114260237

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CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

KAVANAGH-BALAUN, SUSAN #102 16000 VIA SOLERA CIR FORT MYERS FL 33908

| OATH OF CANDIDATE | |
|---|-----|
| (Section 99.021, Florida Statutes) | |
| (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 SalCharbous (DD Board off), (district #) # 1 ; I am a qualified elector of | |
| (office) Juscrill so (district #) | |
| County, Florida; | |
| (circuit #) (group or seat #) | ļ. |
| 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. State of Florida. Loan Kayanash Balaum (231) 826-8030 Susanbalaum agmail.com Signature of Candidate Telephone Number Email Address | |
| Man Javana 17 Jajaun 131 826-8030 SUSANBALAUN GAMAIL. COM | ŗ |
| Signature of Candidate Telephone Number Email Address | Ç |
| 16000 Via Sofera Cir, #102, Ft. Myers, FL 33908 Address City State ZIP Gode | |
| Address City State ZIP Code | |
| | |
| Candidate's Florida Voter Registration Number (located on your voter information card): 14260237 | : |
| * 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): | |
| | ! |
| | |
| STATE OF FLORIDA | |
| COUNTY OF | |
| 21st hun 12 | |
| Sworn to (or affirmed) and subscribed before me this | |
| A Street | ر و |
| Personally Known: or / \\ \Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public | |
| BERNICE RAMOS FELICIANO | |
| | |
| Type of Identification Produced: Commission # EE 015864 Expires October 19, 2014 Expires October 19, 2014 Expires October 19, 2014 | |

| FORM 1 | STATEM | IENT OF | | | 2011 |
|---|--|---|-----------------------|--|-------------------------|
| Please print or type your name, mailing address, agency name, and position be | FINANCIAL | INTEREST | 8 | a glada dalah dagan sa sa sa sa kabamat dan di gira daga a manga sa mana a | |
| LAST NAME FIRST NAME MIDE KAVANAS - SA | OLENAME: LAUN, SUSAN | FOR O USE 0 | | | |
| MAILING ADDRESS: 6 | a Circle, Unit# | 102 | - 10.6 |) - d- | |
| Fort Mysis, FL | 33908 Lee | | IDC | Code | |
| SAIL Harbour C' | DD Board of SI | pervisors | ID N | lo. | |
| NAME OF OFFICE OR POSITION H | Seat#1 | | | f. Code | |
| | | | 1 P. R | eq. Code | |
| CHECK ONLY IF CANDIDATE | lines on this form Attach additional sheets OR NEW EMPLOYEE OR A | · | | |), |
| DISCLOSURE PERIOD: | TH PARTS OF THIS SECT | | | | Ż |
| | FINANCIAL INTERESTS FOR THE PR LOW WHETHER THIS STATEMENT IS 1 OR D SPECIFY | | YEAR EN | DING EITHER (must | |
| MANNER OF CALCULATING REPOR | | | | | ATTES MHICHAI |
| REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS | S, OR USING COMPARATIVE THRESH SE STATE BELOW WHETHER THIS STA | HOLDS, WHICH ARE USUALI ATEMENT REFLECTS EITHER | LY BASEL R (must c | ON PERCENTAGI heck one): | E VALUES (se |
| PART A PRIMARY SOURCES OF | E) THRESHOLDS OR INCOME [Major sources of income to to | | encicle and copy | IRESHOLDS 41 | ˈm (~) |
| (If you have nothing to re | eport, you must write "none" or "n/a") | RCE'S | | SCRIPTION OF THE | S SON INCERS |
| OF INCOME | ADD | RESS | | RINCIPAL BUSINESS | ACTIVITY |
| CITY OF FOIT WI | 1012 2200 2nd St. 5 | 1. Myers, F1 3390 | | try Mover | nment |
| | | | | | |
| | | | | | |
| | OF INCOME and other sources of income to busines eport, you must write "none" or "n/a" | | rson - See | e instructions p. 4) | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | | | . BUSINESS DF SOURCE |
| SNIL HArbour CDD | | | · | CAD | |
| | | - | | | |
| | | | | | |
| | buildings owned by the reporting person port, you must write "none" or "n/a") | | when | IG INSTRUCTI and where to file cated at the botto | this form |
| 16000 Via Sole | | | RUCTIONS on | | |
| rt. Myers, FI | | file this form and how to fill it out begin on page 3. | | | |
| | | | | ER FORMS you are described on | |

| PART D — INTANGIBLE PERSO (If you have nothing t | NAL PROPERTY [Store to report, you must we | cks, bonds, certifica | ates of deposit, etc See instructions p. | . 5] | |
|---|---|---|--|---------------------|--|
| TYPE OF INTANGI | · | bus 5 | BUSINESS ENTITY TO WHICH THE | DOODEDTY DELATED | |
| TRA: CD: | | | Charles Se | PROPERTY RELATES | |
| TRAZIL | | T.CI. | 1 . 1 / | MAZILS () | |
| IKA, Check | . ' NC | L. Vth | Mira / I mira | reduce | |
| TRA | | | >ANK- | | ila varyaniyan |
| PART E — LIABILITIES [Major de (If you have nothing to | ebis - See instructions o report, you must w | p. 5] rite "none" or "n/a | a") | | |
| NAME OF CRED!" | TOR |] . | ADDRESS OF CRE | DITOR | |
| N/A | | | | | |
| - / . (| | | | | |
| | | | | | |
| DARTE WITEPERTA WARREN | | | | | |
| (If you have nothing to | ED BUSINESSES [O\ report, you must write | vnership or position vnership or "n/a") | s in certain types of businesses - See inc | structions p. 5] | 핞 |
| | BUSINESS | ENTITY#1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | _ <u>_</u> |
| NAME OF BUSINESS ENTITY | | _ | | | 17.2 |
| ADDRESS OF BUSINESS ENTITY | | | | | <u>D</u> |
| PRINCIPAL BUSINESS ACTIVITY | | | * | | 12/19/E1#1227 SDE |
| POSITION HELD WITH ENTITY | | | | | - M |
| I OWN MORE THAN A 5% | | | | | |
| INTEREST IN THE BUSINESS NATURE OF MY | | | | | <u> </u> |
| OWNERSHIP INTEREST | | | | | |
| | | CONTINUED | ON A SEPARATE SHEET, PLE | ASE CHECK HERE | 70000000000000000000000000000000000000 |
| SIGNATURE (requir | <u>red):</u> | | DATE SIGNED | (required): | |
| Susan Karanas | h-Balaus | U | 05-14-1 | 2 | |
| | | | | | |

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.

FILING INSTRUCTIONS:

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

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