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:

01-11-21P03:34 RCVD

| Candidate Oath (Section 99.021(1)(a), Florida Statutes) (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but ha hyphen, check box [] (See page 2 - Compound Last Names). No change can be made after the end of qualify 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 [] (Office) (District #) (Circuit #) (Group or Seat #) I am qualified elector of [] (Circuit #) (Group or Seat #) I am qualified on the constitution and the Laws of Florida to hold the office to which I desire to be nominated or elect have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office last and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Status 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): [] 13399 [] | ONLY |
|--|---------------|
| (Section 99.021(1)(a), Florida Statutes) (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but ha hyphen, check box | |
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| hyphen, check box (See page 2 - Compound Last Names). No change can be made after the end of qualify 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 | |
| hyphen, check box (See page 2 - Compound Last Names). No change can be made after the end of qualify 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 | |
| (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 elect have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the old seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Status and I will support the Constitution of the United States and the Constitution of the State of Florida. | s no ving. |
| (Circuit #) (Group or Seat #) I am qualified elector of PRANGE County, Florida to hold the office to which I desire to be nominated or elect have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the old seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statu and I will support the Constitution of the United States and the Constitution of the State of 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 elect have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the old seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statu and I will support the Constitution of the United States and the Constitution of the State of Florida. | |
| have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the of I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statu and I will support the Constitution of the United States and the Constitution of the State of Florida. | a; |
| have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the of I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statu and I will support the Constitution of the United States and the Constitution of the State of Florida. | ed; I |
| I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statu and I will support the Constitution of the United States and the Constitution of the State of Florida. | 105 |
| 112224410 | tes; |
| Candidate's Florida Voter Registration Number (located on your voter information card): 113399113 | |
| Candidate's Florida Voter Registration Number (located on your voter information card): 113399113 | F |
| | |
| 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 candidate FIL ANDERSUHN | dio es.] |
| THE HOT 739-0002 PHILANDERSON JREA | OL. |
| Signature of Candidate Telephone Number Email Address | DM |
| 1621 MOUNDELAY LANE, WINTER FACK, FL 32789 | |
| Address City State ZIP Code | |
| STATE OF FLORIDA ROME & CUCANO | |
| Signature of Notary Public | - |
| COUNTY OF Print, Type, or Stamp Commissioned Name of Notary Public below: | |
| Sworn to (or affirmed) and subscribed before me by physical or phy | |
| online presence this Handay of Analy, 2021. **Expires: June 27, 2020 Bonded Thru Budget Notary Services | |
| Personally Known: or Produced Identification: | |
| Type of Identification Produced: | |

CITY OF WINTER PARK CANDIDATE OATH

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

| PHILLIP ("PHIL") ANDERSON NAME OF CANDIDATE (Please Print) | MayorOffice |
|---|--|
| 1621 ROUNDOLAY LAND, GRESIDENCE ADDRESS | JINTER PARK, FL 32789 |
| SAME MAILING ADDRESS | |
| TELEPHONE NO: HOME: 407-739-000 | 2 BUSINESS: SAME |
| STATE OF FLORIDA COUNTY OF ORANGE | |
| | |
| | (Signature of Candidate) |
| Sworn to and subscribed before me this County, Florida. | day of January, 2021, at Orange |
| RENE S. CRANIS WY COMMISSION # GG 006198 EXPIRES: June 27, 2020 Bonded Thru Budget Notary Services | Signature and Title of Officer Administering Oath |

| FORM 1 | STATE | MENT OF | 2019 | |
|---|--|---------------------------------|---|--|
| Please print or type your name, mailing address, agency name, and position below | FINANCIAI | INTERESTS | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MID | DLÉ NAME: ILLIP MARION | to | | |
| MAILING ADDRESS: | 1 | , 100 | | |
| 1621 Kounder | AY LANE | | | |
| CITY: | 710 | | 01-11-21PUD:31 PC | |
| WINTER TARK | ZIP: COUNTY | PANGE | | |
| CITY OF WINTE | R PARK | | | |
| NAME OF OFFICE OR POSITION F | ELD OR SOUGHT: | | | |
| CHECK ONLY IF M CANDIDATE | OR NEW EMPLOYEE O | R APPOINTEE | | |
| | **** THIS SECTION MU | |) **** | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y | | | | |
| MANNER OF CALCULATING | | | DING DECEMBER 31, 2019. | |
| FILERS HAVE THE OPTION OF | USING REPORTING THRESHO | LDS THAT ARE ABSOLUTE | DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES | |
| (see instructions for further details |). CHECK THE ONE YOU ARE | | | |
| | PERCENTAGE) THRESHOLDS | | AR VALUE THRESHOLDS | |
| PART A PRIMARY SOURCES OF I (If you have nothing to re | NCOME [Major sources of income to port, write "none" or "n/a") | the reporting person - See inst | ructions] | |
| NAME OF SOURCE OF INCOME | | URCE'S DRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| BRIDGE NVESTMENT G | COUP 1000 LEGION FI | PACE, ORLANDO | REAL ESTATE FINANCE | |
| GENOVA ENTERPRISES | 1621 KOWNDOLAY L | N, WINTER PARK | AUTO DEALENSHIP & RE | |
| GENOVA VENTURES 1 | 1621 ROUNDERY | LU WINTER PARK | INVESTMENT FUND MANAGER | |
| PART B - SECONDARY SOURCES | OF INCOME | | | |
| [Major customers, clients, a (If you have nothing to re | and other sources of income to busine port, write "none" or "n/a") | sses owned by the reporting per | rson - See instructions] | |
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| GENOVA ENTERPRISES / | ANDERSON AUTO | 7050 PENSALOLA P | BLVD, AUTO DEALER | |
| TENOVA VENTURES 1 B | RIDGE SENIORS MER | 1000 LEGION PLACE, | ORIANO WYSST. FUND MGR | |
| PART C REAL PROPERTY [Land, b | uildings owned by the reporting person | n. Con instructional | | |
| (If you have nothing to rep | ort, write "none" or "n/a") | are 22704 | You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. | |
| PERSONAL: 164 NORDELLA | OLA BLUD PRUSACOLA | F. 32805 | FILING INSTRUCTIONS for when and where to file this form are | |
| AKE MAITIAND TERRALE COMP # 1/2 1/2 COMP 1/2 MAITIAND ED 2275 | | | | |
| JILTER PARK GARDENS | 1 4 | LROSE AVE W.P. | /INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. | |
| CE FORM 1 - Effective: January 1, 2020 Incorporated by reference in Rule 34-8.202(1), F.A.C. | | n reverse side) 32783 | PAGE 1 | |

| PART D - INTANGIBLE PERSONAL PROPERTY IS | factor to the | | | | | |
|--|---|---|-------|-----------------------|--|--|
| PART D — INTANGIBLE PERSONAL PROPERTY [SI (If you have nothing to report, write "nor | .ocks, bonds, certific ne" or "n/a") | cates of deposit, etc. | - See | instructions] | | |
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | |
| STOCK IN BUSINESS | GENOVA | GENOVA EXTERPRISES | | | | |
| STOCK IN BUSINESS | GENOVA | VENTURGS | 1 | | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non | el | | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | | |
| NO LIBBILITIES IN | EXCES | | ET | | | |
| | | | | 20.0/1/ | | |
| 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 | | | | | | |
| NAME OF BUSINESS ENTITY | <i>W</i> | A THE | | BUSINESS ENTITY # 2 | | |
| 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 O | N A SEPARATE | SHE | ET, PLEASE CHECK HERE | | |
| SIGNATURE OF FILER: | | CPA or ATTORNEY SIGNATURE ONLY | | | | |
| Signature: | | 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: | | | | |
| Date Signed: | | 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. | | | | |
| 1/10/21 | | CPA/Attorney Signature: | | | | |
| | | Date Signed: | | | | |
| FILING INSTRUCTIONS: | | | | | | |
| f you were mailed the form by the Commission on Ethic | ac ar 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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.