



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED  
JUN 21 2018

BY: m.s.

I, <sup>Ann</sup> KATHERINE ANNE BELLAMY,

candidate for the office of CITY COUNCIL AT LARGE;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

6/21/18  
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).

**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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**Candidate Oath**

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

I, KATE BELLAMY

(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 CITY COUNCIL AT LARGE, \_\_\_\_\_  
(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): 12116193

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.]  
KATE BELLAMY

XRM (706) 297 8780 bellkate4@gmail.com  
Signature of Candidate Telephone Number Email Address  
1306 ROBIE AVENUE MONTERA 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 \_\_\_\_\_  
day of 21 June, 2018.

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

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



2018 Election Assessment

COUNTY: Lake

CITY: Mount Dora

DATE: 6/21/2018

A. OFFICE

City Council AT-LARGE

B. CANDIDATE

KATE BELLAMY

Name

1306 ROBIE AVENUE, MOUNT DORA, 32757 FL

Address

C. ANNUAL SALARY

City Council Member \$ 6,110.04

1 % Election Assessment \$61.10

Mayor \$10,128.12

1 % Election Assessment \$101.28

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BY: m.s.

Undue Burden: Yes:        No: X

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

Submitted by:

KATE BELLAMY

Name

1306 ROBIE AVENUE, MOUNT DORA, FL 32757

Address

(706) 297 8780


Telephone

**Affidavit of Candidacy & Residency**

I, KATE BELLAMY, candidate for City of Mount Dora City Council Member, District N/A (if applicable), or at-large AT LARGE in the 2018 election, do hereby swear or affirm that I reside at: 1306 ROBIE AVE, MOUNT DORA FLORIDA 32757 where I have resided for 34/4 years/months, and which I hereby swear and affirm is located in District \_\_\_\_\_ (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

6/21/18  
Date

**Office Use Only**

Date filed: 6/21/18 Received by: misty Elder-Sommer

Received:

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

**RECEIVED**  
JUN 21 2018

BY: m.s.

Date Candidate Qualified: 6-22-18

cc: Candidate

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : BELLAMY KATHERINE ANNE

MAILING ADDRESS : 1306 ROBIE AVENUE

CITY : MOUNT DORA ZIP : 32757 COUNTY : LAKE

NAME OF AGENCY : CITY OF MOUNT DORA

NAME OF OFFICE OR POSITION HELD OR SOUGHT : MOUNT DORA CITY COUNCIL AT LARGE

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

CHECK ONLY IF [X] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

RECEIVED JUN 21 2018

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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: MAGICAL MEAT BOUTIQUE, 112 W 3RD AVE. MOUNT DORA. FL. 32757, PUBLIC HOUSE/RESTAURANT.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: N/A, N/A, 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")

NONE 1126 1306 Robie Ave 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.

**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
NONE	

**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
	MAGICAL MEAT BOUTIQUE	N/A
ADDRESS OF BUSINESS ENTITY	112 W 3RD AVE. MOUNT DORA. FL 32757	
PRINCIPAL BUSINESS ACTIVITY	PUBLIC HOUSE / RESTAURANT	
POSITION HELD WITH ENTITY	MANAGER/owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	AUTHORISED MEMBER	

**PART G — TRAINING**

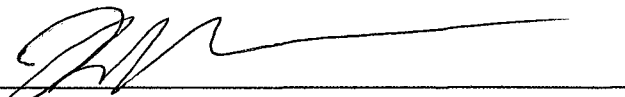
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

6/21/18

**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.