

## **CANDIDATE OATH -NONPARTISAN OFFICE**

\*14JUN139H0945 SOE LEE COFT

(Not for use by Judicial or **School Board Candidates)** 

OFFICE USE ONLY

	OATH OF CANDID. (Section 99.021, Florida Stat		
I, William D. K. (PLEASE PRINT NAME AS YOU WISH IT TO A	Aufman PPEAR ON THE BALLOT* - NAME M	IAY NOT BE CHANGED	AFTER THE END OF QUALIFYING)
PARKLANDS WEST am a candidate for the nonpartisan office	e of Board of Su	PERVISORS	
		(office)	(district #)
(circuit#) (group or seat #)	am a qualified elector of	<u> Lce</u>	(district#)  County, Florida;
I am qualified under the Constitution ar elected; I have qualified for no other p concurrent with the office I seek; and I I Section 99.012, Florida Statutes; and I State of Florida.	public office in the state, the have resigned from any office	e term of which one of the community of	office or any part thereof runs required to resign pursuant to
X W. D. Kaylman	(239) 498-233	o billa	gr 64 e
X W. D. Kaufaman Signature of Candidate	Telephone Number	emb	Email Address promail. com
28433 San Lucas Ln. Address # 201	Bonita Springs	FL State	34135 7IP Code
Candidate's Florida Voter Registration N * Please print name phonetically on the with disabilities (see instructions on page	line below as you wish it to b		
STATE OF FLORIDA			
COUNTY OF Lee			
Sworn to (or affirmed) and subscribed	d before me thisd	lay of <u>Ţ心か</u>	20 (4.
Personally Known: or		Signature of Notary I	Sublic
Produced Identification: DLFL.		•	Commissioned Name of Notary Public
Type of Identification Produced: <u>K155</u>	924 405090	C DUS	ry Public State of Florida By Walden cmmission EE 196080
DS-DE 25 (Rev. 5/11)		£~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************

FORM 1	-	STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDI		: Libia Dolf		-	
KAUFMAN MAILING ADDRESS:					99
28633 San Lo	veas	Ln. # 201			45 SQ
CITY: COUNTY: Bonita Springs 34135 LEE.					NI 3AMO945 SUE LEE ODF
NAME OF AGENCY: Parklands Wes	t G	mmunity Develo	Dist. opment		79
NAME OF OFFICE OR POSITION HELD OR SOUGHT:  Board of Supervisors					
You are not limited to the space on the			, if necessary,		
CHECK ONLY IF CANDIDATE	OR	☐ NEW EMPLOYEE OR A	PPOINTEE	TI MARITER OF STR	The second secon
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one):	JR FINAN EASE ST	TATE BELOW WHETHER TH	PRECEDING TAX YEAR IS STATEMENT IS FOR T	, WHETHE HE PRECE	R BASED ON A CALENDAR DING TAX YEAR ENDING
DECEMBER 31, 2	013	OR U SPECIFY	TAX YEAR IF OTHER TH	AN THE CA	ALENDAR YEAR:
MANNER OF CALCULATING REPORTION OF USE CALCULATIONS, OR USING COME further details). CHECK THE ONE	SING REPARATIVE	PORTING THRESHOLDS T E THRESHOLDS, WHICH A			
COMPARATIVE (F	ERCEN	TAGE) THRESHOLDS	OR DOLLA	R VALUE	THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to re			ne reporting person - See in:	structions)	
NAME OF SOURCE OF INCOME			RCE'S RESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Social Scenity A	mis	Washingto	n D.C.		
SunTrust Bank IR		Bonita Spri	•		stments: banking
Littleford Day Ret. 1	Fund	Florence, 1	<u>۲</u> ۲	Naci	hinory Manufacture
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	and other	sources of income to business	ses owned by the reporting	person - See	e instructions]
NAME OF BUSINESS ENTITY		NAME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SOU			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None					
ement of the first transfer with the control of the		The first and compare the control of	Photograph Maria Samela de Brake antige esta actividad de la companya del companya de la companya de la companya del companya de la companya		an the fact of the first of the fact of th
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this		
None			form of pa	are located at the bottom ge 2.	
				INSTI	RUCTIONS on who must nis form and how to fill it
				a out b	egin on page 3.

SCANNED



PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "r	(Stocks, bonds, certificates of deposit, etc See instrainment or "n/a")	ructions)			
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
IRA Account	Sun Trust Bank	TION THE PROJECT INCOMES			
Deferred Retirement are					
Bank account	SunTrust Bank	<u> </u>			
PARTIES A CONTROL OF THE PARTIES AND A PARTI	to the digital admitted and sold and additional of San Especial of Compact 2019 and a state of the first of the	por altrica de mais automos con la fraggio final de Romando, e propieto e e proceso e e e e e e e e e e e e e			
PART E — LIABILITIES [Major debts - See instructi (if you have nothing to report, write "n		4			
NAME OF CREDITOR	ADDRESS	S OF CREDITOR			
NONE					
		<u> </u>			
	<del> </del>	<del></del>			
PART F — INTERESTS IN SPECIFIED BUSINESSES	(Ownership or positions in certain types of busin	recens Can instructions!			
(If you have nothing to report, write "nor	ne" or "n/a")				
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY #2			
ADDRESS OF BUSINESS ENTITY	NONE	<u> </u>			
PRINCIPAL BUSINESS ACTIVITY	1,40,45	+			
POSITION HELD WITH ENTITY	+	<del>                                     </del>			
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	:«	<del>                                     </del>			
NATURE OF MY OWNERSHIP INTEREST	<del></del>				
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHE	ET. PLEASE CHECK HERE			
SIGNATURE (required):	DATE SIGNED (re	an antitional design of the same state of the first of the same of			
	•				
W.D. Kaufman	June 13, 2	2014			
to the summer to a second or year of the second supplication of the second seco	THE RESIDENCE OF THE PROPERTY	a prominentary and the second of the second			
If a certified public accountant licensed under Cha she must complete the following statement:	apter 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or			
sne must complete the following statement. I	prepared the CF Form 1 in accordant	ce with Section 112.3145, Florida Statutes, and			
the instructions to the form. Upon my reasonable	knowledge and belief, the disclosure herein is t	true and correct.			
Signature		Date			
Company (see the first of the f	FILING INSTRUCTIONS:				
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:			
After completing all parts of this form, including	If you were mailed the form by the Commission	Initially, each local officer/employee, state officer,			
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that	and specified state employee must file within 30 days of the date of his or her appointment			
If you have nothing to report in a particular	location.	or of the beginning of employment. Appointees			
section, you must write "none" or "n/a" in that	Local officers/employees file with the Supervisor of Elections of the county in which they permanently	who must be confirmed by the Senate must file prior to confirmation, even if that is less than			
section(s).	reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your	30 days from the date of their appointment.			
NOTE:	agency has its headquarters.)	Candidates for publicly-elected local office must file at the same time they file their qualifying papers.			
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a	State officers or specified state employees file with the Commission on Ethics PO Drawer 15709	Thereafter, local officers/employees, state officers.			

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.

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; 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.

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, 2013.