

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

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

(PLEASE PRINT OR TYPE)

1-13-EP03:26 R

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)

Carolyn A Cooper

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

Campaign to Re-Elect Carolyn Cooper
Post Office Box 2591
Winter Park, FL 32790

4. Telephone

(407) 222-7766

5. E-mail address

voteforcooper@gmail.com

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

City of Winter Park, City Commissioner, Seat 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

Kathy Kiely

11. Mailing Address

1800 Oneco Ave

12. Telephone

(407) 571-4780

13. City

Winter Park

14. County

Orange

15. State

FL

16. Zip Code

32789

17. E-mail address

kathleenmkiely@yahoo.com

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

19. Name of Bank

Commerce National Bank

20. Address

1201 S Orlando Ave Suite 100

21. City

Winter Park

22. County

Orange

23. State

FL

24. Zip Code

32789

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

Oct-13, 2015

26. Signature of Candidate

X Carolyn A Cooper

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

I, Kathleen M Kiely, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

Oct. 13, 2015 X

KMKiely
Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

10-01-15A08:38 RCVD

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Carolyn A Cooper

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Campaign to Re-Elect Carolyn Cooper
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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

Diane Homrich

11. Mailing Address

1640 Oakhurst Avenue

12. Telephone

(407) 415-5111

13. City

Winter Park

14. County

Orange

15. State

FL

16. Zip Code

32789

17. E-mail address

dianehomrich@gmail.com

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

19. Name of Bank

Commerce National Bank

20. Address

1201 S Orlando Ave Suite 100

21. City

Winter Park

22. County

Orange

23. State

FL

24. Zip Code

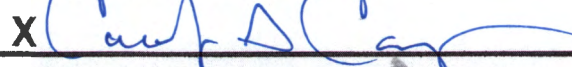
32789

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25. Date

October 1, 2015

26. Signature of Candidate



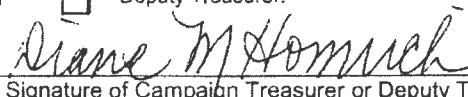
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Diane Homrich, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

October 1, 2015

Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

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Carolyn A Cooper

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Campaign to Re-Elect Carolyn
Post Office Box 2591
Winter Park, FL 32790

4. Telephone

(0407) 222-7766

5. E-mail address

voteforcooper@gmail.com

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

City of Winter Park, City Commissioner, Seat 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

Carolyn Cooper

11. Mailing Address

1047 McKean Circle

12. Telephone

(407) 222.7766

13. City

Winter Park

14. County

Orange

15. State

FL

16. Zip Code

32789

17. E-mail address

1carolyncooper@gmail.com

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20. Address

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22. County

Orange

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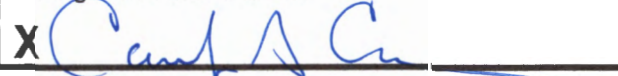
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25. Date

October 1, 2015

26. Signature of Candidate

X 

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

I, Carolyn Cooper, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

October 1, 2015

Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

10-01-15A08:54 RCVD

I, Carolyn Cooper,

candidate for the office of City Commission Seat 3;

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

X Carol A Cooper
Signature of Candidate

10-1-15
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).

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Carolyn Cooper Carolyn A

MAILING ADDRESS:

1047 McKean Circle

Winter Park FL 32789 ORANGE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

City of Winter Park

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

City Commissioner

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

12-15-15P02:28 RCVD

****** 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, 2014 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:

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
<i>Real Estate</i>	<i>Chevy Chase MD Montgomery County</i>	<i>Rental Property</i>

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")

<i>Chevy Chase MD Real Estate Montgomery MD</i>
<i>Winter Park FL Real Estate Orange County</i>

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	
CDs IRA, MMA Savings Checking	Bk of America, Pentagon Federal Credit Union Mariner Maricetta Federal Credit Union, USAA Commerce Bank National	
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		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>		
<u>SIGNATURE OF FILER:</u>		<u>CPA or ATTORNEY SIGNATURE ONLY</u>
Signature:  <hr/>		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: _____
Date Signed: Dec 15, 2015 <hr/>		
<u>FILING INSTRUCTIONS:</u>		
WHAT TO FILE: After completing all parts of this form, <u>including signing and dating it</u> , send back only the first sheet (pages 1 and 2) for filing. If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s). NOTE: MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.	WHERE TO FILE: 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. 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.) State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. Candidates file this form together with their qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. <u>Facsimiles will not be accepted.</u>	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 for publicly-elected local office must file at the same time they file their qualifying papers. Thereafter , local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions. Finally , at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

CITY OF WINTER PARK
CANDIDATE OATH
Ordinance No. 2925-13 - Section 42-7 (a) (5)

12-15-15 P05:33 RCVD

Carolyn A. Cooper
NAME OF CANDIDATE (Please Print)

WINTER PARK
City Commissioner Seat 3
Office

1047 McKean Circle Winter Park FL 32789
RESIDENCE ADDRESS

1047 McKean Circle WINTER PARK FL 32789
MAILING ADDRESS

TELEPHONE NO: HOME: 407.222.7766 BUSINESS: same

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared Carolyn A Cooper to me well known, who, being sworn, says that he/she is a candidate for the office of Commissioner that he/she is a qualified elector of the City of Winter Park, Orange County, Florida; and that he/she has not violated any of the laws of the state relating to elections or the registration of electors.

Carolyn A Cooper
(Signature of Candidate)

Sworn to and subscribed before me this 15th day of December, 2015, at Orange County, Florida.

Matthew Boland, City Clerk
Signature and Title of Officer
Administering Oath

**CANDIDATE OATH –
NONPARTISAN OFFICE**

1-15-15PU:37 RCvD

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Carolyn Cooper
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Winter Park City Commissioner Seat 3
(office) (district #)

3; I am a qualified elector of ORANGE 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.

X Carolyn Cooper (407) 222-7766 voteforcooper@gmail.com
Signature of Candidate Telephone Number Email Address

1047 McKean Circle Winter Park FL 32789
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Carolynne Cooper

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this 15th day of DECEMBER, 20 15.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Juanita Grant
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public
JUANITA GRANT

