RECEIVED

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

2012 JUN -4 PM 5: 52

MIAMI-DADE ELECTIONS

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 END OF	•
(office)	(district #)
am a candidate for the nonpartisan office of Spicewood CDD , (office) (circuit #) (group or seat #)	County, Florida;
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be elected; I have qualified for no other public office in the state, the term of which office or any proconcurrent with the office I seek; and I have resigned from any office from which I am required to rescaled the Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of Florida.	pe nominated or art thereof runs sign pursuant to
X (36) S3S-4414 error e. Si)co. Signature of Candidate Telephone Number Email Address	co usca, m
Signature of Candidate Telephone Number Email Address)
Address City State ZIF	03Q Code
Candidate's Florida Voter Registration Number (located on your voter information card): 10031385	2
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot with disabilities (see instructions on page 2 of this form):	for persons
Emma Silcex	
STATE OF FLORIDA . COUNTY OF Menai-Date	
Sworn to (or affirmed) and subscribed before me this $\frac{4^{7\hbar}}{}$ day of $\frac{1}{}$ day of $\frac{1}{}$	<u>/2</u> .
Personally Known: or	·
Produced Identification: V Punt State of Notary Fubric - State of	e of Nowlry Public
Type of Identification Produced: The Drivers dic Commission # EE 171 Bonded Through National Note	822



Access to Handbook and the Election Laws of the State of Floridan -4 PM 5: 52

Candidate/Chairperson:		MIAMI-DADE ELECTIONS
Emma	Clizabeth	Silcox
First Name	Middle Name	Last Name
Spice wood	OP, Seat # 5 Office Sought / Organization	
	my responsibility to read, the following resources a nt Website:	
Contains information on Florida, County Laws an	andbook (<u>http://www.miamidade.c</u> State Laws and Handbooks, the d Handbooks, Qualifying Informa ant Candidate Information, and R	Election Laws of the State of tion, Electronic Reporting Dates
Contains information on Florida, County Laws an	dbook (<u>http://www.miamidade.go</u> State Laws and Handbooks, the d Handbooks, Electronic Reportion formation, and Recent Legislative	Election Laws of the State of ng Dates and Procedures,
Acknowledged by:	Candidate / Chairperson S	Signature
Date: 6/4/12	Odnalate / Ondisperson C	
,	er: <u>(308)</u> S3S - 441	4
Alternate Telephone Numb	per: (954) (665-568	3
E-mail address: _@mm	ave. Silcox @ uscq.r	

FORM 1	STATEM	ENT OF		2011
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS	5	
LAST NAME FIRST NAME MIDDL		FOR OF		
MAILING ADDRESS:	Elizabeth	USE ON	NLY:	
23944 SW 108th (Cf			
11. 1 1 2	3052 Miani-		ID Code	2012
CITY:	ZIP: COUNTY:	hal	<u> </u>	Z JUN
NAME OF ACTAINY			ID No.	
NAME OF AGENCY:			Conf. Code	Carrier Common C
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:		P. Req. Code	
You'ere not limited to the space on the lin		District If necessary	<u> </u>	
CHECK ONLY IF 🔀 CANDIDATE	OR NEW EMPLOYEE OR A	-		2011 PDF Form 1
	H PARTS OF THIS SECT	ON MUST BE COM	PLETED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F				
A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2011		FOR THE PRECEDING TAX Y FAX YEAR IF OTHER THAN TI		
MANNER OF CALCULATING REPORT	TABLE INTERESTS:			
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS,	OR USING COMPARATIVE THRESH	OLDS, WHICH ARE USUALL	Y BASED ON PERC	LAR VALUES, WHICH ENTAGE VALUES (see
instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	•	_	(must check one): ALUE THRESHOLDS	
PART A PRIMARY SOURCES OF IN	ICOME [Major sources of income to the			
(If you have nothing to rep NAME OF SOURCE	oort, you must write "none" or "n/a")	RCE'S I	DESCRIPTION	OF THE SOURCE'S
OF INCOME	•	RESS	PRINCIPAL BU	SINESS ACTIVITY
U.S. (cast Guard	100 MacArthur C	20N 23132	Full-time,	jep
N/+	N/A		<u>~/A</u>	
N/A	N/A N/A		N/A N/A	
PART B SECONDARY SOURCES O				
	nd other sources of income to business port , you must write "none" or "n/a"		son - See instructions	p. 4]
NAME OF	NAME OF MAJOR SOURCES	ADDRESS		NCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACT	IVITY OF SOURCE
N/A	A/A	N/A	<u> </u>	A
PART C REAL PROPERTY [Land, b		- See instructions p. 4]	FILING INSTR	UCTIONS for
	ort, you must write "none" or "n/a")		when and where	
	Homesteed, FL 33030		INSTRUCTION	
892 Eller Drive	Key Largo FL 33	037 (land) F80	file this form and	
N/A				in the second second
1			begin on page 3. OTHER FORM	

PART D — INTANGIBLE PERSONAI (If you have nothing to r	L PROPERTY [Store	cks, bonds, certifi rrite "none" or "i	cates of deposit, et	c See Instruc	ctions p. 5]		
TYPE OF INTANGIBLE			BUSINESS EN	ITITY TO WHI	CH THE PRO	PERTY RELA	TES
N/A		NA					
NA		NA					
NA		N/A					
PART E — LIABILITIES [Major debte (If you have nothing to re	s - See Instructions eport, you must w	p. 5] rite "none" or "r	ı/a")				
NAME OF CREDITO	R			ADDRESS (OF CREDITO	R	
wells Fargo			× 10335		lotices,	A 5030	06-0335
WAA		10750 M	c Dernott F	cenay	San A	ntrio, Tx	78-886 ST 3
NA		4/14		<u> </u>			
PART F — INTERESTS IN SPECIFIED (If you have nothing to rep	oort, you must writ	wnership or positile "none" or "n/a" ENTITY # 1	")	of businesses			ENTITY#3
NAME OF BUSINESS ENTITY	N/A		<u> </u>	/A		N/	Δ
ADDRESS OF BUSINESS ENTITY						<u>, , , , , , , , , , , , , , , , , , , </u>	
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				rai a di e i E		1111 41 414	
NATURE OF MY OWNERSHIP INTEREST	4			V		1	
IF ANY OF PARTS A TH	IROUGH F AR	E CONTINUE	D ON A SEPAI	RATE SHEE	ET, PLEAS	E CHECK I	HERE
SIGNATURE (require	ed):		<u>D</u> /	TE SIG	NED (re	equired)	: S
	-			<i></i>		mZ	
				4Ju	re12	듀츠	z 0
	FI	LING IN	STRUCT	IONS:			
WHAT TO FILE:	the state of the s	VHERE TO			The second second	TO ELE:	R 1000
After completing all parts of this form, signing and dating it, send back or sheet (pages 1 and 2) for filing.	nly the first or yo th	Ethics or a Coul	the form by the C nty Supervisor of E sure filing, return t	lections for	officer, an file within appointme	nd specified s 30 days of t ent or of the beg	fice demployee state state employee hust he date of his or her jinning of employment.
If you have nothing to report in a section, you must write "none" or "r section(s).	n/a" in that of re	Elections of the co side. (If you do orida, file with t	oloyees file with the bunty in which they p not permanently he Supervisor of has its headquarte	ermanently reside in the county	must file po than 30 da Candidate	rior to confirma lys from the da les for publicly-e	onfirmed by the Senate tion, even if that is less te of their appointment. elected local office must ley file their qualifying
NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed For calendar or fiscal year is not require second Form 1 for the same year. I candidate who previously filed Form 1	orm 1 for a 1! ad to file a ad dowever, a 20	e with the Comm 5709, Tallahasse idress: 3600 Ma 01, Tallahassee, F		O. Drawer p; physical outh, Suite	Thereafte officers, a required to year in wh	and specified file by July 1st lich they hold t	
another public position must at least fil his or her original Form 1 when qualif	le a copy of C ying. qu To ui	ualifying papers. o determine wha	his form together at category your p tho Must File" Insti	osition falls	each loca specified final discid of leaving a CE For	l officer/employe state employe osure form (Fo office or emplo m 1F (Final S	office or employment, yee, state officer, and els required to file a mm 1F) within 60 days byment. However, filing statement of Financial we the filer of filing a
	or Magni	acsimiles w	ill not be acc	epted.	CE Form		was in their position on

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MIA	MI:DA	DE)
COUN	ΤY	

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 6741216

	RECEIVED FROM_			ο <u>Υ</u>		C/_/_	4 / / <u>2</u> DAY YEAR	
	Address 239		STREET ADDRESS		CASH	\$	•	
	Homeste	N d	STATE	71P		\$	<u>25</u> . <u>C</u>	<u>) c</u>
Амоинт о	F: Twenty - give	c	Dollars, and	ND CENTS	Total	\$	25.0) C
			Spicewoo			- 5		
	CEIPT NOT VALID UN		, COMPLETED AND	SIGNED BY AU	THORIZED	EMPLOYE	EE, OF DEPARTM	EN1
THIS REC	17	ILESS DATED	, COMPLETED AND	the state of the s	THORIZED	EMPLOYI	EE OF DEPARTMI	EN1
THIS REC Dept.:	EIPT NOT VALID UN	ILESS DATED	, COMPLETED AND	SIGNED BY AU	THORIZED I	employi 1005	EE OF DEPARTMI	EN1
THIS REC Dept.:	CEIPT NOT VALID UN	ILESS DATED	, COMPLETED AND	SIGNED BY AU By:	THORIZED I	EMPLOYI COS,	AMOUNT	EN1
THIS REC DEPT.: FOR O	FFICE USE ONLY	ILESS DATED	, COMPLETED AND	SIGNED BY AU By:	ARIA 1	EMPLOYI	<u> </u>	ENT
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THIS REC DEPT.: FOR O	FFICE USE ONLY	ILESS DATED	, COMPLETED AND	SIGNED BY AU By:	ARIA 1	EMPLOYI LOS	<u> </u>	ENT

EMMA ELIZABETH SILCOX 23944 SW 108TH CT				22: 30-7426/	
HOMESTEAD, FL 33032-6176		Spe	74,, 9015 D	ite	
Pay to the Boal of Cow	~t~ .	Commercia) \$	Q S —	e e un la constitue
Twenty-Fine and oc	\sim			ollars 🗓	Securit Feature Details
USAA FEDERAL SAVINGS BANK					Back.
10750 McDERMOTT FWY SAN ANTONIO, TEXAS 78288-0544 (210) 456-8000 1-800-832-3724					
For Spicewood CDP, Seal	45	en e			