

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Louise E. King

(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 South Dade Soil & Water Cons. Distrd. (office) (district #)  
# 3 ; I am a qualified elector of Miami-Dade 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 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 Louise E. King  
Signature of Candidate

(305) 246-8460  
Telephone Number

royalgrove@att.net  
Email Address

21910 SW 250 St. Homestead,  
Address City

FL  
State

33031  
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109283941

\* 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):

Loo-weez E. King

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 20 16.

Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced: Driver License

Anne Vanessa Innocent  
Signature of Notary Public

Print, Type, and Date Commission and Term of Notary Public



**ANNE VANESSA INNOCENT**  
Notary Public - State of Florida  
My Comm. Expires Jun 2, 2018  
Commission # FF 116919

FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2015

Please print or type your name, mailing  
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

Homestead 33031 Miami-Dade

CITY: ZIP: COUNTY:

South Dade Soil &amp; Water Conservation Dist

NAME OF AGENCY :

Supervisor, Seat #3

NAME OF OFFICE 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 OR ☐ NEW EMPLOYEE OR APPOINTEE

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ELECTIONS DEPARTMENT

\*\*\*\* 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, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR 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 (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ 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<br>OF INCOME                               | SOURCE'S<br>ADDRESS                               | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| Miami-Dade County                                         | 24801 33031<br>Fruit & Spice Pl, 18711 SW 187 Ave | horticulturist                                             |
| Tropical Fruit Growers of S. Fla - 18710 SW 288 St. 33030 |                                                   | administrator                                              |
| Royalgrove                                                | 21910 SW 250 St. 33031                            | farm                                                       |

## 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<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|----------------------------------------------|----------------------|------------------------------------------|
| N/A                        |                                              |                      |                                          |
|                            |                                              |                      |                                          |
|                            |                                              |                      |                                          |

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

|      |
|------|
| none |
|      |
|      |

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.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

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**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

Bank of America - mortgage

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

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

Royal Grove

21910 SW 250 St 33021

farm

owner/operator

yes

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:

Louise E. King

Date Signed:

6-22-16

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.****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 page 3 of instructions.

**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** must file at the same time they file their qualifying papers.**Thereafter**, file by July 1 following each calendar year in which they hold their positions.**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

RECEIVED FROM Louise King  
ADDRESS 21910 SW 250 st  
Hornsteed STREET ADDRESS FL 3303  
CITY STATE ZIP

DATE 6 / 23 / 16  
MONTH DAY YEAR

CASH \$ \_\_\_\_\_ . \_\_\_\_\_

CHECKS \$ 25 . 00

TOTAL \$ 25 . 00

AMOUNT OF: Twenty Five DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee-SD SWCD Seat #2

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Afonso Innocent

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[illegible]

107.01-1 6/04

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**David H. King or  
Louise E. King**  
21910 SW 250 St.  
Homestead, FL 33031-1465

63-928/670

3292

DATE 6-22-16

PAY TO THE  
ORDER OF \_\_\_\_\_

PAY TO THE ORDER OF Miami - Dade County \$ 25.00

Twenty five and xx/100

DOLLARS

 Contains Security Features. Details on Back.

**TIB**  
BANK OF THE KEYS  
HOMESTEAD, FL 33030

SDSWCD Seat #3

FOR

FOR Quality fee Louise E. King

NA

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