

CANDIDATE CAMPAIGN FILE COVER SHEET

	ORIGINAL			REVISED		
Candidate Name		JONATHAN J BUSA				
Residence Address		15540 LAGUNA HILLS DR				
City and Zip Code		FORT MYERS, FL 33908				
		✓ Check if same as above.				
Mailing Address				<u>U</u>		
L. Kerneline La	h	✓ Daytime (list below)		Alternate (list below)		
Telephone Numbe	r(s)	239-222-3022	OR			
Campaign Email Address		JBUSA@FARTHLINK.NET				
Campaign Website						
Office Sought		Supervisor- Laguna Lakes Community Development District				
Area, District, Group or Seat #		SEAT 4				
 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 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. 						
→ Political Party for Office Sought		Non-partisan				
Date of Birth or Voter Registration ID #		09/28/1968				
Date		09/28/1968				
Candidate Signature Lower Form						
The Lee County Super	visor of Elections posts a	all candidate-qualifying documents	and ca	mnaign finance reports on its website		

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

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. Jonathan J Busa

(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- Laguna Lakes Community Development District

(Office)

(District #)

; I am a qualified elector of

County, Florida;

(Circuit #)

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):

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.]

Signature of Candidate

) 239-489-1515

jbusa@earthlink.net

Telephone Number

Email Address

15540 Laguna Hills Dr

Fort Myers

FL State

33908 ZIP Code

Address

STATE OF FLORIDA

COUNTY OF Lee

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this

day of JUNE

Personally Known:

or Produced Identification:

Type of Identification Produced:

CHERYL FUTCH MY COMMISSION # GG 154203 EXPIRES: February 22, 2022

Bonded Thru Notary Public Underwriters

FORM 1	STATEM	ENT OF	2017		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDD BUSA JONATHI					
MAILING ADDRESS: 15540 LAGUNA H			Par Constant		
<u> </u>				78.UPC1#1151.SCEL#-06	
CITY: FORT MYERS	ZIP: COUNTY: 33908 LEE	-		TITA COLO Company E-colo	
NAME OF AGENCY: LAGUNA LAKES COMMI				<u></u>	
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT :			(10) (10) (8)	
SUFERVISOR - You are not limited to the space on the	SEAT 4 ines on this form. Attach additional shee	ets, if necessary.		(U (□) ⊕ •••••	
CHECK ONLY IF 🔼 CANDIDATE	OR NEW EMPLOYEE OR				
	PARTS OF THIS SECT	ION <u>MUST</u> BE CON	IPLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one):	JR FINANCIAL INTERESTS FOR T EASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR T	, WHETH	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
DECEMBER 31, 2	017 <u>OR</u> 🗆 SPECIF	TY TAX YEAR IF OTHER THA	N THE C	CALENDAR YEAR:	
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COM for further details). CHECK THE OR	ING REPORTING THRESHOLDS T PARATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON	AR VALU PERCEN	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS	OR SZ DOLLA	AR VALU	JE THRESHOLDS	
PART A PRIMARY SOURCES OF I (If you have nothing to re	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See instr	uctions]		
NAME OF SOURCE OF INCOME	- · ·	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
CERES FINANCIAL GROU	ST STOUGHTON MA	PINANC	in LADVISORY SUCS.		
ROYAL ALLIANCE ASSOC. IN				PCAGE SUCS.	
ALLIANT PROPERTY MONT	LLC 13831 VELTORANE	FORTMYERS FL	ASSOC	IATION MOUT SUCS	
PART B - SECONDARY SOURCES	OF INCOME and other sources of income to busines	sses owned by the reporting pe	rson - See	e instructions]	
(If you have nothing to re	eport, 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					
NA					
DADTO DEAL DEODERTY (Lord	building amount by the remedian page	e See instructional	1		
PART C REAL PROPERTY [Land, (If you have nothing to re	port, write "none" or "n/a")	n - See instructionsj	and w	G INSTRUCTIONS for when where to file this form are	
1/1			located at the bottom of page 2. INSTRUCTIONS on who must file		
			44.:- 6	orm and how to fill it out	

TYPE OF INTANGIBLE	BUSIN	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
NONE				
PART E — LIABILITIES [Major debts - See in (If you have nothing to report, we				
NAME OF CREDITOR	1	ADDRESS OF CREDITOR		
BOA HOME MORTERSE				
PART F — INTERESTS IN SPECIFIED BUSINE	SSSS (Ownership or positions in a	ertain types of husiness	es - See instructions]	
(If you have nothing to report, writ			BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	CERES FINANCIAL	GROUP IN.	三	
ADDRESS OF BUSINESS ENTITY	STOUGHTON, MA		^ (. /)	
PRINCIPAL BUSINESS ACTIVITY	FINANCIAL ADVISOR		ÇC	
POSITION HELD WITH ENTITY	PLEIDENT - NAN	ASING DIR.	IT.	
I OWN MORE THAN A 5% INTEREST IN THE BU			in in	
NATURE OF MY OWNERSHIP INTEREST	PUNCIPAL OWN	5R	6,1 """}" 	
PART G — TRAINING		An analism 442 2442 F.C.		
For elected municipal officers required to con	•		ED ED A INUNC	
LI I CERTIFY II	HAT I HAVE COMPLETE	D THE REQUIR	ED TRAINING.	
IF ANY OF PARTS A THROUGH	G ARE CONTINUED ON A S	EPARATE SHEET, I	PLEASE CHECK HERE	
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
		If a certified public accountant licensed under Chapter 473, or attorney		
Signature:		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:		
L 11/2		I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the		
Justa Din			ection 112.3145, Florida Statutes, and the my reasonable knowledge and belief, the	
Date Signed:	disc	closure herein is true and	correct.	
, 1	СР	CPA/Attomey Signature:		
06/21/18		Date Signed:		
١	l Dai	o digition.		

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



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

, JONATHAN J. BUSA	, am a candidate for the independent special
(print name)	Colorison Big. Levistoscopialisticological displayer destruction of the Colorison Colo

district office of:

SEAT: 4 SUPERUSOR - LAGUNA CAKES COMMUNITY DEVELOPMENT

(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.

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)