

# NON-PARTISAN CANDIDATE LOYALTY OATH

NON-PARTISAN OFFICE  
 Sections 876.05-876.10, Florida Statutes  
**STATE OF FLORIDA**  
**LEE COUNTY**

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
LATT		ARMEDA

public office, do hereby solemnly swear or affirm that **I will** support the Constitution of the United States and of the State of Florida.

## OATH OF CANDIDATE

Section 99.021 Florida Statutes

### IMPORTANT NOTICE TO ALL CANDIDATES

**READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING**

**PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT**

I, LATT ARMEDA, am a candidate for the  
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of MOSQUITO CONTROL COMMISSIONER AREA 4   
OFFICE DISTRICT CIRCUIT

am a qualified elector of LEE County, Florida.  am  
GROUP

qualified under the Constitution and 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

SIGN HERE:  
 E:

Latt Armada  
Signature of Candidate

20 JUN 06  
Date Signed

19501 ARMEDA ROAD  
Mailing Address

(239) 980 1466  
Daytime Telephone #

(337) 731 5001  
Fax Telephone Number

ALVA FL 33920  
City/ZIP CODE

U110PM1205 SBLeeCoFl  
 06 JUN 17 PM 12  
 LeeCoFl

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME.

ARMEDA LATT

MAILING ADDRESS

19501 ARMEDA ROAD

CITY: ALVA ZIP: 33920 COUNTY: LEE

NAME OF AGENCY: LEE COUNTY MOSQUITO CONTROL

NAME OF OFFICE OR POSITION HELD OR SOUGHT: MOSQUITO CONTROL COMMISSIONER

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

\*06JUL10PM1205 SDE Lee Co Fl

\*\*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 (check one):

DECEMBER 31, 2005  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE	SOURCES	DESCRIPTION OF THE SOURCES
PATHFINDER AIRCRAFT MANAGEMENT	15770 SHAMROCK DR FORT MYERS FL 33912	AIRCRAFT MANAGEMENT
LEE COUNTY MOSQUITO CONTROL	PO BOX 6005 FORT MYERS FL. 33906	MOSQUITO SPRAYING

NAME OF SOURCE	SOURCES	DESCRIPTION OF THE SOURCES
PATHFINDER AIRCRAFT MANAGEMENT	J&B FLORIDA MANAGEMENT 15065 MCGREGOR BLVD SUITE 108 FORT MYERS FL 33909	REAL ESTATE DEVELOPMENT

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

10 ACRES 19501 ARMEDA RD ALVA LEE COUNTY HIGHWAY 78  
 BENEFICIARY 565 ACRES 19440 ARMEDA ROAD ALVA LEE COUNTY

**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.

**OTHER FORMS** you may need to file are described on page 6.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCK	SPRINT/NETEL

PART E - LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR
CHASE HOME FINANCE	PO BOX 9001871 LOUISVILLE KY 40290-1871

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	FLORIDA POWER & LIGHT		
ADDRESS OF BUSINESS ENTITY	200 UNIVERSE BLVD JUNO BEACH FL 33408		
PRINCIPAL BUSINESS ACTIVITY	ELECTRICAL		
POSITION HELD WITH ENTITY	STOCKHOLDER		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NO		
NATURE OF MY OWNERSHIP INTEREST	STOCKHOLDER		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): *Late Armeda* DATE SIGNED (required): 20 JUN 06

### 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).

Facsimiles will not be accepted.

#### NOTE:

##### MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

#### 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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

#### 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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.