APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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BY: M Kindel

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)
RONALD EUGENE ROSE

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

4. Telephone
(772) 341-6772

5. E-mail address
rerose2@comcast.net

6. **Office sought** (include district, circuit, group number)
STUART CITY COMMISSIONER GROUP 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
RON ROSE

11. Mailing Address
636 SW BRYANT AVE.

12. Telephone
(772) 341-6772

13. City
STUART

14. County
MARTIN

15. State
FL

16. Zip Code
34994

17. E-mail address
rerose2@comcast.net

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

19. Name of Bank
HARBOR COMMUNITY BANK

20. Address
3250 SE FEDERAL HIGHWAY

21. City
STUART

22. County
MARTIN

23. State
FL

24. Zip Code
34997

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
08-31-17

26. Signature of Candidate
X [signature]

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

I, RONALD E. ROSE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer

08-31-17
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION

RECEIVED
AUG 31 2017
BY: M. Kindel

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OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, RON ROSE
(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 with no party affiliation for the office of STUART CITY COMMISSIONER (office), _____ (district #), _____ (circuit #), GROUP 3 (group or seat #); I am a qualified elector of MARTIN 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.

X [signature] (772) 341-6772 rerose2@comcast.net
Signature of Candidate | Telephone Number | Email Address

636 SW BRYANT AVE. STUART FL 34994
Address | City | State | Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 107785543

* 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):

RON ROZ

STATE OF FLORIDA

COUNTY OF MARTIN

Sworn to (or affirmed) and subscribed before me this 30 **day of** AUGUST, 2017.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

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

NOTARY PUBLIC STATE OF FLORIDA
SUZANNE J GOUDREAU
MY COMMISSION #FF136325
EXPIRES June 25, 2018
(407) 398-0153 FloridaNotaryService.com

FORM 1 — STATEMENT OF FINANCIAL INTERESTS — 2016

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

FOR OFFICE USE ONLY:

RECEIVED AUG 31 2017 BY: M. Kindel

LAST NAME -- FIRST NAME -- MIDDLE NAME : ROSE RONALD EUGENE

MAILING ADDRESS : 636 SW BRYANT AVE.

CITY : STUART ZIP : 34994 COUNTY : MARTIN

NAME OF AGENCY : CITY OF STUART

NAME OF OFFICE OR POSITION HELD OR SOUGHT : STUART CITY COMMISSIONER GROUP 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, 2016 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
JENSEN BEACH	1960 NE JENSEN BEACH BLVD.	NON PROFIT
CHAMBER OF COMMERCE	JENSEN BEACH FL 34957	BUSINESS/MEMBERSHIP
		ORGANIZATION

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
WELCOME HOME	COMMISSION	1959 NE JENSEN	REAL ESTATE
REALTY INTERNATIONAL		BLVD. JENSEN BEACH	
		FL 34957	

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

636 SW BRYANT AVE. STUART FL 34994

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.

(Continued on reverse side)

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
HUNTINGTON NATIONAL BANK	PO BOX 182519 COLUMBUS OH 43218-2519
CENLAR	PO BOX 77404 EWING NJ 08628

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	N/A	
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: 08-31-17

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, write "none" or "n/a" in that section(s).

NOTE:
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.

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, 2016.

OATH OF RESIDENCY

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared Ronald Rose **Who being duly sworn, deposes and says he/she has maintained a continuous residency within the City of Stuart for more than twelve (12) months preceding the election. (sec 7.03.) Qualifying.**

Signature of candidate

Sworn to and subscribed before me this 30 **day of** AUGUST **2017.**

Notary Public

06/25/18

My Commission expires

NOTARY PUBLIC STATE OF FLORIDA
SUZANNE J GOUDREAU
MY COMMISSION #FF136325
EXPIRES June 25, 2018
(407) 398-0153 FloridaNotaryService.com

RECEIVED
AUG 31 2017
BY: M. Kindel

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
AUG 31 2017
BY: M. Kindel

I, RONALD EUGENE ROSE,

candidate for the office of STUART CITY COMMISSIONER GROUP 3;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X _____ 08-30-17

Signature of Candidate 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).

NOTICE TO CANDIDATE:
LOGIC AND ACCURACY TESTING OF VOTING EQUIPMENT
DATES & TIMES

I, RONALD E. ROSE Candidate for the Stuart City Commission
(Print Name), Group 3.

By signing this form, I do acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group 3.
- I have received a copy of the official Candidate Calendar for the Notice of Logic and Accuracy Testing of Voting Equipment" listing the dates, times and location of the testing of the voting equipment, for the City of Stuart General Election and if necessary, the dates, times and location of the testing of the voting equipment for a Run-Off Election. F.S. 101.5612 (2)

SIGNATURE: _____ DATE: 08-31-17

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