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

I, Carl E Creasman Jr

candidate for the office of Commissioner Seat 2

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

X Carl E Creasman Jr 10/04/19
Signature of Candidate 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).
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.

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)
   Carl E Cressman, Jr

3. Address (include post office box or street, city, state, zip
code)
   2013 Kimbrough Place
   Winter Park, FL 32792

4. Telephone
   (321) 245-6982

5. E-mail address
   cressman@mac.com

6. Office sought (include district, circuit, group number)
   Winter Park Commissioner Sect 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
    Carl E Cressman, Jr

11. Mailing Address
    2013 Kimbrough Place

12. Telephone
    (321) 245-6982

13. City
    Winter Park

14. County
    Orange

15. State
    FL

16. Zip Code
    32792

17. E-mail address
    cressman@mac.com

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

19. Name of Bank
    Commerce National Bank & Trust

20. Address
    1201 S. Orlando Ave, 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
    11/05/19

26. Signature of Candidate
    Carl E Cressman, Jr

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
   - Carl E Cressman, Jr, do hereby accept the appointment
designated above as:
   - Campaign Treasurer
   - Deputy Treasurer

   Date
   11/05/19
   Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)
Rule 1S-2.0001, F.A.C.
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.

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)
   Carl E Creasman Jr

3. Address (include post office box or street, city, state, zip code)
   2013 Kimbrace Place, Winter Park, FL 32792

4. Telephone
   (321) 245-6882

5. E-mail address
   creasman@mac.com

6. Office sought (include district, circuit, group number)
   Winter Park Commissioner 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:
   □ 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
    Carl E Creasman Jr

11. Mailing Address
    2013 Kimbrace Place

12. Telephone
    (321) 245-6882

13. City
    Winter Park

14. County
    Orange

15. State
    FL

16. Zip Code
    32792

17. E-mail address
    creasman@mac.com

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

19. Name of Bank
    SunTrust

20. Address
    400 Park Avenue South, 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
    10/04/19

26. Signature of Candidate
    Carl E Creasman Jr

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
    Carl E Creasman Jr  , do hereby accept the appointment
designated above as:  ☑ Campaign Treasurer  ☐ Deputy Treasurer.

Date
    10/04/19

Signature of Campaign Treasurer or Deputy Treasurer

Rule 1S-2.0001, F.A.C.
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

OFFICE USE ONLY

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

I, [Name],

(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 City Commissioner (Office)
(District #)
(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): 113302335

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.]

[Name], Man, Kahal

X [Signature of Candidate] (321) 245-6882 Carl@CarlForCommissioner.com

Signature of Candidate Telephone Number Email Address

2013 Kinnearce Pl Winter Park, FL 32792

Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me this 3rd day of December, 2019.

Personally Known: ☑ or Produced Identification: ______

Type of Identification Produced:

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

RENE S. CRANS
MY COMMISSION # GG 006198
EXPIRES: June 27, 2020
Bonded thru Budget Notary Services

DS-DE 302NP (Rev. 11/17) Rule 1S-2.0001, F.A.C.
CITY OF WINTER PARK
CANDIDATE OATH
Ordinance No. 2925-13 - Section 42-7 (a) (5)

Carl E Creasman Jr
NAME OF CANDIDATE (Please Print)

2013 Kinbrace Place Winter Park, FL 32792
RESIDENCE ADDRESS

SAME
MAILING ADDRESS


STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared Carl Creasman 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.

Carl Creasman
(Signature of Candidate)

Sworn to and subscribed before me this 3rd day of December, 2019, at Orange County, Florida.

RENE S. CRANES
Signature and Title of Officer Administering Oath

RENE S. CRANES
MY COMMISSION # GG 08198
EXPIRES: June 27, 2020
Seal Not Graphic Notary Services
**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

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

**LAST NAME -- FIRST NAME -- MIDDLE NAME:**
Creasman Jr Carl Edward

**MAILING ADDRESS:**
2013 Kimbrace Place

**CITY:** Winter Park

**ZIP:** 32792

**COUNTY:** orange

**NAME OF AGENCY:** City of Winter Park

**NAME OF OFFICE OR POSITION HELD OR SOUGHT:** City Commissioner Seat 2

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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

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**** 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, 2018  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")

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valencia College</td>
<td>701 N Ecord/Mkhatcher Trail, Orlando, FL 32825</td>
<td>College Education</td>
</tr>
</tbody>
</table>

---

**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>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**PART C -- REAL PROPERTY**

[Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

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(Continued on reverse side)
### PART D — INTANGIBLE PERSONAL PROPERTY

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRA 403(B) Mutual Fund</td>
<td>AXA Equius: GuideStone ProEquities</td>
</tr>
</tbody>
</table>

### PART E — LIABILITIES

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan Dept Wells Fargo Dealer Services</td>
<td>P.O. Box 77404 Ewing, NJ 08628 P.O. Box 997517 Sacramento, CA 95819</td>
</tr>
</tbody>
</table>

### PART F — INTERESTS IN SPECIFIED BUSINESSES

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

### 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, 2018.