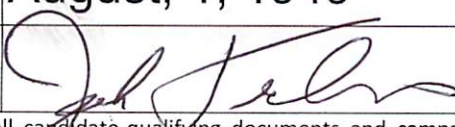




CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

Candidate Name	John Teckorius		
Residence Address	13120 Gray Heron Drive		
City and Zip Code	North Fort Myers, 33903		
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) 2399385333	OR	<input type="checkbox"/> Alternate (list below)
Campaign Email Address	jteckorius@comcast.net		
Campaign Website			
Office Sought	Moody River Estates CDD Supervisor		
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			
Incumbent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of Birth or Voter Registration ID #	August, 1, 1949		
Candidate Signature & Date	 June 11, 2020		

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.

11/15/19



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, John Teckorius, am a candidate for the independent special
(print name)

district office of:

Moody River Estates CDD Supervisor Seat #4

(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 [Signature]
Signature of Candidate

June 11, 2020

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

Candidate Oath

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

I, **John Teckorius**

(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 **moody River Estates CDD Supervisor**, _____
(Office) (District #)

_____, **4** ; 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): **118653789**

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  (239)9385333 Jteckorius@comcast.net
Signature of Candidate Telephone Number Email Address

1312o Gray Heron Drive **North Fort Myers** **Florida** **33903**
Address City State ZIP Code

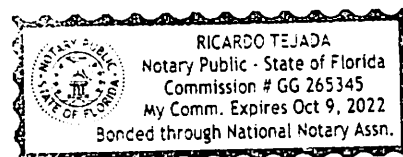
STATE OF FLORIDA

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 by physical X or
online ___ presence this 8 day of June, 2020
Personally Known: ___ or Produced Identification: FLDL
Type of Identification Produced: FL DL



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

Rule 1S-2.0001, F.A.C.

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

John Edward Teckorius

MAILING ADDRESS :

13120 Gray Heron Drive

CITY :

North Fort Myers

ZIP :

33903

COUNTY :

Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Moody River Estates CDD Supervisor Seat #4

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE 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):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDSPART 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
Social Security	Government	run the USA
\$30,000.00	none	none

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
none			

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

13120 Gray Heron Dr., North Fort Myers, 33903

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
n/a	
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
ADDRESS OF BUSINESS ENTITY	BUSINESS ENTITY # 2
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 annual ethics training pursuant to section 112.3142, F.S.	
<input checked="" type="checkbox"/> 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 <input type="checkbox"/>	
SIGNATURE OF FILER: Signature: 	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: June 11, 2020
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.	