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:

| 10/ | |
|-------------|-------------|
| ı vvrite-ir | n candidate |

*20JUN018M0837 SGE Lee Co F1

| | | | OFFICE USE ONLY |
|---|-------------------------------|--|--|
| | | ate Oath | |
| | (Section 99.021(1)(| a), Florida Statutes) | |
| I, Flavia Walsh | | | |
| | e 2 - Compound Last N | lames). No change can be | of two or more names but has no made after the end of qualifying. nted above for oath purposes.) |
| am a candidate for the nonpartisan of | fice of Gateway Se | rvices CDD | |
| and a samulation of the non-particular of | | (Office) | (District #) |
| (Circuit #) Seat 1 (Group or Seat #) | I am a qualified elector of | Lee | County, Florida; |
| I am qualified under the Constitution a | and the Laws of Florida t | o hold the office to which I d | lesire to be nominated or elected; I |
| have qualified for no other public office | e in the state, the term of | which office or any part the | reof runs concurrent with the office |
| I seek; and I have resigned from any | office from which I am re | equired to resign pursuant to | o Section 99.012, Florida Statutes; |
| and I will support the Constitution of the | ne United States and the | Constitution of the State of | Florida. |
| Candidate's Florida Voter Registration | rint name phonetically c | n the line below as you wis | sh it to be pronounced on the audio |
| ballot as may be used by persons with o | lisabilities (see instruction | ns on page 2 of this form): [/\ | lot applicable to write-in candidates.] |
| * Dawa Walsh- | (239)464-5837 | Flavi | a.Walsh@comcast.net |
| Signature of Candidate | Telephone Number | | Email Address |
| 13258 Little Gem Circle | Fort Myers | Florida | 33913 |
| Address | City | State | ZIP Code |
| STATE OF FLORIDA | | Mukulha | -mxll |
| COUNTY OF Lel | , | Signature of Notary Pul Print, Type, or Stamp Commiss | blic sioned Name of Notary Public below: |
| Swom to (or affirmed) and subscribed before me by | physical <u>or</u> | | |
| online presence this day of | <u>4</u> .2020. | III . D | KKISHA M. ALLEN |
| Personally Known: or Produced Identifi | cation: | 11-*: UNV :*- | AMISSION # GG 137160 RES: August 22, 2021 |
| Type of Identification Produced: | Lisences | | ru Notary Public Underwriters |
| DS-DE 302NP (Rev. 04/20) | | | |

*20JUNO12M0936 SCE Lee Co FI

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

| officer before opening the campaign account. | | | | | | | | OFFICI | USE | ONLY |
|--|--|---------------|-------------|----------------------|--------|-------------------------------|----------|---------------------------------------|---------|-------------|
| 1. CHECK APPROPRIATE BOX(ES): | | | | | | | | | | |
| | Re-filing to Ch | ange: 🔲 T | reasure | r/Deputy | | Depository | | Office | | Party |
| 2. Name of Candidate (in t | 2. Name of Candidate (in this order: First, Middle, Last) | | | | | e post office | box or | street, city, | state, | zip |
| Flavia Maria Walsh | | | 132 | e) 58 Little | Ger | m Circle | | | | |
| 4. Telephone | 5. E-mail address | | For | Fort Myers, FI 33913 | | | | | | |
| (239) 464-5837 Flavia.Walsh@comcast.net | | | | | | | | | | |
| 6. Office sought (include d | | • | | | | idate for a <u>r</u> | onpart | <u>isan</u> office | , chec | k if |
| Gateway Services CDD | - Board of Supe | ervisors, Se | eat 1 | appi | icab | | | | | |
| | | | | L | | My intent is | to run a | is a Write-I | n cand | idate. |
| 8. If a candidate for a part | isan office, check | block and fil | l in nam | e of party | as a | applicable: | My int | ent is to rui | n as a | |
| Write-In No F | Party Affiliation | □ | | | | | Pa | arty cand | didate. | |
| 9. I have appointed the fo | lowing person to | act as my | X c | ampaign T | reas | surer 🔲 | Depu | ty Treasure | r | |
| 10. Name of Treasurer or D | eputy Treasurer | | | | | | | | | |
| Flavia Walsh | | | | | | | | | | |
| 11. Mailing Address | | | | | | 1 | 2. Tele | phone | | |
| 13258 Little Gem Circle | ; | | | | | (| 239 |) 464583 | 7 | |
| 13. City | 14. County | 15. St | 1 | 6. Zip Cod | le | 17. E-mail a | ddress | | | |
| Fort Myers | Lee | FI | 3: | 3913 | | Flavia.wal | sh@co | omcast.ne | et | |
| 18. I have designated the | following bank as | my [| Prin | nary Depo | sitor | y 🗆 S | Seconda | ary Deposit | ory | |
| 19. Name of Bank | | | 20. Ad | dress | - | | | | | |
| Sanibel - Captiva Comr | nunity Bank | | 11691 | Gatewa | y Bl | vd, Suite 1 | 100 | | | |
| 21. City | 22. Count | У | | 23. St | | | | 24. Zip C | ode | |
| Fort Myers | Lee | | | Florid | а | | | 33913 | | |
| UNDER PENALTIES OF PERJUI DESI | RY, I DECLARE THAT I | HAVE READ TH | IE FOREG | OING FORM | FOF | R APPOINTMENTATED IN IT A | NT OF CA | AMPAIGN TR | EASURE | R AND |
| 25. Date | | | 26. Sig | nature of 0 | Cano | didate | | · · · · · · · · · · · · · · · · · · · | | |
| 5/29/2020 | | | X | Dawa | | Walsh | | | | |
| 27. Treasure | 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | |
| l, | Flavia Walsh | | | | | | | | | |
| " | (Please Print or 1 | ype Name) | | | | _ , do noroz | y acce | or the appo | | • |
| designated above as: | | aign Treasure | er [| Deputy | / Trea | asurer. | | | | · |
| 5/29/20 | 20 | X | , 1 | Ma | ٠ | Islala | | | | |
| Date | | | Signatu | re of Cam | paig | <u>/∆\%\/∖</u> n Treasurer | or Depu | uty Treasur | er | |
| Date | | | Olginati | ile of Cam | ipaig | ii iieasuiei | or Debr | aty Treasur | G1 | |

| FORM 1 | STATEM | IENT OF | 2019 | | |
|---|--|---|------------|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDD | LE NAME : | | | | |
| Walsh Flavi | a Maria | | | | |
| MAILING ADDRESS : | | | | | |
| 13258 Little Gem Circle | | | | ġ | |
| CITY: | ZIP: COUNTY: | | | | |
| Fort Myers | 33913 Lee | | | (12) 1.32 2.41 | |
| NAME OF AGENCY : | | | | | |
| Gateway Services CDD | · · · · · · · · · · · · · · · · · · · | | | | |
| NAME OF OFFICE OR POSITION HI Board of Supervisors - Seat 1 | ELD OR SOUGHT : | | | ri ! #B | |
| CHECK ONLY IF CANDIDATE | OR | RAPPOINTEE | | (a) | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU MANNER OF CALCULATING | | DR CALENDAR YEAR ENI | | CEMBER 31, 2019. | |
| FILERS HAVE THE OPTION OF USE FEWER CALCULATIONS, OR USE (see instructions for further details COMPARATIVE (I | SING COMPARATIVE THRESHO | LDS, WHICH ARE USUAL USING (must check one): | LY BASE | | |
| PART A PRIMARY SOURCES OF I | NCOME [Major sources of income to port, write "none" or "n/a") | the reporting person - See ins | ructions) | | |
| NAME OF SOURCE OF INCOME | | URCE'S DRESS | | ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY | |
| none | | | | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | OF INCOME and other sources of income to busines eport, write "none" or "n/a") | sses owned 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 | |
| none | | | | | |
| | | | | | |
| | | | | | |
| PART C REAL PROPERTY [Land, to rep | ouildings owned by the reporting personort, write "none" or "n/a") | n - See instructions] | lines o | e not limited to the space on the on this form. Attach additional s, if necessary. | |
| none | | | and w | G INSTRUCTIONS for when here to file this form are at the bottom of page 2. | |
| | | | this fo | CUCTIONS on who must file orm and how to fill it out 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 | | | | | | |
|--|---------------|---|---|--|--|--|
| | · · · · · · | SUSINESS ENTITY TO V | VALUE OF THE PROPERTY RELATES | | | |
| none | | *** | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non | • | | | | | |
| NAME OF CREDITOR | 1 | ADDRES | S OF CREDITOR | | | |
| Ford Credit (Auto Lease) | PO Box 650574 | Dallas, TX 75265 | 1000 | | | |
| | | · | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none" | " or "n/a") | s in certain types of bus | sinesses - See instructions] BUSINESS ENTITY # 2 | | | |
| ADDRESS OF BUSINESS ENTITY | none | | none | | | |
| 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 an | | | | | | |
| IF ANY OF PARTS A THROUGH G ARE | CONTINUED ON | A SEPARATE SHE | ET, PLEASE CHECK HERE | | | |
| SIGNATURE OF FILE Signature: | R: | 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,, 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: | | | | |
| 5/29/2020 | | Date Signed: | | | | |

<u>LING INSTRUCTIONS:</u>

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2019.





Tommy Doyle Supervisor of Elections (239) LEE-VOTE (533-8683) ● www.lee.vote

Canvassing Board Meeting Dates - August 18, 2020, Primary Election

Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 07-27-20 at 9 AM

<u>Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots:</u>

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

Wednesday, 07-29-20 at 9 AM – Immediately Following Proceed to the Main Office (see below)

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 07-29-20

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Friday, 07-31-20 Monday, 08-03-20 Wednesday, 08-05-20 Friday, 08-07-20
- Monday, 08-10-20 Wednesday, 08-12-20 Friday, 08-14-20 Monday, 08-17-20

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 08-18-20
 - o NOON, 4 PM, and 6 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 08-21-20 at 8 AM

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 08-26-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 08-22-20 through 08-25-20 will apply.

Canvassing Board Meeting Dates - November 3, 2020, General Election

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, the Tabulating Equipment used for Vote-by-Mail Ballots, and the Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

Monday, 10-12-20 at 9 AM – Immediately Following Proceed to the Main Office (see below)

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 10-12-20

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- . 9 AM Each Meeting (see below)
- Wednesday, 10-14-20 Friday, 10-16-20 Monday, 10-19-20
- Wednesday, 10-21-20 Friday, 10-23-20 Monday, 10-26-20
- Wednesday, 10-28-20 Friday, 10-30-20 Monday, 11-02-20

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Tuesday, 11-03-20

o 9 AM, NOON, 3 PM, and 5 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 11-06-20 at 2 PM

Canvass of Overseas Vote-by-Mail Ballots, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 11-13-20 at NOON

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 11-18-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 11-08-20 through 11-14-20 will apply.

| I am a candidate for loca | office and have received a copy of the above | schedules. |
|---------------------------|--|------------|
| X // Cawa worlsh | Flavia Walsh | 5/29/2020 |
| Signature | Print Name | Date |

rum 1: Nord <mark>exactina q</mark>ue : ee Co Fil

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

| OFF | HEE | | ·V |
|-----|-----|------|----|
| OFF | USE | CHAI | |

| ı | | lavi | i | ۱۸ | | اما | h |
|----|---|------|----|----|----|-----|---|
| ١, | Г | เลงเ | 17 | Vν | '~ | S | |

candidate for the office of <u>Gateway Services CDD - Seat 1</u>;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Mua Walsh Signature of Candidate

5/29/2020 Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).