CANDIDATE OATH					
NONPARTISAN OFFICE	000-				
(Do not use this form if a Judicial or School Board Candidate)	2022 JUN 13 PM12:0				
Check box only if you are seeking to qualify as a write-in candidate:					
Write-in candidate	OFFICE USE ONLY				
Candidate Oath (Section 99.021(1)(a), Florida Statutes)					
(Print name above as you wish it to appear on the ballot. 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 ballot, the name must be printed above for oath purposes.) am a candidate for the nonpartisan office of Blackwater Soil and white Conservation, Sent 5, (Office)					
(Circuit #), 5; I am a qualified elector of Sonto Rosa. County, Florida;					
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	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.				
Candidate's Florida Voter Registration Number (located on your voter information card): 107601641					
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 June M.	-8193 Malamond Q, exec. com Email Address Fl. 32565 State ZIP Code				
STATE OF FLORIDA COUNTY OF Santa ROSA	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 \(\begin{align*} OR \\ \phi \end{align*} \) physical presence \(\begin{align*} \text{this } \end{align*} \) day of \(\begin{align*} \text{Ma } \begin{align*} \text{V} \\ \text{OR} \\ \text{Produced Identification } \end{align*} \) Type of Identification Produced:	DONNA KAY PENTON Commission # HH 030521 Expires August 22, 2024 Bonded Thru Budget Notary Services				

FORM 1	STATEM	IENT OF	2021		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD JAMON O MAILING ADDRESS: 12760 Chum	oseph M.		_		
CITY:		2022 JUN 13 PM12:05			
NAME OF AGENCY: Blackwater So NAME OF OFFICE OR POSITION HE	il É Water Cons ELD OR SOUGHT: 5	ervation			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO		OR CALENDAR YEAR END		CEMBER 31, 2021.	
FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR US (see instructions for further details COMPARATIVE (F	ISING REPORTING THRESHOL	.DS THAT ARE ABSOLUTE ILDS, WHICH ARE USUAL USING (must check one):	LY BASE		
PART A PRIMARY SOURCES OF II	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See inst	ructions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Farming	12760 Chun			Farming	
	Jay Fl.	Jay F1. 32565			
	OF INCOME and other sources of income to busine port, write "none" or "n/a")	sses owned by the reporting pe	rson - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS 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")		You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			
Home & Land 12760 Chumuckla Huny			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, I (If you have nothing to report, write "none" or TYPE OF INTANGIBLE	s, bonds, certificates of deposit, etc See instructions] or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
KOTH - MUTUAL FUNCIS JA	anus Henderson Funds-MFS Ser Trl Value FD			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Farm Credit	Milton Fl. 32572			
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				
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 CO	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:				
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: 5-24-2022	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. 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 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.