STATEMENT OF CANDIDATE

I, \underline{JEFFREY L. BLYDENBURGH},

candidate for the office of \underline{CITY COMMISSIONER SEAT 1},

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

\underline{Signature of Candidate} \hspace{1cm} 12/19/19

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).
Recd 2/10/19
10:24 a.m.
T. Crans

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)
JEFFREY BLYDENBURGH

3. Address (include post office box or street, city, state, zip code)
204 GENIUS DR.
WINTER PARK FL 32789

4. Telephone
(321) 441-0755

5. E-mail address
JeffreyBlydenburgh@mac.com

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

7. If a candidate for a nonpartisan office, check if applicable:
   ☐ My intent is to run as a Write-In candidate
   ☐ My intent is to run as a Party candidate

8. If a candidate for a partisan office, check block and fill in name of party as applicable:
   ☐ Write-In
   ☐ No Party Affiliation
   ☐ Campaign Treasurer
   ☐ Deputy Treasurer

9. I have appointed the following person to act as my
   ☐ Campaign Treasurer
   ☑ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
    JEFFREY BLYDENBURGH

11. Mailing Address
    204 GENIUS DRIVE

12. Telephone
    (321) 441-0755

13. City
    WINTER PARK

14. County
    ORANGE

15. State
    FL

16. Zip Code
    32789

17. E-mail address
    JeffreyBlydenburgh@mac.com

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

19. Name of Bank
    SEACOAST BANK

20. Address
    1031 W. MURRAY BLVD

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
    12/10/19

26. Signature of Candidate
    JEFFREY BLYDENBURGH

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

I, JEFFREY BLYDENBURGH

(Please Print or Type Name)

designated above as:
    ☑ Deputy Treasurer
    ☐ Campaign Treasurer

Date
    12/10/19

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.

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)
JEFFREY BLYDENBURGH

4. Telephone  5. E-mail address
321-441-0752 jeffreyblydenburgh@mac.com

6. Office sought (include district, circuit, group number)
CITY COMMISSION STATE 1

3. Address (include post office box or street, city, state, zip
code)
204 Genius Drive
Winter Park, FL 32789

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
BILLY WAR

10. Name of Treasurer or Deputy Treasurer
BILLY WAR

11. Mailing Address
P.O. BOX 391

12. Telephone
(407) 448 6826

13. City
WINTER PARK

14. County
ORANGE

15. State
FL

16. Zip Code
32790

17. E-mail address
uwerr111@GMAIL

18. I have designated the following bank as my  ☒ Primary Depository  ☐ Secondary Depository
SEACOAST BANK

19. Name of Bank
SEACOAST BANK

20. Address
1031 W. MONTE BLVD

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
12/10/19

26. Signature of Candidate
BILL WAR

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

I, BILL WAR, designated above as: ☒ Campaign Treasurer  ☐ Deputy Treasurer, do hereby accept the appointment

2/12/19  ☒ Signature of Campaign Treasurer or Deputy Treasurer
CITY OF WINTER PARK
CANDIDATE OATH
Ordinance No. 2925-13 - Section 42-7 (a) (5)

JEFFREY BLYDENBURGH
NAME OF CANDIDATE (Please Print)

204 GENIUS DRIVE
RESIDENCE ADDRESS

WINTER PARK FL 32789
MAILING ADDRESS


STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared JEFFREY BLYDENBURGH 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.

(Signature of Candidate)

Sworn to and subscribed before me this 10th day of DECEMBER, 2019, at Orange County, Florida.

Signature and Title of Officer Administering Oath

ZOE KORNAKER
Notary Public, State of Florida
Commission# GG 261964
My comm. expires Sept. 26, 2022
Candidate Oath
(Section 99.021(1)(a), Florida Statutes)

I, Jeffrey Blydenburg

(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.)

I am a candidate for the nonpartisan office of CITY COMMISSION (Office) ; I am a qualified elector of ORANGE County, Florida;

(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): 113347223

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.]

Jeffree Blydenburgh

Signature of Candidate

Telephone Number     Email Address

204 Genius Dr. Winter Park, FL 32789

State of FLORIDA

COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this 10 day of DECEMBER, 2019.

Personally Known: □ or Produced Identification: √

Type of Identification Produced: PDL

ZOE KORNAKER
Notary Public, State of Florida Commission# GG 261964
My comm. expires Sept. 25, 2022

DS-DE 302NP (Rev. 11/17)
**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

**FOR OFFICE USE ONLY:**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bydenburgh</td>
<td>Jeffrey L.</td>
<td></td>
</tr>
</tbody>
</table>

**MAILING ADDRESS:**

204 Genius Drive

**CITY**

Winter Park

**ZIP**

32789

**COUNTY**

**NAME OF AGENCY:**

CITY OF WINTER PARK

**NAME OF OFFICE OR POSITION HELD OR SOUGHT:**

CITY COMMISSION SEAT 1

You are not limited to the space on this form. Attach additional sheets, if necessary.

**CHECK ONLY IF**

- [X] CANDIDATE
- [ ] NEW EMPLOYEE OR APPOINTEE

**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, 2018
- [ ] 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
- [X] DOLLAR VALUE THRESHOLDS

**PART A — PRIMARY SOURCES OF INCOME**

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCES OF INCOME ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward Jones</td>
<td>201 Progress Pkwy</td>
<td>Investment Income</td>
</tr>
<tr>
<td>Newmont USA LTD</td>
<td>1301 S. Palafox St.</td>
<td>Rents &amp; Royalties</td>
</tr>
<tr>
<td>Edward Jones</td>
<td>201 Progress Pkwy</td>
<td>IRA Distributions</td>
</tr>
<tr>
<td>Social Security Admin.</td>
<td>101 Commerce St.</td>
<td>Retirement</td>
</tr>
</tbody>
</table>

**PART B — SECONDARY SOURCES OF INCOME**

[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>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART C — REAL PROPERTY**

[If you have nothing to report, write "none" or "n/a"]

<table>
<thead>
<tr>
<th>FILING INSTRUCTIONS</th>
<th>(For when and where to file this form are located at the bottom of page 2.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS</td>
<td>(For who must file this form and how to fill it out begin on page 3.)</td>
</tr>
<tr>
<td></td>
<td>(Continued on reverse side)</td>
</tr>
</tbody>
</table>
### 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>N/A</td>
<td></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></td>
<td></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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF BUSINESS ENTITY</th>
<th>PRINCIPAL BUSINESS ACTIVITY</th>
<th>POSITION HELD WITH ENTITY</th>
<th>OWN MORE THAN A 5% INTEREST IN THE BUSINESS</th>
<th>NATURE OF MY OWNERSHIP INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></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.

**SIGNATURE OF FILER:**

Signature: [Signature]

Date Signed: 12/9/19

**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 the location indicated in your position. 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 Myers 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. Forms 6S will not be accepted via email.

**CPA or ATTORNEY ONLY**

If you are a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, you must complete the following statement:

I, [Your Name], prepared the CE Form 1 in accordance with Section 112.3142, Florida Statutes, and the instructions for the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: [Signature]

Date Signed: 12/9/19

**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 the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation. If it is less than 30 days from the date of their appointment, they must file within the 30 days.

**Theretofore,** 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.