

Affidavit of Intention Duval County Special District Candidates

RECEIVED

JUN 17 2022

State of Florida Duval County	
_	

office of District name including district, seat or group number

election certify that I will not collect, solicit, or accept any contribution; be it a gift, subscription, conveyance, deposit, loan, payment, or distribution of money or anything of value including contributions in kind having an attributable monetary value in any form, made for the purpose of influencing the results of an election (106.011(3), Florida Statutes). I further certify that the only expenditure made on behalf of my candidacy will be the candidate qualifying fee or, in lieu of the qualifying fee, the signature verification fee for candidate petitions.

I certify that in the event I collect, solicit, or accept any contribution, as described above, or make a campaign expenditure; be it a purchase, payment, distribution, loan, advance, transfer of funds by a campaign treasure or deputy campaign treasurer between a primary depository and a separate interest-bearing account or certificates of deposit, or gift of money or anything of value made for the purpose of influencing the results of an election (106.011(4), Florida Statutes) my campaign will be governed by Chapter 106, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Candidate

Date

Rev. 1/2018

CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

RECEIVED

JUN 17 2022

DUVAL COUNTY ELEC. By____

☐ Write-in candidate	OFFICE USE ONLY
	ate Oath (a), Florida Statutes)
1, Eugene Ford III	If your last name consists of two or more names but has no
	ames). No change can be made after the end of qualifying.
am a candidate for the nonpartisan office of	Soil and Water Conservation, (District #)
(Circuit #), (Group or Seat #); I am a qualified elector of	
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	of which office or any part thereof runs concurrent with the office
	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.
Candidate's Florida Voter Registration Number (located on y	our voter information card): 114723706
	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]
x 9 1 1 (904) 521	6509 into Otreyford - com
Signature of Candidate Short Grove Poly Address Telephone Number Jack Sonvill City	Email Address State ZIP Code
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF DINA	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of	BRENDA K. BYLES
online notarization OR physical presence	Notary Public, State of Florida My Comm. Expires 08/15/2023
this 17 day of June , 20 22	Commission No. GG366249
Personally Known OR Produced Identification	
Type of Identification Produced: FL Driver License	_

FORM 1		STATEMENT OF		2021		
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL INTERESTS			FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MII Ford, Eugene NMN	ODLE NAM	ИЕ :				
MAILING ADDRESS : 8161 Sha	ady Gro	ve Road			RI	ECEIVED
	ng kananing by Million i par set lineau galance se ni				J	UN 17 2022
сіту : Jacksonville	ZI	P :32256 COUI	NTY : DUVAL		DU	VAL COUNTELEC.
NAME OF AGENCY :Duval Soil and	Water Cons	ervation			Ву	/
NAME OF OFFICE OR POSITION	HELD OF	1 1 (
CHECK ONLY IF CANDIDAT	re or	☐ NEW EMPLOY	EE OR			
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021. 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES O (If you have nothing to			he reporting person -	- See instru	ictions]	
NAME OF SOURCE OF INCOME					SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Ford Empire Holdings	2.	[827 N Pean]			Event Planning/Marketing	
BLACK FILMS MATTE	15	2161 Thody Grove Rd FILM			TIMM	
PART B SECONDARY SOURCE [Major customers, client (If you have nothing t	s, and othe o report, v	er sources of income to busines	ses owned by the rep	•	son - See	instructions] PRINCIPAL BUSINESS
BUSINESS ENTITY		F BUSINESS' INCOME	OF SOL			ACTIVITY OF SOURCE
Nove /NA						
PART C REAL PROPERTY [Lan (If you have nothing to			n - See instructions]		lines o	e not limited to the space on the n this form. Attach additional , if necessary.
WR					and wi	INSTRUCTIONS for when nere to file this form are I at the bottom of page 2.
					INSTRU	JCTIONS on who must file rm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "non		sit, etc See insti	ructions]	
TYPE OF INTANGIBLE	BUSINES	S ENTITY TO W	HICH THE PROPERTY RELATES	
Mone				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non	s] e" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
how				
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none			nesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	Ford Empa	Holdingslee		
ADDRESS OF BUSINESS ENTITY	016 Shady Good Rd			
PRINCIPAL BUSINESS ACTIVITY	Marketing / Fupuls			
POSITION HELD WITH ENTITY	ONR			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	s 1/es 100/.			
NATURE OF MY OWNERSHIP INTEREST	100 %			
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	appointed school superintende omplete annual ethics training p HAVE COMPLETED	ursuant to section	112.3142, F.S.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEP	ARATE SHEE	T. PLEASE CHECK HERE	
SIGNATURE OF FILE			ORNEY SIGNATURE ONLY	
Signature:		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.		
Date Signed: 6/17/2027		ttorney Signature:		
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Et Supervisor of Elections for your annual disclosure	hics or a County Candidate	s file this form to	ogether with their filing papers.	

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your

Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, 7 send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Or Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

JUN 17 2022

DUVAL COUNTY ELEC. By

I, Eugene Ford III ,
candidate for the office of <u>Duval Soil and Water Conservation</u> ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x 7 / 1 / 6/17/2022
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).

RECEIVED

STATE OF FLORIDA JUN 17 2022 a candidate for Supervisor of Soil and Water Conservation District, meet the qualifications pursuant to section 582.19(1), Florida Statutes, to serve on the governing body of the Soil and Water Conservation District. I am an eligible voter who resides in the district, and (select at least one of the following): I am actively engaged in, or retired after 10 years of being engaged in, agriculture as defined in s. 570.02 Florida Statutes I am employed by an agricultural producer I own, lease, or am actively employed on land classified as agriculture under s.193.461 Florida Statutes Signature of Candidate Address Line 1: 8161 Shory Grow Rd Address Line 2: State: Florida Zip Code: day of June Sworn to and subscribed before me this

Florida

Physical presence OR Produced Identification

Online notarization _ Personally Known _

Type of Identification Produced: FL

BRENDA K. BYLES Notary Public, State of Florida My Comm. Expires 08/15/2023 Commission No. GG366249

Receipt	No. 426944
FROM Eugen	Ford_111 \$25-00
FOR RENT FOR Q022	Qualifying too
FROM Lucene 1	To Supervisor & Elections
PAID 25 W	check Builds &
	SC 1152