# CANDIDATE OATH – NONPARTISAN OFFICE

'14JUN16AM1057 SOE LEE CO F1

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY** 

Rule 18-2.0001, F.A.C.

OATH OF CAND (Section 99.021, Florida		
1, HOWARD LOWE		
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT " - NAME	ME MAY NOT BE CHANGED AFTER THE END	OF QUALIFYING)
am a candidate for the nonpartisan office of	e CDD moreur	(district #)
"44" J	(office)	•
(circuit #) (group or seat #); I am a qualified elector of	<u> </u>	County, Florida;
I am qualified under the Constitution and the Laws of Florida to elected; I have qualified for no other public office in the state concurrent with the office I seek; and I have resigned from any of Section 99.012, Florida Statutes; and I will support the Constitution State of Florida.	hold the office to which I desire to the term of which office or any office from which I am required to	part thereof runs resign pursuant to
X / Lewer Lewe (229) 676-5 Signature of Candidate Telephone Number	35Z lowehl@hor	mail.com
3337 Wildwood LAKE Cir. Boni Address City	ta Springs FL 34	1134 ZIP Code
Candidate's Florida Voter Registration Number (located on your vo	ter information card): 119232	383
* Please print name phonetically on the line below as you wish it with disabilities (see instructions on page 2 of this form):	to be pronounced on the audio bal	lot for persons
HOWARD LOWE	(Low)	
STATE OF ELORIDA CAPITONIA		
COUNTY OF SHOWTA CLANK	I	
Sworn to (or affirmed) and subscribed before me this <u>2</u> <u>1</u>	day of MAY	20 <u>/4</u> .
Personally Known: or	Lecture of Notary Public	nelil
Produced Identification: 7-6 7 WA DA. MT	Print, Type, or Stamp Commissioned	Name of Notary Public
Type of Identification Produced: 12 / 1 v = n H C= v s =	HERBERT L. HAMEF Commission # 15 Notary Public - Ca Santa Clara Co	066373 <b>E</b> ulifornia <b>S</b> unty <b>S</b>
	MAY COMMITTE EXPITES PE	20 3. ZUIO <b>2</b> .

FORM 1		STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position bet	ow:	FINANCIAL	INTERESTS		FOR OFFICE (SE ONLY:
LAST NAME MIDD	LE NAME		9	JA	
MAILING ADDRESS: 3737 Wildi	202	od LAKE (	LIVC/8		NOSM1017SDELEE OF
`					7 <u>5</u>
BONTA SPRIN	ZIP ک		-ee		# OF
NAME OF AGENCY: LEE COUNTY MOSQUITO CONTYOL GOARD			RD		سنب
NAME OF OFFICE OR POSITION HE DISTRICT	_	SOUGHT:			
You are not limited to the space on the I		is form. Attach additional sheets,  NEW EMPLOYEE OR A			
		RTS OF THIS SECT		IPI FTI	=D ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):	R FINAN	ICIAL INTERESTS FOR THE	PRECEDING TAX YEAR, V	WHETHER	R BASED ON A CALENDAR
DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:					
MANNER OF CALCULATING REPORTION OF USE CALCULATIONS, OR USING COMPORTION OF THE COMPORTION OF T	SING REPARATIVE OU ARE	PORTING THRESHOLDS TI E THRESHOLDS, WHICH AF USING:	RE USUALLY BASED ON P	ERCENTA	JES, WHICH REQUIRES FEWER AGE VALUES (see instructions for THRESHOLDS
PART A PRIMARY SOURCES OF			e reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
SOCIAL SECURITY Adr	מוע	ROBER 3600 MIKES BAMPE RE-		Trement	
	PA 18767				
FIGELITY INVESTIN	6UIZ				STONENT
		NO NOTEOD	名 OS(10	6	Tagmsoada
PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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 form are located at the bottom			
		of pa			
			file th	RUCTIONS on who must his form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto		ctions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
IRA YOIK	FIGELITY INVESTMENTS				
401B	TIAA - CREF				
PART E — LIABILITIES [Major debts - See Instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
SUPCORST Federal	25183 Chamber or commerce Dr				
Credit Union	DODITA SPRINGS FL 34135				
	J				
PART F — INTERESTS IN SPECIFIED BUSINESSES (C (If you have nothing to report, write "none"		BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY		<u>                                    </u>			
POSITION HELD WITH ENTITY		AJE			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		<u> </u>			
NATURE OF MY OWNERSHIP INTEREST		<b>E</b>			
IF ANY OF PARTS A THROUGH F AR	RE CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE			
SIGNATURE (required):	DATE SIGNED (red	quired): 쏨			
Howard Lawe	5.28,14	<del></del>			
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, the instructions to the form. Upon my reasonable known	, prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is to	e with Section 112.3145, Florida Statutes, and ue and correct.			
Signature		Date			
	FILING INSTRUCTIONS:				
WHAT TO FILE: W	HERE TO FILE:	WHEN 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.

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.

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