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CANDIDATE OATH - NONPARTISAN OFFICE

CARTER, LINDA R 704 HOMER AVE N LEHIGH ACRES FL 33971

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes) Linda Carter	
(circuit #) 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.	14JUN 2 PM 1 12 SDE LEE CO F1
X land Clast Signature of Candidate Telephone Number Email Address Total Homes Ave Lethich access FL Address City State ZiP Code	E(0)F1
Candidate's Florida Voter Registration Number (locate * Please print name phonetically on the line below as with disabilities (see instructions on page 2 of this forr * CARTER, LINDAR 704 HOMER AVE N LEHIGH ACRES FL 33971	
Sworn to (or affirmed) and subscribed before me this day of lane, 20 4. Personally Known: Personally Known: Produced Identification: BERNICE RAMOS FELICIANO Commission # EE 015864 Expires October 19, 2014 Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:	(U)

FORM 1		STATEMENT OF			2013	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS		FOR OFFICE LISE ONLY:	
LAST NAME FIRST NAME MIDD CARTEN MAILING ADDRESS:	1	R	CARTER, LINDA LEHIGH ACRES FIRE COMMISSIO SEAT 2	ON		
Which Acr	es	3357/ L		6	14JUN	
NAME OF AGENCY:	ZIP:	DAVES PI	<u>′</u>		14JUN 2.AN1131 SCELECOF	
NAME OF OFFICE OR POSITION HE	LD OR S				1305 T	
You are not limited to the space on the E	ines on thi	s form. Attach additional sheets NEW EMPLOYEE OR A	bi		E(OF1	
**** BOI	H PAF	RTS OF THIS SECT	ION MUST BE CON	IPLETI	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (myst check one):	IR FINAN	CIAL INTERESTS FOR THE	PRECEDING TAX YEAR, V	VHETHE	R BASED ON A CALENDAR	
DECEMBER 31, 20	013 9	OR SPECIFY	TAX YEAR IF OTHER THAI	N THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING: COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF SOURCE OF INCOME	•	SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
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		hohigh War	s. F1			
		20 20 70	TO 1 1/2 hora 14		2-100-	
75D/		70. PU 560	O W. IK PEROTS	,	Ket re mens	
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	and other	sources of income to business	ses owned by the reporting pe	rson - See	instructions]	
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
WB				-		
					_	
Milestronia bara de la merca de como menero de como de como como de co	an ganderion o is to	and the other and account of the state of the	and produce or produce is assumed making a prooff radio and on the making for their new tends of		terperature para transce and comment of the Control of the comment of the Control	
PART C REAL PROPERTY (Land, buildings owned by the reporting person - See instructions) (If you have nothing to report, write "none" or "n/a")		FILING INSTRUCTIONS for when and where to file this				
NH				form of pa	are located at the bottom ge 2.	
					- RUCTIONS on who must	
					nis form and how to fill it	

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor	stocks, bonds, certificates of deposit, etc See instructions] ine" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
NA					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	•				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NA					
•					
PART F INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none'	[Ownership or positions in certain types of businesses - See instructions] " or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	N/A				
ADDRESS OF BUSINESS ENTITY	10/A				
PRINCIPAL BUSINESS ACTIVITY	I'N/A				
POSITION HELD WITH ENTITY	WA				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	in/A				
NATURE OF MY OWNERSHIP INTEREST	WA				
	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	DATE SIGNED (required):				
with lot	1-2-14				
If a certified public accountant licensed under Chap	pter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or				
she must complete the following statement: I, the instructions to the form. Upon my reasonable ki	prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and mowledge and belief, the disclosure herein is true and correct.				
Signature	Date				
	THE PROPERTY OF THE PROPERTY O				
FILING INSTRUCTIONS:					

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.

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 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 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, 2013.