

**CANDIDATE OATH –
NONPARTISAN OFFICE**

06-24-16 A09:04 IN

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, SUSAN NENEK

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of AT-LARGE COUNCILMEMBER, 2 (residence)
(office) (district #)
; I am a qualified elector of LAKE 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.

X [Signature] (352) 300-8840 ASHLEYSCOUNTY@COMCAST.NET
Signature of Candidate Telephone Number Email Address

7010 PINE HOLLOW DR. MT. DORA FL 32757
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 119856154

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

S.OO.S.I.N N.I.M.E.K (SOO.SIN)(Nim.ec)

STATE OF FLORIDA

COUNTY OF LAKE

Sworn to (or affirmed) and subscribed before me this 24 day of June, 20 16.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

06-24-16 A09:03 IN

I, SUSAN MORANGELLI NEMEC,

candidate for the office of AT-LARGE CONCILMEMBER;

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

X *Susan Morangelli Nemece*
Signature of Candidate

06/24/2016
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).

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

06-24-16 A08:46 IN

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form Re-filing to Change: [] Treasurer/Deputy [] Depository [] Office [] Party

2. Name of Candidate (in this order: First, Middle, Last)

SUSAN MORANDELLI NEMEC

3. Address (include post office box or street, city, state, zip code)

7010 PINE HOLLOW DRIVE MOUNT DORA, FL 32757

4. Telephone

352-360-8840

5. E-mail address

ASHLEYSCORNER@COMCAST.NET

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

AT LARGE COUNCIL

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: My intent is to run as a

[] Write-In [X] No Party Affiliation [] Party candidate.

9. I have appointed the following person to act as my [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

SUSAN MORANDELLI NEMEC

11. Mailing Address

7010 PINE HOLLOW DRIVE

12. Telephone

352-360-8840

13. City

MOUNT DORA

14. County

LAKE

15. State

FL

16. Zip Code

32757

17. E-mail address

ASHLEYSCORNER@COMCAST.NET

18. I have designated the following bank as my [X] Primary Depository [] Secondary Depository

19. Name of Bank

SUN TRUST FIRST NATIONAL BANK

20. Address

21. City

MOUNT DORA

22. County

LAKE

23. State

FL

24. Zip Code

32757

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

6/24/2016

26. Signature of Candidate

[X] Susan Morandelli Nemece

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

I, SUSAN MORANDELLI NEMEC, do hereby accept the appointment (Please Print or Type Name)

Designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

6/24/2016

Date

[X]

Susan Morandelli Nemece Signature of Campaign Treasurer or Deputy Treasurer

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

NEMEC · SUSAN · MORANGELLI

MAILING ADDRESS :

7010 PINE HOLLOW DR

MT. DONA

32757

LAKE

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

AT · LARGE COUNCIL MEMBER

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

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):

DECEMBER 31, 2015

OR

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2014

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		
ASHLEY'S CORP, AT 317 N. DONOVAN ST	317 N. DONOVAN ST	

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
NONE			

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

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

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

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		
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 ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:

Susan M. Kerner

Date Signed:

6/24/2016

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:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2015.



CITY OF MOUNT DORA

Office of the City Manager
510 N. Baker St.
Mount Dora, FL 32757
352-735-7126
Fax: 352-383-4801

E-mail: citymgr@cityofmoundora.com

06-24-16 A09:04 IN

ELECTION ASSESSMENT (one percent)

COUNTY: Lake

CITY: Mount Dora

Date: 6/24/16

A. OFFICE

Mayor
City Council

AT. LARGE

B. SUSAN MORANGELLI NEMEC

Name

7010 PINE HOLLOW DR. MT. DORA, FL 32757

Address

C. ANNUAL SALARY:

City Council Member

\$6,110.04

1 % Election Assessment

\$ 61.10

Mayor

\$10,128.12

1 % Election Assessment

\$ 101.28

Undue Burden: Yes: _____ No:

(Note: If 'Yes' is checked, attach Affidavit of Undue Burden)

Submitted by:

SUSAN MORANGELLI NEMEC

Name

7010 PINE HOLLOW DR.

Address

MT. DORA, FL 32757

City

Telephone 352.360.8840

AFFIDAVIT OF CANDIDACY & RESIDENCY

Gwen Keough-Johns, MMC
City Clerk
City of Mount Dora
510 North Baker Street
Mount Dora FL 32757

06-24-16 A09:03 IN

RE: AFFIDAVIT OF CANDIDACY & RESIDENCY

I, SUEAN MORAN NGUNI NESMEC, a candidate for City of Mount Dora City Council Member, District _____ (if applicable), or at-large _____ in the _____ election, do hereby swear or affirm that I reside at: 7010 PINE HOLLOW DRIVE, MOUNT DORA, FLORIDA 32757 where I have resided for 1 years/months, and which I hereby swear and affirm is located in District 2 (if applicable) in the City of Mount Dora, Florida, and that I meet the eligibility requirements as identified in Ordinance 2011-15.

In accordance with the provisions of the City of Mount Dora Charter and Code of Ordinances, I certify that I meet the qualifications for candidacy. I am a registered voter of the City of Mount Dora and reside at the above stated address within the City of Mount Dora. I do not hold any other public office in the City, with the following exceptions: that of Notary Public, or membership in the National Guard, or the organized Reserve of the Armed Forces of the United States, or in any other defense agency recognized by the City, or in a status of retirement from any of the foregoing. I acknowledge that I must subscribe to the Oath of Office as outlined in Part III, Section 15 of the City Charter.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT OF RESIDENCY AND THAT THE FACTS STATED IN IT ARE TRUE.

Suean Moran Nesmec
Signature

6/24/2016
Date

Office Use Only:

Date filed: 6/24/16 Received by: Gwen Keough Johns
Received:

- Loyalty Oath / Oath of Candidate
- Candidate Name Pronunciation Request
- Statement of Financial Interests Form 1
- Affidavit of Candidacy & Residency

Date Candidate Qualified: 6/24/16

cc: Candidate