

**CITY OF WINTER PARK
CANDIDATE OATH**

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

Stockton Reeves Winter Park City
Commissioner, #2
NAME OF CANDIDATE (Please Print) Office

1491 Mizell Avenue Winter Park, FL 32789
RESIDENCE ADDRESS

same
MAILING ADDRESS

TELEPHONE NO: HOME: _____ BUSINESS: 407-756-1237
CELL: 407-951-2117

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared Stockton Reeves to me well known, who, being sworn, says that he/she is a candidate for the office of Commissioner, Seat #2, 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]
Signature of Candidate

Sworn to and subscribed before me this 8th day of December, 2023, at Orange County, Florida.

Rene S. Cianis
Signature of Officer Administering Oath

City Clerk
Title of Officer Administering Oath

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:

12-08-23P 02:19 RCVD

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name for Ballot: Stockton / Reeves
First Middle Name/Initial/and/or/Nickname Last Name Suffix
(See reverse side for Nickname Affidavit.)

I swear or affirm that I am a candidate for the nonpartisan office of Winter Park City Commissioner # 2
(Office) (District #)
; I am a qualified elector of Orange County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (407) 951-2117 stockton4wp@yahoo.com
Signature of Candidate Telephone Number Email Address
1491 Mizell Avenue Winter Park FL 32789
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Orange

[Signature]
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 8th day of December, 2023.
Personally Known OR Produced Identification
Type of Identification Produced: _____



RENE S. CRANIS
Commission # HH 008628
Expires June 27, 2024
Bonded Thru Budget Notary Services

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 :

Reeves, ISAAC Stockton Keith

MAILING ADDRESS :

1491 Mizell Avenue

12-08-23P 02:12 RCVD

CITY: Winter Park ZIP: 32789 COUNTY: Orange

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Winter Park City Commissioner, Seat #2

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** 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
The Center for Public Safety	P.O. BOX 598 WP, FL 32790	public safety consulting
Architects Design Group	333 North Knowles Ave WP FL 32789	Architecture

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	N/A	N/A	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")

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 Attached	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Rocket Mortgage, LLC	1050 Woodward Avenue Detroit, Michigan 48226

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
ADDRESS OF BUSINESS ENTITY	Architects Design Group	
PRINCIPAL BUSINESS ACTIVITY	333 N. Knowles Ave WP 32789	
POSITION HELD WITH ENTITY	Architectural	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	share holder	
NATURE OF MY OWNERSHIP INTEREST	5%	
	common stock	

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: J. Houston K. P...

Date Signed: December 8, 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.

Stockton Reeves
1491 Mizell Avenue
Winter Park, FL 32789

Form 1: Statement of Financial Interests

Part D: Intangible Personal Property

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Morgan Stanley (stocks)	Stockton Reeves
Oak Associates (IRA)	Stockton Reeves
Wells Fargo, Checking Acct.	Stockton Reeves
Valley National, Checking	Stockton Reeves
Voya (Office IRA)	Stockton Reeves