

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
AUG 12 2021

BY: Nicole Wroniewski
9:20 am

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)

Nathaniel Lamar Walker

1713 E JACKSON DR

4. Telephone

5. E-mail address

(352) 217-3693 Nwalker58@cox.net

MT DORA FL 32757

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

7. If a candidate for a nonpartisan office, check if applicable:

City Council District 5

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

Name of Treasurer or Deputy Treasurer

Bobby Rowe

11. Mailing Address

12. Telephone

1641 Montclair Ct

(407) 808-5284

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Mount Dora

Lake

FL

32757

browe1@bellsouth.net

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

20. Address

First National Bank of Mount Dora

714 N. Donnelly St

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

8/9/2021

X 

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

I Bobby Rowe, do hereby accept the appointment
(Please Print or Type Name)

Designated above as: Campaign Treasurer Deputy Treasurer.

8-9-21

X Bobby Rowe

Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
AUG 12 2021

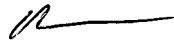
BY: Nicole Wisniewski
12:05p.m.

I, Nathaniel Walker,

candidate for the office of City Council District 5;

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

X



Signature of Candidate

8/12/2021

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).

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2020

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

FOR OFFICE USE ONLY:

REPORTER NAME -- FIRST NAME -- MIDDLE NAME :

Walker Nathaniel Lamar

MAILING ADDRESS :

1213 E. JACKSON A

MT DORA 32757 LAKE

CITY : ZIP : COUNTY :

City of Mt Dora

NAME OF AGENCY :

City Council District 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

RECEIVED AUG 12 2021

BY: Nicole Wisniewski 12:09p.m.

**** 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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Comcast, Leesburg, Florida, Cable/Internet.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: 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")

Table with 1 column: REAL PROPERTY. Row 1: n/a.

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>Callington Mortgage</i>	<i>Jacksonville, Florida</i>

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:

[Handwritten Signature]

Date Signed:

8-12-2021

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 32303-175709; 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 12 2021

BY: Nicole Wisniewski
12:10 p.m.

OFFICE USE ONLY

Candidate Oath

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

I, Nate Walker

(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, 5
(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): 104912838

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.]

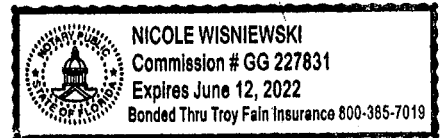
X Nate Walker (352) 217-3693 nwalker58@comcast.net
Signature of Candidate Telephone Number Email Address
1213 E. Jackson Av MT Dana FL 32757
Address City State ZIP Code

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 physical presence this 12th day of August, 2021

Personally Known: or Produced Identification:
Type of Identification Produced:



2021 Election Assessment
RECEIVED
AUG 12 2021

COUNTY: Lake

CITY: Mount Dora

DATE: 8/12/2021

BY: Nicole W. Winters
12:11 p.m.

A. OFFICE
City Council District 5

B. CANDIDATE
Name Nate Walker

Address 1713 E. JACKSON AV

C. ANNUAL SALARY

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

Make Check Payable to the City of Mount Dora
The check must be written from your Campaign Account

Undue Burden: Yes: _____ No:

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

Submitted by: _____ Nathaniel Walker

Name
Address 1713 E. JACKSON AV MT DORA

Address
Telephone 352-217-3693

RECEIVED
AUG 12 2021

Affidavit of Candidacy & Residency

BY: Nicole Wisniewski
12:11 p.m.

I, Nathaniel Walker, candidate for City of Mount Dora City Council Member, District 5 (if applicable), or at-large _____ in the _____ election, do hereby swear or affirm that I reside at: 1713 E Jackson Dr where I have resided for 22 years/months, and which I hereby swear and affirm is located in District 5 (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, Nathaniel Walker, 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.

Nathaniel Walker
Signature

8-12-2021
Date

Office Use Only

Date filed: August 12, 2021 Received by: Nicole Wisniewski