

**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

RECEIVED
AUG 13 2019

BY: _____

OFFICE USE ONLY

Candidate Oath

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

I, Mark Crail

(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 Mount Dora City Council, 4
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 115576908

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 H R K C R A I L

X MCIP (339) 730.4888 markcrail@gmail.com
Signature of Candidate Telephone Number Email Address

2436 Bar Harbor Bay Mount Dora Florida 32757
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Lake

Guendolen Kuehn Johnson
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 13th
day of August, 2019.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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AUG 13 2019

BY: _____

I, Marc Crail,

candidate for the office of City Council, District 4;

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

X



Signature of Candidate

8/13/19

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).

2019 Election Assessment

COUNTY: Lake

CITY: Mount Dora

DATE: 8/13/2019

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AUG 13 2019

A. OFFICE

City Council Mount Dora, District 4 BY: _____

B. CANDIDATE

Marc Crall

Name

2436 Bar Harbor Bay Mount 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

Make Check Payable to the City of Mount Dora

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:

Marc Crall

Name

MC Crall

Address

2436 Bar Harbor Bay, Mount Dora, FL 32757

Telephone

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
AUG 13 2019

9:23 a.m.

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)

Marc L. Crail

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

2436 Bar Harbor Bay
Mount Dora, FL 32757

4. Telephone

(352) 729-0952

5. E-mail address

marcecrail@gmail.com

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

City Council, District 4

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

Mary H. Jones

11. Mailing Address

2307 Wakefield Way Mount Dora FL

12. Telephone

(864) 940-2673

13. City

Mount Dora

14. County

Lake

15. State

FL

16. Zip Code

32757

17. E-mail address

MARYHOVCKJONES17@gmail.com

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

19. Name of Bank

The First National Bank

20. Address

P.O. Box 95

21. City

Mount Dora

22. County

Lake

23. State

Florida

24. Zip Code

32756

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

August 13, 2019

26. Signature of Candidate

X 

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

I, Mary H. Jones, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

August 13, 2019

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
AUG 13 2019

Affidavit of Candidacy & Residency

BY: _____

I, Marc Crail, candidate for City of Mount Dora City Council Member, District 4 (if applicable), or at-large _____ in the _____ election, do hereby swear or affirm that I reside at: 2436 Bar Harbor Bay Mount Dora, FL 32757 where I have resided for 11/9 years/months, and which I hereby swear and affirm is located in District 4 (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, Marc Crail, 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.

MC Crail
Signature

8/13/2019
Date

Office Use Only

Date filed: _____ Received by: _____

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 :

Crail - Marc - Lynn

MAILING ADDRESS:

2436 Bar Harbor Bay

Mount Dora

32757

Lake

CITY :

City of Mount Dora

ZIP :

COUNTY :

NAME OF AGENCY :

City Council, District 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

RECEIVED
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BY: _____

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, 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
Ohio State Teacher Retirement System	275 E. Broad St. Columbus, OH 43215	Education Pensions
Lake Co. Water Authority	29351 SR 19 Tavares, FL 32778	Water Quality in Lake County
Walt Disney Parks + Resorts	PO Box 10125 Lake Buena Vista FL 32830	Theme Parks
RSD Rentals + Tours Inc.	430 N. Alexander St. Mount Dora, FL 32757	Seaway Tours

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")

8236 Bridgeport Bay Circle Mount Dora, FL 32757

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
LPL Stocks, Bonds, Mutual Funds	LPL Financial 4707 Executive Dr. San Diego CA 92121
Ameritrade Stocks, Bonds, Mutual Funds	Ameritrade c/o Livestrong Advisors 122 W. Washington St. D Ashland, OH

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 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: _____
 8/15/19

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.