# 10MAY24M035550EL@C0F1

### SCANNED **LEE COUNTY SUPERVISOR OF ELECTIONS** CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL	REVISED
(PLEASE CHECK ONE)	

Candidate Name	Robert D. Buchanan
Residence Address	8849 Pasco De Valencia St
City and Zip Code	Fort Myers, FL 33908
Mailing Address (if different)	Check if same as above.
Telephone Number(s) (Daytime)	610-209-6555 OR
Email Address	Buchanan Chiro@ Yahoo. com
Office Sought	Laguna Lakes Community district development (CDD)
Area, District, Group Or Seat Number	5eat 1
Political Party (if applicable for office sought)	
Date Of Birth Or Voter ID #	9-26-1964
Date	05/07/2010
Candidate Signature	X of the Sound SC

All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

#### **OFFICE USE ONLY**

114658953

BUCHANAN, ROBERT D 8849 PASEO DE VALENCIA ST FORT MYERS FL 33908

1. CHECK APPROPRIATE BOX:  Original Appointment  Change in:  Treasurer/Deputy  Depository  Office  P	arty	
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip		
Robert Darrell Buchanan code) 8849 Paseo Devalencia	st	
4. Telephone (optional) 5. E-mail address (optional)		
(6 10) 209-6555 Buchanan Chiro O Jakoo  6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check is applicable:		
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check in the control of the control	if	
Seat L		
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable</b> : My intent is to run as a		
Write-In No Party AffiliationParty candidate.		
9. I have appointed the following person to act as my		
10. Name of Treasurer or Deputy Treasurer		
Mark A. Wessler		
11. Mailing Address (If post office box or drawer, also include street address)  12. Telephone		
8850 Passo de Valancia Street (239)745-5384	1_	
13. City 14. County 15. State 16. Zip Code 17. E-mail address (optional)		
Fort Myers Lee FL 33908 Wesslermark & AOL. COM	-	
18. I have designated the following bank as my		
19, Name of Bank  20. Street Address 15529 MCGrear Blvd	_	
21. City 22. County 23. State 24. Zip Code 33908		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.		
25. Date 26. Signature of Canadidate		
5/17/2010 × 10/11/1/11/11		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, Mark A. Wessler, do hereby accept the appointment (Please Print or Type Name)		
designated above as: Campaign Treasurer Deputy Treasurer.		
5-17-2010 X Mah Alilander		
Date Signature of Campaign Treasurer or Deputy Treasurer	—	



STATE OF FLORIDA  APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)  (PLEASE PRINT OR TYPE)	
1. CHECK APPROPRIATE BOX:  Change in: Treasurer/Deputy Depository	Office Party
2. Name of Candidate (in this order: First, Middle, Last)  Robert Darrell Robert D 8849 PASEO DE VALENCIA FORT MYERS FL 33908  (610 ) 209 6555 BuchananChi ro Eyahos Com	114658953 ST
6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartial applicable:	san office, check if s a Write-In candidate.
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My into	ent is to run as a
Write-In No Party Affiliation Part	ty candidate.
	y Treasurer
10. Name of Treasurer or Deputy Treasurer  Robert Durre V Buchana  11. Mailing Address (If post office box or drawer, also include street address)  12. Telep	
	ry Depository
19. Name of Bank 20. Street Address 15569 MCGregor BWA	
21. City Fr. Myers, 22. County Lee 23. State FL	33908
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.	IPAIGN TREASURER AND
25. Date 26. Signature of Capelidate.	2
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate Robert D. Buchanan, do hereby acception	·
(Please Print or Type Name)  designated above as:  Campaign Treasurer  Deputy Treasurer	
designated above as:  Campaign Treasurer  Deputy Treasurer.	
Date Signature of Campaign Treasurer or Deput	ty Treasurer

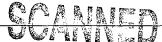
# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please Type)

**OFFICE USE ONLY** 

1, Kobert Darrell Buchanan,
candidate for the office of Laguna Lakes—CDD Scat-1;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.
1/24/2010
Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



## AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

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State o	f F	lorid	ã
County	of	Lee	

BUCHANAN, ROBERT D 8849 PASEO DE VALENCIA ST FORT MYERS FL 33908

l,		,	, am a candidate for the Special District
-	(print name)		
office of:	LAGUNA	LAKES	CDD- SEAT I
		(includ	e district name and district, seat, area or group#)
personal fu	(date of election) nds, shall be the \$	25 candidate-	understand that my campaign expense, from qualifying-fee or the signature verification fee for id candidate petition signatures.
campaign to reports as	reasurer, designat required by Flori	e a campaign ida Statutes	xpenses, I will not be required to: appoint a depository or file periodic campaign treasurer's §99.061 or §106.07 and, therefore, during my, collecting, soliciting or accepting any money or

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST 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.

Signature of Candidate

contribution(s) in-kind, in connection with my campaign.

5/24/10

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.