

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
AUG 09 2021

BY: Joseph DiFiore 10:33 a.m.

**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 ROY CATALDO

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

610 N. TREMAIN ST.  
MT. DORA, FL 32757

**4. Telephone**

(352) 735-3110

**5. E-mail address**

john@adoration.com

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

District #1 Council Seat

**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.

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

**9. Name of Treasurer or Deputy Treasurer**

JOSEPH DIFIIORE

**11. Mailing Address**

204 N. TREMAIN ST.

**12. Telephone**

(352) 360-8523

**13. City**

MT DORA

**14. County**

LAKE

**15. State**

FL.

**16. Zip Code**

32757

**17. E-mail address**

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

FIRST NATIONAL BANK OF MT. DORA

**20. Address**

P.O. Box 95

**21. City**

MOUNT DORA

**22. County**

LAKE

**23. State**

FL

**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**

8/9/21

**26. Signature of Candidate**

[Signature]

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

JOSEPH DIFIIORE

, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

8/9/2021

Date

Joseph DiFiore

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

SEP 27 2021

BY: *Jessica Burnham*  
11:14am.

September 27, 2021

Jessica Burnham  
Mount Dora City Clerk  
City of Mt Dora 32757

Dear Ms Burnham,

Please accept my resignation effective 09/27/2021 as treasurer of the John Roy Cataldo Campaign.

Thank you for your assistance.

Signed                      Joseph DiFiore  
204 N. Tremain St  
Mt Dora , Florida 32757

*Joseph DiFiore*

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
SEP 27 2021

BY: *Jessica Burnham*  
11:14am

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 ROY CATALDO*

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

*610 N. TREMAIN ST.  
MT. DORA FL. 32757*

4. Telephone

*(352) 735-3110*

5. E-mail address

*JOHN@ADORAINU.COM*

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

*DISTRICT 1 COUNCIL SEAT*

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

*June M Allen*

11. Mailing Address

*1303 E 5<sup>th</sup> Ave*

12. Telephone

*(860) 707-5883*

13. City

*mt Dora*

14. County

*LAKE*

15. State

*FL*

16. Zip Code

*32757*

17. E-mail address

*Junemarie575@gmail.com*

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

19. Name of Bank

*FIRST NATIONAL BANK OF DORA* <sup>MOUNT</sup>

20. Address

*P.O. BOX 95*

21. City

*MOUNT DORA*

22. County

*LAKE*

23. State

*FL.*

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

*9/27/21*

26. Signature of Candidate

*X* *John Cataldo*

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

I, *June Allen*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*9-27-21*

Date

*X*

*June M Allen*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

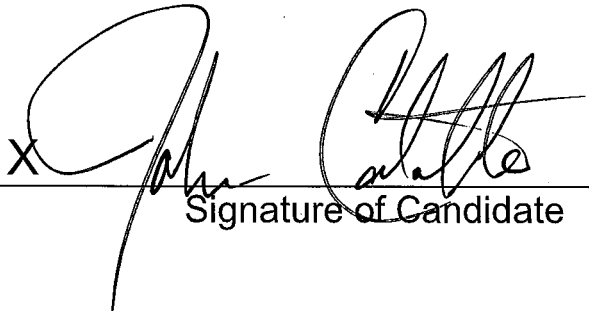
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AUG 09 2021

BY: Jessica Benham  
4:15 PM

I, JOHN CATALDO,

candidate for the office of District #1 City Council;

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

X   
Signature of Candidate

8/7/21  
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).

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

**FOR OFFICE USE ONLY:**

REPORT NAME -- FIRST NAME -- MIDDLE NAME :

CATALDO, JOHN ROY

MAILING ADDRESS :

610 N. Tremain St.

Mt. Dora 32757 LAKE

CITY : ZIP : COUNTY :

NAME OF AGENCY :

City Council District #1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

RECEIVED  
AUG 09 2021

BY: *Jessica Beutem*  
4:15 PM

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

**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
ADORA INN Bed & Breakfast	610 N. TREMAIN ST, Mt. Dora	Bed & Breakfast
La Casa Management	S/A	Property Management

**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
La Casa Management		610 N. Tremain St.	Property Management

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

610 N. Tremain St.

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
n/a	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
MR. Cooper Mtg. Co.	PO box 650783 Dallas, TX 75265-0783
Wells Fargo Bank	P.O. Box 10378, Des Moines, IA 50306-0378

**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		

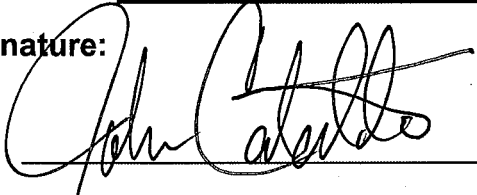
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:

8/9/21

**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 32303-15709; 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, 2020.

**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 09 2021

BY: Jessica Burham  
4:15pm

OFFICE USE ONLY

**Candidate Oath**

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

I, JOHN CATALDO

(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 of Mt. Dora, 1  
(Office) (District #)

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; 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): 110047427

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.]

X John Cataldo  
Signature of Candidate

(352) 735-3110  
Telephone Number

john@Adoration.com  
Email Address

616 N. Tremain St.  
Address

Mt. Dora  
City

FL  
State

32757  
ZIP Code

STATE OF FLORIDA

COUNTY OF LAKE

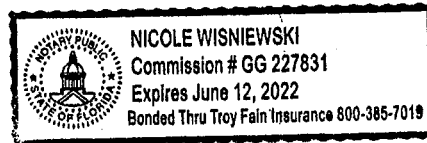
Nicole Wisniewski  
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means of  
personal presence this 9th day of August, 2021.

Personally Known:  or Produced Identification:

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



2021 Election Assessment

COUNTY: Lake

CITY: Mount Dora

DATE: 8/7/21

A. OFFICE City Council District #1

B. CANDIDATE JOHN ROY CATALDO Name

610 N. TREMAIN ST., Mt. Dora, FL 32757 Address

C. ANNUAL SALARY
City Council Member \$ 6,110.04
1 % Election Assessment \$61.10
Mayor \$10,608.12
1 % Election Assessment \$106.08

RECEIVED AUG 09 2021

BY: Jessica Burham 4:15pm

Make Check Payable to the City of Mount Dora

The check must be written from your Campaign Account

Undue Burden: Yes: No: X

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

Submitted by: JOHN CATALDO

Name 610 N. TREMAIN ST., Mt. Dora, FL 32757

Address 352-735-3110

Telephone



**Affidavit of Candidacy & Residency**

RECEIVED  
AUG 09 2021  
BY: Jessie Burkhorn  
4:15 P.M.

I, JOHN ROY CATALDO, candidate for City of Mount Dora City Council Member, District #1 (if applicable), or at-large \_\_\_\_\_ in the \_\_\_\_\_ election, do hereby swear or affirm that I reside at: 610 N. TEMPA ST.  
Mt. Dora, FL 32757 where I have resided for 16 years/months, and which I hereby swear and affirm is located in District #1 (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, John Cataldo 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.**

John Cataldo  
Signature

8/7/21  
Date

Office Use Only

Date filed: 8/9/2021 Received by: Jessie Burkhorn