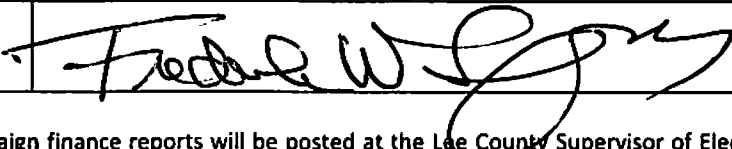


03/30/2014

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL☐ REVISED

14JUN17PM10:08:50EE LEE CO FL

|   |  |    |  |
|---|--|----|--|
| Candidate Name  | Fred Schaerf   |    |  |
| Residence Address   | 1051 Sumica Drive  |    |  |
| City and Zip Code   | Fort Myers, Florida 33919  |    |  |
| Mailing Address   | <input type="checkbox"/> Check if same as above.                                     |    | <input checked="" type="checkbox"/> Check if different from residence. |
|   | 14271 Metropolis Avenue  |    |  |
|   | FORT MYERS, FLORIDA  |    |  |
|   | 33912  |    |  |
| Telephone Number(s)   | <input checked="" type="checkbox"/> Daytime (list below)                             | OR | <input type="checkbox"/> Alternate (list below)                        |
|   | 239-939-7979   |    |  |
| Email Address   | FWSchaerf@Neuropsychstudies.com  |    |  |
| Office Sought   | District 2 Lee Memorial Hospital Board   |    |  |
| Area, District, Group or Seat #   | District 2   |    |  |
| <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<br>or Voter Registration ID #   | 02-10-1951   |    |  |
| Date  | 16 June 2014   |    |  |
| Candidate Signature   |  |    |  |

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website [www.leeelections.com](http://www.leeelections.com) or use the following link: [http://www.precinctfind.com/cand\\_lee2.html](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.

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

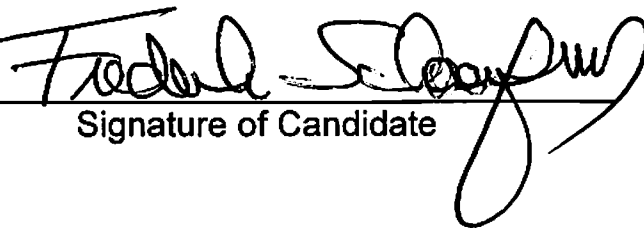
'14JUN17PM1008SUE LEE OFF

I, FRED SCHAEFER,

candidate for the office of LEE MEMORIAL HOSPITAL BOARD DISTRICT 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X   
Signature of Candidate

16 June 2014  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

14 JUN 17 AM 1008 SUE LEE OPH

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Fred Warren Schaerf

**3. Address (include post office box or street, city, state, zip code)**

1051 Sumica Drive  
Fort Myers, Florida 33919

**4. Telephone**

(239 ) 939-7979

**5. E-mail address**

FWSchaerf@neuropsychstudies.com

**6. Office sought (include district, circuit, group number)**

Lee Memorial Hospital Board of Directors, District 2

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Maurie Romeo

**11. Mailing Address**

14271 Metropolis Avenue

**12. Telephone**

( )

**13. City**

Fort Myers

**14. County**

Lee

**15. State**

Florida

**16. Zip Code**

33912

**17. E-mail address**

MRomeo@Neuropsychstudies.com

**18. I have designated the following bank as my** ☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Iberia Bank

**20. Address**

6651 Orion Drive

**21. City**

Fort Myers

**22. County**

Lee

**23. State**

Florida

**24. Zip Code**

33912

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

16 June 2014

**26. Signature of Candidate**

X 

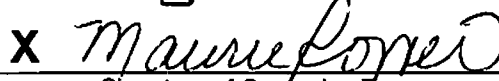
**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Maurie Romeo, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

16 June 2014

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

(Revised 03/31/14)

**CANDIDATE OATH  
LEE MEMORIAL HEALTH SYSTEM  
LEE COUNTY TRAUMA SERVICES  
BOARD OF DIRECTORS  
NONPARTISAN OFFICE**

OFFICE USE ONLY

Lee Memorial Health System  
candidates must use this  
Candidate Oath for  
candidate-qualifying  
purposes.

14271 METROPOLIS AVE  
FORT MYERS  
FL 33912

**OATH OF CANDIDATE**

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, **FRED SCHAEFER**

(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 **LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS**, **2**  
(office) (district-#)

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.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

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 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 *Fred Schaefer*  
Signature of Candidate

(239) 939-7979  
Telephone Number

FWSCHAEFER@NEUROPSYCHSTUDIES.COM  
Email Address

14271 METROPOLIS AVE. FORT MYERS FLORIDA 33912  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): **111567227**

\* 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):

**FA-RED SHARE-IFF**

STATE OF FLORIDA

COUNTY OF **LEE**

Sworn to (or affirmed) and subscribed before me this **17** day of **June**, 20**14**.

Personally Known: **X** or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

*Lee Ann V. James*  
Signature of Notary Public  
Print, Type, or Stamp Commission Name of Notary Public  
**LEE ANN V. JAMES**



MY COMMISSION # FF 085167  
EXPIRES: February 8, 2018  
Bonded Thru Budget Notary Services

## FORM 1

## STATEMENT OF

2013

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

## FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
SCHAERF FREDERICK WARRENMAILING ADDRESS :  
1051 SUMICA DRIVE

CITY : FORT MYERS ZIP : 33919 COUNTY : LEE

NAME OF AGENCY :  
LEE MEMORIAL HEALTH SYSTEMSNAME OF OFFICE OR POSITION HELD OR SOUGHT :  
BOARD OF DIRECTORS DISTRICT 2

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

## \*\*\*\* 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 THRESHOLDSPART 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 |
|---------------------------------|--|---|
| NEUROPSYCHIATRIC ASSOCIATES AND | 14271 METROPOLIS AVENUE FORT MYERS, FL 33912 | PHYSICIANS OFFICE AND CLINICAL                          |
| NEUROPSYCHIATRIC RESEARCH       |  | TRIALS RESEARCH CENTER                                  |
| CENTER OF SOUTHWEST FLORIDA     |  |   |
|                                 |  |   |

## 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 |
|-------------------------|---|-------------------|---------------------------------------|
| NONE                    |   |                   |                                       |
|                         |   |                   |                                       |
|                         |   |                   |                                       |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

|  |
|--|
| 14271 METROPOLIS AVENUE, FORT MYERS, FLORIDA 33912, 1045 SUMICA DRIVE, FORT MYERS, FLORIDA 33919 |
| 2075 FIRST STREET, FORT MYERS, FLORIDA 33901   |
|  |

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    |
|--------------------|--|
| RETIREMENT ACCOUNT | NEUROPSYCHIATRIC ASSOCIATES OF SOUTHWEST FLORIDA |
|                    |  |
|                    |  |

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
| NONE             |                     |
|                  |                     |
|                  |                     |

**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")

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
|---|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | NONE                | NONE                |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   |                     |                     |
| 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):**

**DATE SIGNED (required):**

*Fred Schuyler*

16 Jun 2014

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.