

**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

**RECEIVED**  
AUG 14 2019

BY: \_\_\_\_\_

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Pam Burnett

(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 hyphen, check box . (See page 2 - Compound Last Names). 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.)

I am a candidate for the nonpartisan office of Mount Dora City Council District 1 (Office) 1 (District #)

\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of Lake County, Florida;  
(Circuit #) (Group or Seat #)

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 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): 104881225

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.]

Pam Burnett (352) 383-8240 pam4council@gmail.com  
Signature of Candidate Telephone Number Email Address

791 E 8th Ave Mount Dora FL 32757  
Address City State ZIP Code

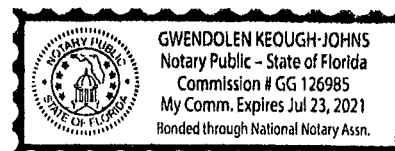
STATE OF FLORIDA  
COUNTY OF Lake

Gwendolen Keough Johns  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 14  
day of August, 2019.

Personally Known:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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AUG 14 2019

BY: [Signature] 11:37

I, Pam Burtnett,  
candidate for the office of Mount Dora City Council District 1;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Pam Burtnett  
Signature of Candidate

August 13, 2019  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

2019 Election Assessment

RECEIVED  
AUG 14 2019

COUNTY: Lake

CITY: Mount Dora

DATE: 8/14/2019

BY: [Signature] 12:38 p.m.

A. OFFICE  
City Council District 1

B. CANDIDATE  
Pam Burnett

Name  
741 E. 8th Avenue, Mount Dora, FL 32757  
Address

C. ANNUAL SALARY

City Council Member	\$ 6,110.04
1 % Election Assessment	\$61.10
Mayor	\$10,128.12
1 % Election Assessment	\$101.28

*Make Check Payable to the City of Mount Dora*  
*The check must be written from your Campaign Account*

Undue Burden: Yes: \_\_\_\_\_ No: X  
(Note: If 'Yes' is checked, attach Affidavit of Undue Burden)

Submitted by:  
Pam Burnett

Name  
741 E 8th Avenue, Mount Dora, FL 32757

Address  
(352) 383-8240

Telephone

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**RECEIVED**  
AUG 14 2019

BY: *[Signature]* 11:37A

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

*Pamela Anne Burtnett (Pam)*

**3. Address (include post office box or street, city, state, zip code)**

*741 E 8th Ave  
Mount Dora FL 32757*

**4. Telephone**

*(352) 383-8240*

**5. E-mail address**

*pam4council@gmail.com*

**6. Office sought (include district, circuit, group number)**

*Mount Dora City Council District 1*

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**Name of Treasurer or Deputy Treasurer**

*Pamela Burtnett (Pam)*

**11. Mailing Address**

*741 E 8th Avenue*

**12. Telephone**

*(352) 383-8240*

**13. City**

*Mount Dora*

**14. County**

*Lake*

**15. State**

*FL*

**16. Zip Code**

*32757*

**17. E-mail address**

*pam4council@gmail.com*

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

*The First National Bank of Mount Dora*

**20. Address**

*714 Donnelly Street*

**21. City**

*Mount Dora*

**22. County**

*Lake*

**23. State**

*FL*

**24. Zip Code**

*32757*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

*August 13, 2019*

**26. Signature of Candidate**

*X Pamela Burtnett (Pam)*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, *Pamela Burtnett (Pam)*, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer     Deputy Treasurer.

*August 13, 2019*  
Date

*X Pamela Burtnett (Pam)*  
Signature of Campaign Treasurer or Deputy Treasurer

**Affidavit of Candidacy & Residency**

**RECEIVED**  
AUG 14 2019

BY: \_\_\_\_\_

I, Pam Burnett, candidate for City of Mount Dora City Council Member, District 1 (if applicable), or at-large \_\_\_\_\_ in the 2019 election, do hereby swear or affirm that I reside at: 741 E 8th Avenue, Mount Dora, FL, 32757 where I have resided for 30+ years months, and which I hereby swear and affirm is located in District 1 (if applicable) in the City of Mount Dora, Florida, and that I meet the eligibility requirements as identified in the Code of Ordinances, Sec. 2.230.

Sec. 2.230. – Qualifications and methods of election.

(a) To be qualified to run for election as a candidate for city council, an individual shall have maintained a residential address within the city limits of the City of Mount Dora and shall have been a registered elector of Lake County, Florida, eligible to vote in elections of the City of Mount Dora for no less than 12 consecutive months prior to filing for candidacy.

(b) To be qualified to run for election as the council representative of a district, a candidate, in addition to all requirements of state statutes and the Charter, must reside within the defined boundaries of the district.

Section 15. - Oath.

Prior to assuming office, all elected officers shall take, before the city clerk, the following oath of office:

I, Pam, do solemnly swear (or affirm) that I will support, protect, and defend the Constitution of the United States and the Constitution of the State of Florida and the charter and the ordinances of the City of Mount Dora, against all enemies, domestic or foreign, and that I will bear true faith, loyalty, and allegiance to the same, and that I will faithfully perform all the duties of the office upon which I am about to enter.

State Law reference— Oath, F.S. § 876.05.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT OF RESIDENCY AND THAT THE FACTS STATED IN IT ARE TRUE.**

Pam Burnett  
Signature

Aug. 14, 2019  
Date

**Office Use Only**

Date filed: August 14, 2019 Received by: Buren George Johns

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Burnett, Pamela Anne (Pam)

MAILING ADDRESS:

741 E. 8th Avenue

CITY:

Mount Dora

ZIP:

32757

COUNTY:

Lake

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Mount Dora City Council District 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

RECEIVED  
AUG 14 2019

BY: [Signature] 11:37A

\*\*\*\* **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 (must check one):

DECEMBER 31, 2018 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**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
Social Security Admin.	1100 W High Rise, 6401 Security Blvd. Baltimore MD	Monetary support
National Education Association	1201 16th St. NW, Washington DC.	Education
Edward Jones	12555 Manchester Rd., St. Louis MO	Financial support

**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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

741 E. 8th Avenue, Mount Dora, FL, 32757

**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.