

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
MAY 13 2019

BY: \_\_\_\_\_

**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) 3. Address (include post office box or street, city, state, zip code)  
 HARMON O. MASSEY JR. 100 S TREMAIN STREET, Apt E-4

4. Telephone 5. E-mail address  
 (850) 291-2198 hmassey7925@yahoo.com

6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:  
 City Council At Large  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  
 HARMON O. MASSEY JR.

11. Mailing Address 12. Telephone  
 100 S TREMAIN STREET, Apt E-4 (850) 291-2198

13. City 14. County 15. State 16. Zip Code 17. E-mail address  
 MOUNT DORA LAKE FL 32757 hmassey7925@yahoo.com

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

19. Name of Bank 20. Address  
 THE FIRST NATIONAL BANK P.O. Box 95

21. City 22. County 23. State 24. Zip Code  
 MOUNT DORA LAKE FL 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 26. Signature of Candidate  
 13 May 2019  HARMON O. MASSEY JR.

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

I, HARMON O. MASSEY JR., do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

13 May 2019 Date  HARMON O. MASSEY JR. Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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BY: \_\_\_\_\_

I, HARMON O. MASSEY, JR.,

candidate for the office of CITY COUNCIL AT LARGE;

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

X   
Signature of Candidate

13 May 2019  
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).

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**Affidavit of Candidacy & Residency**

BY: \_\_\_\_\_

I, HARMON O. MASSEY, JR., candidate for City of Mount Dora City Council Member, District N/A (if applicable), or at-large X in the \_\_\_\_\_ election, do hereby swear or affirm that I reside at: 100 S Tremain Street, Apt E-4, Mount Dora, Florida where I have resided for 4 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 the Code of Ordinances, Sec. 2.230.

Sec. 2.230. – Qualifications and methods of election.

(a) To be qualified to run for election as a candidate for city council, an individual shall have maintained a residential address within the city limits of the City of Mount Dora and shall have been a registered elector of Lake County, Florida, eligible to vote in elections of the City of Mount Dora for no less than 12 consecutive months prior to filing for candidacy.

(b) To be qualified to run for election as the council representative of a district, a candidate, in addition to all requirements of state statutes and the Charter, must reside within the defined boundaries of the district.

Section 15. - Oath.

Prior to assuming office, all elected officers shall take, before the city clerk, the following oath of office:

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support, protect, and defend the Constitution of the United States and the Constitution of the State of Florida and the charter and the ordinances of the City of Mount Dora, against all enemies, domestic or foreign, and that I will bear true faith, loyalty, and allegiance to the same, and that I will faithfully perform all the duties of the office upon which I am about to enter.

State Law reference— Oath, F.S. § 876.05.

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

*Harmon O. Massey, Jr.*  
Signature

13 May 2019  
Date

**Office Use Only**

Date filed: 5-13-2019 Received by: *Brian Johns*

## Political Campaign Signs

1. Zoning district in which allowed – ALL

2. Sign Size:

<u>Zoning District</u>	<u>Size Allowed (square feet per side)</u>
Residential	4
Non-Residential	16

3. Other Criteria:

- a) Signs must be removed no more than 10 days after election
- b) Signs may not be placed prior to qualifying for the election in question
- c) One campaign sign per candidate per parcel will be allowed
- d) Campaign signs located on City property or rights-of-way shall be removed immediately

4. Construction type, including all signs approved in subsection 6.7.2, with the addition of pole signs

*Land Development Code Section 6.7.1.9 - Temporary*

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2019 Election Assessment

BY: \_\_\_\_\_

COUNTY: Lake

CITY: Mount Dora

DATE: 13 May 2019

A. OFFICE

City Council AT LARGE

B. CANDIDATE

HARMON O. MASSEY, JR.

Name 100 S Tremain Street, Apt E-4  
Mount Dora, FL 32757

Address

C. ANNUAL SALARY

City Council Member	\$ 6,110.04
→ 1 % Election Assessment	\$61.10

Make Check Payable to the City of Mount Dora

Mayor	\$10,128.12
1 % Election Assessment	\$101.28

The check used to pay the 1% Election Assessment must be written from your Campaign Account.

Undue Burden: Yes: \_\_\_\_\_ No: X

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

Submitted by: Harmon O. Massey, Jr.

Name 100 S Tremain Street, Apt E-4, Mount Dora, FL 32757

Address 850-291-2190

Telephone

**2019 Candidate  
Affidavit of Undue Burden**

Municipal Candidates  
Election Assessment Only

I swear (or affirm) under oath that I intend to qualify as a candidate for the office of

\_\_\_\_\_

and that I am unable to pay the 1 % election assessment fee for that office without imposing  
an undue burden on my personal resources or on resources otherwise available to me.

\_\_\_\_\_  
Signature of Candidate

SUBSCRIBED AND SWORN (or affirmed) before me \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public or Qualifying Officer

My Commission Expires:

\_\_\_\_\_

**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

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MAY 13 2019

BY: \_\_\_\_\_

OFFICE USE ONLY

**Candidate Oath**

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

I, HARMON MASSEY

(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 City Council At Large (Office) \_\_\_\_\_ (District #)

\_\_\_\_\_ (Circuit #), \_\_\_\_\_ (Group or Seat #); I am a qualified elector of LAKE County, Florida;

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): 122580079

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.]  
HAR-MON MASS-ee

[Signature] (850) 291-2198 hmassey7925@yahoo.com  
Signature of Candidate Telephone Number Email Address

100 S Tremain Street, Apte-4 Mount Dora, FL 32757  
Address City State ZIP Code

STATE OF FLORIDA

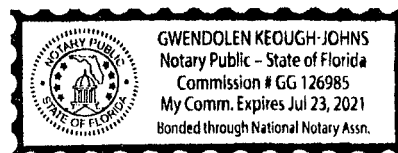
COUNTY OF LAKE

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

Sworn to (or affirmed) and subscribed before me this 13<sup>th</sup>  
day of May, 2019.

Personally Known:  or Produced Identification:

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



## Compound Last Names

If your *last* name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be “Smith”. If you check the box, your last name would be listed on the ballot as “Jones Smith.” If you have a hyphen within your last name, the last name would be listed as “Jones-Smith”.

### Guide for Designating Phonetic Spelling of Candidate’s Name for Audio Ballot

1. Use tables below.
2. Use upper case for “stressed” syllables. Use lower case for “unstressed” syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, etc.

Vowels			
Stressed Vowel Sounds		Unstressed Vowel Sounds	
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) fit		
E	(BED) bed		
A	(KAT) cat (KAD) cad		
AH	(FAH-thur) father (PAHR) par		
AH	(HAHT) hot (TAH-dee) toddy		
UH	(FUHJ) fudge (FLUHD) flood		
UH	(CHUHRCH) church		
AW	(FAWN) fawn	<b>Certain Vowel Sounds with R</b>	
U	(FUL) full	AHR	(PAHR) par
OO	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
O	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
AI	(FAIT) fate	UHR	(PUHR) purr
OI	(FOIL) foil		
YOO	(FYOOR-ee-uhs) furious		

Consonants			
B	(BED) bed	R	(RED) red
D	(DET) debt	S	(SET) set
F	(FED) fed	T	(TEN) ten
G	(GET) get	V	(VET) vet
H	(HED) head	Y	(YET) yet
HW	(HWICH) which	W	(WICH) witch
J	(JUHG) jug	CH	(CHUCRCH) church
K	(KAD) cad	SH	(SHEEP) sheep
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield
M	(MAT) mat	TH	(THEI) Thigh
N	(NET) net	TH	(THEI) Thy
NG	(SING-uhr) singer	ZH	(A-zuhr) azure (VI-zuhn) vision
P	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston

Examples of Phonetically Spelled Names	
NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

***Do not submit this page to the filing officer.***



**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

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

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Massey, Jr, Harmon Otis

MAILING ADDRESS :

100 S Tremain Street, Apt E-4

CITY :

Mount DORA, FL

ZIP :

32157

COUNTY :

LAKE

NAME OF AGENCY :

City of Mount DORA

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Council At Large

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

**RECEIVED**  
MAY 13 2019

BY: \_\_\_\_\_

**\*\*\*\* 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, 2018 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
Defense Finance and Accounting Service	8899 East 55 Street Indianapolis, IN 46249-1200	Military Retirement Pay
Florida Retirement System	P.O. Box 9000 Tallahassee FL 32315	Florida Retirement Pay
Social Security Admin.	1200 Rev Abraham Woods Jr Blvd Birmingham, AL 35285	Social Security Benefit
Veterans Administration		Disability Benefit

**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
T. Rowe Price	State of Florida Deferred Compensation (IRA)	4515 Arundel Mill Road Annapolis Mills, MD 21117	Investment (IRA)

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

( If you have nothing to report, write "none" or "n/a" )

None

**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
CD and money market accounts	USAA Federal Savings Bank
CD	Regions Bank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

**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")

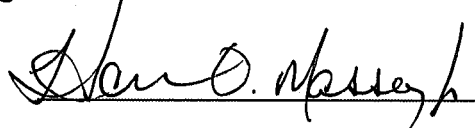
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	None	None
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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: 13 May 2019

**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) and send it to CEForm1@leg.state.fl.us. 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, 2018.