

**CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE**

'14JUN16PM0223 SOE LEE CO FL

OFFICE USE ONLY

OATH OF CANDIDATE
(Sections 99.021 and 105.031, Florida Statutes)

I, Richard L Dunmire

(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 School Board, # 4,
(office) (district #)

 , ; I am a qualified elector of Lee County County, Florida;
(circuit #) (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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Richard L Dunmire (239) 292 9360 RichSandii@comcast.net
Signature of Candidate Telephone Number Email Address

506 Santa Barbara St. North Fort Myers Florida 33903
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111479288

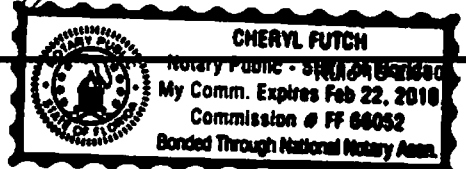
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 16 day of JUNE, 2014.

Personally Known: X or _____
Produced Identification: _____
Type of Identification Produced: _____

Cheryl Futch
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST**

2013

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Richard Lorain Dunmire

MAILING ADDRESS:

506 Santa Barbara St

North Fort Myers 33903 Lee
CITY : ZIP : COUNTY :

NAME OF AGENCY :
Lee Count School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SEAT H 4

CHECK IF THIS IS A FILING BY A CANDIDATE

2013 JUNE 19 10:23 AM LEE CO FL

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 June 12th, 20 14 was \$ \$454,000

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 \$ \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
506 Santa Barbara St. North Fort Myers, Florida 33903	\$ 50,000
510 Santa Barbara St. North Fort Myers, Florida 33903	\$ 50,000
513 Capitol St. North Fort Myers Florida 33903	\$ 50,000
Lots 1-22 Santa Barabara, North Fort Myers, Folrida	\$ 105,000
florida Retirement Stocks	\$ 201,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credi Union	\$ 12,000

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
School District of Lee County	2855 Colonial Blvd.	\$ 65,000
Florida Retirement System	Po Box 900 Tallahassee fl.	\$ 33,500
Social Security	U. S. Social Security Benefits	\$ 23,800

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 6]

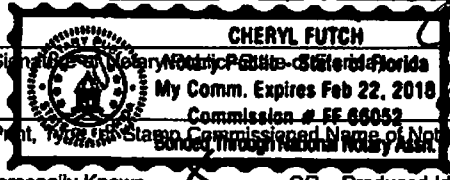
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Richard's Barber & Beauty Salon		
ADDRESS OF BUSINESS ENTITY	16555N Cleveland Ave, North Fort Myers FL 33903		
PRINCIPAL BUSINESS ACTIVITY	Barbara & Beauty Salon		
POSITION HELD WITH ENTITY	100% Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
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 Ric
 Sworn to (or affirmed) and subscribed before me this 16 day of June, 2014 by Richard L. Dunmire

by Cheryl Futch

 Personally Known OR Produced Identification
 Type of Identification Produced _____


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

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