

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

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

(PLEASE PRINT OR TYPE)

11-12-15P02:36 RCVD

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)

Lambaine Stergios Macejewski

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

210 Dana Way  
Winter Park, FL 32789

**4. Telephone**

(407) 949-4993

**5. E-mail address**

Lambaine@yahoo.com

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

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**

Lambaine Macejewski

**11. Mailing Address**

210 Dana Way

**12. Telephone**

(407) 949-4993

**13. City**

Winter Park

**14. County**

Orange

**15. State**

FL

**16. Zip Code**

32789

**17. E-mail address**

Lambaine@yahoo.com

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

**19. Name of Bank**

CNL BANK

**20. Address**

200 East New England Ave

**21. City**

Winter Park

**22. County**

Orange

**23. State**

Florida

**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**

Nov 12, 2015

**26. Signature of Candidate**

X 

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

I, Lambaine Macejewski, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

11-12-15

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

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

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

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**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)      3. Address (include post office box or street, city, state, zip code)  
 Lambrine Sergios Macejewski      210 Dana Way  
 Winter Park, FL 32789

4. Telephone      5. E-mail address  
 (407) 949-4993      lambrine@yahoo.com

6. Office sought (include district, circuit, group number)      7. If a candidate for a nonpartisan office, check if applicable:  
 Commissioner, Seat 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.

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

10. Name of Treasurer or Deputy Treasurer

Susy Scarlatos

11. Mailing Address      12. Telephone  
 1445 (1445) Granville Dr      (407) 619-2617

13. City    14. County    15. State    16. Zip Code    17. E-mail address  
 Winter Park    Orange    FL    32789    sscarlatos@cmlbank.com

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

19. Name of Bank      20. Address  
 CML Bank      200 East New England Ave

21. City    22. County    23. State    24. Zip Code  
 Winter Park    Orange    Florida    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.**

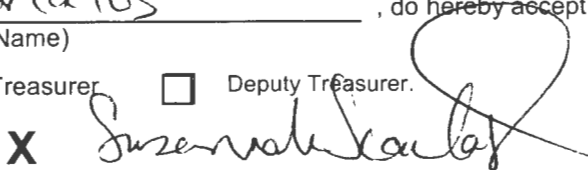
25. Date  
 November 12, 2015

26. Signature of Candidate  


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

I, Susannah (Susy) Scarlatos, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11/12/2015        
 Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

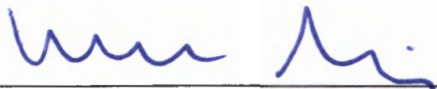
(Section 106.023, F.S.)  
(Please print or type)

OFFICE USE ONLY

11-12-15P02:36 RCVD

I, Lambrine Maciejewski,  
candidate for the office of COMMISSIONER seat 3;

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

X   
Signature of Candidate

NOV. 12, 2015  
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).



**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2014**

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

**FOR OFFICE USE ONLY:**

LAST NAME – FIRST NAME – MIDDLE NAME :

Magejewski, Lamberine

MAILING ADDRESS :

210 Dana Way

Winter Park

32799

orange

CITY :

ZIP :

COUNTY :

12-14-15P12:05 RCvd

NAME OF AGENCY :

City of Winter Park

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner, seat 3

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

**\*\*\*\* 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
Cocina 214	151 E. Welbourne Ave, Winter Park 32789	Restaurant & Bar

**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
avondale development llc	Cocina 214 distributions	151 E. Welbourne Ave, Winter Park	Restaurant & Bar

**PART C – REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "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
JRA'S 529s	To Ameritrade

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

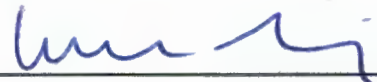
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

12-14-15

**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:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, 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.

**Facsimiles will not be accepted.**

**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 **not** 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)

LAMBRINE MACEJEWSKI  
NAME OF CANDIDATE (Please Print) \_\_\_\_\_ Office \_\_\_\_\_

210 Dana Way, Winter Park, FL 32789  
RESIDENCE ADDRESS \_\_\_\_\_

Same  
MAILING ADDRESS \_\_\_\_\_

TELEPHONE NO: HOME: 407-949-4993 BUSINESS: 407-790-7997

STATE OF FLORIDA  
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared Lambrine MACEJEWSKI 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.

[Handwritten Signature]  
(Signature of Candidate)

Sworn to and subscribed before me this 14<sup>th</sup> day of December, 2015, at Orange County, Florida.

[Handwritten Signature]  
Signature and Title of Officer Administering Oath City Clerk



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

12-14-15P12:11 RCVD

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, LAMBRINE MACEJEWSKI  
(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 Commissioner, \_\_\_\_\_, \_\_\_\_\_  
(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 [Signature] (407) 949-4993 lambrine@yahoo.com  
Signature of Candidate Telephone Number Email Address

210 Dana Way 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):

LAM-BREE-Knee Muh-chess-kee

STATE OF FLORIDA  
COUNTY OF Orange

NOTARY PUBLIC  
MIGUEL L. MCDANIEL  
MY COMMISSION # FF 240169  
EXPIRES: June 14, 2019  
Bonded Thru Budget Notary Services

Sworn to (or affirmed) and subscribed before me this 14 day of December, 2015

Personally Known: \_\_\_\_\_ or

Produced Identification: \_\_\_\_\_

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

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