OPIGINAL



## CANDIDATE CAMPAIGN FILE COVER SHEET

REVISED

VORIGINAL				
Candidate Name	ROBERT A. HILLARD			
Residence Address	10201 SOUTH SILVER PALM DR			
City and Zip Code	ESTERO, FL 33928			
	Check if same as above. Check if different from residence.			
Mailing Address				
Maining Address		Ţ.		
		¥		
	Daytime (list below)	OR Alternate (list below)		
Telephone Number(s)	239-243-9162	OR O		
Campaign Email Address	ROBHILLARDCDD@GMAIL.COM			
Campaign Website				
Office Sought	CDD			
Area, District, Group or Seat #	COPPER OAKS - SEAT #1			
<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	Non			
Incumbent	Yes	□No		
Date of Birth or Voter Registration ID #	3/16/1962			
Candidate Signature & Date	Robert of Hille	6/22/18		

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-packets/">http://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 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 -	ž
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	fundi.
Check box <b>only</b> if you are seeking to qualify as a write-in candidate:	Section Control of the Control of th
☐ Write-in candidate	ğ
	OFFICE USE ONLY
Candid	ate Oath
	(a), Florida Statutes)
1, Robert A. Hillard	
hyphen, check box . (See page 2 - Compound Last	t. 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.)
am a candidate for the nonpartisan office of	Oak-CDD-Seat #1, (District #)
(Circuit #) (Group or Seat #); I am a qualified elector of	
have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; e Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on )	our voter information card): 117720284
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]
X Josef A (full (239) 243 - 9 Signature of Candidate Telephone Number	Email Address
10201 South Silver Palm Dr Ester Address City	33928 ZIP Code
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF	Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 22 kd day of \_\_\_\_\_\_, 20\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

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

Type of Identification Produced: \_

CHERYL FUTCH
MY COMMISSION # GG 154203
EXPIRES: February 22, 2022
Bonded Thru Notary Public Underwriters



## 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

ROBERT A HILLARD	, am a candidate for the independent special
(print name)	

district office of:

## **COPPER OAKS - SEAT #1**

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

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.

X Joseph Golden Bate 6/22/18

Date

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	S	STATEMENT OF			2017	
Please print or type your name, mailing address, agency name, and position below:	FINA	NCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDD	LE NAME :			<del></del>		
HILLARD, ROBERT A.					_	
MAILING ADDRESS :					ci.	
10201 SOUTH SILVER PAL	M DRIVE					
					r f	
CITY:	ZIP:	COUNTY:				
ESTERO	33928	LEE			$\mathcal{Z}$	
NAME OF AGENCY :					## ### ###############################	
COPPER OAKS CDD	UE OF COLLOUT				<del></del>	
NAME OF OFFICE OR POSITION HE	ELD OR SOUGHT:				***	
SEAT 1					140) 80] 北岳年氏(188234)[[18]	
You are not limited to the space on the						
CHECK ONLY IF	OR NEW	EMPLOYEE OF	CAPPOINTEE			
**** BOTI	H PARTS OF	THIS SECT	TION MUST BE COM	<b>IPLET</b>	ED ****	
DISCLOSURE PERIOD:	<del></del>					
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL	UR FINANCIAL ÎNT FASE STATE REI (	EKESTS FOR T OW WHFTHER	THIS STATEMENT IS FOR	K, WHEIF	CEDING TAX YEAR ENDING	
EITHER (must check one):	LINGE OTHER DEC		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
☑ DECEMBER 31, 2	2017 <u>OR</u>	SPECI	FY TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:	
,						
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF US	PORTABLE INTE	( <b>RESTS:</b> THRESHOLDS T	THAT ARE ABSOLUTE DOLL	AR VALU	ES. WHICH REQUIRES FEWER	
CALCULATIONS, OR USING COM	PARATIVE THRES	HOLDS, WHICH	I ARE USUALLY BASED ON	PERCEN	ITAGE VALUES (see instructions	
for further details). CHECK THE O			•			
□ COMPARATIVE (	PERCENTAGE) T	HRESHOLDS	OR <b>Y</b> DOLL	AR VALU	E THRESHOLDS	
PART A - PRIMARY SOURCES OF (If you have nothing to re	INCOME [Major soul	rces of income to or "n/a")	the reporting person - See inst	ructions)		
İ			URCE'S	DE	SCRIPTION OF THE SOURCE'S	
NAME OF SOURCE OF INCOME			DRESS		RINCIPAL BUSINESS ACTIVITY	
COMMONWEALTH OF	275 E. M.	275 E. MAIN STREET			ADOPTION SUBSIDIES	
KENTUCKY	FRANKF	FRANKFORT, KY 40621				
TELET (1 O OK 1	I I I I I I I I I I I I I I I I I I I	01(1),121 10				
MAPLEBEAR INC	50 BEAL	E ST-SAN F	RANCISCO. CA	GROCE	ERY DELIVERY	
PART B SECONDARY SOURCES	OF INCOME					
[Major customers, clients, (If you have nothing to I	and other sources of	income to busine or "n/a")	sses owned by the reporting pe	erson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJO		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A	J. 20011120		3. 3332			
N/A						
- "						
PART C REAL PROPERTY [Land,	buildings owned by t	he reporting pers	on - See instructions]	FILIN	G INSTRUCTIONS for when	
(If you have nothing to report, write "none" or "n/a")		and w	where to file this form are ed at the bottom of page 2.			
10201 SOUTH SILVER PALM DRIVE ESTERO, FL 33928				RUCTIONS on who must file		
				this f	orm and how to fill it out	
				pegin	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				
TYPE OF INTANGIBLE  N/A			THOU THE INOI ENTITIES WAS	
IV/A				
PART E — LIABILITIES [Major debts - See instruction				
(If you have nothing to report, write "non	ie" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
SUNTRUST MORTGAGE	RICHMOND, VA			
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positions	s in certain types of bus	inesses - See instructions]	
(If you have nothing to report, write "none	" or "n/a")	S ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	N	I/A	N/A	
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	3			
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING	anual athics training purs	quant to soction 112 3142	) EQ	
For elected municipal officers required to complete at			UIRED TRAINING.	
U I CERTIFY THAT	HAVE COMPLI	ETED THE REQ	UKED TRAINING:	
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R:	CPA or ATTORNEY SIGNATURE ONLY		
Signature:  Signature:		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.		
Date Signed:		CDA/AHomay Sianatus	·	
MAY 31, 2018		CPA/Attorney Signature:		
Date Signed:				
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

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