

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL			KENIZED
Candidate Name	Robert H. Lorenz	en	
Voter Registration ID #	129571120		
Residence Address	15132 Yellow Wood Dr		
City and Zip Code	Alva, FL 33920		
	Check if same as above.		
Mailing Address			
	,		
Talanhana Neurobarda)	Daytime (list below)		Alternate (list below)
Telephone Number(s)	813 948-1244	OR	813 417-1136
Campaign Email Address	Bob@LorenzenAndAssociates.biz		
Campaign Website			
Office Sought	Board Member		
Area, District, Group or Seat #	River Hall Community Development District - Seat 2		
 Judicial, School Board, and Special District Offices such as Community Development, Fire, Lee Health System, Library and Mosquito Control are non-partisan offices. A candidate for 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-Partisan		
Incumbent	□Yes		™ No
Date of Birth	05/06/1956		
Candidate Signature & Date	Juli Jija	€	5/4/24

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/Archived-Candidate-Lists. 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.

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

'24JUN05AM1131 SOE Lee Co F1

candidate:			
Write-in candidate	OFFICE USE ONLY		
Cand	idate Oath		
Name to appear on ballot: <u>Bob Lorenzen</u> Check box if two last names without hy Check box if name includes nickname. (For use of a ni	(Name cannot be changed after qualifying.) ickname, you must complete the Nickname Affidavit on reverse side.)		
I swear or affirm that I am a candidate for the nonpartisan office Seat 2; I am a qualified election (Group or Seat #)	(Office) (District #)		
I am a qualified elector 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.			
Statement of Outstanding Fines, Fees, or Penalties I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.). YES, I Do NO, I Do Not I would be same on the reverse side.			
X (813) 948- Signature of Candidate Wood Dr Alva Telephone Numb			
Address of Legal Residence City STATE OF FLORIDA COUNTY OF	State ZIP Code 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 \(\begin{align*} OR \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SUNNAH SHAIKH Commission # HH 256520 Expires April 24, 2026		
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.		



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.

County of Lee			
,Robert H. Lorenzen (print name)	am a candidate for the independent special		
district office of: River Hall Community Development District - Seat 2			
(include district name AND .district, seat, area or group #)			

in the <u>November 5, 2024 General Election</u>. I declare that my <u>only campaign expense</u>, 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*, <u>I will not be required to</u>: 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</u> 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 Florida Division of Elections.

Signature of Candidate

State of Florida

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.

General Information

Name:

Mr Robert Henry Lorenzen

Address:

15132 YELLOW WOOD DR, ALVA, FL 33920

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Special District

River Hall Community Development District

Disclosure Period

Gritter Francona, Inc.

THIS STATEMENT REFLECTS YOUR FINANCIAL INTÈRESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Qver \$2,500) (Major sources of income to the reporting person) (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**

7361 Calhoun Place, Suite 450. Rockville, MD 20855

GAO Contractor

Secondary Sources of	Income	in the second se	and the second s
SECONDARY SOURCES OF INCO person) (If you have nothing to		other sources of income to	businesses owned by the reporting
Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A		I	
			<u> </u>
Real Property			
REAL PROPERTY (Land, building (If you have nothing to report, v	s owned by the reporting person) write "none" or "n/a")	1020	Don Ud
Location/Description		4 4	
N/A			
Intangible Personal Pi	operty	÷.,	, a
INTANGIBLE PERSONAL PROPE (If you have nothing to report,	RTY (Stocks, bonds, certificates of write "none" or "n/a")	deposit, etc. over\$10,000)	
Type of Intangible	Business Ent	ity to Which the Property R	elates
U.S. Savings Bonds	U.S. Treasur	<i>I</i>	
Deposit Accounts \) \ \	Suncoast Cre	edit Union	

Liabilities			Page 1	No. of the second secon	
LIABILITIES (Major debts (If you have nothing to re		/a")			
Name of Creditor		Address of Creditor	Sales of the sales		
N/A		Company of the second of the s		· · · · · · · · · · · · · · · · · · ·	
Interests in Speci	fied Businesses			W VI	
	BUSINESSES (Ownership report, write "none" or "i	or positions in certain types	of businesses)	P. D. C.	
Business Entity # 1					
N/A		0210		MIIA	
		UMB.	<u></u>		
··		5	E		
Signature of Filer				The second secon	The second second
Robert Hei		n	13 dh		ugg Tiu ×eu.≇
Digitally signed: 06/04/2	024				

Phonetic Spelling of Name			
Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):			
BOB lo-REN-zen			
Statem	ent of Outstandin	g Fines, Fees or Penalties	
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.			
Amount		Entity	
24JUN059M1131 50E Lee Oo F			
FG.			
and the second s			
ัด			
Affidavit of	Nickname (Only red	quired if using nickname for the ballot.)	
My legal name is Robert Henry affidavit are true and correct.	Lorenzen	. I am over the age of eighteen (18) and the contents of this	
Bob Lorenzen		Low reportally known by this siskeness or boys wood it as next	
My nickname is of my legal name. I have not created the		. I am generally known by this nickname or have used it as part ers. My nickname does not imply I am some other person, constitute	
a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.			
	4		
Signature of Candidate:			
STATE OF FLORIDA MANAGEMENT MANAG			
COUNTY OF		////////	
,		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 SUNNAH SHAIKH			
this day of, 20 Commission # HH 256520			
Personally Known OH Produced Identification I			
Type of Identification Produced: FL VL			
DS-DE 302NP (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.	