111425420

CANDIDATE OATH - NONPARTISAN OFFICE

FRITH, LEWIS E 21421 KNIGHTON RUN ESTERO FL 33928

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDAT		
(Section 99.021, Florida Statute	es)	

I, Lewis E. Frith							
(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 Stoneybrook CDD Supervisor #4 , #60 ,							
(office) (district #)							
; I am a qualified elector of Lee 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.							
(239 1992-7297 lewfrith@yahoo.com							
Signature of Carididate Telephone Number Emall Address							
21421 Knighton Run Estero Florida 33928 Address City State ZIP Code							
Candidate's Florida Voter Registration Number (located on your voter information card): 111425420							
* 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):							
Lew- is E. Fr- ith							
STATE OF FLORIDA							
COUNTY OF The							
Sworn to (or affirmed) and subscribed before me this day of full, 20 4. BERNICE RAMOS FELICIANO							
Personally Known: or Commission # EE 015864 Expires October 19, 2014 Expires October 19, 2014 Signature of Notary Public							
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public							
Type of Identification Produced: <u>Flauda M. Z.</u>							

FORM 1

STATEMENT OF

2013

address, agency name, and position belo	w: LTT	MANCIAL	INTERESTS)	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL			111425420		
Frith Lewis Edward	•	LEWIS E			14JUN 2 PM
MAILING ADDRESS :		KNIGHTON RUN O FL 33928			复
21421 Knighton Run	2012/	0 12 30320			ب ب
	•				
CITY:	ZIP:	COUNTY:			15
Estero	33928	Lee			SOELECOF
NAME OF AGENCY :					m
Stoneybrook CDD					<u></u>
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT	T:			<u> </u>
Stoneybrook CDD Supervisor Se	at # 4				
You are not limited to the space on the lir	nes on this form.	Attach additional sheets	if necessary.		
CHECK ONLY IF Z CANDIDATE		EW EMPLOYEE OR A	•		
**** BOT	L DADTS	OF THIS SECT	ON MUST BE COM	DI ETE	ED ****
DISCLOSURE PERIOD:	II FANIS (JI TING GEOT			-
THIS STATEMENT REFLECTS YOUR					
YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	ASE STATE BE	ELOW WHETHER TH	IS STATEMENT IS FOR THE	PRECEI	DING TAX YEAR ENDING
DECEMBER 31, 20	13 <u>OR</u>	SPECIFY	TAX YEAR IF OTHER THAN	THE CA	I ENDAR YEAR:
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MANNER OF CALCULATING REPO FILERS HAVE THE OPTION OF US			HAT ARE ARROUTE DOLL	AD VALL	ES WHICH DECLIIDES FEWER
CALCULATIONS, OR USING COMP					
further details). CHECK THE ONE You					
☐ COMPARATIVE (PI	ERCENTAGE)	THRESHOLDS (DR 🗹 DOLLAR	VALUE 1	THRESHOLDS
			DR U DOLLAR	******	
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PART A — PRIMARY SOURCES OF II (If you have nothing to rep		sources of income to the			
(If you have nothing to rep NAME OF SOURCE		sources of income to the or "n/a")	ne reporting person - See instru	uctions]	CRIPTION OF THE SOURCE'S
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PART D — INTANGIBLE PERSONAL PROPERTY [Sto- (If you have nothing to report, write "none		ctions)			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
IRA	Morgan Stanley				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS (OF CREDITOR			
Citi Mortage	1000 Technology Dr	Ofaliton MO. 63368	. •		
BB&T Bank	Grand Oak Plaza	Estero, Fl. 33928	4		
			4JUN 2		
PART F — INTERESTS IN SPECIFIED BUSINESSES [C		sses - See instructions) BUSINESS ENTITY # 2	PH 1		
NAME OF BUSINESS ENTITY	None	50311233 ENTIT #2	128		
ADDRESS OF BUSINESS ENTITY			- SE-L		
PRINCIPAL BUSINESS ACTIVITY			H		
POSITION HELD WITH ENTITY			- 용		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F AR	E CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE 🔲	,		
SIGNATURE (required):	DATE SIGNED (red	quired):			
Lewis E. Frith	6/02/	2014			
If a certified public accountant licensed under Chapte she must complete the following statement:	er 473, or attorney in good standing with the	Florida Bar prepared this form for you	u, he or		
I, the instructions to the form. Upon my reasonable kno	, prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is tr	e with Section 112.3145, Florida Statuue and correct.	ıtes, and		
Signature		Date	<u>-</u>		
	THE INC DISTRICTIONS.				

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, 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

Local officers/employees file with the Supervisor of Elections of the county in which 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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 tocal 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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.