



LEE COUNTY ELECTIONS

22 JUN 14 PM 12:35 SDE LEE CO FL

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	DAN ELLABARGER		
Residence Address	28556 HAMMERHEAD LANE		
City and Zip Code	BONITA SPRINGS 34135		
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)
	317-440-8844		
Campaign Email Address			
Campaign Website			
Office Sought	VILLAGE WALK OF BONITA SPRINGS COMMUNITY DEVELOPMENT DISTRICT		
Area, District, Group or Seat #	SEAT # 4		
<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	5/31/1954	125255975	
Candidate Signature & Date	Dan Ellabarger		6/2/2022

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: <https://www.lee.vote/Candidates/Candidate-Online-Packets>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. If you have questions or need more information about becoming a candidate for public office, please call (239) LEE-VOTE (239-533-8683) and ask for the Qualifying Department.



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, DAN ELLAGARSEN, am a candidate for the independent special
(print name)


district office of:

COMMUNITY DEVELOPMENT DISTRICT, VILLAGE WALK OF BONITA SPRINGS, SEAT #4
(include district name AND .district, seat, area or group #)

in the November 8, 2022, 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 of Candidate

6/2/2022
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 HB537, FS 99.061, FS 106.021 Revised 06/21/21 (Lee County Special District Forms)

**CANDIDATE OATH
NONPARTISAN OFFICE**

22 JUN 14 PM 12:36 SOE LEE CO FL

(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, DAN ELLABARGER

(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 VILLAGES WALK BONITA SPRINGS
COMMUNITY DEVELOPMENT DISTRICT, _____
(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): 125255975

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.]

DAN EL AH B AW R G UAR

[Signature] (317) 440-8844 danellabarger@gmail.com
Signature of Candidate Telephone Number Email Address

28556 HAMMERHEAD LANE BONITA SPRINGS FL 34135
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF LEE

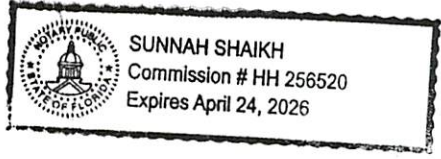
[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 14th day of JUNE, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: FL DL



FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME - FIRST NAME - MIDDLE NAME:
 ELLABARGER, DAN, RAHN

MAILING ADDRESS:
 28556 HAMMERHEAD LANE

BONITA SPRINGS 34135 LEE

CITY: BONITA SPRINGS ZIP: 34135 COUNTY: LEE

NAME OF AGENCY: VILLAGO WALK OF BONITA SPRINGS
 COMMUNITY DEVELOPMENT DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 56AT #4

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

22JUN14PM1236SCELEECP1

**** 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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SOCIAL SECURITY ADMIN	2659 PROFESSIONAL CIRCLE, #111A NAPLES, FL 34119	RETIRE BENEFITS
INDIANA PUBLIC RETIRE SYSTEM	PO BOX 5749 BOSTON, MA 02206	SPOUSE PENSION (SURVIVORSHIP)
ALLISON TRANSMISSION RETIRE SERVICES	550 54TH ST MINNEAPOLIS, MN 55415	PENSION
BRIGHTHOUSE LIFE INS	100 CENTERVIEW DR NASHVILLE, TN 37214	VARIABLE ANNUITY

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") NONE

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") NONE

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.

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
CHECKING ACCOUNT	HUNTINGTON BANK
IRAs AND INVESTMENT ACCOUNTS	MERRILL LUNCH

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
TOYOTA FINANCIAL SERVICES	

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	# 2
NONE		
ADDRESS OF BUSINESS ENTITY		
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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, FS

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:

Jan Elly

Date Signed:

6/2/2022

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, 2021.

STATEMENT OF FINANCIAL INTERESTS

PART D

22 JUN 14 PM 12:36:50 E LEE CO F1

IRAs AND INVESTMENT ACCOUNTS

BANK OF AMERICA	BROADCOM
MERRILL LYNCH DEPOSIT PROGRAM	ZOETIS
MICROSOFT	THERMO FISHER
APPLE	MEDTRONIC
IWF RUSSELL	CROWN CASTLE
GOOGLE	JOHNSON & JOHNSON
VANGUARD	FIDELITY CONTRAFUND
CHEVRON	REGIONS FINANCIAL
P&G	US TREASURY NOTES
JP. MORGAN	CAPITAL ONE MORTGAGE
BRISTOL-MYERS	FNMA MORTGAGE
ELI LILLY	VICI PROPERTIES
TORONTO DOMINION BANK	ENERGY CORP
L3 HARRIS	REALTY INCOME
RAYTHEON	NEXTERRA
COSTCO	EXXON
I SHARES	XCEL
VERIZON	BANK OF NOVA SCOTIA
HONEYWELL	CARRIER GLOBAL
VISA	FIFTH THIRD BANK
NVIDIA	HOME DEPOT
MCDONALDS	ABBOTT LABS
ANTHEM	
CONOCO PHILLIPS	
MARVEL	
CAPITAL ONE	
SHERWIN WILLIAMS	
EQUITY RESIDENTIAL	
WALMART	
PROLOGIS	
PARKER HANNIFIN	
PRINCIPAL FINANCIAL	
PROGRESSIVE	
UNITED HEALTH	
DANAHER CORP	