

## CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED				
Candidate Name	JAMES WARD				
Residence Address					
City and Zip Code	9160 Spring Run Blus Estero FL 34135				
	Check if same as above.				
Mailing Address	- No. of the Control				
Waning Address	100				
- L. L	☑Daytime (list below) ☐Alternate (list below)				
Telephone Number(s)	510-510-0146 OR				
Campaign Email Address	JIMWAR 2 O AOC. COM				
Campaign Website	eque. Ser				
Office Sought	BOARD OF SUPERVISOR BROOKS OF BONITA SPRINGS! CDD				
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 below.					
A candidate for a Constitutional Office or Co indicate a political party affiliation or "No Party	ounty Commission may file partisan or "No Party Affiliation" (NPA) and shall arty Affiliation" on the line below.				
→ Political Party for Office Sought	NON-PARTISAN				
Date of Birth or Voter Registration ID #	11/23/44				
Date	6/4/18				
Candidate Signature	Salus				

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website <a href="http://www.lee.vote/campaigns/candidate-packets/">www.lee.vote/campaigns/candidate-packets/</a> and <a href="http://www.lee.vote/campaigns/candidate-packets/">http://www.lee.vote/campaigns/candidate-packets/</a> and <a href="http://www.lee.vote/campaigns/candidate-finance-reports/">http://www.lee.vote/campaigns/candidate-finance-reports/</a>. 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

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

THUUNOBRMOBOUS SUE Les Co F1

☐ Write-in candidate						
- VVIIIC-III Candidate	OFFICE USE ONLY					
Candidate Oath (Section 99.021(1)(a), Florida Statutes)						
hyphen, check box . (See page 2 - Compound Last I	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.)  OF Superior ORS  (District #)					
(Circuit #), 5; 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.						
Candidate's Florida Voter Registration Number (located on y						
	on the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]					
X (5/0) 510-0	146 SIMWARD OAC					
	reno FE 34135					
Address / City STATE OF FLORIDA	State ZIP Code Signature of Notary Public					
COUNTY OF Lee	Print, Type, or Stamp Commissioned Name of Notary Public below:					
Sworn to (or affirmed) and subscribed before me this day of, 20  Personally Known: or Produced Identification:	TAMARIS A. LIPA NOTARY PUBLIC STATE OF FLORIDA Comm# FF131843 Expires 6/11/2018					
Type of Identification Produced: FLDL						



## 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			<u> </u>
I, JAMES WARD (print name)	, am a candidate for the indep	pendent special	4F. 5080 H
district office of:			(b)
BROOKS OF BONTA SPRINGS	I Community	Developnen	DISTRET
(include district name AND	.district, seat, area or group #)	504	T #5
in the Nevember 6 2019 Conoral Floation I declare th	at my only campaign evnens	e from personal funds	chall

in the <u>November 6, 2018, 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, 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 <u>prior to doing so, I am required to file Form DS-DE 9</u> (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.

Signature of Candidate

Date

6/4/18

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, FS 99.061, FS 106.021 Revised-11/06/17 (Lee County Special District Forms)

FORM 1	<b>STATEMENT</b>	STATEMENT OF				
Please print or type your name, malling address, agency name, and position below:	FINANCIAL INTE	RESTS	ESTS FOR OFFICE USE ONLY:			
LAST NAME - FIRST NAME - MIDD						
	res			4		
MAILING ADDRESS:	RUN BLUD					
G160 SPRING RUN DUD ESTRRO PL 34135 LER						
CITY:	ZIP: COUNTY: TH-Springs 1 C'D']			1년 6년 8년 1년		
NAME OF AGENCY:	IPERVISORS					
NAME OF OFFICE OR POSITION HE				F ·		
SeAT #	5			#		
You are not limited to the space on the I	nes on this form. Attach additional sheets, if necessi	ıry.		ره <u>:</u>		
CHECK ONLY IF K CANDIDATE	OR NEW EMPLOYEE OR APPOINTE	Ξ		ļ.		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	PARTS OF THIS SECTION MURICIPAL PROPERTY OF THE PRECESASE STATE BELOW WHETHER THIS STATE	DING TAX YEAF	R, WHETI	HER BASED ON A CALENDAR		
DECEMBER 31, 2	017 <u>OR</u> D SPECIFY TAX YEA	R IF OTHER THA	AN THE C	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):						
•	ERCENTAGE) THRESHOLDS OR	DOLL.	AR VALI	JE 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 "ru/a")						
NAME OF SOURCE OF INCOME	AME OF SOURCE SOURCE'S DESCRIPTION OF THE SOUR			SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
IRA	FIDERTY INVESTMEN	FIDERTY INVESTMENTS		Refisement/INVESTA		
SOCIAL SOCURI			ج ج	Social Security		
	WASHINGTON	DC 0371				
	OF INCOME  nd other sources of income to businesses owned I  port, write "none" or "n/a")	by the reporting pe	rson - See	e instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NIA						
PART C - REAL PROPERTY [Land, (If you have nothing to re	uildings owned by the reporting person - See instr ort, write "none" or "n/a")	uctions]	and v	G INSTRUCTIONS for when where to file this form are		
NA		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 [Sto	e" or "n/a")					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
NIA						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-	s] e" or "n/a")					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
CHASE BANK Equity Line	2133/	5. JAMI AINE	R	Esteno A	33928	
Equity LINE						
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	$\sim$	IA				
ADDRESS OF BUSINESS ENTITY	/	,				
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					;i,	
NATURE OF MY OWNERSHIP INTEREST					**************************************	
PART G — TRAINING For elected municipal officers required to complete an  I CERTIFY THAT I				O TRAINING.	##((.0~1\.3.'~d	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED OF	NA SEPARATE SHE	ET, PL	EASE CHECK HE	RE 🗀	
SIGNATURE OF FILER: Signature:  Date Signed:		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,				
FILING INSTRUCTIONS:						

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.