

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, _____ ,

candidate for the office of _____ ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X

Signature of Candidate

Date

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

CANDIDATES WITH NO PARTY AFFILIATION

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

_____ COUNTY

(PLEASE PRINT)

I,

| | | |
|--|--|--|
| | | |
|--|--|--|

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, . . . and 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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

(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 office of _____ , _____ , _____ ,
(office) (district) (circuit)
_____. I am a qualified elector of _____ County, Florida. I am qualified
(group)

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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

X

Signature of Candidate

Mailing Address

Day Phone

Fax Number

City

State

Zip Code

Date Signed

Alternative Method Affidavit

(Please Type)

OFFICE USE ONLY

I certify that I intend to qualify by the alternative method as a candidate for the office of _____

(include district, circuit, group or seat numbers)

as a:

Partisan Candidate, Member of the _____ Party

No Party Affiliation Candidate (*formerly independent*)

Nonpartisan Candidate (*includes judicial offices*)

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Print Name of Candidate

Signature of Candidate

Residence Address (do not use post office box)

City

State

Zip Code

() _____
Day Phone




() _____
Fax Number

USING ELECTRONIC FORMS

There are two options for utilizing our online forms if you are using the Free Adobe Acrobat Reader®:

1. You may print a blank form, fill it out, sign it and send it in.
2. Or, you can type your disclosure information directly on the form and then print it out, sign it and send it in.

For Option 2:

- Select the hand tool  from the Acrobat toolbar menu.
- Move the hand inside a field. Click when it changes to an I-beam pointer . The I-beam pointer allows you to type text. The hand tool will also become a pointer tool when it passes over a box, which allows you to click and check the box.
- Press tab to accept the information you have typed and go to the next field.
- Press shift+tab to accept the information you have typed and go to the previous field.
- Typed text that goes beyond the limit of a field will not be printed. You may shorten the entry by using generally accepted abbreviations.
- You may also use your mouse to move from field to field.
- Use the zoom tool  to magnify the page for easier viewing.

IMPORTANT – PLEASE READ:

- OPEN UP THE APPROPRIATE SET OF INSTRUCTIONS FOR THE FORM OR PRINT THEM OUT. CAREFULLY READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE FORM. THEY CONTAIN HELPFUL INFORMATION AND EXAMPLES TO ASSIST YOU.
- FORMS CANNOT BE ELECTRONICALLY SUBMITTED.
- USE THE PRINT BUTTON ON THE ADOBE TOOL BAR TO PRINT THE FORM. YOUR INTERNET PRINT BUTTON WILL NOT PRINT THE FORM.
- FILLED-IN FORMS CANNOT BE SAVED ON YOUR COMPUTER. IF YOU ATTEMPT TO SAVE YOUR FORM, IT WILL CLEAR ALL THE INFORMATION YOU INPUT.
- MAKE SURE THAT YOU MAKE A COPY OF YOUR COMPLETED, SIGNED DISCLOSURE FORM AND KEEP IT WITH YOUR IMPORTANT PAPERS.

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

****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):

DECEMBER 31, 2004 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 DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|------------------|---|
| | | |
| | | |
| | | |
| | | |

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

| 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]

| |
|--|
| |
| |
| |
| |
| |

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.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

| | | | |
|---|--|--|--|
| | | | |
| NAME OF BUSINESS ENTITY | | | |
| 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 | | | |

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

SIGNATURE (required):

DATE SIGNED (required):

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.

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.