

14 JUN 19 PM 3 35 SOE LEE CO FL

111626282

**CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION**

SMITH, SAWYER CHARLES
P O BOX 39
FORT MYERS FL 33902

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Sawyer C. Smith
(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 Commissioner, 4, _____
(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): 111626282

* 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):

saw-yer smith

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.

[Signature] (239) 464-7155 sawyer@votesawyer.com
Signature of Candidate Telephone Number Email Address

PO Box 39 Fort Myers FL 33902
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Lee

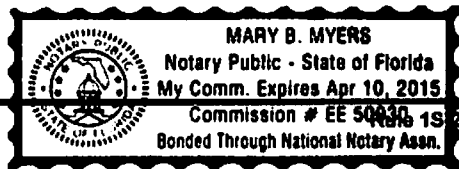
Sworn to (or affirmed) and subscribed before me this 19th day of June, 2014.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

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



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Smith - Sawyer - Charles

MAILING ADDRESS:
1415 Hendry Street

CITY : ZIP : COUNTY :
Fort Myers 33901 Lee

NAME OF AGENCY :
Lee County Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

*14JUN13PM 3:35:50E LEE F1

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 December 31, 20 13 was \$ 2,886,331.36.

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 \$ 179,162.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Principle Residence	\$674,445.00
CSV of Life Insurance	\$1,068.00
CSV of Life Insurance	\$16,638.00
Partnership Interest	\$2,711,615.00

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SunTrust Mortgage - P.O. Box 79041 Baltimore, MD 21279	\$571,597.83
Iberia Bank - 2247 First Street Fort Myers, FL 33901	\$124,998.81

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2013 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
The Wilbur Smith Law Firm, LLC	1415 Hendry Street Fort Myers, FL 33901	\$239,411.00

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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	The Wilbur Smith Law Firm, LLC		
ADDRESS OF BUSINESS ENTITY	1415 Hendry Street Fort Myers 33901		
PRINCIPAL BUSINESS ACTIVITY	Law Firm		
POSITION HELD WITH ENTITY	Partner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Active		

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.

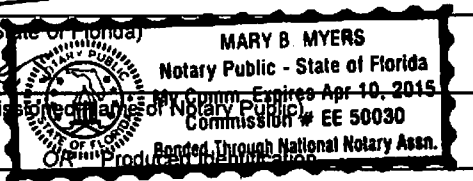
STATE OF FLORIDA
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 19 day of June, 2014 by Sawyer C. Smith

[Signature]
 (Signature of Notary Public--State of Florida)

Mary B Myers
 (Print, Type, or Stamp Commission Expires Apr 10, 2015)
 Commission # EE 50030

Personally Known OR Produced Through National Notary Assn.



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form _____ in accordance with Art. II, Sec. 8 Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my recollection, the information is correct.

SMITH, SAWYER CHARLES
 P O BOX 39
 FORT MYERS FL 33902
 111626282

Signature

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form.