

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

OFFICE USE ONLY

114658953

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

STATE OF FLORIDA

COUNTY OF LEE

I, <u>ROBERT</u>	<u>D.</u>	<u>BUCHANAN</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ROBERT D. BUCHANAN
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of LAGUNA LAKES CDD SEAT 1
(office) (district)
; I am a qualified elector of Lee County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

[Signature] (610 209-6565 BuchananChiro@yahoo.com
Signature of Candidate Telephone Number Email Address

8849 Paseo De Valencia St FL 33908
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 24th day of May, 20 10.

Personally Known: _____ or _____
Produced Identification: Bernice Ramos Feliciano
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:
Florida Driver's License

 **Bernice Ramos Feliciano**
Commission # DD589927
Expires October 19, 2010
Banded Troy Pain - Insurance, Inc. 800-385-7019

10JUN03PM0411 SDE Lee Co FI
10JUN14PM0221 SDE Lee Co FI

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

114658953

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

FOR OFFICE USE ONLY:

COPY

ID Code

ID No.

Conf. Code

P. Req. Code

10MAY24PM0355 SDE Lee Co FI

NAME OF AGENCY :

Laguna Lakes CDD-Seat 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board Supervisor

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

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

Chiropractic Services

NAME OF SOURCE OF INCOME

SOURCE'S ADDRESS

DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

Buchanan Chiropractic & Rehabilitation	4704 Vincennes Blvd CC 33904	Chiropractic Services
Riverside Chiropractic & Rehabilitation	3615 Central Ave Fm 33901	
All care consultants	8360 W Oakland PK Blvd Sunrise FL 33351	

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

(If you have nothing to report, you must 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]

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

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

10JUN14PM0221 SDE Lee Co FI

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

JEP. ACCT
HSA

AMERITRADE
WACHOVIA

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

CHASE BANK

P.O. Box 36520 Louisville KY 40233

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

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

NA

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

SIGNATURE (required):

DATE SIGNED (required):

[Handwritten Signature]

5/24/10

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.