




# LEE COUNTY ELECTIONS

## CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

Candidate Name	TERRY L. PETERS		
Residence Address	28277 INSULAR WAY		
City and Zip Code	BONITA SPRINGS, FL 34135-8636		
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) 239-949-8346	OR	<input type="checkbox"/> Alternate (list below) 714-560-2764
Campaign Email Address	TLP104@AOL.COM		
Campaign Website			
Office Sought	SUPERVISOR VILLAGE WALK BONITA SPRINGS CDD		
Area, District, Group or Seat #	#2		
<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	NA		
Incumbent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth or Voter Registration ID #	04-14-1947		
Candidate Signature & Date	 6-20-18		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website [www.lee.vote](http://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**

(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, TERRY L. PETERS

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of SUPERVISOR, VILLAGE WALK BONTA SPRINGS, CDD  
(Office) (District #)

2 : 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 120-1101-228

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X TLP  
Signature of Candidate

239  
(710) 894-8346  
Telephone Number

TLP104@AOL.com  
Email Address

28277 INSULAR WAY  
Address

BONTA SPRINGS, FL 34135-8636  
City State ZIP Code

STATE OF FLORIDA

COUNTY OF LEE

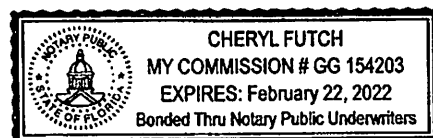
[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 20th  
day of JUNE, 2018.

Personally Known: \_\_\_\_\_ or Produced Identification: X

Type of Identification Produced: FLDL



## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

Peters, Terry L.

MAILING ADDRESS :

28277 Insular Way

CITY :

Bonita Springs

ZIP :

34135-8636

COUNTY :

Lee

NAME OF AGENCY :

Village Walk of Bonita Springs Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Member, Board of Supervisors

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

\*\*\*\* 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, 2017

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
New York State Retirement	110 State Street, Albany, NY 12244	Retirement Fund
Social Security	Washington, D.C.	Social Security

## 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")

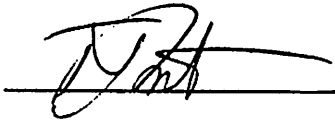
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none			

## PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

28277 Insular Way, Bonita Springs, FL 34135-8636

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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> (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	
<b>PART E — LIABILITIES</b> (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
CitiBank (mortgage)	PO Box 18040, Columbus, OH 43218	
Mr. Cooper (mortgage)	8950 Cypress Waters Boulevard, Coppell TX 75019	
<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> (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	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		
<b>PART G — TRAINING</b> For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.		
<input type="checkbox"/> 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 <input type="checkbox"/>		
<b><u>SIGNATURE OF FILER:</u></b>  Signature:   Date Signed: <u>05-30-2018</u>		<b><u>CPA or ATTORNEY SIGNATURE ONLY</u></b>  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: _____
<b><u>FILING INSTRUCTIONS:</u></b> 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.  <b>Local officers/employees</b> 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. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>  <b>State officers or specified state employees</b> 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. <u>Do not file by both mail and email. Choose only one filing method.</u> Form 6s will not be accepted via email.  <b>Candidates</b> file this form together with their filing papers. <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections. <b>WHEN TO FILE: Initially,</b> each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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. <b>Candidates</b> must file at the same time they file their qualifying papers. <b>Thereafter,</b> file by July 1 following each calendar year in which they hold their positions. <b>Finally,</b> 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.		



# 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, TERRY L. PETERS, am a candidate for the independent special  
(print name)

district office of: VILLAGE WALK BONITA SPRINGS, CDD SEAT #2

(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.

X

Signature of Candidate

6-20-18

Date



Primary Election on Tuesday, August 28, 2018

Tommy Doyle, Supervisor of Elections  
(239) LEE-VOTE (533-8683) [www.lee.vote](http://www.lee.vote)

Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule.

ONLY IN THE EVENT OF A MACHINE OR MANUAL RECOUNT, THE FOLLOWING ADDITIONAL MEETING DATES APPLY  
Events designated as "if necessary" are conditional and subject to cancellation based on whether the specific event must occur.  
Please call the office or visit our website for public notices confirming dates, times and location(s).

The Canvassing Board Meetings and Logic and Accuracy Testing are open to the public. Florida Statute 101.5612

By signing below, I acknowledge that I have received a copy of these Canvassing Board Meeting and Logic and Accuracy Testing Schedules. My attendance is not mandatory but welcome.

Name:

Date:

6-20-15



**General Election on Tuesday, November 6, 2018**

Tommy Doyle, Supervisor of Elections  
(239) LEE-VOTE (533-8683) [www.lee.vote](http://www.lee.vote)

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