



CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	John Crew		
Residence Address	3561 LAKE MONT DR		
City and Zip Code	Bonita Springs, FL 34134		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	267-640-6333		
Campaign Email Address	JohnCrew21@gmail.com		
Campaign Website			
Office Sought	Bayside Community Development District		
Area, District, Group or Seat #	seat 1		
<p>➔ 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.</p> <p>➔ 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.</p>			
➔ Political Party for Office Sought			
Date of Birth or Voter Registration ID #	9/10/1952		
Date	6/22/2016		
Candidate Signature			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. 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.

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, John CREW
(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 B Supervisor Bayside
(office) CDD (district #)
1 (circuit #); I am a qualified elector of LEE (group or seat #) 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.

John Crew (267) 640 6333
Signature of Candidate Telephone Number Email Address
356 Lakemont Dr Bonita Springs FL 34134
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 118517531

* 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):
John Crew

STATE OF FLORIDA
 COUNTY OF LEE

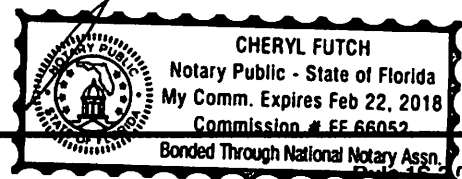
Sworn to (or affirmed) and subscribed before me this 22ND day of JUNE, 2016.

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





LEE COUNTY ELECTIONS

Affidavit of Intent Special District Candidates

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

I, John Crew, am a candidate for the independent special
(print name)

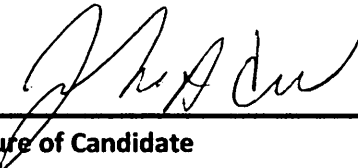
district office of: Bayside Community Development District
seat 1

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

in the November 8, 2016 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, I will not be required to: 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

6/22/2016
Date

161142210150 STATE LEE CO FL

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 :

Crew John Asprey

MAILING ADDRESS :

3561 Lakemont Dr

CITY: Bonita Springs ZIP: 34134 COUNTY: LEE

NAME OF AGENCY: BaySide Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Supervisor Seat 1

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

1511 INZCHM155 SAE LEE 1011

**** 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

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
Office of Personnel Mgmt	1900 E. Street NW, Washington DC 20415	Federal Govt - Retiree
Pennsylvania State Employee retirement system	5 N 5th Street, Harrisburg PA 17101	Teacher Retirement

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
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")

3561 Lakemont Dr, Bonita Springs, FL

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
Cash/CD's	SS BANK
Mutual Funds / CASH-IONS	AXA Holding / Etrade

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
FIRST THIRD BANK	21321 S. TAMiami Trail ESTERO, FL 33928

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
N/A		
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		


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:

6/22/2016

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.

