CANDIDATE OATH	·				
NONPARTISAN OFFICE					
(Do not use this form if a Judicial or School Board Candidate)	2022 JUN 13 PM12:05				
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:					
Write-in candidate	OFFICE USE ONLY				
Candid	Candidate Oath				
(Section 99.021(1)(a), Florida Statutes)					
1. Bustin Findley					
(Print name above as you wish it to appear on the ballot.	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 b					
am a candidate for the nonpartisan office of Black	Water Soil + Wate, r (District #)				
7					
; I am a qualified elector of	SANTA ROSA County, Florida;				
(Circuit #) (Group or Seat #)					
·	to hold the office to which I desire to be nominated or elected; I				
	of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes;				
and I will support the Constitution of the United States and the					
Candidate's Florida Voter Registration Number (located on your voter information card): 101573 393					
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.]					
x Int hinds 1850 3:	36-8017 biscb11@ Hot mail.co				
Signature of Candidate Telephone Number	Email Address				
14786 Hur 89 JAY	71 32565				
Address City	State ZIP Code				
	X man on 12/1-t.				
STATE OF FLORIDA	Signature of Notary Public				
COUNTY OF SOLO HOLD Print, Type, or Stamp Commissioned Name of Notary Public below:					
Sworn to (or affirmed) and subscribed before me by means of	KONNER WHITE				
online notarization OR physical presence Notary Public-State of Florida Commission # GG 360055					
this day of June, 2022	My Commission Expires July 29, 2023				
Personally Known OR Produced Identification					
Type of Identification Produced:	_				

FORM 1	STATEMENT OF		2021		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES			FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE Findley Burl	in Hoyt				
14786 Hung	89				
JAY 71.33565 SANTE ROSA CITY: ZIP: COUNTY:				2022 JUN 13 PM12:05	
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HEL Blackwater S	oil + water Se	at 3			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF				
**** THIS SECTION MUST BE COMPLETED ****  DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.					
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 OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Findley Farm	14786 Hy 89 Farming		Farming		
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 NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
none					
	-				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  Home + Land		You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			
			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 [Sto	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Tione					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Mone					
PART F — INTERESTS IN SPECIFIED BUSINESSES [ (If you have nothing to report, write "none"	Ownership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY	loxe				
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, 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.					
☐ 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 FILE	R: 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:				
Buch Fre	I,				
Date Signed: 5/30/22	CPA/Attorney Signature:				
	Date Signed:				
FILING INSTRUCTIONS:					

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. To determine what category your position falls 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 returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; 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.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission 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

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, 2021.