## \*22.JUN13PM 4 48 SOE LEE CO F1 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) ROBERT (BOB) WALTER (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 COMMISSIONER CAPTIVA ELOSION. , SEAT 3 ; I am a qualified elector of \_\_\_\_\_ LEE County, Florida; 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.] BWALTERC South SERS, COM Email Address Address STATE OF FLORIDA Signature of Notary Public

COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of

physical presence

, 20 22

this 23 day of

Personally Known \_\_\_\_

OR Produced Identification

Type of Identification Produced: FLD

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

CHERYL FUTCH MY COMMISSION # HH 190750 EXPIRES: February 22, 2026 Bonded Thru Notary Public Underwriters

## FORM 1 2021 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : WALTER ROBERT PAUL MAILING ADDRESS : 5400 SOUTHSEAS PLANTATION RD BEACH HOMES 3 CITY: ZIP: COUNTY: CAPTIVA ISLAND 33924 LEE NAME OF AGENCY: SPECIAL DISTRICT CEPD SEAT #3 NAME OF OFFICE OR POSITION HELD OR SOUGHT: COMMISSIONER CHECK ONLY IF CANDIDATE ■ NEW EMPLOYEE OR APPOINTEE OR \*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\* DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021. 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY ORDINARY INCOME 5400 SOUTHSEAS PLANTATION RD RESORT HOSPITALITY 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE FIDELITY **EQUITIES BOSTON MA** INVESTMENTS

I AILI O	Land, buildings owned by the reporting person - See instructions
	(If you have nothing to report, write "none" or "n/a")
1011	

PART C - PEAL PROPERTY II and buildings owned by the re-

NONE

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.

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NONE					
	NA	DOGINEGO ENTITT IN	O WHICH THE PROPERTY RELATES		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne" or "n/a")				
NAME OF CREDITOR	1	ESS OF CREDITOR			
GENISIS FINANCE	NA		ก้		
			<u> </u>		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a")	tions in certain types of b			
NAME OF BUSINESS ENTITY	INONE	COO ENTITY !	NONE \$		
ADDRESS OF BUSINESS ENTITY			20		
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY			Ö		
OWN MORE THAN A 5% INTEREST IN THE BUSINESS			Ţ		
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to a CERTIFY THAT I	complete annual eth	ics training pursuant to see	missioners of a community redevelopment ction 112.3142, F.S. QUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED	ON A SEPARATE SH	IEET, PLEASE CHECK HERE		
SIGNATURE OF FILE	R:	CPA or AT	TORNEY SIGNATURE ONLY		
Signature:		If a certified public actin good standing with she must complete the standard standard standard in accordance instructions to the for	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		
Date Signed: 6/1/2022			disclosure herein is true and correct.  CPA/Attorney Signature:		
		Date Signed:			

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), send it to CFForm1@leg state flus 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.

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, 2021.