CANDIDATE OATH --NONPARTISAN OFFICE

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(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)							
- D (A Bus							
I, PAMOND A FOUND (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 COLONINGCOUNTRY CUUB CDD , SENT A, (district #) (circuit #) (group or seat #) (circuit #) (group or seat #)							
4 Lam a qualified elector of LFECounty, 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 lam qualified under the Constitution and the Laws of Florida to hold the office or any part thereof runs							
I am qualified under the Constitution and the Laws of Honda to Hon							
X Roymand A Form (585) 194-0065 Royin Concest. New Signature of Candidate Telephone Number Email Address							
Signature of Candidate Telephone Number Ellian Addisos							
10 137 COLONIAL CONDTRY CLUB BLYD, UNIT HILD, FT MYRFS, FL 38913 City State State							
Candidate's Florida Voter Registration Number (located on your voter information card): 114 498 885							
* 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):							
COUNTY OF MONFOC							
COUNTY OF WIONVOC.							
Sworn to (or affirmed) and subscribed before me this day of							
Personally Known: or Signature of Notary Public							
Print, Type, or Stamp Commissioned Name of Notary Public Produced Identification: CAROL M. GURNOW							
Notary Public, State of New York No. 5003682							
Qualified in Wayne County 2014 Commission Expires October 26, 2014							

FORM 1	STATEMENT OF	' 		2011
Video topo your name, mailing	FINANCIAL INTER	ESTS		ъ 77
ease print or type your dress, agency name, and position below: ST.NAME FIRST NAME MIDDLE	NAME:	FOR OFFICE USE ONLY:		
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UNIT # 1110		A CANADA		
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	Co	onf. Code	d 5	
COLONIAL COUNT	P.	Req. Code	<u> </u>	
NAME OF OFFICE OR POSITION HELD	5 (P. A) 4			
You are not limited to the space on the line	es on this form. Attach additional sheets, if necessary.	Apple College	•	ეტ [ენ წელი 1
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PART D — INTANGIBLE PERSONAL PROPERTY Stocks bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report) ou must write "none" or "n/a")								
TYPE OF INTANGLE	BLE		BUSINESS ENTITY	TO WHICH THE	PROPERTY RELATES			
N/A	i							
,								
	•							
PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDIT	OR	ADDRESS OF CREDITOR						
MGT MORTGAGE MG, T BAND, PO BOY 1302, BUFFALO NY, 1424								
FIRST NIAGRA	MO ZTGAGE	: 6950	s. TRANSIT		CKPRET NY 14095			
					1			
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions p. 5) (If you have nothing to report, you must write "none" or "n/a")								
	BUSINESS	ENITIT # 1	BUSINESS E	NIIIY#2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NIA							
ADDRESS OF BUSINESS ENTITY	N/A				12			
PRINCIPAL BUSINESS ACTIVITY	ルノカ				MY.			
POSITION HELD WITH ENTITY	NIA				Z5AY			
1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA				o N			
NATURE OF MY OWNERSHIP INTEREST	NA							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (requir	SIGNATURE (required): DATE SIGNED (required):							
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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 filling.

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.