

**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

RCVO 1/17/23 3:35 p.m
RC

OFFICE USE ONLY

Candidate Oath

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

I, Marty Sullivan,

(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 Commissioner, _____, _____
(Office) (District #)

_____ , 1 ; 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): 113413 605

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.]

m a r - t e s u l l - i - v a n

X Marty Sullivan 407, 484-0112 jsullivan2@flrr.com
Signature of Candidate Telephone Number Email Address
901 Georgia Ave. Winter Park FL 32789
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Orange

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 17th day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

CITY OF WINTER PARK
CANDIDATE OATH

01-17-23 P 3:35 RC

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

James Martin (Marty) Sullivan
NAME OF CANDIDATE (Please Print)

Commissioner, Seat 1
Office

901 Georgia Ave., Winter Park, FL 32789
RESIDENCE ADDRESS

Same
MAILING ADDRESS

TELEPHONE NO: HOME: _____ BUSINESS: _____
CELL: 407-484-0112

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared James Martin (Marty) Sullivan to me well known, who, being sworn, says that he/she is a candidate for the office of Commissioner, Seat 1, 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.

James Martin Sullivan
Signature of Candidate

Sworn to and subscribed before me this 17th day of January, 2023, at Orange County, Florida.

Rene A. Cronis
Signature of Officer Administering Oath

City Clerk
Title of Officer Administering Oath

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Sullivan, James Martin

MAILING ADDRESS :

901 Georgia Ave

CITY :

Winter Park

ZIP :

32789

COUNTY :

Orange

NAME OF AGENCY :

City of Winter Park

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

01-18-23A 09:42 RCVD

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

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
social security	5520 Gatlin Ave #101 Orlando 32812	Federal Government
AT&T pension	AT&T 279 Ave of the Americas 7th floor	communications
	Somerset, NJ 08873-4140	
Texas Instruments	Charles Schwab & Co.	broker

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
n/a			

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

n/a

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

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
see attachment	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 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
	n/a	
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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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: _____


Date Signed: _____
 1/18/2023

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), 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

Attachment (items exceeding \$10,000)

Account 1

Commerce National Bank personal checking

Account 2

ADVANCED MICRO DEVIC AMD equity
DARDEN RESTAURANTS DRI equity
M&T BANK MTB equity
MICROSOFT CORP MSFT equity
OMNICOM GROUP INC OMC equity
PEPSICO INC PEP equity

Account 3

AT&T T equity
QUALCOMM INC QCOM equity
TIAA-CREF HIGH-YIELD INS TIHYX bond fund
AMERICAN FUNDS NEW WORLD NFFFX equity fund
COHEN & STEERS REALTYSH CSRSX equity fund
MFS INTL DIVERSIFICATION MDIJX equity fund
T. ROWE PRICE ALL-CAP OP PNAIX equity fund
VANGUARD SMALL CAP INDEX VSMAX equity fund
WILLIAM BLAIR SMALL-MID WSMDX equity fund

Account 4

A T & T INC T equity
ABBOTT LABORATORIES ABT equity
ABBVIE INC ABBV equity
ALLIANT ENERGY CORP LNT equity
ALLSTATE CORP ALL equity
AMER ELECTRIC PWR CO AEP equity
AMERICAN EXPRESS CO AXP equity
AMGEN INC AMGN equity
APOLLO GLOBAL MGMT APO equity
AUTO DATA PROCESSING ADP equity
BOOZ ALLEN HAMILTON BAH equity
CHEVRON CORP CVX equity
CISCO SYSTEMS INC CSCO equity
CONOCOPHILLIPS COP equity
CONSTELLATION BRAND STZ equity
COSTCO WHOLESALE CO COST equity
CVS HEALTH CORP CVS equity
DEERE & CO DE equity
DISCOVER FINL S DFS equity
DOMINION ENERGY INC D equity
DTE ENERGY CO DTE equity
EASTMAN CHEMICAL CO EMN equity
EATON CORP PLC ETN equity
ENBRIDGE INC ENB equity
EOG RESOURCES INC EOG equity
EVERSOURCE ENERGY ES equity
GENERAL MILLS INC GIS equity
GENUINE PARTS CO GPC equity
HONEYWELL INTL HON equity
INTEL CORP INTC equity
JOHNSON & JOHNSON JNJ equity
MARSH & MC LENNAN MMC equity
MEDTRONIC PLC MDT equity
MICROSOFT CORP MSFT equity

NORFOLK SOUTHERN CO NSC	equity
ORACLE CORP ORCL	equity
PEPSICO INC PEP	equity
PHILIP MORRIS INTL PM	equity
PPG INDUSTRIES INC PPG	equity
PROCTER & GAMBLE PG	equity
S&P GLOBAL INC SPGI	equity
TEXAS INSTRUMENTS TXN	equity
THE COCA-COLA CO KO	equity
TRUIST FINL CORP TFC	equity
UNITEDHEALTH GRP INC UNH	equity
WALT DISNEY CO DIS	equity
WILLIAMS COMPANIES WMB	equity
Account 5	
A T & T INC T	equity
QUALCOMM INC QCOM	equity
TIAA-CREF HIGH-YIELD TIHYX	bond fund
AMERICAN FUNDS NEW NFFFX	equity fund
COHEN & STEERS REALTY CSRSX	equity fund
MFS INTL MDIIX	equity fund
T. ROWE PRICE ALL-CAP PNAIX	equity fund
VANGUARD SMALL CAP INDEX VSMAX	equity fund
WILLIAM BLAIR SMALL-MID WSMDX	equity fund
CASH	Brokerage accounts