LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

✓ ORIGINAL		REVISED #		
Candidate Name	JOSEPH R. RAGE	ري الاستار المعلق		
Residence Address	2244 RIVET OAK C	.Ane E		
City and Zip Code	FT. Myers Fa. 33905			
Mailing Address	Check if same as above. Check if different from residence.			
Telephone Number(s)	□ Daytime (list below) 239 738-6003	OR Alternate (list below)		
Email Address	RAGZID COM CAS	T. NET		
Office Sought	FT. Myers SHORES FIRE PROTECTION DISTRICT FIRE COMMISSIONET			
Area, District, Group or Seat #	# 5-			
 Judicial, School Board, Supervisor of Elements Health System, Library and Mosquito Control indicate "non-partisan" on the line below A candidate for a Constitutional Office of shall indicate a political party affiliation 	ontrol are non-partisan offices. A ow. ow. or County Commission may file par	candidate for any of these offices, must rtisan or "No Party Affiliation" (NPA) and		
> Political Party For Office Sought	REP. NON. PARTISEN			
Date Of Birth or Voter Registration ID #	12-02-57			
Date	5-21-14			
Candidate Signature				

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.

State of Florida County of Lee 14JUN17PH0135SDELEE OF 1

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

district office of:

FIRE Commissioner ~ FT. Myss Swires Fire District Scate ST

in the <u>November 4, 2014 General Election</u>. I declare that my <u>only campaign expense</u>, 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, <u>I will not be required to</u>: 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 <u>prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form)</u> 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.

Signature of Candidate

Signature of Candidate

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 HBS37, FS 99.061, FS 106.021 Revised-03/11/14 (Lee County Special District Porms)

CANDIDATE OATH -NONPARTISAN OFFICE

*14JUN17PM0135 SOE LEE CO F1

(Not for use by Judicial or **School Board Candidates)**

OFFICE USE ONLY

	OATH OF CAI (Section 99.021, Flor		
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	AGEN		
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	ON THE BALLOT '-	NAME MAY NOT BE CHANGE OPES FIVE OISTINGT	D AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of			・ <u>FT かい</u> らみだら (district #)
(circuit #) (group or seat #)	qualified elector	of <i>(&</i>	County, Florida
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have Section 99.012, Florida Statutes; and I will s State of Florida.	office in the state of the control o	ate, the term of which ny office from which I a	office or any part thereof runs im required to resign pursuant to
x D	(239) 7.58.	6003 RA	6222 COMUSTINET
Signature of Candidate	Telephone Numbe	r	Email Address
Address City	2465	∑-Ja . State	3 3 50 5 ZIP Code
Candidate's Florida Voter Registration Numb	er (located on	RAGEN, JOSEPH R 2244 RIVER OAK LN	111485538
* Please print name phonetically on the line be with disabilities (see instructions on page 2 of		FORT MYERS FL 33	905
STATE OF FLORIDA			
COUNTY OF			
Sworn to (or affirmed) and subscribed bef	ore me this <u>/ /</u>	day of Jun.	<u>e</u> , 20 <u>14</u> .
Personally Known: or		Signature of Notar	Public Public
Produced Identification:			p Commissioned Name of Notary Public
Type of Identification Produced: FLDL			CHERYS FUTCH Notary Public - State of Florida My Comm. Expires Feb 22, 2018 Commission # FE 66052
DS-DE 25 (Rev. 5/11)		423.410	Bonded Through National Notice Acco.

FORM 1

STATEMENT OF

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_	1	2013	,

Please print or type your name, mailing address, agency name, and position below.	W: FINAN	ICIAL INTE	RESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD	E NAME :					
MAILING ADDRESS:	H RUSSEL	((_			
2244 RIVER DAK	1006				(). 	
SA // //VEI OAK	<u> </u>		-		74JUNI 7770135 SCE Lee (0) FI	
					i.S.	
CITY:	ZIP:	COUNTY:			<u> </u>	
FT. NUCCS NAME OF AGENCY:	33905	L E E				
NAME OF AGENCY :					্র 16	
FT. MYEYS SNOTES	FICE INSTACE	7			Ä	
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:				<u> </u>	
FIRE Commissions	SEAT A	5		-		
You are not limited to the space on the li		ditional sheets, if necessary.				
CHECK ONLY IF CANDIDATE	OR 🔲 NEW EMP	PLOYEE OR APPOINTEE				
**** BOT	H DADTS OF TH	IS SECTION MUST	RE COMP	LETE	D ****	
DISCLOSURE PERIOD:	II FARTS OF T		DE COMP	laka I L		
THIS STATEMENT REFLECTS YOU						
YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):	ASE STATE BELOW W	HETHER THIS STATEMENT	r is for the F	PRECE	DING TAX YEAR ENDING	
	013 OR 🔲	SPECIFY TAX YEAR IF (THED THAN T		LENDAR VEAR-	
DECEMBER 31, 20	013 <u>OR</u> L	SPECIFT IAX TEAR IF (JINEK INAN I	I TIE CAI	LENDAR TEAR	
MANNER OF CALCULATING REPO			NUTE DOLLAR	D VALU	ER MUICH BEOLIBER EEMER	
FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMP						
further details). CHECK THE ONE Y		•			·	
COMPARATIVE (P	ERCENTAGE) THRES	HOLDS OR L	DOLLAR V	ALUE 1	THRESHOLDS	
PART A PRIMARY SOURCES OF I			on - See instruct	tions]		
NAME OF SOURCE	1	SOURCE'S	1	UES	CRIPTION OF THE SOURCE'S	
OF INCOME		ADDRESS			INCIPAL BUSINESS ACTIVITY	
STATE OF Florida	TN	TAKLAMANER FR.		RETIFED LAW ENFORCEMENT		
FT MAKES SHURE FUE DO	EDUT. 12345 THAN REACH Blue			Fit Comm. wowler		
, Va						
DIN						
DARTE CECONDADY COURSE	OF INCOME					
PART B SECONDARY SOURCES [Major customers, clients,		me to businesses owned by the	e reporting perso	on - See	instructions]	
(If you have nothing to re	port, write "none" or "n	ı/a")				
NAME OF 1	NAME OF MAJOR SO	OURCES AI	ODRESS	1	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' IN	COME OF	SOURCE		ACTIVITY OF SOURCE	
ıiΑ					-	
Ja						
N/A			<u> </u>		······································	
DARTA DEAL BOOKERN(II						
PART C - REAL PROPERTY [Land, (If you have nothing to re			•		INSTRUCTIONS for	
		-			and where to file this are located at the bottom	
2244 RIVER OAK LANE FT. MAN FA 3350.				of page 2.		
					UCTIONS on who must is form and how to fill it	
					egin on page 3.	
·			1			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificates of deposit, etc See instructions] ne" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY I	RELATES
u ja		
PART E — LIABILITIES [Major debts - See instructions (if you have nothing to report, write "non-	•	- 4JJ
NAME OF CREDITOR	ADDRESS OF CREDITOR	77
MOTOPHE CHASE BONK	P.O BOX 182613 ColuMBAS 01510 43210) 사용
		Ä
PART F — INTERESTS IN SPECIFIED BUSINESSES [6] (If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instruction or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 1	ESS ENTITY # 2
NAME OF BUSINESS ENTITY		<u>ند</u>
ADDRESS OF BUSINESS ENTITY	1//	
PRINCIPAL BUSINESS ACTIVITY	\mathcal{O}	
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 AR	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHE	CK HERE
SIGNATURE (required):	DATE SIGNED (required):	
	521-14	
If a certified public accountant licensed under Chapt she must complete the following statement:	ter 473, or attorney in good standing with the Florida Bar prepared	I this form for you, he or
l,	, prepared the CE Form 1 in accordance with Section 112.31 nowledge and belief, the disclosure herein is true and correct.	45, Florida Statutes, and
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).

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.

LITTING TUST KACTIONS:

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 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.