

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

'14 JUN 12 PM 02:02 SUE LEE CO FI

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, Antonio DeSantis  
(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 nonpartisan office of Colonial CC CDD (office) (district #)

1 (circuit #) 1 (group or seat #); I am a qualified elector of Lee 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; 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.

X Antonio DeSantis (239) 691-1973 desa4035@aol.com  
Signature of Candidate Telephone Number Email Address

9216 Independence Way Fort Myers FL 33913  
Address City State ZIP Code

111278051

Candidate's Florida Voter Registration Number (located on you

DESANTIS, ANTONIO  
9216 INDEPENDENCE WAY  
FORT MYERS FL 33913

\* Please print name phonetically on the line below as you wis  
with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA  
COUNTY OF Lee

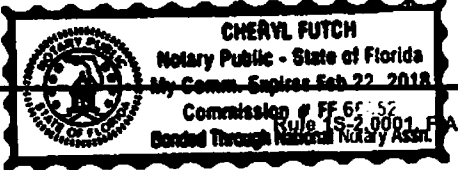
Sworn to (or affirmed) and subscribed before me this 12 day of June, 20 14.

Personally Known: \_\_\_\_\_ or

Produced Identification: X

Type of Identification Produced: FLDL

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**COPY**  
2013

**FORM 1**

**STATEMENT OF**

**2013**

**FINANCIAL INTERESTS**

**FOR OFFICE USE ONLY:**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

DeSantis Antonio

MAILING ADDRESS:

9216 Independence Way

CITY: Fort Myers ZIP: 33913 COUNTY: Wil

NAME OF AGENCY: Colonial CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Chairman

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

\*14 JUN 3 PM 5 46 SOE LEE CO FI

\*14 JUN 12 PM 02 02 SOE LEE CO FI

PM 6/2

**\*\*\*\* 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 (must check one):

DECEMBER 31, 2013 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE 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). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** (Major sources of income to the reporting person - See instructions) (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
MORGAN Stanley	NYC, N.Y.	Investments 70%
US GOVt.	Washington DC - Social Security	Social Security 15%
GENERAL Mills	MINN. MINNESOTA	Retirement - 8%
Colonial CDD	Fort Myers, FL	CDD 7%

**PART B -- SECONDARY SOURCES OF INCOME** (Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions) (if you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** (Land, buildings owned by the reporting person - See instructions) (if you have nothing to report, write "none" or "n/a")

9216 Independence Way

**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.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	<del>to</del> N/A

**PART E — LIABILITIES** (Major debts - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
	<del>to</del> N/A

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		<del>to</del> N/A
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		

\* JUL 11 2PM 02/12 FILED EE CO - 1

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

**SIGNATURE (required):** Antonio Lopez      **DATE SIGNED (required):** 6/1/2014

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  
 I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 15708, Tallahassee, FL 32317-5708; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.  
*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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.