

119619095 5.3

Roger W Thornberry  
3087 Sagittaria Ln  
Alva FL 33920

### CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

### OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Roger W. Thornberry

(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 River Hall CDD ~~SEATED~~, \_\_\_\_\_,  
(office) (district #)

\_\_\_\_\_, 3; I am a qualified elector of Lee 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.

X. [Signature] (7068339959) r.thornberry@comcast.net  
Signature of Candidate Telephone Number Email Address

3087 Sagittaria Lane Alva FLA 33920  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 119619095

\* 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):  
\_\_\_\_\_

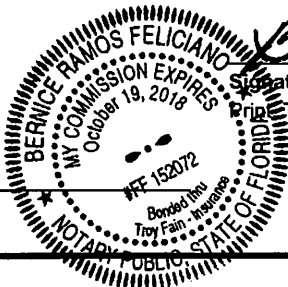
STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of June, 2016.

Personally Known: \_\_\_\_\_ or \_\_\_\_\_

Produced Identification:

Type of Identification Produced: FLDL  
MIL ID



Bernice Ramos Feliciano  
Signature of Notary Public  
Type, or Stamp Commissioned Name of Notary Public

16 JUN 20 12 25 SOE LEE CO FL

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2015**

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

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
 Thornberry Roger Wayne

MAILING ADDRESS :  
 3087 Sagittaria Lane

CITY : Alva                      ZIP : 33920                      COUNTY : Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 River Hall CDD Seat 3

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

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**\*\*\*\* 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, 2015    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

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**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
US Army Pension 65%	Hq US Army Finance Center Indianapolis, Ind	US Military/Natl Security
Soc Security Pension 20%	Soc Security Hq	Taxpayer Contributions
Pension Astra Zeneca Pharmaceuticals 1	Wilmington, Del	Prescription Pharmaceutical Sales
2% 15/10		

**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
none			

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

3087 Sagittaria Lane, Alva, Fla 33920, residence

**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")

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401k, Private lifetime savings	Astra Zeneca Pharmaceuticals; Sale of Real estate

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
none	

**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	2
none		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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**PART G — TRAINING**

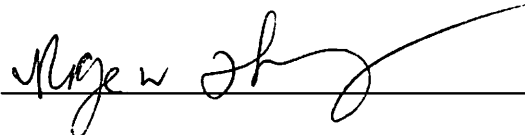
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

10 June 2016

**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:**

**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:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.**

**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 page 3 of instructions.

**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, 2015.

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LEE COUNTY ELECTIONS  
Sharon L. Harrington, Supervisor of Elections  
www.lee.vote

Canvassing Board Meetings and Logic and Accuracy Testing Schedule  
Primary Election  
August 30, 2016

Early Voting Schedule and Information  
Dates, Times and Locations

Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016  
(Including Sunday, August 21, 2016)  
10:00 a.m. to 7:00 p.m.

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S. Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.
08-17-16 Wednesday	immediately following	test vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot (tabulating equipment to be used in the election and initial canvass of the vote-by-mail ballots received to date.
08-23-16	Thursday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
08-23-16	Monday at 3:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
08-30-16 Election Day	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots
09-02-16 Friday	1:00 PM	certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	any Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.
09-02-16 Wednesday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website [www.lee.vote](http://www.lee.vote) or by calling (239) LEE-VOTE (533-8683).

Candidate Signature:

*[Handwritten Signature]*

Print Name:

*Roger W. Thordarson*

Date signed:

*10 June 2016*

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LEE COUNTY ELECTIONS  
Sharon L. Harrington, Supervisor of Elections  
www.lee.vote

Canvassing Board Meetings and Logic and Accuracy Testing Schedule  
General Election  
November 8, 2016

Early Voting Schedule and Information  
Dates, Times and Locations

Monday, October 24, 2016 through Saturday, November 5, 2016 (Excluding Sunday, October 30, 2016)  
10:00 a.m. to 7:00 p.m.

DATE	TIME	EVENT	LOCATION	PURPOSE
10-19-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S. Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.
10-19-16 Wednesday	immediately following	test vote-by-mail ballot tabulations	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election
10-26-16 Wednesday	9:00 AM	initial canvass of the vote-by-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Initial Canvass of the vote-by-mail ballots received to date for the election
10-28-16	Friday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
11-03-16	Thursday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
11-08-16 Tuesday	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots
11-11-16 Friday	3:00 PM	canvass of provisional ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	any Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.
11-18-16 Friday	9:00 AM	certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.
11-21-16 Monday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612