

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
MAY 22 2018

BY: m.e.

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)

JOHN E TUCKER

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

1826 OVERLOOK DR  
MOUNT DORA FL 32757

4. Telephone

(321) 438-9961

5. E-mail address

JOHN.T2892@YAHOO.COM

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

Mount Dora City Council District 3

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

10. Name of Treasurer or Deputy Treasurer

JOHN E TUCKER

11. Mailing Address

1826 OVERLOOK DRIVE

12. Telephone

(321) 438-9961

13. City

Mount Dora

14. County

LAKE

15. State

FL

16. Zip Code

32757

17. E-mail address

JOHN.T2892@YAHOO.COM

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

19. Name of Bank

Mount Dora Community Trust

20. Address

824 N. Sennelly 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

MAY 22, 2018

26. Signature of Candidate

[Signature]

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

I, John E Tucker, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

MAY 22 2018

Date

[Signature]  
Signature of Campaign Treasurer or Deputy Treasurer



**Affidavit of Candidacy & Residency**

I, John E Tucker, candidate for City of Mount Dora City Council Member, District 3 (if applicable), or at-large \_\_\_\_\_ in the \_\_\_\_\_ election, do hereby swear or affirm that I reside at: 1824 Overlook Drive Mount Dora Florida where I have resided for 11 yrs years/months, and which I hereby swear and affirm is located in District 3 (if applicable) in the City of Mount Dora, Florida, and that I meet the eligibility requirements as identified in Ordinance 2011-15.

*In accordance with the provisions of the City of Mount Dora Charter and Code of Ordinances, I certify that I meet the qualifications for candidacy. I am a registered voter of the City of Mount Dora and reside 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, or membership in the National Guard, or the organized Reserve of the Armed Forces of the United States, or in any other defense agency recognized by the City, or in a status of retirement from any of the foregoing. I acknowledge that I must subscribe to the Oath of Office as outlined in Part III, Section 15 of the City Charter.*

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

John E Tucker  
Signature

May 22, 2018  
Date

**Office Use Only**

Date filed: May 22, 2018 Received by: Misty E. Sommer

Received:

- Loyalty Oath / Oath of Candidate
- Candidate Name Pronunciation Request
- Statement of Financial Interests Form 1
- Affidavit of Candidacy & Residency

**RECEIVED**  
MAY 22 2018

BY: m.e.

Date Candidate Qualified: May 22, 2018

cc: Candidate

2018 Election Assessment

COUNTY: Lake

CITY: Mount Dora

DATE: 05-22-2018

RECEIVED  
MAY 22 2018

A. OFFICE

City Council

District 3

BY: m.e.

B. CANDIDATE

John E Tucker

Name

1826 Overlook Dr. 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

Undue Burden: Yes:  No:

(Note: If 'Yes' is checked, attach Affidavit of Undue Burden)

Submitted by:

John E Tucker

Name

1826 Overlook Drive, Mount Dora FL 32757

Address

321-438-9961

Telephone



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

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

268883  
City Council Member  
Mayor And City Council

Tucker, John  
1826 Overlook Dr  
Mount Dora FL 32757

**RECEIVED**  
MAY 31 2018

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

\_\_\_\_\_, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* 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, 2017 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
Postal Insp. Service	Philadelphia PA	Federal Law Enforcement Act.
FHM Insurance	Jacksonville Florida	Insurance SA
TASTE OF OUR TOWN TOURS	Mount Dora Florida	Tour Business
Air B + B	San Francisco CA	Vacation Rental

**PART B -- SECONDARY SOURCES OF INCOME** (SEE BACK)  
(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
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")

N/A

**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, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
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**

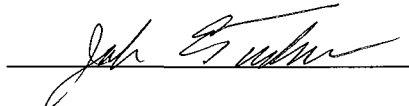
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 FILER:**

Signature:



Date Signed:

5-31-2018

**CPA or ATTORNEY SIGNATURE ONLY**

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, \_\_\_\_\_, 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.

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) 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.