# **LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET**

ORIGINAL	REVISED #			
Candidate Name	ROD SENIOR			
Residence Address	11190 BENT PINE DRIVE			
City and Zip Code	FORT MYERS 33913			
	Check if same as above.			
Mailing Address				
Telephone Number(s)	☑ Daytime (list below)  OR  □ Alternate (list below)			
	239 561 2001			
Email Address	rodsenior 2 comcast. net			
Office Sought	SUPERVISOR - GATEWAY SERVICES COMMUNITY DEVELOPMENT DISTRICT			
Area, District, Group or Seat #	SEAT 5			
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 belo	w.			
	or County Commission may file partisan or "No Party Affiliation" (NPA) and or "No Party Affiliation" on the line below.			
> Political Party For Office Sought	NON PARTISAN			
Date Of Birth or Voter Registration ID #	JUNE 25, 1949			
Date	June 18, 2014			
Candidate Signature	2. Seine			

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website www.ieeelections.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

1, ROD S	ENIOR	<u>,</u> , ,	am a candidat	e for the independ	dent speci	ial
	(print name)	,		•	•	
district office of:	SEAT :	5		_		
GATENAY	SERVICES	GM	FTIAUM	DEVELOPA	1ENT	DISTRICT
			· .			

(include district name AND .district, seat, area or group #)

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

June 18, 2014

714JUN189R1050 STELEE COF

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, F8 99.061, F8 106.021 Revised-03/11/14 (Lee County Special District Porms)

# CANDIDATE OATH - NONPARTISAN OFFICE

14JUN18AN1050 SOE LEE COFT

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)				
(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 SUPERVISOR - GATEWAY SERVICES  (office)  (conty, Florida;  (conty, Florida;				
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 (239) 561 2001 rodsenior accest. net Signature of Candidate Telephone Number Email Address				
11190 BENT PINE DRIVE FORT MYERS FL 33913 Address City State ZIP Code				
Candidate's Florida Voter Registration Number (located on your voter information card): 121420162				
* 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):				
STATE OF FLORIDA COUNTY OF ### ###############################				
Sworn to (or affirmed) and subscribed before me this				
Personally Known:  Produced Identification:  ALISON J. TRIMMER Notary Public, State of Florida Commission# EE 49892 My comm. expires Jan. 12, 2015  ALISON J. TRIMMER Notary Public Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public				
Type of Identification Produced:				

FORM 1	STATEM	STATEMENT OF				
Please print or typo your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
ALABINA ADDDESO	DRIVE		JN180#105090£LEEC0+1			
FORT MYERS	LEE		Tæ Çi			
NAME OF AGENCY: GATEL	istrict		Ť			
NAME OF OFFICE OR POSITION HELD SUPERVISO		τ 5				
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE		•				
**** BOTH DISCLOSURE PERIOD:	PARTS OF THIS SECT	ION MUST BE COM	PLETI	ED ****		
THIS STATEMENT REFLECTS YOUR I YEAR OR ON A FISCAL YEAR. PLEAS 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 (PER						
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 "nia")						
NAME OF SOURCE QF INCOME		SOURCE'S DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
NA						
<u> </u>						
PART B SECONDARY SOURCES OF	INCOME					
	other sources of income to busines	ses owned by the reporting per	son - See	instructions)		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
4/4						
	·					
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			when	G INSTRUCTIONS for and where to file this		
11190 BENT PINE DRIVE form are located at the bottom of page 2.						
FORT MYERS  FL 33913 (HOME)  INSTRUCTIONS on who must file this form and how to fill it						
72 33 (3	<u> </u>	(1.5)		ils form and how to fill it egln on page 3.		

	·
PART D — INTANGIBLE PERSONAL PROPERTY [Si (if you have nothing to report, write "no	tocks, bonds, certificates of deposit, etc. • See Instructions] ne" or "n/a")
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	T.
	10 10
PART E — LIABILITIES (Major debts - See instruction (If you have nothing to report, write "nor	ns] 🛎
NAME OF CREDITOR	ADDRESS OF CREDITOR
4/4	O m
	<u>T.</u>
(If you have nothing to report, write "none	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	FUELBANK INC
ADDRESS OF BUSINESS ENTITY	11190 BENT PINE DR. MICES, FL33913
PRINCIPAL BUSINESS ACTIVITY	ONLINE FUEL PRICE HEDGING
POSITION HELD WITH ENTITY	PRESIDENT
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	
NATURE OF MY OWNERSHIP INTEREST	50% OWNERSHIP
IF ANY OF PARTS A THROUGH F A	RE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE (required):	DATE SIGNED (required):
P. Sewis	June 18, 2014
If a certified public accountant licensed under Chap she must complete the following statement:	oter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or
I.	, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and nowledge and belief, the disclosure herein is true and correct.
Signature	Date
-	FILING INSTRUCTIONS:
WHAT TO FILE:	WHERE 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

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 filling a CE Form 1 if he or she was in their position on December 31, 2013.