OFFICE USE ONLY STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please print or type) 12mcs 1. candidate for the office of COMMISSION have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. 1/26/20 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).

DS-DE 84 (05/11)

				7							
APPOINTMENT OF CA AND DESIGNATI DEPOSITORY F	ON O OR C	F CAMPAIGN ANDIDATES			Rec	d					
(Section 106.021(1), F.S.)				8:59 a. no R. Cravis							
(PLEASE PRINT OR TYPE)										2	
NOTE: This form must be officer before opening the		States - Charles States - States and the states of the sta	alifying						OFFIC	EUSE	ONLY
1. CHECK APPROPRIATE I		S): -filing to Change		Treasu	urer/Deputy	Depos	itory		Office		Party
2. Name of Candidate (in th	is orde	r: First, Middle, L	ast)		B. Address (inclue	de post of	ffice box	k or sti	reet, city,	state, z	zip
James Martin Sullivan					^{code)} 901 Georgia Ave.						
4. Telephone	5. E-ma	ail address		M	Winter Park, FL 32789						
(407)) 484-0112 js	sulliva	n2@cfl.rr.com	I							545.44	
6. Office sought (include dis			ber)		7. If a can		r a <u>non</u>	partis	an office	, check	k if
Winter Park Commissior	n Seat	1			applical		nt is to r	un as	a Write-Iı	n candi	date.
8. If a candidate for a partis	san off	ice, check bloci	k and fil	li in na	ame of party as	applicab		y inter	nt is to rur		
Write-In No Pa	arty Aff	liation						_ Part	y cano	didate.	
9. I have appointed the follo	owing	person to act a	s my	\boxtimes	Campaign Trea	surer [D	eputy	Treasure	r	
10. Name of Treasurer or De Maura T. Smith	puty Ti	easurer									
11. Mailing Address					e de destantines des seus aussi		12. 1	Feleph	none		
901 Georgia Ave.							(40)7)	247-427	7	
13. City		ounty	15. St	ate	16. Zip Code	17. E - m					
Winter Park	Oran	ge	FL	32789 jsullivan2@cfl.rr.com							
18. I have designated the following bank as my Primary Depository Secondary Depository					ory						
19. Name of Bank				7 19912002031039	20. Address						
Commerce National Ban	k & Ti			1201	S. Orlando A	ve.		—			
21. City Winter Park		22. County			23. State FL				24. Zip Co 2789	de	
UNDER PENALTIES OF PERJURY					EGOING FORM FOI			F CAMI		ASURE	R AND
25. Date	NATION	OF CAMPAIGN DEF	POSITOR	1	Signature of Can		II ARE I	RUE.			
				20.0			- 0	0	•		
12/2/2019				X	How We	- di	D	Ker.	<u>~</u>		
27. Treasurer'		ptance of Appo		t (fill ir	n the Manks and	check the	e approp	oriate	block)		
l,		laura T. Smith				, do he	ereby ac	ccept t	he appoir	ntment	
		e Print or Type N									
designated above as:	\boxtimes	Campaign T	reasure	r	Deputy Trea	asurer.					
12/2/2019	9		Х -	n	Jaim F.	Smu	th				
Date			-	Signe	ture of Campaig	n Treasu	rer or D	eputy	Treasure	r	

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APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	12-02-10 2000 R. Cranis
(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:	reasurer/Deputy 🔲 Depository 🔲 Office 🔲 Party
2. Name of Candidate (in this order: First, Middle, Last) James Martin Sullivian 4. Telephone (451)629-4648 JSullivian 20 ALTC. Com	3. Address (include post office box or street, city, state, zip code) 901 GRDY Jiz ANEANE Witter Perk, FL 32789
6. Office sought (include district, circuit, group number) Winter Park Commission Sept 1	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fill i	n 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 $M_{2NGA} T_{*} \qquad \qquad$	
11. Mailing Address 101 Greatize Aire.	12. Telephone (HOT) ジンサイー ムンフリ
13 City 14. County 15. State Winter Park Orange 72	16. Zip Code 17. E-mail address 32789 15ullivan 20 cf. 1. COM
18. I have designated the following bank as my	Primary Depository Secondary Depository
	D. Address 1031 N. Marse Birds
21. City Winter Park Orzinge	23. State 24. Zip Code Florida 32789
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FO DESIGNATION OF CAMPAIGN DEPOSITORY AN	
25. Date $26.$ $11/2017$	Signature of Candidate
27. Treasurer's Acceptance of Appointment (fill $M_{2WG} = \sum_{m} M_{M}$ (Please Print or Type Name)	in the blanks and check the appropriate block), do hereby accept the appointment
designated above as: Campaign Treasurer $\frac{11/27/2019}{Date}$	Deputy Treasurer. Man Sudd ature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

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

CITY OF WINTER PARK CANDIDATE OATH

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

NAME OF CANDIDATE (Please Print) Commission Seat 1 Office 901 Georgia Ave- Winter Pork, FL 32789 RESIDENCE ADDRESS Same MAILING ADDRESS HOME: ______ BUSINESS: _____ **TELEPHONE NO:**

STATE OF FLORIDA COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared Marty Sullivan 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.

ture of Candidate)

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

Kene D. Cranis

Signature and Title of Officer Administering Oath



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

CANDIDATE OATH -	
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	12-03-19 15:26 RCVD
Check box only if you are seeking to qualify as a write-in candidate:	12 00 19 10.20 KUVD
Write-in candidate	
	OFFICE USE ONLY
(Section 99.021(1)) (Print name above as you wish it to appear on the ballot.	ate Oath (a), Florida Statutes)
Although a write-in candidate's name is not printed on the	
am a candidate for the nonpartisan office of $Cit_{\gamma}SW$	(Office) (District #)
(<i>Circuit #</i>), (<i>Group or Seat #</i>); I am a qualified elector of	Orange County, Florida;
have qualified for no other public office in the state, the term of I seek; and I have resigned from any office from which I am re and I will support the Constitution of the United States and the	
Candidate's Florida Voter Registration Number (located on yo	ur voter information card): 1134 13605
Phonetic spelling for audio ballot: Print name phonetically o ballot as may be used by persons with disabilities (see instruction marce te sull - i - van	n the line below as you wish it to be pronounced on the audio as on page 2 of this form): <i>[Not applicable to write-in candidates.]</i>
× Mata Sulling (407) 484-01	12 jsullivan 20061. rr. com
Signature of Candidate Telephone Number	Email Address
901 Georgia Ave. Winter Park	FL 32789 State ZIP Code
Address City STATE OF FLORIDA	State ZIP Code Republic ZIP Code
COUNTY OF Orabal	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this $3rL$ day of $December 2016$.	RENE S. CRANIS MY COMMISSION # GG 006193 EXPIRES: June 27, 2020
Personally Known: or Produced Identification:	TROFFLOR Bonded Thru Budget Natary Savices
Type of Identification Produced:	
DS-DE 302NP (Rev. 11/17)	Rule 1S-2.0001, F.A.C.

FORM 1		STATEN	IENT OF		2018		
Please print or type your name, mailing address, agency name, and position be	FINANCIAL INTERI			S FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME M Sullivan, James Martin	IDDLE N	AME :					
MAILING ADDRESS : 901 Georgia Ave				0.07	19 15:24 RCVD		
				2-03-	19 10-14 Novo		
сіту: Winter Park	3278	ZIP : COUNTY : 39 Orange					
NAME OF AGENCY : City of Winter Park							
NAME OF OFFICE OR POSITION	HELD C	R SOUGHT :					
You are not limited to the space on t	he lines c	on this form. Attach additional she	eets, if necessary.				
CHECK ONLY IF I CANDIDA	TE OF		RAPPOINTEE	an a taka ku ata akazar			
	TH P	ARTS OF THIS SEC	TION <u>MUST</u> BE CO	MPLET	ED ****		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one):	OUR FI	NANCIAL INTERESTS FOR [*] E STATE BELOW WHETHER	THE PRECEDING TAX YEA THIS STATEMENT IS FOR	R, WHET THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING		
DECEMBER 3	, 2018		FY TAX YEAR IF OTHER TH	IAN THE C	CALENDAR YEAR:		
MANNER OF CALCULATING FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO for further details). CHECK THE	USING I	REPORTING THRESHOLDS TIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON	LAR VALU N PERCEI	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions		
COMPARATIV	E (PERC	ENTAGE) THRESHOLDS	<u>or</u> 🗹 doll	AR VALI	JE THRESHOLDS		
PART A PRIMARY SOURCES C	F INCON	IE [Major sources of income to	the reporting person - See ins	tructions]	n Marchan (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (19		
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
various stocks divideds		various investment income			nent income		
social security		5520 Gatlin Ave#101 Orlando, FL 32812 Federal government			I government		
AT&T pension		AT&T 270 Ave of the Americas 7th floor communications					
Somerset, NJ 08873-4140				an samasi wan	and the product operation of the first star of the star of the story of the star star star of the story of the		
	ts, and ot	COME her sources of income to busine write "none" or "n/a")	sses owned by the reporting pe	erson - See	instructions]		
NAME OF BUSINESS ENTITY					PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
n/a							
				V iele and the second			
PART C REAL PROPERTY [Lan (If you have nothing to	d, buildin report, v	gs owned by the reporting perso vrite "none" or "n/a")	on - See instructions]	and w	G INSTRUCTIONS for when where to file this form are		
house 117 W. Fern St.	, Tam	ba, FL 33604		INSTR	ed at the bottom of page 2. RUCTIONS on who must file		
					orm and how to fill it out on page 3.		

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, cert (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	ificates of deposit, etc See instructions] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
See Attachment					
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 po (If you have nothing to report, write "none" or "n/a") BUS	sitions in certain types of businesses - See instructions]				
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					
I CERTIFY THAT I HAVE CON IF ANY OF PARTS A THROUGH G ARE CONTINUED SIGNATURE OF FILER: Signature:	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				
200000 Mars Dim Date Signed: 12/2/2019	 she must complete the following statement: 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	 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: <i>Initially</i>, each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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. <i>Candidates</i> must file at the same time they file their qualifying papers. <i>Thereafter</i>, file by July 1 following each calendar year in which they hold their positions. <i>Finally</i>, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement 				
bother format) and send it to CEForm1@leg.state.fl.us. <u>Do not file by</u> both mail and email. Choose only one filing method. Form 6s will not be accepted via email.	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, 2018.				

CE FORM 1 - Effective: January 1, 2019. Incorporated by reference in Rule 34-8.202(1), F.A.C.

stock stock stock stock stock stock stock stock	A T & T INC T ABBOTT LABORATORIES ABT ABBVIE INC ABBV AFLAC INC AFL
stock stock stock stock stock	ABBVIE INC ABBV AFLAC INC AFL
stock stock stock stock	AFLAC INC AFL
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stock	Affiliated Mgrs AMG
	ALLIANT ENERGY CORP LNT
stock	ALLSTATE CORP ALL
	AMER ELECTRIC PWR CO AEP
stock	AMERICAN EXPRESS CO AXP
stock	AMGEN INC. AMGN
stock	BANK OF NY MELLON CO BK
stock	BB&T CORP BBT
stock	CHEVRON CORP CVX
stock	CISCO SYSTEMS INC CSCO
stock	Colgate CL
stock	CONOCOPHILLIPS COP
stock	COSTCO WHOLESALE CO COST
stock	DEERE & CO DE
stock	DISCOVER FINL S DFS
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stock	GENERAL DINAMICS CO GD
stock	GENUINE PARTS CO GPC
stock	HONEYWELL INTLINC HON
stock	IBM CORP IBM
stock	INTEL CORP INTC
stock	JOHNSON & JOHNSON JNJ
stock	MARSH & MC LENNAN CO MMC
stock	MC CORMICK & CO INC MKC
stock	MICROSOFT CORP MSFT
stock	NORFOLK SOUTHERN CO NSC
stock	ORACLE CORP ORCL
stock	PEPSICO INC PEP
stock	PHILIP MORRIS INTL PM
stock	PPG INDUSTRIES INC PPG
stock	PROCTER & GAMBLE PG
stock	RPM INTERNTNL RPM
stock	S&P GLOBAL INC SPGI
stock	Schlumberger SLB
stock stock	TEXAS INSTRUMENTS TXN
stock	THE COCA-COLA CO KO UNITED PARCEL SRVC CLASS B UPS
stock	UNITED FARCEL SRVC CLASS B UPS
stock	UNITEDHEALTH GRP INC UNH
stock	WALT DISNEY CO DIS
stock	WILLIAMS COMPANIES WMB
stock	AT&T T
stock	Blackrock BLK
stock	Comcast CMCSA
stock	Dover DOV
stock	General Motors GM
stock	Johnson Controls JCI
stock	Merck MRK
stock	Qualcomm QCOM
stock	Raytheon RTN
stock	Thermo Fisher TMO
stock	VF Corp VFC
mutual fund	Ishrs Edge MSCI EUMV
mutual fund	Ishrs MSCI Pacific EPP
man thread for the	Vanguard Extended Mkt VXF
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