CANDIDATE OATH - NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CAND (Section 99.021, Florida		
I, NORMAN SUTTA		
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT " - NAME		
am a candidate for the nonpartisan office of Supervisor OF Sen + 1: 1 am a qualified elector of	BALKLANDS-NEST CDD.	·
S +1	(office)	(district #)
' <u>_ うとん ヿ ぱ</u> ; I am a qualified elector of _ (circuit#) (group or seat #)	itt	County, Florida;
I am qualified under the Constitution and the Laws of Florida to elected; I have qualified for no other public office in the state, concurrent with the office I seek; and I have resigned from any of Section 99.012, Florida Statutes; and I will support the Constitut State of Florida.	, the term of which office or any poffice from which I am required to re	eart thereof runs sign pursuant to constitution of the
Signature of Candidate Telephone Number	Email Address	.0
23619 VIA CARINO JAK BONITA GORI	State 3	P Code
Candidate's Florida Voter Registration Number (located on your vo	ter information card): $1/876$	254
* Please print name phonetically on the line below as you wish it with disabilities (see instructions on page 2 of this form):	to be pronounced on the audio ballo	t for persons
STATE OF FLORIDA		
COUNTY OF LEC		Ì
Sworn to (or affirmed) and subscribed before me this	_day of _ June, 2	0_14
Personally Known:	KEhr	
Produced Identification:	Signature of Notary Public Print, Type or Stamp Commissioned No.	
Type of Identification Produced:	MY COMMISSION # EXPIRES July 2 4407) 398-0153 PlondeNotaryService	7, 2016

FORM 1	STATEM	ENT OF		2013	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	ESTS FOR OFFICE USE ON		<u>':</u>
LAST NAME FIRST NAME MIDDLE N	AME:				
MAILING ADDRESS: 23619 VIA CARING	LANE				
BONITA SPRINGS	t/A 34175 LE	E			
CITY: /	ZIP: COUNTY:				
NAME OF AGENCY :					7,
NAME OF OFFICE OR POSITION HELD OF	OR SOUGHT:	Sent I			
You are not timited to the space on the lines of CHECK ONLY IF CANDIDATE OF	on this form. Attach additional sheets,	•			-PMO3.
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FI YEAR OR ON A FISCAL YEAR. PLEASE EITHER (must check one): DECEMBER 31, 2013 MANNER OF CALCULATING REPORTA FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARA further details). CHECK THE ONE YOU	OR OSPECIFY ABLE INTERESTS: REPORTING THRESHOLDS THE THRESHOLDS, WHICH AF ARE USING:	PRECEDING TAX YEAR, W S STATEMENT IS FOR THE TAX YEAR IF OTHER THAN HAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	HETHER PRECE THE CA	R BASED ON A CALENDAR DING TAX YEAR ENDING LENDAR YEAR: JES, WHICH REQUIRES FEW AGE VALUES (see instructions	
PART A PRIMARY SOURCES OF INCO				THRESHOLDS	_
(If you have nothing to report	, write "none" or "n/a")		_		
NAME OF SOURCE OF INCOME	SOURCE'S NVE 9 ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
INVESTRANT-INCORE AN	EGHEN TEN	INSYLVANIA -	·		
rengion CC	- DE N ENCHTION	HIUSING PS	-		
ANNITIES + RENTAL INC	ONE QUEENS, NY, 1	7370			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repor	INCOME other sources of income to business	<u> </u>	son - See	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")		FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
		-	file ti	RUCTIONS on who must his form and how to fill it egin on page 3.	t

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates of deposit, etc See instrue" or "n/a")	ctions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES	
MISC STOCKS, BONDS.	PERGONAL , NVESTME		
LAND.			
		•	
PART E — LIABILITIES [Major debts - See instructions (if you have nothing to report, write "none			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
NONE.			
			3
			4.JUNO
PART F — INTERESTS IN SPECIFIED BUSINESSES ((if you have nothing to report, write "none"	Ownership or positions in certain types of busines or "n/a") BUSINESS ENTITY # 1	sses - See instructions) BUSINESS ENTITY # 2	PM0313SDE
NAME OF BUSINESS ENTITY			<u> </u>
ADDRESS OF BUSINESS ENTITY			HE
PRINCIPAL BUSINESS ACTIVITY			8
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
	E CONTINUED ON A SEPARATE SHEE		
SIGNATURE (required):	DATE SIGNED (red	<u>quirea):</u>	
/ //omn- full	6/2/	/14	
If a certified public accountant licensed under Chapt she must complete the following statement:	er 473, or attorney in good standing with the I	Florida Bar prepared this form for you,	, he or
I,	, prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is true.	with Section 112.3145, Florida Statut ue and correct.	es, and
Signature		Date	
	FILING INSTRUCTIONS:		

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.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.