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CANDIDATE OATH -NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

SEABURY, SALLIE H #827 18086 SAN CARLOS BLVD FORT MYERS BEACH FL 3393

18086 SAN CARLOS BLVD FORT MYERS BEACH FL 33931

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 American Seat 5 (district #)
; I am a qualified elector of Lee 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 of 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 Solvie H. Sea lease (239) L/8) - 72/7 Limsallie@embArguro Signature of Candidate Telephone Number Email Address
18086 SAN (ARINS Blud #897, Ff. Myers Barch, FL 3393/ Address City, Ff. Myers Barch, FL 3393/ ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 97-010152
* 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):
Sallie H. Seabury
STATE OF FLORIDA COUNTY OF
Personally Known: or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: FLDL BERNICE RAMOS FELICIANO Commission # EE 015864 Expires October 19, 2014 Bonded Thru Troy Fain Insurance 800-385-7019

FORM 1 STATEMENT OF							2011
Please print or type your name, mailing address, agency name, and position below		FINANCIAL	INTERE	ESTS		anggarightus garininas gari	
LAST NAME - FIRST NAME - MIDDLE SCALURY SA MAILING ADDRESS:	NAME:	HA11		FOR OFFIC USE ONLY			
18086 SAN CARIOS Blud#827 H.M. VARS BEACH 33931 LEE CITY: ZIP: COUNTY:					ID Cod ID No. Conf. C		
CHECK ONES II	es on this	form. Attach additional sheets, if	POINTEE		P. Req		
**** BOT DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR IS A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2011 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASI	FINANCIA OW WHE C TABLE IN	DR SPECIFY TA	CEDING TAX YEA OR THE PRECED AX YEAR IF OTHE NG THRESHOLD DLDS, WHICH AR FEMENT REFLEC	R, WHETHEI DING TAX YE ER THAN THE DIS THAT AR RE USUALLY TS EITHER (R BASEL AR ENDI E CALEN E ABSOI BASED must che	OON A CAI NG EITHEI DAR YEAF LUTE DOL ON PERC eck one):	R: LAR VALUES, WHICH ENTAGE VALUES (see
COMPARATIVE (PERCENTAGE) THRES	SHOLDS OR Major sources of income to the		DOLLAR VA	LUE IUN		
(if you have nothing to re NAME OF SOURCE OF INCOME	u must write "none" or "n/a") SOURCE'S ADDRESS			DES	CRIPTION	OF THE SOURCE'S JSINESS ACTIVITY	
Secial Securit	4	U.S. GOVER	RUMPUT				
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to re	and Athei	DME r sources of income to business ou must write "none" or "n/a"	ses owned by the r	eporting pers	on - See		
NAME OF BUSINESS ENTITY	MAM O	E OF MAJOR SOURCES BUSINESS' INCOME		ORESS OURCE		PI AC	RINCIPAL BUSINESS CTIVITY OF SOURCE
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")				s p. 4]	are located at the bottom of page 2.		
NOUE					file th	RUCTIC is form a on page	ONS on who must nd how to fill it out 3.
					OTH to file	ER FOR	MS you may need ribed on page 6.

	<u>a Samuel Garan Garan gant an ann an Anna an A</u>	ann de sennaga kan de			15 May Company Com				
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")									
Type of intangie	BLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Stocks									
Mutual Funds) See	- Affached	Paper						
CD + MONEY MA	*kket			V					
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	ror .	ADDRESS OF CREDITOR							
-					i N				
					58.1				
					g				
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	ENTITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	TE COPI				
NAME OF BUSINESS ENTITY			****		13 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									
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (requir	<u>'ed):</u>		DATE SIGNED (required):						
Fallie H.	Sa lever		May	24,2012					

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.

<u>Facsimiles</u> 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.