

### CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED			
Candidate Name	WILLIAM J NICHOLSON			
Residence Address	24471 TERZETTO LANE UNIT SOIS			
City and Zip Code	BONITA SPRINGS, FL 34134			
	Check if same as above.			
Mailing Address	2			
	Alternate (list below)			
Telephone Number(s)	OR OR			
Telephone ruame et (e)	815 791 6813			
Campaign Email Address	SUNDANCER 3421@ GMAIL, COM			
Campaign Website				
Office Sought	BAYSIDE COD SUPERVISOR, SOAT #5			
Area, District, Group or Seat #	SEAT #5			
System, Library and Mosquito Control are	ons, and Special District Offices such as Community Development, Fire, Health non-partisan offices. A candidate for any of these offices, must indicate "non-County Commission may file partisan or "No Party Affiliation" (NPA) and shall Party Affiliation" on the line below.			
→ Political Party for Office Sought				
Incumbent	<b>⊠</b> Yes □No			
Date of Birth or Voter Registration ID #	APRIL 5, 1949 VOTER ID #: 118656412			
Candidate Signature & Date Unicholan 6/1/20				
of Floations posts	s all candidate-qualifying documents and campaign finance reports on its websi			

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-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.

State of Florida



## 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.

County of Lee			
I, WILLIAM J	MICHOLSON	_, am a candidate for the independent special	
district office of:			
BAYSIDE CDD	SUPERVISOR	SEAT #5	
(include district name AND .district, seat, area or group #)			

in the <u>November 3, 2020, 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 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 Wynsholson	6/1/20	
Signature of Candidate	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 HBS37, FS 99.061, FS 106.021 Revised-11/06/17 (Lee County Special District Forms)

# 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:

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

Type of Identification Produced: \_\_\_\_\_\_FLDL

DS-DE 302NP (Rev. 04/20)

☐ Write-in candidate

OFFICE USE ONLY

			and the second
	Candidate (Section 99.021(1)(a), F		
1. WILLIAM J N	ICHOLSON		×
(Print name above as you wish it	t to appear on the ballot. If y	your last name consists of two or mones). No change can be made after ot, the name must be printed above	the end of qualifying.
am a candidate for the nonpartisan o	ffice of BAYSIDE of	CAD SUPERVISOR, SEAT	+5,
and a candidate for the nonparties.		(Office)	(District #)
(Circuit #) (Group or Seat #)	; I am a qualified elector of	LEE	County, Florida;
(Circuit #) (Group or Seat #)  I am qualified under the Constitution have qualified for no other public office I seek; and I have resigned from any and I will support the Constitution of	ce in the state, the term of why office from which I am requ	nich office or any part thereof runs co uired to resign pursuant to Section 9	oncurrent with the office
and I will support the concatation of			
Candidate's Florida Voter Registrat	tion Number (located on your	voter information card): $118651$	6412
Phonetic spelling for audio ballot: ballot as may be used by persons with	disabilities (see instructions	the line below as you wish it to be pon page 2 of this form): [Not applicab	oronounced on the audio le to write-in candidates.]
Muholson			
X Whicholson	(815) 791 6813	3 SUNDANZER 34	ZI @ GMAIL, com
Signature of Candidate	Telephone Number	Email A	Address
24471 TERZETTO LANE	UNIT 501 BONITA	SPRINUS, FL 30	4134
Address	City	State	ZIP Code
STATE OF FLORIDA		Signature of Notary Public	
COUNTY OF		Print, Type, or Stamp Commissioned Name	of Notary Public below:
Swom to (or affirmed) and subscribed before me	by physical X or	V	
online presence this day of	<u>UNE</u> , 20 <u>20</u> .	CHERYL FUTCH MY COMMISSION # GG 1542	203

EXPIRES: February 22, 2022 Bonded Thru Notary Public Underwriters

## CAMPATE ON HOL

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32-2 DOMINION

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CHERYL FUTCH

1.1Y COMMISSION # GG 15/203

EXPIRES: February 22, 2022

EXPIRES Thru Nobely Public Underwribus

(68) No. 3 (9) 49500 (50.5)

FORM 1	STATEM	ENT OF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
MICHOLSON	AME. WILLIAM J	०ऽद्याम	
MAILING ADDRESS . 24471 TERZET	TO LANE		
JOR 7140			
CITY: BONITH SPRINGS	COUNTY: COUNTY:	EE	
NAME OF AGENCY			
NAME OF OFFICE OR POSITION HELD			
CHECK ONLY IF CANDIDATE O	R NEW EVPLOYEE OR	APPOINTEE	
THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.  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):			
PART A - PRIMARY SOURCES OF INCO			AR VALUE THRESHOLDS
(If you have nothing to report  NAME OF SOURCE  OF INCOME	500	RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ECOLAR PONSION	ST PAUL, MA	J	Seris(0~1
DIALCORP	SCOTISDACE !	ナチ	Pension
FINEMARK BANK	MAPLES FL		DIVIDENDS & INTEREST
social seturity	M MRZHUNG JOHN D	ے	sough becurity
PART B — SECONDARY SOURCES OF [Major customers, clinits, and lift you have nothing to report	other sources of income to busines	ses awned by the reporting po	exon See instructions]
NAME OF BUSINESS ENTITY	IAME OF MAJOR SOURCES OF BUSINESS' INCOME	AUDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
とのなど			
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		n - See instructoris)	You are not limited to the space on the lines on this form. Attach additional

BONITA SPRINGE, FLURIDA 34134

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.

720JUND1PM031853E Lee CoF1

in good standing with the Florida Bar prepared this form for you, he she must complete the following statement.  prepared the form 1 in accordance with Section 112,3145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAVE OF CREDITOR  PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businessee - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF RUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  POSITION HELD WITH ENTITY  I COWN MORE THAN A SM. 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, ES.  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   SIGNATURE OF FILER:  Signature:  CPA or ATTORNEY SIGNATURE ONLY 1 a coordinate with Section 112,3145, Fioridis Statutes, and instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is thus and correct.	(If you have nothing to report, write "non	e" or "n'a")		
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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  SIGNATURE OF FILER:  CPA or ATTORNEY SIGNATURE ONLY  if a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he she must complete the following statement.  prepared the instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.	NATURE OF MY OWNERSHIP INTEREST			
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Signature:  If a certified public accountant licensed under Chapter 473, or attorn in good standing with the Florida Bar prepared this form for you, he she must cornollete the following statement.  prepared the form 1 in accordance with Section 112.0145, Florida Statutes, and instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.	SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY
instructions to the form. Upon my reasonable knowledge and belief, disclosure herein is true and correct.  Date Signed:	2:		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.	
			Form 1 in accordance with Section 112,3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the	

#### **FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, 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 mad or email. Contact your Supervisor of Elections for the mailing address or small 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, son your completed form and any attachments as a odd (do not use any other format), send if to CEForm1@ieg.state.fl.us and retain a copy for your records. Do not like by both mail and email. Choose only one tiling method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

Date Signed:

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, Fie a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filling a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filler of firing a CE Form 1 if the filler was in his or her position on December 31, 2019.

20JUN01R0318 SIE Lee Ca





#### **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

#### 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:

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., 3<sup>rd</sup> 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 Bailots 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
  - 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., 3<sup>rd</sup> 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

#### 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
  - 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., 3<sup>rd</sup> 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.

am a candidate for local office and have received a copy of the above schedules 6/1/20 حصراته WILLAM I NICHOLSON Date Print Name Signature