REVISED

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

Candidate Name	Emmanuel SAMSON			
Residence Address	8067 Bibiana Way #506			
City and Zip Code	Fort Myers FL 33912			
	Check if same as above.			
Mailing Address				
Tolombono Niverboute)	Daytime (list below) OR OR			
Telephone Number(s)	914 490 3836			
Email Address	·			
Office Sought	CDD Pareo Community			
Area, District, Group or Seat # Sec. + 1				
 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. 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. 				
> Political Party For Office Sought	Non Partisan			
Date Of Birth or Voter Registration ID #	08/07/68			
Date	6/19/14			
Candidate Signature Sambuf				

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

1, Emmanuel	SANSON_	, am a candidate for the	independent special
(prir	nt name)		
district office of:			
CBD Pasco	Communch	8ear #1	
	(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, <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 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 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.

**Ristory 2007 HB537, FS 99.061, FS 106.021 Revised-03/11/14 (Lee County Special District Forms)

CANDIDATE OATH – NONPARTISAN OFFICE

(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 O	F QUALIFYING)			
am a candidate for the nonpartisan office of Pasco CDD .				
(circuit #) (group or seat #) (office)	(district #) _ County, Florida;			
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to elected; I have qualified for no other public office in the state, the term of which office or any concurrent with the office I seek; and I have resigned from any office from which I am required to resection 99.012, Florida Statutes; and I will support the Constitution of the United States and the C State of Florida.	part thereof runs esign pursuant to			
X Samle (94) 490 3836 manu foot Signature of Candidate Telephone Number Email Address	50 ychocum			
SO67 Bibianaway \$506 Fort Myers FL 3 Address Esamar City State z	3912_ IP Code			
Candidate's Florida Voter Registration Number (located on SAMSON, EMMANUEL PIERRE ROL	119896957 AND			
* Please print name phonetically on the line below as you with disabilities (see instructions on page 2 of this form): 8067 BIBIANA WAY FORT MYERS FL 33912				
STATE OF FLORIDA				
Sworn to (or affirmed) and subscribed before me this	eliciano			

FORM 1		S	TATE	MENT OF	7		2013	
Please print or type your name, mailing address, agency name, and position below.	w:	FINA	ANCIA	L INTER	ESTS		FOR OFFICE USE ONLY:	
SATISON Emr MAILING ADDRESS:	nan	uel	Piern \$ 806	e Roland		_	A Company of the Comp	_
Fort Myers	FL	133	312	LEE				•
CITY: CDD NAME OF AGENCY:	ZIP :		COUNTY:				The state of the s	14JUN19861
Parco Chi NAME OF OFFICE OR POSITION HE	C LD OR S	OUGHT:	. 1				The same of the sa	19811
You are not limited to the space on the li			ch additional sho	•	Nor			77 37.5 F.E
**** 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 (P							THRESHOLDS	
PART A PRIMARY SOURCES OF I (If you have nothing to re				to the reporting person	- See instruc	tions)		
NAME OF SOURCE OF INCOME			_	OURCE'S ADDRESS			SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY	
Rivale								
IBM		1701	North	St Endic	o#KY	<u></u>	onsultant	
						-		
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	and other	sources of	income to busi or "n/a")	nesses owned by the re	eporting pers	on - See	instructions]	
NAME OF BUSINESS ENTITY			OR SOURCES S' INCOME		RESS DURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
WIA						_		
PART C REAL PROPERTY (Land. (If you have nothing to re	port, wri	te "none" d	or "n/a")			when	I G INSTRUCTIONS for and where to file this are located at the bottom ge 2.	
		···				file th	RUCTIONS on who must his form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		structions]	
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		SS OF CREDITOR	
NAME OF CREDITOR	ADDRESS OF CREDITOR		
NA			
• • • • • • • • • • • • • • • • • • • •			
PART F — INTERESTS IN SPECIFIED BUSINESSES ((If you have nothing to report, write "none"	or "n/a")	sinesses - See instructions]	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	II/A		
PRINCIPAL BUSINESS ACTIVITY	45 / 1		
POSITION HELD WITH ENTITY	11/2A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A-		
NATURE OF MY OWNERSHIP INTEREST	17/		
IF ANY OF PARTS A THROUGH F AF	RE CONTINUED ON A SEPARATE SH	HEET, PLEASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (required):	
Samuel	-	19/14	
If a certified public accountant licensed under Chapt she must complete the following statement:			
I, the instructions to the form. Upon my reasonable kn	, prepared the CE Form 1 in accorda nowledge and belief, the disclosure herein i	ance with Section 112.3145, Florida Statutes, and 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

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