

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

10-04-19 09:09 RCVD

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  
Signature of Candidate

10/04/19  
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).

11-05-19 14:40 RCVD

11-05-19 14:40

### 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)

Carl E Creasman Jr

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

2013 Kimbrae 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:** 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 Creasman Jr

**11. Mailing Address**

2013 Kimbrae 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**

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**

X Carl E Creasman Jr

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

I, Carl E Creasman Jr, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

11/05/19

Date

X Carl E Creasman Jr

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)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

10-04-19 10:07 RCVD

**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)

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:** 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 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

**X** Carl E Creasman Jr

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

I, Carl E Creasman Jr, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

10/04/19

Date

**X** Carl E Creasman Jr

Signature of Campaign Treasurer or Deputy Treasurer

**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

Recd 12/3/19  
2:00 p.m

OFFICE USE ONLY

**Candidate Oath**

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

I, Carl Creasman

(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 #)

\_\_\_\_\_, 2; 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): 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.]

Krees - Man, Kahl

**X** Carl Creasman (321) 245-6882 Carl@CarlForCommissioner.com  
Signature of Candidate Telephone Number Email Address  
2013 Kimbrace Pl Winter Park FL 32792  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Orange

Rene S. Cranis  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

Personally Known:  or Produced Identification: \_\_\_\_\_

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



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

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

Carl E Creasman Jr Commission Seat 2  
NAME OF CANDIDATE (Please Print) Office

2013 Kinbrace Place Winter Park, FL 32792  
RESIDENCE ADDRESS

SAME  
MAILING ADDRESS

TELEPHONE NO: HOME: 321-245-6882 BUSINESS: 407-582-2009

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.

René S. Cranis  
Signature and Title of Officer  
Administering Oath



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

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2018

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

FOR OFFICE USE ONLY:

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

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

Rec'd 12/13/19  
2:00 p.m.

\*\*\*\* **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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Valencia College	701 N Ecorlockhatchee Trail Orlando, FL 32825	College Education

**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
None			

**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
IRA, 403(B) Mutual Fund	AXA Equi-vest ; GuideStone ProEquities

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Loan Dept	P.O. Box 77404 Ewing, NJ 08628
Wells Fargo Dealer Services	P.O. Box 997517 Sacramento, CA 95899

**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

**SIGNATURE OF FILER:**

Signature:

*Carl E. Owens Jr.*

Date Signed:

12/03/2019

**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, 2018.