

BUSA, JONATHAN J
 15540 LAGUNA HILLS DR
 FORT MYERS FL 33908

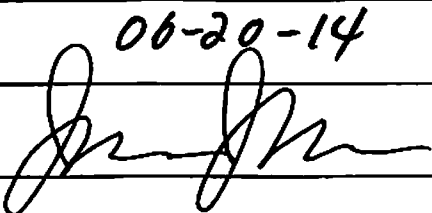
03/30/2014

LEE COUNTY SUPERVISOR CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

SCANNED

Candidate Name	JONATHAN J. BUSA		
Residence Address	15540 LAGUNA HILLS DR.		
City and Zip Code	FORT MYERS, FL 33908		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-222-3022		
Email Address	JBUSA@EARTHLINK.NET		
Office Sought	SUPERVISOR LAGUNA LAKES CDD 5		
Area, District, Group or Seat #	SEAT 4		
> 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 #	09-28-1968		
Date	06-20-14		
Candidate Signature			

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

SCANNED

CANDIDATE OATH - NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

*14JUN20AM0845 SOE LEE CO FL

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, JONATHAN J. BUSA

(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 LAGUNA LAKES CDD (office) (district #) SEAT 4; I am a qualified elector of LEE County, 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 [Signature] Signature of Candidate

(239) 222-3022 Telephone Number

JBUSA@EARTHLINK.NET Email Address

15540 LAGUNA HILLS DR. FT. MYERS FL 33908 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111450352

* 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 Lee

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2014.

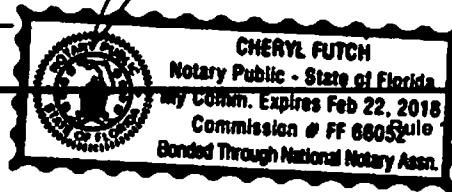
Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FLDL

[Signature] Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



6-2.0001, F.A.C.

COPY

FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : BUSA JONATHAN J

MAILING ADDRESS : 15540 LAGUNA HILLS DR.

FORT MYERS FL 33908 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY : LAGUNA LAKES COMMUNITY DEV. DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT : SUPERVISOR - LAGUNA LAKES CDD SEAT 4

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

SCANNED

**** 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): [X] 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 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include CERES FINANCIAL GROUP, INC., ROYAL ALLIANCE ASSOC., INC., ALLIANT PROPERTY MGMT LLC, and AM SECURITY GROUP, LLC.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains N/A.

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

Table with 1 column: REAL PROPERTY. Row contains N/A.

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")

COPY

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	SCANNED

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

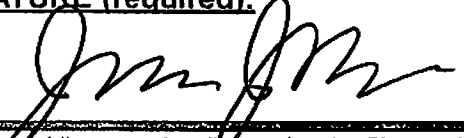
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	CERES FINANCIAL GROUP, INC.	
ADDRESS OF BUSINESS ENTITY	STOUGHTON, MA	
PRINCIPAL BUSINESS ACTIVITY	FINANCIAL ADVISORY SVCS.	
POSITION HELD WITH ENTITY	PRESIDENT - MAN. DIR.	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	PRINCIPAL OWNER	

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

SIGNATURE (required):

DATE SIGNED (required):

 : 06-20-14

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.