CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL		REVISED		
Candidate Name	Robert Sta	ekc		
Residence Address	17275 WALNUT RUN DR			
City and Zip Code	ALVA 33926			
	Check if same as above.	Check if different from residence.		
Mailing Address				
Telephone Number(s)	Daytime (list below)	OR Alternate (list below)		
relephone (value)	508 524 6634	, OR		
Campaign Email Address	Roberto Start	io comeast, NET		
Campaign Website				
Office Sought	RIVER HALL COD SOMT 4			
Office Sought RIVER HALL COD BOTH 4 Area, District, Group or Seat # SOFT 4 SUPER 17 50 R				
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	NON			
Incumbent	☐Yes	No		
Date of Birth or Voter Registration ID #	2/17/1949	123466963		
Candidate Signature & Date	Probert Stan	le 6/15/22		

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

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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) -StARX (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 River Hall CDD - Sufery ISDR # (Group or Seat #) 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): 1234669 6 3 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.] State STATE OF FLORIDA Signature of Notary Public ype, of Stamp Commissioned Name of Notary Public below: COUNTY OF Sworn to (or affirmed) and subscribed before me by means of

online notarization OR physical presence X this 15" day of WN (

OR Produced Identification

Type of Identification Produced:

SUNNAH SHAIKH Commission # HH 256520 Expires April 24, 2026

Personally Known

SUNNAH SHAIKH
Commission if HH 256520
Expires April 24, 2026

State of Florida County of Lee

Robert Stark



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.

(print name)	, and a candidate for the independent special
district office of:	
RINETHALL EPD	Sent #4
(include district nam	ne AND .district, seat, area or group #)
the \$25 candidate-qualifying fee OR the signa	re that my <u>only campaign expense</u> , from personal funds, shall be ature verification fee for candidates who qualify by the disignatures of 25 registered voters residing within the District
Provided that this is my only campaign expense, I w	vill 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 <u>prior to doing so, I am required to file Form DS-DE 9</u> (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.

Signature of Candidate

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)

FORM 1	STATEM	ENT OF		2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME :			현	
STARK Robert	ρ				
MAILING ADDRESS:	n De			Samo	
The topper No	11 6 11-			909	
CITY:	ZIP: COUNTY:		1		
ALVA 3	3920 Lte			257NN068W0909 SQE Lee Co F1	
NAME OF AGENCY: RIVER HALL CDD		/			
NAME OF OFFICE OR POSITION HEL		\vee			
30/	#5	1/2			
CHECK ONLY IF	OR NEW EMPLOYEE OR	APPOINTEE 6/6			
** DISCLOSURE PERIOD:	*** THIS SECTION MUS	T BE COMPLETED) ****	= ,	
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FO	R CALENDAR YEAR EN	DING DE	CEMBER 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):					
	ERCENTAGE) THRESHOLDS			JE THRESHOLDS	
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to to	the reporting person - See ins	tructions]	•	
NAME OF SOURCE		JRCE'S	DESCRIPTION OF THE SOURCE'S		
OF INCOME	ADI	DRESS	PI	RINCIPAL BUSINESS ACTIVITY	
JOCIAL SECURITY			ROG	Dania	
NASSAW RE			15KOKETAGE		
BMGTERN ZOUT	5		Duruity		
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 rep NAME OF	NAME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
DADT O DE MIDDOSERTA (IL LA LA					
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 slines on this form. Attach a sheets, if necessary.			n this form. Attach additional		
11/A			FILING INSTRUCTIONS for when and where to file this form are		
			located at the bottom of page 2. INSTRUCTIONS on who must file		
			this fo	orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc (If you have nothing to report, write "none"					
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
	NA				
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 [O	wnership or positions in certain types of businesses - See instructions]				
(ii you have nothing to report, write mone to	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	4				
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	yV /-po				
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
	ppointed school superintendents, and commissioners of a community redevelopment mplete 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: At A Ahat	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,				
Date Signed: 6/1/267	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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.