

Matt Smith_LAFD_Seat 5_Chg

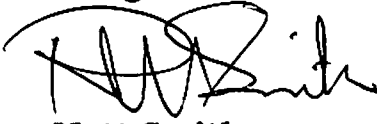
TO: Lee County Supervisor of Elections

**FROM: Matt Smith, 2014 Candidate
Lehigh Acres Fire Commission**

DATE: 6/19/14

**RE: Change in Designation of Office
Effective 6/19/14**

Please accept this notification that effective 6/19/14 I am changing my designation of office from Lehigh Acres Fire Commission, Seat 2 to Lehigh Acres Fire Commission, Seat 5.




**Matt Smith
2014 Candidate
Lehigh Acres Fire Commission, Seat 5**

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LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Matt Smith		
Residence Address	P.O. Box 391		
City and Zip Code	Alva FL 33920		
Mailing Address	<input checked="" type="checkbox"/> Check		118460647
		SMITH, ROBERT M P O BOX 391 ALVA FL 33920	
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-674-3744		
Email Address	omega1001@netzero.com		
Office Sought	Lehigh Acres Fire Comm		
Area, District, Group or Seat #	Seat 5		
<p>➤ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➤ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➤ Political Party For Office Sought	Non Partisan		
Date Of Birth or Voter Registration ID #	118460647		
Date	6/19/14		
Candidate Signature			

14 JUN 10 PM 12:53 SOE LEE CO FL

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website www.leeelections.com or use the following link: http://www.precinctfind.com/cand_lee2.html . Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

**LEE COUNTY—FLORIDA
AFFIDAVIT OF INTENT
SPECIAL DISTRICT CANDIDATE**

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

118460647

State of Florida
County of Lee

SMITH, ROBERT M
P O BOX 391
ALVA FL 33920

I, _____, am a candidate for the independent special
(print name)


district office of:

Lehigh Acres Fire Comm Seat 5
(include district name AND .district, seat, area or group #)

in the November 4, 2014 General Election. I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

X 
Signature of Candidate

6/19/14
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository.
History 2007 HB537, FS 99.061, FS 106.021 Revised-03/11/14 [Lee County Special District Forms]

14 JUN 19 PM 12:53 SDE LEE CO FL

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

SMITH, ROBERT M
P O BOX 391
ALVA FL 33920

118460647

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, MATT 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 nonpartisan office of LEHIGH ACRES FIRE COMM
(office) (district #)

5; 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.

X [Signature] 2391674-3744 Omega 1001@netzero.com
Signature of Candidate Telephone Number Email Address

P.O. Box 391 Alva FL 33920
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located

118460647

SMITH, ROBERT M
P O BOX 391
ALVA FL 33920

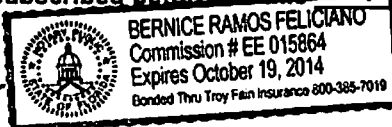
* Please print name phonetically on the line below as you
with disabilities (see instructions on page 2 of this form)

STATE OF FLORIDA

COUNTY OF Lee

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

Personally Known: _____ or



Bernice Ramos Feliciano
Signature of Notary Public

Produced Identification: [Signature]

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: [Signature]

14 JUN 19 PM 12:53:50 EEE LEE CO FL

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

118460647

SMITH, ROBERT M
P O BOX 391
ALVA FL 33920

TY:

NAME OF AGENCY :

Lehigh Acres Fire Comm

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Seat 5

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR 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
US Office of Personnel Management	1900 E St. NW Washington DC	Retirement/Contract officer
Social Security	P.O. Box 47	Baltimore, MD

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	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

132 Moon Lake Dr Crescent City FL
VACANT LOT E US HWY 90 - City of Lee Madison Co. FL
Map 7B04 52310406M.49867604 Collier Co. FL
9900 Windy Hill Rd Pensacola FL Escambia Co. FL

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Caliber Homes	P.O. Box 650 856 Dallas TX 75265-0856
Motor Credit	P.O. Box 660 891 Dallas TX 75266-0891

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

[Handwritten Signature]

DATE SIGNED (required):

6/19/14

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

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