

## CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED				
Candidate Name	Richard Platt				
Residence Address	12800 Terabella Way				
City and Zip Code	Ft Myers, FL 33912				
	Check if same as above. Check if different from residence.				
Mailing Address	Control Contro				
Mailing Address					
	France France France I I II				
	Ga a weer c s	<u></u>			
Telephone Number(s)	239-738-3881	UR it			
	239-730-3001				
Campaign Email Address	rplatt26@comcast.net				
Campaign Website	none				
Office Sought	Renaissance Community Development District Seat 3				
Area, District, Group or Seat #	District 2				
<ul> <li>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.</li> <li>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.</li> </ul>					
→ Political Party for Office Sought	No party affiliation				
Date of Birth or Voter Registration 1D #	111450044				
Date	June 4, 2018				
Candidate Signature	neare	Cuit			

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:

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath (Section 99.021(1)(a), Florida Statutes)					
I, RICHARD PLATT					
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more name hyphen, check box	of qualifying.				
am a candidate for the nonpartisan office of Renaissance CDD					
(Office)	(District #)				
, 3 ; I am a qualified elector of Cou	unty, ∰orida;				
(Circuit #) (Group or Seat #) ; I am a qualified elector of Col	frances frances				
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated	l or elected; I				
have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent w	vith the office				
I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Flor	ida 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 your voter information card): 111450044					
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-i					
X 1/ 0 G PP (239) 738-3881 rplatt26@com					
Service of Card	ncast.net				
Signature of Candidate Telephone Number Email Address					
Signature of Candidate  Telephone Number  Email Address  12800 Terabella Way  Fort Myers  FI  3391	12				
Signature of Candidate  Telephone Number  Email Address  12800 Terabella Way  Fort Myers  City  State  ZIP Cod	12				
Signature of Candidate  Telephone Number  Email Address  12800 Terabella Way  Fort Myers  City  State  ZIP Cod  Signature of Notary Public	12				
Signature of Candidate  Telephone Number  Email Address  12800 Terabella Way  Fort Myers  City  STATE OF FLORIDA	12 de				

## 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		
Richard Platt  I,(print name)	, am a candidate for the independent special	
district office of: Renaissance Community Development District	Seat 3	Ces Co FI

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

in the November 6, 2018, 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.

Qaplate

June 4, 2018

Signature of Candidate

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		STATEMENT OF			2017			
Please print or type your name, mailing address, agency name, and position below	w <del>.</del>	FINA	NCIAL	INTERES	STS		FOR OFFICE USE ONLY:	
LAST NAME – FIRST NAME – MID Platt - Richard - Arthur	DLE N	AME :				<del></del>		
MAILING ADDRESS: 12800 Terabella Way								
CITY: Ft Myers	3	ZIP: 3912	COUNTY: Lee					
NAME OF AGENCY: Renaissance Community De	velop	ment Dist	rict					
NAME OF OFFICE OR POSITION H Seat 3	ELD O	R SOUGHT :						
You are not limited to the space on the		_						
CHECK ONLY IF  CANDIDATE	E OR	□ NEV	V EMPLOYEE OF	RAPPOINTEE				
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PERIOD: DECEMBER 31, 20 MANNER OF CALCULATING REFILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMPONER OF COMPARATIVE (	DUR FII LEASE 2017 EPOR SING F MPARA	NANCIAL INTESTATE BELL  OR  TABLE INTER  REPORTING  TIVE THRES  DU ARE USIN	TERESTS FOR TOWN WHETHER  SPECION SPEC	THIS STATEMENT IS  FY TAX YEAR IF OTH  THAT ARE ABSOLUTI I ARE USUALLY BAS  one):	X YEAR S FOR THA HER THA E DOLL SED ON	R, WHET! THE PRE AN THE C AR VALU PERCE!	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING CALENDAR YEAR:  OTHER	
PART A PRIMARY SOURCES OF				the reporting person - S	See inst	ructions]	Ţ	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			ı	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
		PO Box 7130 London, KY 40742				Military Retirement Pay		
Social Security Administration	on	6401 Security Blvd. Baltimore, MD 21235			235	Social Security benefits		
PART B — SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	and ot	ner sources of		sses owned by the repo	orting per	rson - See	instructions]	
NAME OF BUSINESS ENTITY		ME OF MAJO		ADDRES OF SOUR			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None				0. 000.			NOTION OF GOODING	
None								
PART C - REAL PROPERTY [Land, (If you have nothing to re	port, w	rite "none" o		n - See instructions]			G INSTRUCTIONS for when here to file this form are	
9641 Via Lago Way, Ft Myers, FL 33912			located at the bottom of page 2.  INSTRUCTIONS on who must file					
		······································	***************************************			this fo	orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Store (If you have nothing to report, write "none		of deposit, etc See ins	tructions	
TYPE OF INTANGIBLE	BL	JSINESS ENTITY TO W	HICH THE PROPERTY RELATES	
None				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	] " or "n/a")			
NAME OF CREDITOR		· ADDRES	S 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")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	Not	(IE	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				
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	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:		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:		
Me OP Cart		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.		
Date Signed:		CPA/Attorney Signature	:	
June 4, 2018		Date Signed:		
FILING INSTRUCTIONS:	And the second s			

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.