER OF CALCULATING REPORTAL THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH	IOLDS, WHICH ARE USUALL	Y BASED	ON PERCENTAGE VALUES (see
instructions for further details). PLEASE S COMPARATIVE (PERCENTAGE)		> 6	•	neck one): RESHOLDS
PART A PRIMARY SOURCES OF INC	OME [Major sources of income to the office of the one of the or "n/a")	ne reporting person - See instru	ictions p. 4	4]
NAME OF SOURCE OF INCOME	4	RCE'S		SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Kuhn Law Firm, PA		Road	**************************************	al
	Fort Myers, 7	FL 33919	C	
	*			
PART B SECONDARY SOURCES OF				
[Major customers, clients, and (If you have nothing to repo	other sources of income to businesert , you must write "none" or "n/a"	ses owned by the reporting per ')	son - See	instructions p. 4)
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none				
DADTO BELLONG				
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")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
3660 Woodstork Ct,	FORT MYERS, FL	33408		RUCTIONS on who must
6720 Winkler Road.	Fort Nyers, FL	33919	file thi	s form and how to fill it out on page 3.
VILLE MITTER TOWN	1011 1170107 16			ER FORMS you may need are described on page 6.
779455AV3455794XXX		<u> </u>		_

PART D — INTANGIBLE PERSOI (If you have nothing t	NAL PROPERTY [Store to report, you must w	cks, bonds, certifi vrite "none" or "r	cates of deposit, etc See instructions n/a")	p. 5]
TYPE OF INTANGI	BLE	L	BUSINESS ENTITY TO WHICH TH	HE PROPERTY RELATES
none				The second secon
S-ATIG AND A STATE OF THE STATE				
PART E — LIABILITIES (Major de (III you haye nothing to ENCOVE NATIONAL NAME OF CREDI	ebts - See instructions o report, you must w Rank Tor		nmerlin Lakes, Drive, Address of ch	Fort Myers, FL 33907
Great Lakes		P.O. BOX	(7860, Madison, L	(1 53707
ACS	-	P.O. BOX	(7051, Whica, NY	13504
Bank of America				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")				
	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY #3 💆
NAME OF BUSINESS ENTITY	Kuhn Law:	Firm, PA	PROPERTY CONTROL SECTION CONTR	9 2
ADDRESS OF BUSINESS ENTITY	6720 Wink	ler Road		
PRINCIPAL BUSINESS ACTIVITY	Legal	O State Comments	ADDATES in the same continues are proportionally to the same and the s	ğ
POSITION HELD WITH ENTITY	Afforney	l President		H
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes'			
NATURE OF MY OWNERSHIP INTEREST	President			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (require	red):		DATE SIGNED	(required):

6/8/2012

WHAT TO FILE:

After completing all parts of this form, <u>Including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.

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.

FILING INSTRUCTIONS:

WHERE TO FILE:

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 that location.

Local officers/employees file with the Supervisor of Elections of the county inwhich 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.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.