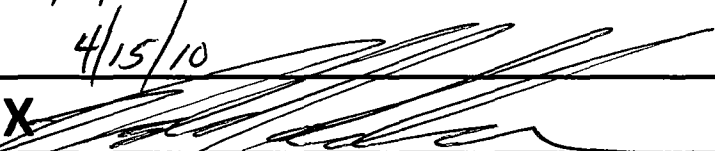


LEE COUNTY SUPERVISOR OF ELECTIONS ✓ CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	ROBERT JOHN ANDERSON		
Residence Address	1147 Cherokee Ave		
City and Zip Code	Lehigh Acres Fl 33936		
Mailing Address (if different)	<input type="checkbox"/> Check if same as above. P.O. Box 1778 Lehigh Acres Fl 33970		
Telephone Number(s) (Daytime)	239-245-4815	OR	←
Email Address			
Office Sought	Lehigh Acres Fire DIST Commission SEAT #9		
Area, District, Group Or Seat Number	SEAT #3 SEAT #3		
Political Party (if applicable for office sought)	NON PARTISAN		
Date Of Birth Or Voter ID #	4/5/66		
Date	4/15/10		
Candidate Signature	X 		

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.

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.

111414600

State of Florida
County of Lee

ANDERSON, ROBERT J
P O BOX 1778
LEHIGH ACRES FL 33970


I, Robert John Anderson, am a candidate for the Special District
(print name)

office of: Lehigh Acres Fire Dist Commission Seat #3 (three)
(include district name and district, seat, area or group#)

in the November 2010 General Election. I understand that my campaign expense, from
(date of election)
personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

Provided that these are my only campaign expenses, **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 and, therefore, during my campaign, 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 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.

X 
Signature of Candidate

4/15/10
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."

10JINISAM0952 SDE Lee Co Fl

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

ANDERSON, ROBERT J
P O BOX 1778
LEHIGH ACRES FL 33970

111414600

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

ROBERT J ANDERSON

3. Address (include post office box or street, city, state, zip code)

P.O. Box 1778
Lehigh Acres FL 33970

4. Telephone (optional)

(239) 245-4815

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)

Lehigh Acres Fire Commissioner SEAT #3

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Robert J Anderson

11. Mailing Address (If post office box or drawer, also include street address)

P.O. Box 1778

12. Telephone

(239) 245-4815

13. City

Lehigh Acres

14. County

LAR

15. State

FL

16. Zip Code

33970

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Colonial Bank AKA BBT

20. Street Address

1190 Homestead Rd

21. City

Lehigh Acres

22. County

LAR

23. State

FL

24. Zip Code

33970

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

6/11/00

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Robert J Anderson, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

6/11/00
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)


(Please Type)

OFFICE USE ONLY

111414600

ANDERSON, ROBERT J
P O BOX 1778
LEHIGH ACRES FL 33970

I, ROBERT JOHN ANDERSON,
candidate for the office of Lehigh Acres Fire Dist Commission #3;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

4/15/10
Date

10JUN15PM0553SIE1.ee CoFl

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).

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

OFFICE USE ONLY

111414600

ANDERSON, ROBERT J
P O BOX 1778
LEHIGH ACRES FL 33970

STATE OF FLORIDA

COUNTY OF LER

I, <u>ROBERT</u>	<u>JOHN</u>	<u>ANDERSON</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 JOHN ANDERSON
(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 Lehigh Acres Fire Dist Comm (office) 3 (district)

I am a qualified elector of LER County, Florida;

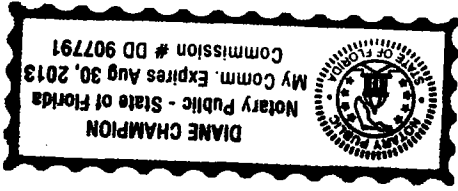
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office 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.

<u>[Signature]</u> Signature of Candidate	<u>239 245-4815</u> Telephone Number	<u>[Blank]</u> Email Address
<u>P.O. Box 1778 Lehigh Acres</u> Address	<u>FL</u> City	<u>33970</u> State ZIP Code

Sworn to (or affirmed) and subscribed before me this 15th day of APRIL, 2010.

Personally Known: or
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: _____
Type of Identification Produced: _____



710JUN15PM0953 S01E Lee Co FL

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ANDERSON ROBERT JOHN

MAILING ADDRESS :

P.O. Box 1778

CITY: Lehigh Acres ZIP: 33970 COUNTY: LBR

NAME OF AGENCY: Lehigh Acres Fire Comm.

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Seat 3

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN15M0953 SDE Lee Co FI

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

CHECK ONLY IF [X] 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):

[X] 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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: n/a

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: 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")

House 1147 Cherokee Ave Lehigh Acres FL 33936

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.

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

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
Microsoft - Stock	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Heritage Fin. Co / Mortgage	P.O. Box 111 Lehigh Acres FL 33970

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	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required)

DATE SIGNED (required)



4/15/10

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.