## 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 15 AM 8: 42

PALM BEACH COUNTY, FL.

	OFFICE USE ONLY
Candidate Oath	
(Section 99.021(1)(a), Florida Statutes)	
I, PANCE GAEDE (Section 99.021(1)(a), Florida Statutes)	
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more name hyphen, check box (see page 2). Compared Last New York is a set of two or more name to the ballot.	noo but bee
1 (000 page 2 = Compound Last Names) No change can be made attent	
Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath	purposes.)
am a candidate for the nonpartisan office of THOUSAND OAKS CDD	. ,
(Office)	(District #)
; I am a qualified elector of PALM BEACH	County Florida
(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 nomin	otod on alasta dal
have qualified for no other public office in the state, the term of which office or any part thereof runs concurred	ated or elected; I
I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012,	ant with the office
and I will support the Constitution of the United States and the Constitution of the State of Florida.	Florida Statutes;
take and the constitution of the State of Florida.	
Candidate's Florida Voter Registration Number (located on your voter information card): 1157698	G I
	71
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounce ballot as may be used by persons with disabilities (see instructions on page 2 of this for a proposition).	ced on the audio
ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write	te-in candidates.]
X 2 (352) 255 (222 (222 (222 (222 (222 (222 (2	) ) ( )
X (352) 255 6777 GAEDER 6 Signature of Candidate Telephone Number	)_ УАНОО.СОМ
Signature of Candidate Telephone Number Email Address	УАНОО.СОМ
Signature of Candidate Telephone Number  Telephone Number  Email Address  Address	)_ YAHOO.COM 3404
Signature of Candidate Telephone Number  Telephone Number  Email Address  Address  City	2- YAHOO.COM 3404 Code
Signature of Candidate Telephone Number  Telephone Number  Email Address  Address  City  State  ZIF	2- YAHOO.COM 3404 3-Code
Signature of Candidate Telephone Number Email Address  Address  City State ZIF  STATE OF FLORIDA	)_ YAHOO.COM 3404 Code
Signature of Candidate Telephone Number  Telephone Number  Email Address  Address  City  State  ZIF	
Signature of Candidate  Telephone Number  Email Address  Address  City  State  Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Finds	
Signature of Candidate  Telephone Number  Email Address  Address  City  State  ZIF  STATE OF FLORIDA  COUNTY OF Palm Beach  Sworn to (or affirmed) and subscribed before me by means of colling potentiation.  AMBER SACKS	Public below:
Signature of Candidate  Telephone Number  Email Address  Address  City  State  State  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Fublic on State of Florida  OR physical presence  Telephone Number  Email Address  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Fublic on State of Florida  AMBER SACKS  Notary Public - State of Florida  Commission # HH 187755	Public below:
Signature of Candidate  Telephone Number  Teleph	Public below:
Telephone Number  Telephone Nu	Public below:

FORM 1	STATEMENT OF	2021	
	FINANCIAL INTERESTS		
		FOR OFFICE USE ONLY:	
		2022 JUN 15 AM 8: 43	
265005 Day G 1			
265995 - Rance Gaede Asst. Secretary, Thousand ( 2146 Oakmont Dr Riviera Beach, FL 33404	Daks Community Dev. Dist.	PALM BEACH COUNTY, FL.	
CHECK ONLY IF  CANDIDATE	DR		
***	* THIS SECTION MUST BE COMPLETE	****	
DISCLUSURE PERIOD:			
	R FINANCIAL INTERESTS FOR CALENDAR YEAR EN	DING DECEMBER 31, 2021.	
MANNER OF CALCULATING REFILERS HAVE THE OPTION OF USI	PORTABLE INTERESTS:  NG REPORTING THRESHOLDS THAT ARE ABSOLUTE  COMPARATIVE THRESHOLDS THAT ARE ABSOLUTE	EDOLLAD VALUES MUNICUEDES MESSE	
. EVER ONLOGENTIONS, OR OSING	J COMPARATIVE THRESHOLDS WHICH ARE LIGHTAL	IV BASED ON DEDCEMENCE VALUE	
	CHECK THE ONE YOU ARE USING (must check one):  RCENTAGE) THRESHOLDS OR DOLL	AR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the reporting names. See just		
(ii you have nothing to repor	t, write "none" or "n/a")	(addiono)	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Conjor TAMARLE	7525 NW 88/- Ave	Covernment Aurcy	
/	impose Fr		
	,		
PART B SECONDARY SOURCES OF I	NOOME		
[Major customers, clients, and (If you have nothing to repo	other sources of income to businesses owned by the reporting po	rson - See instructions]	
NAME OF	IAME OF MAJOR SOURCES ADDRESS	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME OF SOURCE	ACTIVITY OF SOURCE	
/V ( r \			
DARTO			
PART C REAL PROPERTY [Land, buildi (If you have nothing to report,	ngs owned by the reporting person - See instructions] write "none" or "n/a")	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
NX		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 [Stock	rs honds certificates	of deposit, etc See inst	ructions
(If you have nothing to report, write "none"	or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
1/12			
JO 17 1			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Home Point Francisc	Dallas	s. TV	
Home Con Con	() ( ) ()	<b>/</b>	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none"	wnership or positions or "n/a") BUSINESS	s in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY		î	/
PRINCIPAL BUSINESS ACTIVITY		~	1/14
POSITION HELD WITH ENTITY	N	A	N
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	1		
NATURE OF MY OWNERSHIP INTEREST		The Transferences	MINING PROPERTY AND
PART G — TRAINING For elected municipal officers, apagency created under Part III, Chapter 163 required to cor	MAVE COMPLE	ETED THE REQ	UIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON		
SIGNATURE OF FILER	₹ <u>:</u>	CPA or ATTORNEY SIGNATURE ONLY	
Signature:		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,	
Date Signed:	1.0	disclosure herein is true and correct.	
6/10/2Z	CPA/Attorney Signature:		
		Date Signed:	
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Eth Supervisor of Elections for your annual disclosure fi			ntogether with their filing papers. IECESSARY: A candidate who files a Forr
form to that location. To determine what category vo	our position falls		er is not required to file with the Commission

under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your 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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, *Thereafter*, file by Justin the completed form to P.O. Drawer 15709, Tallahassee, FL hold their positions. 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, *Finally*. file a final content of the 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.

1 with a qualifying officer is not required to file or Supervisor of Elections.

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

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, 2021.