

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

05-06-16 A08:41 IN

OFFICE USE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, JOHN TUCKER  
(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 Mount Dora City Council, #3,  
(office) (district #)  
; I am a qualified elector of DOCA 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.

John Tucker (34) 438-9961  
Signature of Candidate Telephone Number Email Address  
1826 Overlook Dr Mount Dora FL 32757  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 113161223

\* 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):

JOHN TUCKER

STATE OF FLORIDA  
COUNTY OF Lake

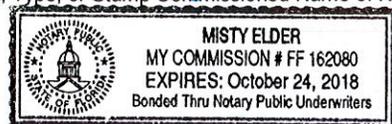
Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of May, 20 16.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Misty Elder  
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

06-20-16 P01:55 IN

05-06-16 A08:29 IN

I, JOHN E TUCKER,  
candidate for the office of Mount Dora City Council District 3 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

John E Tucker

Signature of Candidate

05-06-2016

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)

05-06-16 A08:29 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):**

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

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

John E Tucker

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

1826 OVERLOOK DR  
MOUNT DORA FL 32757

4. Telephone

(321) 438-9961

5. E-mail address

JOHN+2892@YAHOO.COM

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

District 3

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     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

John E Tucker

11. Mailing Address

1826 OVERLOOK DRIVE MOUNT DORA FL (321) 438 9961

12. Telephone

13. City

Mount Dora

14. County

LAKE

15. State

FL

16. Zip Code

32757

17. E-mail address

JOHN+2892@YAHOO.COM

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

19. Name of Bank

FIRST NATIONAL BANK OF MOUNT DORA

20. Address

714 DONNELLY STREET

21. City

Mount Dora

22. County

LAKE

23. State

FLORIDA

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

May 6, 2016

26. Signature of Candidate

X John E Tucker

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

I, JOHN E TUCKER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

May 6, 2016  
Date

X

John E Tucker  
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 :

*Tucker John E*

MAILING ADDRESS :

*1826 Overlook Drive*

*Mount Dora FL 32757 LAKE*

CITY :

ZIP :

COUNTY :

05-06-16 A08:32 IN

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

*Mount Dora City Council District 3*

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

\*\*\*\* **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: \_\_\_\_\_

**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
<i>Postal Inspector US Govt Ret</i>		<i>Retirement from Fed. Govt.</i>
<i>FHM Insurance</i>	<i>4601 Touchton Rd #250 Jax FL 32206</i>	<i>INSURANCE</i>
<i>Taste of our Town Tours</i>	<i>1826 Overlook Dr Mount Dora</i>	<i>Tours</i>

**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

**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
Insight CU	600 Box 4900 Orlando FL
TD BANK	K NY

**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:



Date Signed:

MAY 6, 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@cityofmounddora.com](mailto:citymgr@cityofmounddora.com)

## ELECTION ASSESSMENT (one percent)

COUNTY: Lake

CITY: Mount Dora

Date: 6/1/2016

A. OFFICE

Mayor \_\_\_\_\_  
City Council     X    

B. John Tucker  
Name

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:     X    

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

Submitted by:

John Tucker  
Name

1826 Overview Drive  
Address

Mount Dora  
City

Telephone 321-438-9961

**AFFIDAVIT OF CANDIDACY & RESIDENCY**

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

05-06-16 A08:40 IN

**RE: AFFIDAVIT OF CANDIDACY & RESIDENCY**

I, JOHN TUCKER, a candidate for City of Mount Dora City Council Member, District 3 (if applicable), or at-large \_\_\_\_\_ in the \_\_\_\_\_ election, do hereby swear or affirm that I reside at: 1826 OVERLOOK DRIVE  
MOUNT DORA FL 32757 where I have resided for 10 years/months, and which I hereby swear and affirm is located in District 3 (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.**

John Tucker  
Signature

MAY 4, 2014  
Date

**Office Use Only:**

Date filed: 5/6/16 Received by: Misty Elder

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

Date Candidate Qualified: \_\_\_\_\_

cc: Candidate