# **CANDIDATE OATH -NONPARTISAN OFFICE**

(Not for use by Judicial or **School Board Candidates)** 

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)
I, <u>Javiol Jensen</u>
(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
am a candidate for the nonpartisan office of (office) (district #)
(circuit #) (group or seat #); I am a qualified elector of 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.
x /2/2 1239 472-2590 Pave & go caption e
Signature of Candidate Telephone Number Email Address
15200 Captara Drive Captara FC 33924  Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 1115/52/3
* 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 LEE
Sworn to (or affirmed) and subscribed before me this <u> </u>
Personally Known or Signature of Notary Public  Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
ELAINE A. SMITH
lief month is

## FORM 1

# STATEMENT OF

		201
	W. Y	

FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE USE ONLY: ID Code 12M1/30AM 9 COUNTY ID No. G Conf. Code OR POSITION HELD OR SOUGHT:

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF ... CANDIDATE ■ NEW EMPLOYEE OR APPOINTEE OR

Ě P. Reg. Code H 8

## \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE P	ERIOD:			
THIS STATEMEN	IT REFLECTS YOUR FINA	NCIAL INTI	ERESTS	FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR O
A FISCAL YEAR.	PLEASE STATE BELOW	WHETHER	THIS ST	TATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):
A	DECEMBER 31, 2011	<u>OR</u>		SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:
- \				

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRES	HOLDS OR		OOLLAR VALUE THRESHOLI	OS
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report, you			See instructions p. 4]	
NAME OF SOURCE OF INCOME		DURCE'S DDRESȘ		N OF THE SOURCE'S BUSINESS ACTIVITY
Tensen Twin Paller	- RODOX 19) (	Cartin FL	33924 Res	oct Macada
Trans Llip	P.O. Cax 1910	atwa FL 3	3924 Maparty C	ignesty - Lindler
Jensen on Hebruf 14	C POBX YO	d Caption 7	733924 Resign	+ "
	, ,	0 1		

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
15700 Captury	Prive Cartina F	L33924	
15107 Carti	& Pruc Contract	L 33924	
15500 ( water	my your stall to	11-1	

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

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.

OTHER FORMS you may need to file are described on page 6.

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					
Start		JRM (ide					
Stock		1	S Tax Ol V	2 = 4			
5,000		3000	sensers win reporteson				
Stock leage on the built							
PART E — LIABILITIES [Major debts - See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR/		ADDRESS OF CREDITOR					
	/ 1						
	4			14			
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \				12MAY			
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#3				
NAME OF BUSINESS ENTITY	Jensen To	1 make	Jegen outle hulfle	<b>.</b>			
ADDRESS OF BUSINESS ENTITY	15107 Captur Dice		18x 460 Capto	9			
PRINCIPAL BUSINESS ACTIVITY	Record Marin		Resent				
POSITION HELD WITH ENTITY	UP,		Partace	E   			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES.		Jes -				
NATURE OF MY OWNERSHIP INTEREST	Sterl		Steel				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):  DATE SIGNED (required):							
2012				8-12			

## 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.