

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

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

(PLEASE PRINT OR TYPE)

12-05-16P01:08 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)

GREGORY S. SEIDEL

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

1250 Richmond Rd.

**4. Telephone**

(407) 739-3206

**5. E-mail address**

gseidel@cfl.rr.com

Winter Park FL 32789

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

City Commission Seat 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.

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

**10. Name of Treasurer or Deputy Treasurer**

Valerie Seidel

**11. Mailing Address**

1250 Richmond Rd.

**12. Telephone**

(407) 415-2964

**13. City**

Winter Park

**14. County**

Orange

**15. State**

FL

**16. Zip Code**

32789

**17. E-mail address**

vseidel@cfl.rr.com

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

Seaside Bank

**20. Address**

700 W. Morse Blvd 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**

12/4/16

**26. Signature of Candidate**



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

I, Valerie Seidel, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

12/4/16

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)

12-05-16P01:03 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)

GREGORY S. SEIDEL

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

1250 Richmond Rd.

**4. Telephone**

(407) 739,3206

**5. E-mail address**

gseidel@cf1.rr.com

Winter Park FL 32789

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

CITY COMMISSION SEAT 7

**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**

BRENDAN BOYLE

**11. Mailing Address**

2019 LOCHBERRY RD.

**12. Telephone**

(954) 465-8706

**13. City**

WINTER PARK

**14. County**

ORANGE

**15. State**

FL

**16. Zip Code**

32792

**17. E-mail address**

brb525@yahoo.com

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

**19. Name of Bank**

Seaside Bank

**20. Address**

700 W. MOUSE BLVD STE 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**

12/4/16

**26. Signature of Candidate**



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

I, Brendan Boyle, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

12/5/16

Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

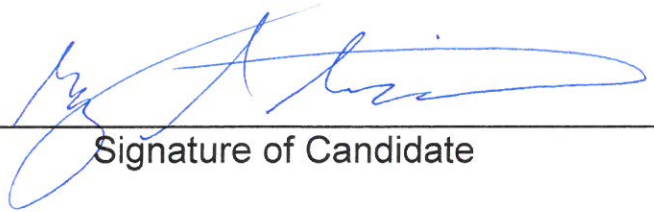
OFFICE USE ONLY

I, GREGORY S. SEIDEL,

candidate for the office of COMMISSIONER SEAT 1;

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

X

  
Signature of Candidate

12/5/16  
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).

01-06-17A10:37 RCVD

**Greg Seidel Campaign** 12/06/201  
1250 Richmond Rd  
Winter Park, FL 32789

63-1608/631

101

1/5/17  
DATE

PAY TO THE ORDER OF CITY OF WINTER PARK \$ 24.00

TWENTY-FOUR & No/100  
DOLLARS

 Security Features Details on Back



National Bank & Trust  
www.seasidebank.com

FOR CAMPAIGN FILING FEE

*[Signature]*

MP

⑆063116083⑆ 2000078846⑆ 0101

ROMAN

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2016**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SEIDEL GREGORY STEPHEN

MAILING ADDRESS :

1250 RICHMOND RD.

WINTER PARK 32789 ORANGE

CITY: ZIP: COUNTY:

NAME OF AGENCY :

CITY OF WINTER PARK

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY COMMISSIONER SEAT 1

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

FOR OFFICE USE ONLY:

01-06-17A10:35 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, 2016 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
The Balmoral Group	165 Lincoln Ave WP 32789	Engineering

**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
FDOT	ENGINEERING DESIGN	VARIOUS-STATEWIDE	TRANSPORTATION CONSTRUCTION
CFK	ENGINEERING DESIGN	4974 ORL TOWER RD ORLANDO FL 32807	TRANSPORTATION CONSTRUCTION
FDACS - OFFICE OF WATER POLICY	ECONOMIC CONSULTING	401 S. MON ROE TALLAHASSEE FL	AGRICULTURE

**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
TRUWE PRICE / AMERICAN FUNDS	N/A - PERSONAL
COLONIAL / MLC - STOCKS	N/A - PERSONAL

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
TD BANK	PO Box 5400 LEWISTON, ME 04243
TRUSTCO	PO BOX 1082 Schenectady, NY 12301

**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
	THE BALMORAL GROUP LLC	
ADDRESS OF BUSINESS ENTITY	165 LINCOLN AVE. WP	
PRINCIPAL BUSINESS ACTIVITY	ENGINEERING	
POSITION HELD WITH ENTITY	VICE PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	ACTIVE PARTNER	

**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:

11/5/17

**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, write "none" or "n/a" in that section(s).

**NOTE:**

**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.

**Facsimiles will not be accepted.**

**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 page 3 of instructions.

**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, 2016.

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

GREGORY S. SEIDEL  
NAME OF CANDIDATE (Please Print)

COMMISSIONER SEAT 1  
Office

1250 RICHMOND ROAD WINTER PARK, FL 32789  
RESIDENCE ADDRESS

SAME  
MAILING ADDRESS

TELEPHONE NO: HOME: 407-647-3481 BUSINESS: 407-629-2185

STATE OF FLORIDA  
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared Gregory Seidel 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.

[Signature]  
(Signature of Candidate)

Sworn to and subscribed before me this 5<sup>th</sup> day of JANUARY, 20 17, at Orange County, Florida.

[Signature]  
Signature and Title of Officer Clerk  
Administering Oath

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

01-05-17P01:22 RCVD

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, GREG SEIDEL

(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 CITY COMMISSION, \_\_\_\_\_, \_\_\_\_\_,  
(office) (district #)  
\_\_\_\_\_ ; 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) 647.3481 gseidel@cfl.m.com  
Signature of Candidate Telephone Number Email Address

1250 RICHMOND RD 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):

GREG Si DELL

STATE OF FLORIDA  
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of JANUARY, 2017.

Personally Known:  or

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

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

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

