

CANDIDATE OATH - NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, CARMEN SHIRELY (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 Parker Council Member (office) (district #)

Seats 1 or 3; I am a qualified elector of Bay County, Florida; (circuit #) (group or seat #)

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 Carmen Shirely Signature of Candidate

(856) 874-0763 Telephone Number

Carmi@knology.net Email Address

924 Luther Street Parker Address City

Florida State

32404 ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 100644633

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Shy-er-lee

STATE OF FLORIDA

COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me this 4th day of Feb, 2013.

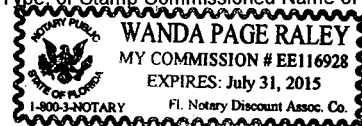
Personally Known: or

Produced Identification: [checkmark]

Type of Identification Produced: DL

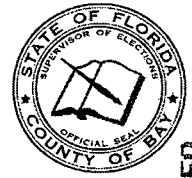
Wanda Raley Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





Supervisor of Elections
Mark Andersen
Bay County



Phone: 850-784-6100
Fax: 850-784-6141
Cell: 850-819-6933

830 W. 11th Street
Panama City, FL 32401

baysuper@bayvotes.org
www.bayvotes.org

FEB 4 '13 PM 12:59

MUNICIPAL OFFICIAL CERTIFICATION FOR CANDIDATE QUALIFICATION

NOTIFICATION OF CHAPTER 101.5612, F.S. TESTING OF TABULATING EQUIPMENT

I hereby acknowledge receipt of written notification from the Bay County Supervisor of Elections Office, as required by Florida Statute 101.5612, of the time and location of the public testing of tabulation equipment to be used in the elections listed below. I understand this testing will take place at the Bay County Supervisor of Elections Office, 830 W. 11th Street, Panama City, Florida at the date and time listed below.

POLL WATCHER NOTIFICATION REQUIREMENTS

I also acknowledge that I have been informed that I must designate in writing a poll watchers list to the Supervisor of Elections by the submission deadlines stated below and that the list will be approved by the deadlines stated below (F.S. 101.131).

1st Election General Election April 16, 2013

	Day	Date	Time
Public Testing	Friday	03/29/13	8:30 a.m.
Poll Watcher Submission Deadline Early Voting	Monday	03/25/13	5:00 p.m.
Poll Watcher Approval Deadline Early Voting	Monday	04/01/13	5:00 p.m.
Poll Watcher Submission Deadline Election Day	Tuesday	04/02/13	12:00 p.m.
Poll Watcher Approval Deadline Election Day	Tuesday	04/09/13	5:00 p.m.

2nd Election Run-Off Election (If Required) May 21, 2013

Public Testing	Friday	05/03/13	8:30 a.m.
Poll Watcher Submission Deadline Early Voting	Monday	04/29/13	5:00 p.m.
Poll Watcher Approval Deadline Early Voting	Monday	05/06/13	5:00 p.m.
Poll Watcher Submission Deadline Election Day	Tuesday	05/07/13	12:00 p.m.
Poll Watcher Approval Deadline Election Day	Tuesday	05/14/13	5:00 p.m.

99.061(7)(b) If the filing officer receives qualifying papers during the qualifying period prescribed in this section which do not include all items as required by paragraph **99.061(7)(a)** prior to the last day of qualifying, the filing officer shall make a reasonable effort to notify the candidate of the missing or incomplete items and shall inform the candidate that all required items must be received by the close of qualifying.

****Upon review, you will be notified by email ONLY if items are missing or incomplete.**

CARMEN Shirely Parker Council Seats 1 or 3 Carmen Shirely 02/04/2013
 Print Candidate Name Print Office Candidate Signature Date



Witnessing Deputy Stamp

Witnessing Deputy Stamp

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

Shirely Carmen Elizabeth

FEB 4 '13 PM 12:57

MAILING ADDRESS :

924 Luther Street

Parker

32404

BAY

CITY :

ZIP :

COUNTY :



NAME OF AGENCY :

Parker Council Member

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Parker Council Member, seats 1 or 3

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

**** 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, 2012 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). 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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ARINE DBA Booz Allen Hamilton	1300 Thomas Drive, P.C.B, FL 32408	Military Contractor

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
N/A			

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, you must write "none" or "n/a")

Residence House - 924 Luther Street, Parker FL 32404

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, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
TD AUTO FINANCE	P.O. Box 9223, Farmington Hills, MI 48333-9223

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (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	N/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

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

SIGNATURE (required):

DATE SIGNED (required):

Carmen Shively

04 FEB 13

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.

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.

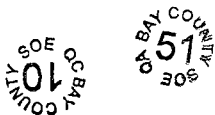
WHEN TO FILE:

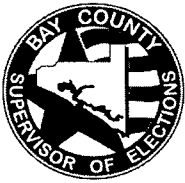
Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

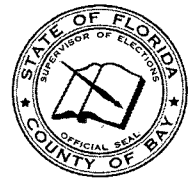
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

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, 2012.





Supervisor of Elections
Mark Andersen
Bay County



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830 W. 11th Street
Panama City, FL 32401

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SOE OFFICE RECEIPT

FEB 4 '13 PM 12:59

February 4, 2013

From: Carmen Shirely

Office Sought/Title: Parker Council Member 1 & 3

Reason/For: Qualifying fee

Choose Appropriate Condition(s):

Petitions _____ Total Received/Batch #'s assigned B_____ - _____ (next line must be completed)

[Check #: _____ Amount: \$ _____] [Cash Amount: \$ _____] Undue Burden on file

Candidate Qualifying Check from Campaign Account Check #: 0001 Check Amount: \$.01

Other _____

[Check #: _____ Amount: \$ _____] [Cash Amount: \$ _____] None

Type of Receipt:

Received in Person Received by Mail/Date: _____ / _____ /20_____

SOE Office I.D.(s): 10 / 51

Carmen Shirely
In-Person Signature

02 / 04 / 20 13
Date

CARMEN E SHIRELY CAMPAIGN ACCOUNT FOR PARKER Council Member, Seats 1 or 3
924 LUTHER ST
PANAMA CITY, FL. 32404-7231

CK# 0001

DATE 04 FEB 13

85-27/653

PAY TO THE ORDER OF City of Parker
One cent over to

\$ 0.01/100

DOLLARS  Security Features Included. Details on Back.



FOR Qualifying Fee

Carmen E. Shirely MP

FEB 4 '13 PM 12:56

SOE OF BAY COUNTY 51
SOE OF BAY COUNTY 10