

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

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

(PLEASE PRINT OR TYPE)

12-04-17A10:00 RCVD

(Resigned 1-15-18 CB)

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)

JIM FITCH

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

1820 VIA GENOVA
WINTER PARK, FL 32789

4. Telephone

(407) 600-3421

5. E-mail address

CAJUNJIM11@GMAIL.COM

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

MAYOR

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

PAT ESTES

11. Mailing Address

1537 HILLCREST AVE

12. Telephone

(407) 838-0007

13. City

WINTER PARK

14. County

ORANGE

15. State

FL

16. Zip Code

32789

17. E-mail address

PATESTES@AOL.COM

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

19. Name of Bank
COMMERCIAL NATIONAL BANK & TRUST

20. Address
1201 S. ORLANDO AVE

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

12/1/2017

26. Signature of Candidate

X Jim Fitch

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

I, PAT ESTES, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12-1-17
Date

X Patricia Estes
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)

Rec'd 1-16-18
3:45 PM CR

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)

JIM FITCH

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

1820 VIA GENOA

4. Telephone

407 600 3121

5. E-mail address

CAJONJIM11@GMAIL.COM

WINTER PARK, FL 32789

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

MAYOR

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

JIM FITCH

11. Mailing Address

1820 VIA GENOA

12. Telephone

407 600 3121

13. City

WINTER PARK

14. County

ORANGE

15. State

FL

16. Zip Code

32789

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CAJONJIM11@GMAIL.COM

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19. Name of Bank COMMERCIAL NATIONAL BANK & TRUST

20. Address 1201 S. ORLANDO AVE

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

1/16/2018

26. Signature of Candidate

X Jim Fitch

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

I, JIM FITCH, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/16/2018
Date

X Jim Fitch
Signature of Campaign Treasurer or Deputy Treasurer

Refiled AS
Campaign Treasurer
1-16-18

01-08-18A09:10 RCVD

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

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

(PLEASE PRINT OR TYPE)

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

JIM FITCH 1820 VIA GENOA
WINTER PARK, FL 32989

4. Telephone 5. E-mail address

(407) 600-3121 CAJUNJIM11@GMAIL.COM

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

MAYOR 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

JIM FITCH

11. Mailing Address 12. Telephone

1820 VIA GENOA, WINTER PARK, FL 32989 (407) 600-3121

13. City 14. County 15. State 16. Zip Code 17. E-mail address

WINTER PARK ORANGE FL 32989 CAJUNJIM11@GMAIL.COM

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

19. Name of Bank 20. Address

COMMERCIAL NATIONAL BANK AND TRUST 1201 S. ORLANDO AVE

21. City 22. County 23. State 24. Zip Code

WINTER PARK ORANGE FL 32989

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 26. Signature of Candidate

1/8/18 Jim Fitch

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

I, JIM FITCH, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/8/18 Jim Fitch

Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

12-04-17 10:00 CB

I, JIM FITCH,

candidate for the office of MAYOR - WP;

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

X

Jim Fitch
Signature of Candidate

12/4/17
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).

Jim Fitch Campaign Account
for Winter Park Mayor

1005
63-1540/0631

1/23/18
DATE

PAY TO THE
ORDER OF

CITY WINTER PARK

\$ 30.00

THIRTY AND XX / 100

DOLLARS

Security features included. Details on back.



FOR WP MAYOR FILING

Jim Fitch
James E Fitch MP

⑆063115408⑆

1025048 1005

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

01-23-18A11:01 CB

JIM FITCH _____
NAME OF CANDIDATE (Please Print) Mayor
Office

1820 VIA GENOA, WINTER PARK, FL 32789
RESIDENCE ADDRESS

SAME
MAILING ADDRESS

TELEPHONE NO: HOME: 321 992-1700 BUSINESS: 401 600-3921
CELL

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared JIM FITCH to me well known, who, being sworn, says that he/she is a candidate for the office of Mayor 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.

Jim Fitch
(Signature of Candidate)

Sworn to and subscribed before me this 23rd day of January, 2018, at Orange County, Florida.

Stephanie Corbellum
Signature and Title of Officer
Administering Oath

**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

01-23-18A11:06
Rec'd
CB

OFFICE USE ONLY

Candidate Oath

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

I, JIM FITCH

(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 MAYOR - WINTER PARK,
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 202479543

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.]

FIT CH

Jim Fitch (407) 600-3921 CAJUNJIM11@GMAIL.COM
Signature of Candidate Telephone Number Email Address
1820 VIA GENOA WINTER PARK FL 32989
Address City State ZIP Code

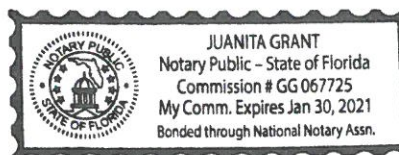
STATE OF FLORIDA
COUNTY OF ORANGE

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

Sworn to (or affirmed) and subscribed before me this 23rd
day of JANUARY, 2018.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

FITCH JAMES EDWIN

MAILING ADDRESS:

1820 VIA GENOA

CITY: WINTER PARK ZIP: 32189 COUNTY: ORANGE

NAME OF AGENCY: CITY OF WINTER PARK

NAME OF OFFICE OR POSITION HELD OR SOUGHT: MAYOR

01-23-18A11:01 RCVD

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, 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 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
SOCIAL SECURITY	WASHINGTON D.C.	GOVERNMENT
RENTAL PROPERTY	20 NOTTINGHAM WAY	RENTAL
" "	76 REINEKE ROAD	RENTAL

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
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")

20 NOTTINGHAM WAY, HAINES CITY, FL
7

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
BROKERAGE ACCOUNT	FIDELITY INVESTMENTS

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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		

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:

James Dio Field

Date Signed: 1/23/2018

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.