



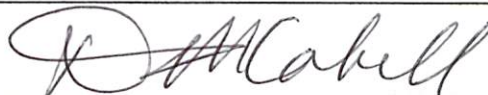
LEE COUNTY ELECTIONS

JUN 15 AM 11:22 SOE LEE CO FL

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	DAVID W. CABELL		
Residence Address	11203 ADORA CT		
City and Zip Code	FT MYERS, FL 33912		
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)
	513-638-8382		
Campaign Email Address	cabelldw@comcast.net		
Campaign Website			
Office Sought			
Area, District, Group or Seat #	PASEO 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	02-02-1962		
Candidate Signature & Date	 6/15/22		

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

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED

Candidate Name		[Handwritten Name]	
Residence Address		[Handwritten Address]	
City and Zip Code		[Handwritten City and Zip]	
Mailing Address		[Handwritten Mailing Address]	
<input type="checkbox"/> Check if same as above. <input type="checkbox"/> Check if different from residence.			
Telephone Number(s)		<input type="checkbox"/> Daytime (list below) <input type="checkbox"/> Alternate (list below)	
Campaign Email Address		[Handwritten Email]	
Campaign Website			
Office Sought			
Area, District, Group or Seat #		[Handwritten Area, District, Group or Seat #]	
<p> <input type="checkbox"/> A candidate for a political party affiliation or "No Party Affiliation" on the line below. <input type="checkbox"/> 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. <input type="checkbox"/> A candidate for any of these offices, must indicate "non-partisan" on the line below. <input type="checkbox"/> 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. </p>			
Political Party for Office Sought		[Handwritten Party]	
Incumbent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth or Voter Registration ID #		[Handwritten Date/ID]	
Candidate Signature & Date		[Handwritten Signature and Date]	

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website <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 (339) LEE-VOTE (339-233-8683) and ask for the Qualifying Department.

**CANDIDATE OATH
NONPARTISAN OFFICE**

*22 JUN 15 AM 11:22 SDE 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, DAVID W. CABELL,

(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 PASEO CDD, SEAT 1, _____,
(Office) (District #)

_____, 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): 12306 1412

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 David W. Cabell (513) 638-8382 cabelldw@comcast.net
Signature of Candidate Telephone Number Email Address
11203 ADORA CT FT MYERS FL 33912
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF LEE

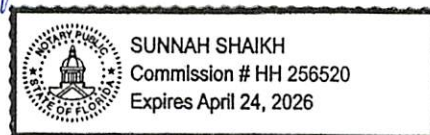
Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 15th day of JUNE, 2022

Personally Known OR Produced Identification

Type of Identification Produced: FL DL

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



**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 99.012, Florida Statutes

Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.
 (Print name as you wish it to appear on the ballot. If your last name consists of two or more names but has no
 typical children's name, see page 2 - Compound Last Names) No change can be made after the end of qualifying.

I am a candidate for the nonpartisan office of _____

_____ (District #) _____ (County)

I am a qualified elector of _____ (County) Florida.

_____ (Group or Post #) _____ (City or Town #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I am 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 Statute.
 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)

Signature of Candidate _____ (X)
 Telephone Number _____
 Email Address _____

Address _____ City _____ State _____ ZIP Code _____

STATE OF FLORIDA

COUNTY OF _____

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

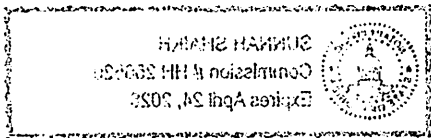
online notetaking OR physical presence

this _____ day of _____ 20____

Personally Known OR Produced Identification

 (Type Identification Produced)

Print Type, or Stamp Commissioned Name of Notary Public below
 Signature of Notary Public _____





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, DAVID W. CABELL, am a candidate for the independent special
(print name)

district office of:

PASEO COMMUNITY DEVELOPMENT DISTRICT, SEAT 1
(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

6/15/22
Date

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, _____, am a candidate for the independent special _____ district office of:

(include district name AND district seat title 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

Date

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

CABELL DAVID W.

MAILING ADDRESS :

11203 ADORA CT

CITY : FT MYERS ZIP : 33912 COUNTY : LEE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

PASEO COMMUNITY DEVELOPMENT DISTRICT SEAT 1

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

22JUN15AM1122SDE LEE 0111

****** 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
PROCTER + GAMBLE CO.	ONE P+G PLAZA CINCINNATI OH 45201	CONSUMER PRODUCTS
STIFEL NICOLAUS CO. INC	ONE FINANCIAL PLAZA ST LOUIS, MO 63102	INVESTMENTS

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")

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.

STATEMENT OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY

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

LAST NAME - FIRST NAME - FIDDLE NAME

MAILING ADDRESS

CITY

ZIP

COUNTY

NAME OF AGENCY

NAME OF OFFICE OR POSITION HELD OR BOUGHT

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, 2001.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES OTHER 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 (See instructions for sources of income to be reported below - See instructions) (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE SOURCE PRINCIPAL BUSINESS ACTIVITY

PART B - SECONDARY SOURCES OF INCOME (If you have nothing to report, write "none" or "n/a") (For purposes of this section, sources of income to be reported are those owned by the filer or person - See instructions)

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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

INSTRUCTIONS on who must file this form and how to fill it out begin on page 2.
FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

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

7:22 JUN 15 AM 11:22 SDF LEE CO FL

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")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

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

N/A

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, 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:

CPA or ATTORNEY SIGNATURE ONLY

Signature:



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: _____

Date Signed:

6/15/22

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.

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 must file at the same time they file their qualifying appointment.

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 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.

Candidates file this form together with their filing papers.

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 Interest) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 478 or attorney in good standing with the Florida Bar prepared this form for you, you and she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 115.311(3), 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: _____

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 183 required to complete annual ethics training pursuant to section 115.314(2), F.S.

NATURE OF MY OWNERSHIP INTEREST		OWNERSHIP PERCENTAGE INTEREST IN THE BUSINESS	POSITION HELD WITH ENTITY	PRINCIPAL BUSINESS ACTIVITY	ADDRESS OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]		BUSINESS ENTITY # 1	BUSINESS ENTITY # 2			

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

NAME OF CREDITOR
 ADDRESS OF CREDITOR

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