

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

11-14-16 CB

14-11-16A10:13 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)

Wes Naylor

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

1431 Mayfield Ave. Winter Park, FL 32789

4. Telephone

534-8806 (904)

5. E-mail address

wes.naylor@coenaylor.com

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

City Commissioner, Seat 1

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

Lori Naylor

11. Mailing Address

1431 Mayfield Ave, #

12. Telephone

(904) 233-4848

13. City 14. County 15. State 16. Zip Code 17. E-mail address Winter Park Orange FL 32789 lnaylor300@gmail.com

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

19. Name of Bank

Sun Trust

20. Address

21. City 22. County 23. State 24. Zip Code Winter Park Orange FL 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 11/14/16

26. Signature of Candidate X Wes Naylor

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, Lori Naylor, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/14/16 Date X Lori Naylor Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

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Wes Naylor

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

1431 Mayfield Ave
Winter Park, FL 32789

4. Telephone

(904) 534-8806

5. E-mail address

wes.naylor@coenaylor.com

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

City Commission, Seat 1

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.

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Wes Naylor

11. Mailing Address

1431 Mayfield Ave

12. Telephone

(904) 534-8806

13. City

Winter Park

14. County

Orange

15. State

FL

16. Zip Code

32789

17. E-mail address

wes.naylor@coenaylor.com

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20. Address

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

11/14/16

26. Signature of Candidate

X Wes Naylor

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

I, Wes Naylor, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/14/16

Date

X

Wes Naylor

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

11-14-16 UB

14-11-16A10:16 RCVD

I, Wes Naylor,

candidate for the office of City Commission, Seat 7;

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

X Wes Naylor
Signature of Candidate

11/14/16
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).

01-05-17A11:21 RCVD

1001

WES NAYLOR CAMPAIGN
1431 MAYFIELD AVE
WINTER PARK, FLORIDA 32789

ESB® Check Fraud
Protection for Business
63-215/631

**PAY
TO THE
ORDER OF**

City of Winter Park

DATE 1/5/17

\$ 24 00 / 100

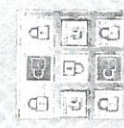
DOLLARS

FOR

Twenty - Four dollars & no
SunTrust
ACH RT 061000104
Qualifins Election Assessment
FW Na

⑈00001001⑈ ⑆0631021521⑆ ⑈000205073652⑈

Security Features



Details on back

GREEN SECURITY INK AND GREEN DIAMOND DISAPPEAR WHEN COPIED - INK SECURITY RED LOCK DISAPPEARS WHEN HEATED

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Naylor, Frank, Wesley, III

MAILING ADDRESS :

1431 Mayfield Avenue

CITY :

Winter Park

ZIP :

32789

COUNTY :

Orange

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Winter Park City Commission, Seat 1

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

01-05-17A09:09 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):

[X] 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 [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: Pension from USN, 12211 Science Dr, Orlando, FL 32826, Retirement Pension.

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: Coe & Naylor Group, Various Clients, 3505 Lake Lynda Drive Suite 200, Orlando, FL, Consulting.

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

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 |
|--|---|
| US Navy Thrift Savings Plan ^{Frank} - ^{Walter} | N/A |
| Principal Funds IRA - Cor. Walter | |

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|--------------------------------------|--|
| Navy Federal Credit Union - Mortgage | PO Box 3300, Merrifield, VA 22115 |
| Chase Bank - Car Loans | PO Box 901076, Fort Worth, TX 76101-2067 |

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

| <u>SIGNATURE OF FILER:</u> | <u>CPA or ATTORNEY SIGNATURE ONLY</u> |
|---|---|
| <p>Signature: <u>FW No</u></p> <p>Date Signed: <u>11/3/2016</u></p> | <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: <u>Christopher Moss</u></p> <p>Date Signed: <u>Jan 3, 2017</u></p> |

FILING INSTRUCTIONS:

| | | |
|---|---|---|
| <p>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.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>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.</p> <p>Facsimiles will not be accepted.</p> | <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p> | <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p> |
|---|---|---|

CITY OF WINTER PARK
CANDIDATE OATH

Ordinance No. 2925-13 - Section 42-7 (a) (5)

Wes Naylor
NAME OF CANDIDATE (Please Print)

Commissioner, Seat 1
Office

1431 Mayfield Ave, Winter Park, FL 32789
RESIDENCE ADDRESS

1431 Mayfield Ave, Winter Park, FL 32789
MAILING ADDRESS

TELEPHONE NO: HOME: 904-534-8806 BUSINESS: _____

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared WES NAYLOR 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.

Wes Naylor
(Signature of Candidate)

Sworn to and subscribed before me this 5th day of JANUARY, 2017, at Orange County, Florida.

Stephanie Buchanan
Signature and Title of Officer Administering Oath

**CANDIDATE OATH –
NONPARTISAN OFFICE**

01-05-17A09:14 RCVD

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Wes Naylor

(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, 3,
(office) (district #)
1; 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.

FUNA

Signature of Candidate

(904) 534-8806

Telephone Number

fnayloriii@gmail.com

Email Address

1431 Mayfield Ave

Address

Winter Park

City

FL

State

32789

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):

Wes Naylor (neigh - lor)

STATE OF FLORIDA

COUNTY OF ORANGE

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

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

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

