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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



BY:\_\_\_ ∈ ·

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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 1826 DUIVLOOK DY MOUNT DOVA ICC 32757 JOHN E TUCKER

4. Telephone

5. E-mail address

(321) 438-9961 John T 2892 E YAHOO. CM 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Mount Dura City Council Nistair 3 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. Campaign Treasurer 9. I have appointed the following person to act as my **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer JOHN & TUCKER 11. Mailing Address 12. Telephone (321) 438-9961 1826 Overlook Drive

13. City

Mount Sora LAKE 18. I have designated the following bank as my Primary Depository Secondary Depository 20. Address 19. Name of Bank Mount Sum Community Trust
22. County Mount Spess 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Tahn E / MCRev (Please Print or Type Name) , do hereby accept the appointment Campaign Treasurer Deputy Treasurer. designated above as: MAY 22 21/8
Date Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY



, JOHN E TUCKEN
candidate for the office of Mount Dora Cary Council Sistait 3;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X > h 25 m/m MAV22 2018
Signature of Candidate 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).

### Affidavit of Candidacy & Residency

I, John & TUCKER	, candidate for City of Mount Dora City
Council Member, District(if applic	cable), or at-large in the
election, do hereby swear or affirm that I reside at:	826 Overlook Drive
Mount Dorn Floring	where I have
resided for //// years/months, and which I hereb	by swear and affirm is located in District 3
(if applicable) in the City of Mount Dora, Florida	a, and that I meet the eligibility requirements as
identified in Ordinance 2011-15.	
In accordance with the provisions of the City of Mount D	•
that I meet the qualifications for candidacy. I am a registe	
at the above stated address within the City of Mount Dora.	I do not hold any other public office in the City,
with the following exceptions: that of Notary Public, o	or membership in the National Guard, or the
organized Reserve of the Armed Forces of the United State	es, or in any other defense agency recognized by
the City, or in a status of retirement from any of the forego	oing. I acknowledge that I must subscribe to the
Oath of Office as outlined in Part III, Section 15 of the Cit	ty Charter.
AFFIDAVIT OF RESIDENCY AND THAT THE FAC	Mayor 2018
Signature	Date
Office Use Only	
D. C. I.	dla.
Date filed: 22, 2013 Received	d by:
Received:	
Loyalty Oath / Oath of Candidate	
Candidate Name Pronunciation Request	neceiven
Statement of Financial Interests Form 1	M MAY 2 2 2010 W
Affidavit of Candidacy & Residency	MINI & C ZUIO CO
, minute of curature, so recording,	BY:
Date Candidate Qualified: 2 Z , Z o 15	3 <u> </u>
ca: Candidate	

### 2018 Election Assessment

COUN	TY: Lake		CITY: Mount Dora
DATE:	05-22-2018		DECEIVE 1 MAY 2 2 2010
A.	OFFICE		- MAI 2 2 2010 B
	City Council	riof 3	BY: THE COLD LATE SEED AND AND AND AND AND AND AND AND
B.	CANDIDATE  John F 7	ucker	
	Name		
	1826 Oxer/rox	Dr. Mount Sorg	1 12 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	
	Undue Burden: Yes:	No:	
	(Note: If 'Yes' is checked, attac	h Affidavit of Undue Burden)	
Submitt	ed by:		
	John E TUCKE		
Name	1826 OVER/rox	drive Mount Son	A FL 31757
Address	S	·	
	321-438-9941		
Telepho	one		

# 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



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

OFFICE USE ONLY

Candidate Oath					
(Section 99.021(1)(a), Florida Statutes)					
(Print name above as you wish it to appear on the ballot I	f your last name consists of two or more n	ames but has no			
(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.)					
am a candidate for the nonpartisan office of	Office)	, <u>3</u> , (District #)			
, ; I am a qualified elector of	LAKE	County, Florida;			
(Circuit #) (Group or Seat #)		obumy, r.omaa,			
I am qualified under the Constitution and the Laws of Florida to	hold the office to which I desire to be nomina	ated or elected; I			
have qualified for no other public office in the state, the term of v	vhich office or any part thereof runs concurre	ent with the office			
I seek; and I have resigned from any office from which I am rec	·	Florida Statutes;			
and I will support the Constitution of the United States and the C	constitution of the State of Florida.				
Candidate's Florida Voter Registration Number (located on you	r voter information card):				
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 In E Turn (34) 438-994/ Johnt 2892 De Marko - Cur Signature of Candidate Telephone Number Email Address					
Signature of Candidate  Telephone Number  1824 Oxford poll of Mont So.	17 7 32757	:			
Address City	State ZIF	Code			
STATE OF FLORIDA	Signature of Notary Public				
COUNTY OF Leve	Print, Type, or Stamp Commissioned Name of Notary	Public below:			
Sworn to (or affirmed) and subscribed before me this 22 -	MISTY CLDED	:			
day of 22 2019.	MISTY ELDER MY COMMISSION # FF 162080 EXPIRES: October 24, 2018				
Personally Known: or Produced Identification:	Bonded Thru Notary Public Underwriters				
Type of Identification Produced:					

FORM 1	STATEMENT OF			2017		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	8 [	FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE I	NAME :					
		····				
268883		÷				
City Council Member			124 <b></b>			
Mayor And City Council			DE	CEIVEN		
		·	lñ			
Tucker, John			217	MAY 3 1 2018 W		
1826 Overlook Dr Mount Dora FL 32757			BY:	the data data was seen the second		
Mount Dora FL 32737			147	والمرافق المرافق والمرافق المرافق المرافق المرافق المرافق المرافق المرافق والمرافق والمرافق والمرافق والمرافق المرافق		
		, if necessary.				
CHECK ONLY IF A CANDIDATE C	R NEW EMPLOYEE OF	RAPPOINTEE				
**** <u>BOTH</u> P	PARTS OF THIS SECT	TION MUST BE CO	MPLET	ED ****		
THIS STATEMENT REFLECTS YOUR F	FINANCIAL INTERESTS FOR	THE PRECEDING TAX YEA	R, WHETI	HER BASED ON A CALENDAR		
YEAR OR ON A*FISCAL YEAR. PLEAS EITHER (must check one):	SE STATE BELOW WHETHER	THIS STATEMENT IS FOR	THE PRE	CEDING TAX YEAR ENDING		
DECEMBER 31, 2017	OR 🗆 SPECI	FY TAX YEAR IF OTHER TH	IAN THE C	ALENDAR YEAR:		
MANNER OF CALCULATING REPO	RTABLE INTERESTS:					
FILERS HAVE THE OPTION OF USING	REPORTING THRESHOLDS					
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):						
ior further details). Official tric officer		one <i>j</i> .				
•	CENTAGE) THRESHOLDS		AR VALU	JE THRESHOLDS		
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PART D — INTANGIBLE PERSONAL PROPERTY [Sto		s of deposit, etc See ins	tructions]		
(If you have nothing to report, write "none TYPE OF INTANGIBLE	•	RUSINESS ENTITY TO V	/HICH THE PROPERTY F	PELATES	
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7/1			<del></del>		
A second					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR		ADDRES	S OF CREDITOR		
NA		. •			
,			····		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "nofie" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY				<del></del>	
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY		17.	· · ·		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	S				
NATURE OF MY OWNERSHIP INTEREST		5,1 -			
PART G — TRAINING For elected municipal officers 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 ATTO	DRNEY SIGNATU	RE ONLY	
Signature:  If a certified public accountant licensed under Chap in good standing with the Florida Bar prepared this she must complete the following statement:					
Jah Grushm	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.				
Date Signed: 5-31-2018		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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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) and send it to CEForm1@leg.state.fl.us. 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, 2017.