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CANDIDATE OATH – NONPARTISAN OFFICE

ASFOUR, PAUL DAVID 17131 EASY STREAM CT ALVA FL 33920

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

	OATH OF CANDIDA (Section 99.021, Florida State			
l, Paul D. Asfour				
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	ON THE BALLOT * NAME M	AY NOT BE CHANGED AFTER THE I	END OF QUALIFYING)	
am a candidate for the nonpartisan office of	River Hall CDD		,1 ,, (district #)	
,		(office)		
(circuit#) (group or seat #)	qualified elector of Lee)	County, Florida;	
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have Section 99.012, Florida Statutes; and I will s State of Florida.	e Laws of Florida to hole c office in the state, the resigned from any offic	d the office to which I desir e term of which office or a e from which I am required	any part thereof runs to resign pursuant to	
X Dave De Com	(239)693-6131	pasfour@comcast.r	net	
Signature of Canadate	Telephone Number	Email Address		
17131 Easy Stream Court Alva		Florida	33920	
Address City		State	ZIP Code	
Candidate's Florida Voter Registration Number	er (located on your voter i	nformation card): 1114770	04	
* Please print name phonetically on the line b with disabilities (see instructions on page 2 of		e pronounced on the audio	ballot for persons	
as four				
STATE OF FLORIDA			,	
COUNTY OF <u>See</u>	407	n. h.		
Sworn to (or affirmed) and subscribed before	ore me this <u> </u>	ay of May	_, 20/2	
Personally Known:or_	X	Mull Signature of Notary Public	alleno	
Produced Identification:		Print, Type, or Stamp Commission	ed Name of Notary Public	
Type of Identification Produced:	2	BERNICE RAM Commission # Expires Octobe	E 015864	

FORM 1		STATEM	ENT OF			2011
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	STS		
LAST NAME FIRST NAME MIDD	LE NAME	ī:		FOR OFFIC	DE	
Asfour Pau	1	David	:	USE ONLY	:	
MAILING ADDRESS :						
17131 Easy Stream Court				_	ID C	ada .
					ЮC	oue
CITY:	ZIP				ID N	0
Alva	339	20 Lee				~ ·
NAME OF AGENCY:					Conf	. Code
River Hall CDD			· · · · · · · · · · · · · · · · · · ·			
NAME OF OFFICE OR POSITION HE	ELD OR S	OUGHT:		I	P. Re	eq. Code
SEAT 1						
You are not limited to the space on the I						
CHECK ONLY IF 🗹 CANDIDATE	OR	■ NEW EMPLOYEE OR AF	PPOINTEE		A	7 031 P DF Febru 3
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG PART A PRIMARY SOURCES OF	FINANCE LOW WH TABLE II S THE (, OR US E STATE	ETHER THIS STATEMENT IS OR SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY THE SHOULDS OR	ECEDING TAX YEAR, FOR THE PRECEDIN TAX YEAR IF OTHER THRESHOLDS OLDS, WHICH ARE TEMENT REFLECTS	, WHETHER IG TAX YEA THAN THE THAT ARE USUALLY E ETHER (M	BASE CALE ABSO BASE BUST CHE ABSO BASE BUST CHE BUST C	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH DO ON PERCENTAGE VALUES (see neck one): RESHOLDS
		i must write "none" or "n/a")		Jee matruciic	nio p.	7) [
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS				SCRIPTION OF THE SOURCE'S CRINCIPAL BUSINESS ACTIVITY
Florida Gulf Coast Univer	sity	10501 FGCU Blvd. SoFt. Myers, FL 339		3965		Education
Paul D. Asfour, Attorney At	Law	aw 17131 Easy Stream CtAlva, FL 339		920		Law Practice
Chris Machuga		125 SE 43rd StCape Coral, FL 33904		04		Rental Income
			•			
	and other	I. DME sources of income to business ou must write "none" or "n/a"		orting persor	ı - See	instructions p. 4]
NAME OF BUSINESS ENTITY		E OF MAJOR SOURCES BUSINESS' INCOME	ADDRE OF SOU			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None						
				 		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a") House and lot-125 SE 43rd StCape Coral, FL 33904				when are lo NST ile th	I INSTRUCTIONS for and where to file this form cated at the bottom of page 2. RUCTIONS on who must is form and how to fill it out on page 3.	
					ЭΤНΙ	ER FORMS you may need
						are described on page 6.

PART D — INTANGIBLE PERSONAL (If you have nothing to re	- PROPERTY [Stocks, bonds, certifi poort, you must write "none" or "	icates of deposit, etc See instructions p. n/a")	5]			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Bank Account		Everbank				
fra		TIAA-CREF				
PART E — LIABILITIES [Major debts (If you have nothing to re	- See instructions p. 5] port, you must write "none" or "r	n/a")		ر المحدد الم		
NAME OF CREDITOR	!	ADDRESS OF CREE	DITOR			
None						
PART F — INTERESTS IN SPECIFIED (If you have nothing to repo	BUSINESSES [Ownership or position or position or you must write "none" or "n/a" BUSINESS ENTITY # 1	ons in certain types of businesses - See ins ') BUSINESS ENTITY # 2	tructions p. 5] BUSINESS ENTITY # 3	r S		
NAME OF BUSINESS ENTITY	None			Ĺ		
ADDRESS OF BUSINESS ENTITY				F		
PRINCIPAL BUSINESS ACTIVITY		1100		Ĭ		
POSITION HELD WITH ENTITY			1-44-44	- i		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				-		
NATURE OF MY OWNERSHIP INTEREST			110.	<u> </u>		
the state of the s	ROUGH F ARE CONTINUE	i O ON A SEPARATE SHEET, PLE	VSE CHECK HEDE []			
SIGNATURE (required		DATE SIGNED (The state of the s			
Paul D. G	Mo	5-29	-/2			
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).

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.