

CANDIDATE OATH – NONPARTISAN OFFICE

14JUN164#1130 SUE LEE CO F1

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

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 AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE AME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME AS YOU WISH IT TO APPEAR O					
(office)	(district #)				
(circult #) (group or seat #)	County, Florida;				
I am qualified under the Constitution and the Laws of Florida to hold the office to which I declected; I have qualified for no other public office in the state, the term of which office or concurrent with the office I seek; and I have resigned from any office from which I am require Section 99.012, Florida Statutes; and I will support the Constitution of the United States and State of Florida.	any part thereof runs ed to resign pursuant to				
X Capeline Danis 139 240-2014 Jackieda Signature of Candidate Telephone Number Email A	n'S e) we Com_ ddress				
1639 Allison St. E. Lehigh Acres Florida Address State	33974 ZIP Code				
Candidate's Florida Voter Registration Number (located on your voter information card): /// 3	76731				
* Please print name phonetically on the line below as you wish it to be pronounced on the aud with disabilities (see instructions on page 2 of this form):	io ballot for persons				
JACKALIN DANIS					
STATE OF FLORIDA					
COUNTY OF Lee					
Sworn to (or affirmed) and subscribed before me this 16 day of 14.					
Personally Known: oror					
Produced Identification: Print Type, or Stamp Commiss	oned Name of Notary Public				
Type of Identification Produced: LANDONS LICENSE MY COMMI	SSION #FF080024 February 28, 2018				



FORM 1		STATEM	ENT OF		2013
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS	s [FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD	LE NAME	:	Î		
Danis Toca MAILING ADDRESS:	<u>uelin</u> a	· Yandeli	The second secon		
639 Allison	S+.	Forst.			
Lenigh Acres	ZIP:	COUNTY:	Lee		4UM16#1130SYE LEE (0)F
NAME OF AGENCY: Lehigh			ue		E(9)
NAME OF OFFICE OR POSITION HE	LD OR 8	OUGHT:			ا مسلو
		sioner Seat	- 5		
You are not limited to the space on the li			H		
CHECK ONLY IF Y CANDIDATE	OR	■ NEW EMPLOYEE OR AI	A WARE CONTRACTOR STORES	- constant	er var gelder gegy general og år enner, meg i grade en som en
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):					
DECEMBER 31, 20	013	OR SPECIFY	TAX YEAR IF OTHER THAN	N THE CA	LENDAR YEAR:
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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). CHECK THE ONE YOU ARE USING:					
☐ COMPARATIVE (P	ERCEN	TAGE) THRESHOLDS	DR DOLLAR	VALUE	THRESHOLDS
PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF SOURCE OF INCOME			RCE'S RESS		SCRIPTION OF THE SOURCE'S LINCIPAL BUSINESS ACTIVITY
Social Secon	ty_	1500 Pennyl	Vania itve	<u>il.</u> e	government.
Lahigh Acres Fine a R	<u>. ಆ೧೪೬</u>	33974 Bedl	Blva.	Fir	e dept.
rad talka sa di kulikan iliku kili luksida oga rambi ilikulariya kilika talkulariya ilik		and the section of the second section of the section of the second section of the section of the second section of the se	residence file of extended County (III) for female II was not file of the county		nggyan sa men anang menerokan menerokan menerokan menerokan menerokan dia kenada sa menerokan dia kenada sa me
PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY		OF MAJOR SOURCES BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
"Na"					
	•				
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			tion a group participate the content of the state of the first of the first of the state of the		
			- See instructions]		G INSTRUCTIONS for
			- See instructions]	when form	and where to file this are located at the bottom
(If you have nothing to re			- See instructions]	when form of pag	and where to file this are located at the bottom

PART D — INTANGIBLE PERSONAL PROPERTY (Sk		uctions)
(If you have nothing to report, write "non	e" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WH	IICH THE PROPERTY RELATES
" n/a")		
, ,		
		NOTE THE MALE STREET, AND SEC. 1888 TO SEC.
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none		
NAME OF CREDITOR	ADDRESS	OF CREDITOR
" n/a"		
		gr
		<u> </u>
PART F — INTERESTS IN SPECIFIED BUSINESSES [0 (If you have nothing to report, write "none"		esses - See Instructions]
NAME OF BUSINESS ENTITY	"n/a")	
ADDRESS OF BUSINESS ENTITY	h n/e n)	<u> </u>
PRINCIPAL BUSINESS ACTIVITY	1 1/6")	<u>ጉ</u>
POSITION HELD WITH ENTITY	1. n/a")	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	0 (n/4")	
NATURE OF MY OWNERSHIP INTEREST	"(h/4")	
IF ANY OF PARTS A THROUGH F AR	RE CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE (required):	DATE SIGNED (re	<u>quired):</u>
Jacquelini Has		
If a certified public accountant licensed under Chapte she must complete the following statement:	ter 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or
I	prepared the CE Form 1 in accordance owledge and belief, the disclosure herein is t	e with Section 112.3145, Florida Statutes, and rue and correct.
Signature		Date
The state of the s	FILING INSTRUCTIONS:	ka araba kasa katan li kasa manakan jama kasa ki janji da ani jimba katan khasa

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