APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED

JUN 17 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☑ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. **Name of Candidate** (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Karen Allene Alday-Henderson	192 Otho Whittle Rd. Quincy, FL 32351
4. Telephone: (850) 442-1409	5. E-mail address: Karenhenderson48@aol.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
District 3 Soil a Water Conservation Board.	☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. **I have appointed the following person to act as my** ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer: Karen Alday-Henderson

11. Mailing Address	12. Telephone
192 Otho Whittle Rd.	(950) 442-1409

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Quincy	Gadsden	FL	32351	Karenhenderson48@aol.com

18. **I have designated the following bank as my** ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank	20. Address
Capital City	4 E. Washington St.

21. City	22. County	23. State	24. Zip Code
Quincy	Gadsden	FL	32351

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date	26. Signature of Candidate
6-17-2022	X [redacted]

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Karen Alday-Henderson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer. ☐ Deputy Treasurer.

6-17-2022 X [redacted]
Date Signature of Campaign Treasurer or Deputy Treasurer

Statement of Candidate for Supervisor of Soil and Water Conservation District

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GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

STATE OF FLORIDA

COUNTY OF Gadsden

I, Karen Alday-Henderson, 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.

- [x] 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
- [x] I own, lease, or am actively employed on land classified as agriculture under s.193.461 Florida Statutes

[redacted]

Signature of Candidate

Address Line 1: 192 Otho Whittle Rd.

Address Line 2:

City: Quincy

State: Fl Florida

Zip Code: 32351

Sworn to and subscribed before me this 17th day of June

NOTARY PUBLIC STATE OF FLORIDA

KENYA WILLIAMS
Commission # HH 123775
Expires April 28, 2025
Bonded Thru Budget Notary Services

at Gadsden County, Florida

State of Florida
County of
Sworn to(or affirmed) and subscribed before me by means of physical presence.
Type of ID provided: FL Driver License

[redacted]

Signature of Notary Public

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

JUN 17 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

I, Karen Aldy-Henderson,

candidate for the office of Soil & Water Conservation Board;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X [redacted]
Signature of Candidate

6-17-2022
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).

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:

☐ Write-in candidate

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JUN 17 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Karen Alday-Henderson,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Soil & Water Conservation Board (Office), 3 (District #),

3 (Circuit #), _____ (Group or Seat #); I am a qualified elector of Gadsden 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 105188246

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (*see* instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

Karen Alday-Henderson

[redacted] 850-442-1409

Signature of Candidate | Telephone Number | Email Address

192 Otho Whittle Rd. Quincy FL 32351

Address | City | State | ZIP Code

[redacted]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

STATE OF FLORIDA

COUNTY OF Gadsden

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☑

this 17th day of June, 2022.

Personally Known ☐ *OR* Produced Identification ☑

Type of Identification Produced: FL Driver License

KENYA WILLIAMS
Commission # HH 123775
Expires April 28, 2025
Bonded Thru Budget Notary Services

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

RECEIVED
JUN 17 2022
GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Alday-Henderson, Karen Alline

MAILING ADDRESS :
192 Otho Whittle Rd.

CITY : Quincy ZIP : 32351 COUNTY : Gadsden

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Soil & Water Conservation Board

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** 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 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
Social Security		Income
Retirement	State of Florida	Income

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")

200 acres of land, home, barn & out buildings

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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.

(Continued on reverse side)

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
n/a	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
n/a	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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	n/a	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		

PART G — TRAINING For **elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency** created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature:

[redacted]

Date Signed:

6-17-2022

CPA or ATTORNEY SIGNATURE ONLY

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.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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. Do not email your form to the Commission on Ethics, it will be returned.

State officers **or** ***specified state employees*** who file with the Commission on Ethics may file by mail or email. To file by mail, 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.

Candidates file this form together with their filing papers.

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.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.