

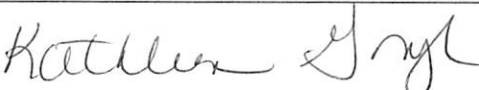


LEE COUNTY ELECTIONS

CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	Kathleen Gough		
Residence Address	14518 Abaco Lakes Drive, Apt 202		
City and Zip Code	Fort Myers 33908		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	6094587743		
Campaign Email Address	kathiegough@comcast.net		
Campaign Website	N/A		
Office Sought	Supervisor		
Area, District, Group or Seat #	Lucaya CDD, Seat 1		
<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	non-partisan		
Incumbent	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
Date of Birth or Voter Registration ID #	12/08/1959		
Candidate Signature & Date	 6/8/20		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website 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.

2011 JUN 29 09:49:50 EST lee.co.fl



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, Kathleen Gough, am a candidate for the independent special
(print name)

district office of:

Lucaya CDD, Seat 1

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

in the November 3, 2020, 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 Kathleen Gough
Signature of Candidate

6/8/20
Date

2011112PM0849 SDE Lee Co FL

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

201112910849 SDE Lee Co F1

I, Kathleen Gough ,

candidate for the office of Lucaya CDD, Seat 1 ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Kathleen Gough
Signature of Candidate

6/8/20
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).



LEE COUNTY ELECTIONS

20 JUN 12 PM 08:49 SDE Lee Co FI

Candidate and Committee Campaign Financial Reporting System Affidavit All late filings are subject to automatic fines!

The Lee County Supervisor of Elections provides its own Campaign Financial Reporting System for the filing of campaign finance reports required in accordance with Sections 106.07(5), 106.0703(4), 106.071(1), FS 106.29(2) Florida Statutes. The Campaign Financial System (CFR System) facilitates the *electronic filing* of required campaign finance reports in lieu of filing original and signed campaign finance reports by hand delivery or standard mail.

Please indicate your position:
(If you hold more than one position, mark appropriate boxes.)

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> Candidate for Public Office | 2. <input type="checkbox"/> Chairman—Executive Political Party | 5. <input type="checkbox"/> Campaign Treasurer |
| | 3. <input type="checkbox"/> Chairman—PC-Political Committee | 6. <input type="checkbox"/> Deputy Campaign Treasurer |
| | 4. <input type="checkbox"/> Principal Officer—ECO-Electioneering Organization | |
- (if candidate is also treasurer or a deputy treasurer, mark appropriate box for #5 or #6)* *(if also serving as treasurer or a deputy treasurer, mark appropriate box for #5 or #6)*

7. Individual or person filing an Independent Expenditure or Electioneering Communication Report *(not same as #1 through #6)*

State of Florida
County of Lee

In using the Campaign Financial Reporting System provided by the Lee County Supervisor of Elections, my signature on this affidavit serves as certification of any campaign treasurer's report filed by me or on my behalf as a candidate for public office; as a campaign treasurer or deputy campaign treasurer; as a chairman for an executive political party committee or political committee, as a principal officer of an electioneering communication organization; as an individual or person filing an independent expenditure report; or as an individual or person filing an electioneering communication report. I understand that all late filings are subject to automatic fines in accordance with Section 106.07, Florida Statutes.

I certify that I will examine each report for correctness and further certify to the accuracy and veracity of each report filed after such examination.

X <i>Kathleen Gough</i>	Kathleen GOUGH	6/8/20
Signature	Print Name	Date

**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

20 JUN 12 PM 0850 SDI
ee Co FI

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Kathleen Gough

(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, Lucaya,
(Office) (District #)

CDD, Seat 1; 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): _____

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 Kathleen Gough (609)4587743 kathiegough@comcast.net
Signature of Candidate Telephone Number Email Address

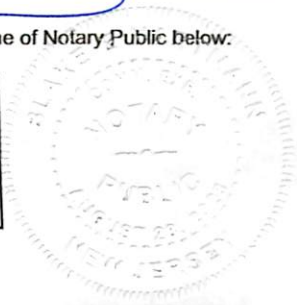
14518 Abaco Lakes Drive, Apt 202 Fort Myers FL 33908
Address City State ZIP Code

STATE OF NEW JERSEY
COUNTY OF Gloucester

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

Sworn to (or affirmed) and subscribed before me by physical X or
online ___ presence this 10th day of June, 2020.
Personally Known: ___ or Produced Identification: X
Type of Identification Produced: Driver's License

BLAKE E HARTMANN
Notary Public
State of New Jersey
My Commission Expires Aug. 28, 2023
I.D.# 50088936



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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

GOUGH, Kathleen

MAILING ADDRESS :

14518 Abaco Lakes Drive, #202

CITY :

Fort Myers, FL 33908

ZIP :

COUNTY :

Lee

NAME OF AGENCY :

CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Supervisor

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

20JUN12PM0850 SIDE Lee Co FL

**** 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):

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
Pension	US Gov't OPM	Federal Aviation Admin.

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
N/A			

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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.

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
N/A	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Center Mortgage	425 Phillips Blvd., Ewing, NJ 08618
PNC Bank	300 Fifth Ave., Pittsburgh, PA 15222

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	N/A	
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 annual ethics training pursuant to section 112.3142, F.S.

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:

Katherine Boyd

Date Signed:

6/10/20

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: _____

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 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.