

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
JUN 04 2018

BY: 93DA

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)

Calvin Norman Rolfson

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

8014 St. James Way
Mount Dora, FL 32757

4. Telephone

(352) 552-4200

5. E-mail address

crolfson@comcast.net

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

Mount Dora City Council - District 2

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.

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

9. Name of Treasurer or Deputy Treasurer

Cal Rolfson

11. Mailing Address

8014 St. James Way

12. Telephone

(352) 552-4200

13. City

Mount Dora

14. County

Lake

15. State

FL

16. Zip Code

32757

17. E-mail address

crolfson@comcast.net

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

First National Bank

20. Address

21. City

Mount Dora

22. County

Lake

23. State

Florida

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

June 4, 2018

26. Signature of Candidate



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

I, Cal Rolfson, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

June 4, 2018

Date



Signature of Campaign Treasurer or Deputy Treasurer

**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

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JUN 04 2018

BY: D 937

OFFICE USE ONLY

Candidate Oath

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

I, Cal Rolfson

(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 Mount Dora City Council, 2
(Office) (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): _____

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.]

Kal ROLFSON

[Signature] 1352 562-4200 crolfson@comcast.net
Signature of Candidate Telephone Number Email Address

8014 St. James Way, Mount Dora, FL 32757
Address City State ZIP Code

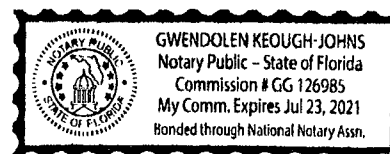
STATE OF FLORIDA
COUNTY OF Lake

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 4th
day of June, 2018.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Rolfson, Calvin Norman

MAILING ADDRESS :

8014 St. James Way

CITY : ZIP : COUNTY :

Mount Dora, FL, 32757 Lake

NAME OF AGENCY :

Mount Dora

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Council, District 2

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

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BY: [Signature]

**** 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
Social Security	U.S. Treasury, Soc. Sec. Admin.	Government Retirement
Calvin N. Rolfson Revocable Trust	8014 St. James Way, Mount Dora, FL 32757	Oil Mineral Royalties
City of Mount Dora	510 Baker St. Mount Dora, FL 32757	City Council Monthly Salary

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
None			

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

70 Net Mineral Acres, McKenzie County, North Dakota

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
T.D. AmeriTrade (managed by Ruffie Wealth)	SELF - Investment income
Trust Income	Calvin N. Rolfsen Revocable Trust - Reported at Part 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
None	

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
		None
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:

June 4, 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.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

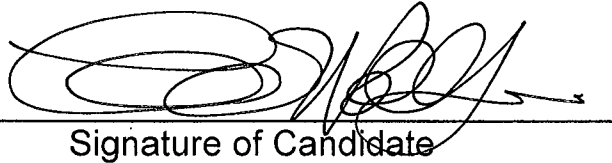
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BY: 930

I, Cal Rolfsen,
candidate for the office of Mount Dora City Council, District 2;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

6-4-18
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).

2018 Election Assessment

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BY: 930
CITY: Mount Dora

COUNTY: Lake

DATE: June 4, 2018

A. OFFICE

City Council

City of Mount Dora - City Council, Dist. 2

B. CANDIDATE

Cal Rolfson

Name

8014 St. James Way, 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:

Cal Rolfson

Name

8014 St. James Way

Address

Mount Dora, FL 32757

Telephone

352-552-4200

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JUN 06 2018

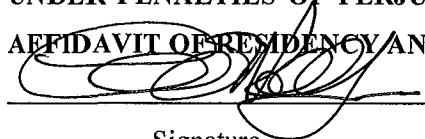
Affidavit of Candidacy & Residency

BY: 930

I, Cal Rolfson, candidate for City of Mount Dora City Council Member, District 2 (if applicable), or at-large _____ in the 2018 election, do hereby swear or affirm that I reside at: 8014 St. James Way, Mount Dora, FL 32757 where I have resided for 15 yrs, 11 mos. years/months, and which I hereby swear and affirm is located in District 2 (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.


Signature

June 4, 2018
Date

Office Use Only

Date filed: June 4, 2018 Received by: Gloria Rodriguez

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

Date Candidate Qualified: June 4, 2018

cc: Candidate