

Notice of Logic and Accuracy (L & A) Test

I, Refus Alexander, the undersigned hereby acknowledge that "Due Notice" has been given to me that the "Logic and Accuracy Testing of the Computerized Tabulation Equipment," which will be used to tabulate the votes cast for the City of Fort Pierce Primary Election on Tuesday, August 28, 2018, and the General Election on Tuesday, November 6, 2018 will be held on August 9, 2018 at 8:00 a.m. and on October 12, 2018 at 8:00 a.m. at the Supervisor of Elections Office, 4132 Okeechobee Road, Fort Pierce across the mall concourse at the Counting Center.

Refus Alexander
Candidate (Print)

Refus Alexander
Candidate's Signature

6/21/2018
Date

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Rufus Alexander

MAILING ADDRESS :

2304 Avenue P

Ft. Pierce, FL 34950 St. Lucie

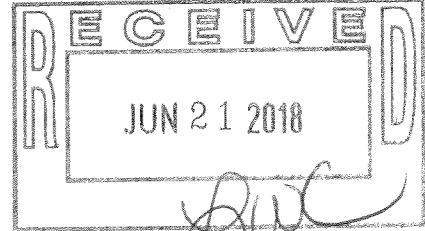
CITY : ZIP : COUNTY :

Commissioner Board

NAME OF AGENCY :

City Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :



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, 2017 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 (must check one):

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
<i>City of Ft. Pierce</i>	<i>100 N. U.S. 1</i>	<i>City Commissioner</i>

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
<i>Sarah Memorial</i>	<i>Funeral Service</i>	<i>728 Ave. D Ft. Pierce, FL</i>	<i>Funeral Home</i>

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

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

<i>728 N. Ave. D; business</i>
<i>St. Lucie 241060101680004; 24106040014000</i>
<i>St. Lucie 241060100900007</i>

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

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		Sarah Memorial 1800 N. 17 th St Garden
PRINCIPAL BUSINESS ACTIVITY		Cemetery
POSITION HELD WITH ENTITY		CO-OWNER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		YES
NATURE OF MY OWNERSHIP INTEREST		CO-OWNER

PART G — TRAINING

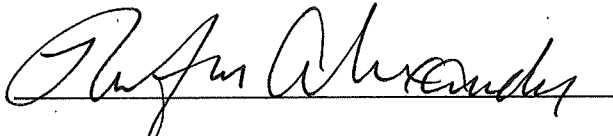
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

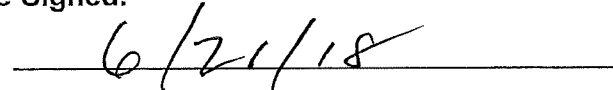
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:



CPA or ATTORNEY SIGNATURE ONLY

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.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

OATH OF CANDIDATE

(Charter Section 65, City of Fort Pierce Code of Ordinances)

STATE OF FLORIDA
ST. LUCIE COUNTY
CITY OF FORT PIERCE

Before me, an officer authorized to administer oaths, personally appeared RUFUS ALEXANDER, to me well known who being sworn says that he/she is a candidate for the office of CITY COMMISSIONER, District 1, Seat 5; that he/she is a qualified elector of the city of Fort Pierce, Florida; that he/she has resided in the City of Fort Pierce for the last past two (2) years immediately preceding the date of the election; and that he/she is qualified under the Constitution and Laws of Florida and the Charter of the City of Fort Pierce to hold the office for which he/she desires to be nominated.

Rufus Alexander
Signature of Candidate

Sworn to and subscribed before me this 21st day of June, 2018, at St. Lucie County, Florida.

Linda W. Cox
City Clerk

(City Seal)

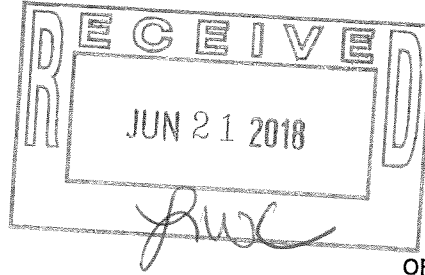
Form FP4

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Rufus Alexander

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner "City of Ft. Pierce", 1
(Office) (District #)

5; I am a qualified elector of ST. LUCIE 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 108267922

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]
ROO FUHS ALEX AN DER

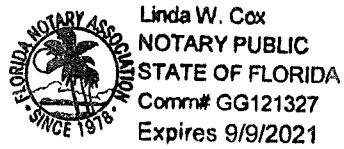
Rufus Alexander (772) 201-1436 Sarah772@BellSouth.net
Signature of Candidate Telephone Number Email Address

2304 Avenue P Ft. Pierce FL 34950
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF St. Lucie

Linda W. Cox
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 21st
day of June, 20 18.



Personally Known: or Produced Identification: _____
Type of Identification Produced: _____

DECLARATION OF CANDIDACY

Date: 6/21/2018

Linda W. Cox, City Clerk
City of Fort Pierce
City Hall, 100 North U.S. #1
Fort Pierce, FL 34950

Dear Ms. Cox:

I hereby declare myself a bona fide candidate for the office of City Commissioner, District 1, Seat 5, of the City of Fort Pierce, Florida, to be voted upon at the Primary Election to be held in the City of Fort Pierce on Tuesday, August 28, 2018 and/or the General Election to be held in the City of Fort Pierce on Tuesday, November 6, 2018; and request that my name be placed upon the ballot(s) for such office at such election(s).

I am handing you herewith the sum of twenty-five dollars (\$25.00) as registration or filing fee.

Respectfully submitted,

Rufus Alexander
Signature

Rufus Alexander
PRINT NAME as you would like it to appear on
the Ballot

2304 Avenue P, 34950
Mailing Address – Street, Zip Code

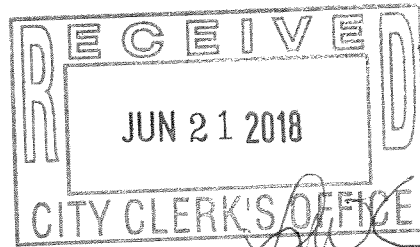
(772) 201-1936
Telephone

Sarah172@bellsouth.net
E-Mail Address

**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.

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)

Rufus Alexander

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

2304 Avenue P
Ft. Pierce, FL 34950

4. Telephone

(772) 201-1936

5. E-mail address

Sarah772@bellsouth.net

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

City Commissioner 1

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

Rufus Alexander

11. Mailing Address

2304 Avenue P

12. Telephone

(772) 464 2525

13. City

Ft. Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34950

17. E-mail address

Sarah772@bellsouth.net

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

19. Name of Bank

Bank of American

20. Address

2421 S. US 1

21. City

Ft. Pierce

22. County

St. Lucie

23. State

FL

24. Zip Code

34950

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

6/21/2018

26. Signature of Candidate

X Rufus Alexander

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

I, Rufus Alexander, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

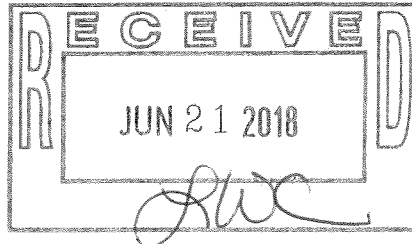
6/21/2018
Date

X Rufus Alexander
Signature of Campaign Treasurer or Deputy Treasurer

**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.

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)

Rufus Alexander

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

2304 Ave P
Ft. Pierce, FL 34950

4. Telephone

(772) 201-1936

5. E-mail address

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

City Commissioner 1

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

Ruby L. Smith

11. Mailing Address

4002 Ave K

12. Telephone

(772) 332-6984

13. City

Ft. Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34949

17. E-mail address

dock142@comcast.net

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

19. Name of Bank

Bank of America

20. Address

2421 So. US# 1

21. City

Ft. Pierce

22. County

St. Lucie

23. State

FL

24. Zip Code

34982

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

6/21/2018

26. Signature of Candidate

Rufus Alexander

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

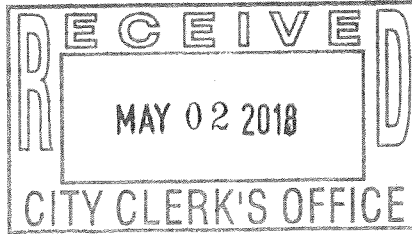
I, Ruby L. Smith, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-21-2018

Date

Ruby L. Smith
Signature of Campaign Treasurer or Deputy Treasurer



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.

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)

RUFUS JERRY ALEXANDER III

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

2304 Av P
FT PIERCE FL 34950

4. Telephone

(772) 464-2525

5. E-mail address

SarahannaBellSouth.net

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

City Commissioner District 1
Seat 5

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

Betty S. BARNES

11. Mailing Address

P.O. Box 2274

12. Telephone

(772) 528-2774

13. City

Ft. Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34950

17. E-mail address

bho218@aol.com

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

19. Name of Bank

BANK of America

20. Address

2421 US 1

21. City

Ft Pierce

22. County

St Lucie

23. State

FL

24. Zip Code

34950

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

May 1 2018

26. Signature of Candidate

X Rufus Alexander

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

I, Betty S. BARNES, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/1/2018
Date

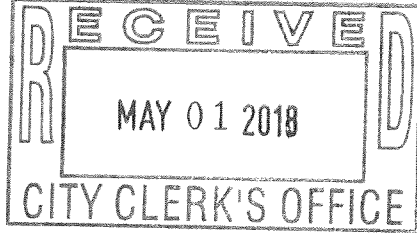
X Betty S. Barnes
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, RUFUS Jerry Alexander III,
candidate for the office of City Commissioner ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Rufus Alexander
Signature of Candidate

May 1 2018
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).