CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a write-in candidate:

Write-in candidate

SUPERVISOR OF ELECTIONS

2022 JUN 10 AM 9: 16

PALM BEACH COUNTY, FL.

	ØFFICE USE ONLY				
	ate Oath				
1, Willia T Food To	(a), Florida Statutes)				
(Print name above as you wish it to appear on the ballot. I hyphen, check box (see page 2 - Compound Last Na	If your last name consists of two or more names but has no ames). No change can be made after the end of qualifying.				
Although a write-in candidate's name is not printed on the ba	allot, the name must be printed above for oath purposes.)				
am a candidate for the nonpartisan office of Mors te	rey Congress,				
(Circuit #), (Group or Seat #); I am a qualified elector of					
I am qualified under the Constitution and the Laws of Florida to	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 re	required to resign pursuant to Section 99.012, Florida Statutes;				
and I will support the Constitution of the United States and the C	Constitution of the State of Florida.				
Candidate's Florida Voter Registration Number (located on you	our voter information card): 101439338				
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]					
1					
X Willie 1 7cm (954) 50 / Signature of Candidate Telephone Number	1-4361 ford was hotmaile				
269 Lake Monterey Bo	y Stow Boh FL 33426				
Address City /	State ZIP Code				
STATE OF FLORIDA	amber sacks				
COUNTY OF Palm Beach	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:				
Sworn to (or affirmed) and subscribed before me by means of					
online notarization OR physical presence	AMBER SACKS Notary Public - State of Florida				
this 10th day of lone 2002.	Commission # HH 185755 My Comm. Expires Nov 14, 2025				
	5 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Personally Known OR Produced Identification	Bonded through National Notary Assn.				

FORM 1	STATEME	STATEMENT OF		1 1
	FINANCIAL I	INANCIAL INTERESTS		USE ONLY:
		2022	J6 FM 12: 37	•
		TALL	i elchi dob.NTY, FL	Parameter 20 compress registrates
272956 - Willie Ford				•
Vice Chairperson, Monterey/Congr 269 Lake Monterey Cir	ess Community Dev. Dist.			
Boynton Beach, FL 33426				
CHECK ONLY IF CANDIDATE OR	D NEW FAIR OVER 1			
	THE TEN LOTTE OR APP			
S.OSEOSOIL FERIOD.	THIS SECTION MUST			
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR (CALENDAR YEAR EN	DING DECEMBER 31, 202	1.
MANNER OF CALCULATING REP	ORTARI FINTERESTS.			39
FILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details). CH	GREPORTING THRESHOLDS TO COMPARATIVE THRESHOLDS	THAT ARE ABSOLUTE	DOLLAR VALUES, WHICH	HREQUIRES
	TON THE ONE TOO AND USIN	(must check one):		
PART A PRIMARY SOURCES OF INCOM	E Major sources of income to the	R D DOLL	AR VALUE THRESHOLDS	3
to topoli,	rite "none" or "n/a")	eporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME	SOURC ADDRE		DESCRIPTION OF THE	E SOURCE'S
Palm Reach State Col	Lego 4200 Con		PRINCIPAL BUSINESS	SACTIVITY
	Lake Worth . F	133461	- Wona How	
	,			
PART B SECONDARY SOURCES OF INC	OME			
[Major customers, clients, and oth (If you have nothing to report,	er sources of income to businesses	owned by the reporting per	son - See instructions]	
NAME OF NAM	ME OF MAJOR SOURCES	ADDRESS	PRINCIPAL	BUSINESS
BUSINESS ENTITY C	DF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF	
PART C REAL PROPERTY [Land, buildings	s owned by the reporting person - Se	e instructions1	Y-	
(If you have nothing to report, wri	te "none" or "n/a")		You are not limited to the lines on this form. Attach sheets, if necessary.	space on the additional
NA			FILING INSTRUCTIONS of and where to file this fo	for when
1			located at the bottom of	page 2.
			INSTRUCTIONS on who is this form and how to fill	must file it out
CE FORM 1 - Effective: January 1, 2022 Incorporated by reference in Rule 34-8.202(1), F.A.C.	(Continued on revers	e side)	begin on page 3.	PAGE 1

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certifica (If you have nothing to report, write "none" or "n/s")	ates of denceit ata. Socioatriali			
The state of the f	and of deposit, etc See instructions			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NA	2022 JULY - G PH 12: 37			
	Lif = i. da. pojiki y p			
PART E — LIABILITIES [Major debts - See instructions]	The state of the s			
(If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NA	, and the second			
PART E _ INTEDESTS IN SPECIFIED THE				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or position of position	ons in certain types of businesses - See instructions]			
BOSINE	SS 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				
PART G — TRAINING For elected municipal officers annuity to the				
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.				
CERTIFY THAT I HAVE COMPLETED THE DECLUSE TO SECTION 112.3142, F.S.				
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED O	N A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature:	If a certified public accountant licensed under Chapter 473, or attorney			
oignatule.	III III good statiulity with the Florida Har prepared this form for your hand			
101010	she must complete the following statement:			
Walle of Food for	Form 1 in accordance with Section 112.3145, Florida Statutes, and the			
	III III III III III III III III III II			
Date Signed:	disclosure herein is true and correct.			
6/4/2022	CPA/Attorney Signature:			
9/1/0000	Date Signed:			
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Ethios are Court	andidata fila this fam.			
oupervisor of Elections for votir annual disclosure filing return the				
under, see page 3 of instructions	ULTIPLE FILING UNNECESSARY: A candidate who files a Form			
Local office water and	with a qualifying officer is not required to the with the Commission II			
cocar of cers/employees the with the Supervisor of Elections	with a qualifying officer is not required to file with the Commission or Supervisor of Elections.			
of the county in which they permanently reside (If you do not	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer			
of the county in which they permanently reside. (If you do not be permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 files who file with	disciplifications.			

Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, 7 send the completed form to P.O. Drawer 15709, Tallahassee, FL 132317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.