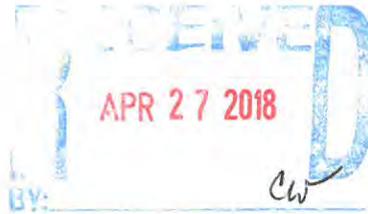


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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.

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)

Troy McDonald

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

308 SW Dyer Drive, Stuart, Florida 34994

4. Telephone

(772) 2609458

5. E-mail address

troy@mcdonald4martin.com

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

Troy McDonald

11. Mailing Address

917 SE Central Parkway

12. Telephone

(772) 2609458

13. City

Stuart

14. County

Martin

15. State

FL

16. Zip Code

34994

17. E-mail address

troy@mcdonald4martin.com

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

19. Name of Bank

Centerstate Bank

20. Address

2400 SE Monterey Road

21. City

Stuart

22. County

Martin

23. State

Florida

24. Zip Code

34994

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

04/27/2018

26. Signature of Candidate

X

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

I, Troy McDonald, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04/27/2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Troy McDonald ,

candidate for the office of Stuart City Commission, Group 3 ;

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

X

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).

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2017

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

FOR OFFICE USE ONLY:

RECEIVED
JUN 18 2018
BY: MK 4:40 pm

LAST NAME -- FIRST NAME -- MIDDLE NAME :
McDonald Troy A

MAILING ADDRESS :
308 SW Dyer Drive

CITY : ZIP : COUNTY :
Stuart 34994 Martin

NAME OF AGENCY :
City of Stuart

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
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, 2017 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
Deces Tecum Process Serving,	917 SE Central Parkway, Stuart, FL 34994	Process Serving

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
See Attachment 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")

See Attachment B

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
Retirement/Investment Account	Edward Jones Investments, 1905 NE Riccu Terr., Jensen Beach, FL

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attachment C	

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
		See Attachment 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:

6/18/18

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 CEFom1@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, 2017.

Form 1
Attachment "A"
2017

Part B – Secondary Sources of Income

Duces Tecum Process Serving, Inc. – Secondary Sources of Income

1. Drew M. Levitt/Lee D. Sarkin – 4700 NW Boca Raton Blvd, #302, Boca Raton, Florida 33431 - Law Firm
2. Fox, Wackeen, Dungey, Seeley, Beard & Sobel, LLP, 3473 SE Willoughby Blvd., Stuart, Florida 34994 – Law Firm
3. Mulberry Legal Services, Inc., - 2101 Vista Parkway, Suite 103, West Palm Beach, FL 33411 - Process Serving Firm
4. Ross, Earle, Bonan & Ensor, P.A. - 789 SE Federal Highway, Suite 101, Stuart, FL 34994 - Law Firm
5. Steger & Steger, 603 SW Cleveland Ave., Stuart, Florida 34994 – Law Firm
6. Tropical Surveillance and Investigations – PO Box 10961, Tampa, FL 33679
Process Serving Firm
7. CW Services – 4908 Grassleaf, Palm Beach Gardens, FL 33418

Form 1

Attachment "B"

2017

Part C - Real Property

1. 308 SW Dyer Drive, Stuart, FL 34994
2. 917 SE Central Parkway, Stuart, FL 34994
3. 921 SE Central Parkway, Stuart, FL 34994
4. 1109 SE Frances St, Jensen Beach, FL 34957 (Owned by Portia Scott my wife)
5. 1178 NE Olive Ave, Jensen Beach, FL 34957 (Owned by Portia Scott my wife)
6. 1114 NE Orange Ave, Jensen Beach, FL 34957 (Owned by Portia Scott my wife)
7. Parcel ID 29-37-41-000-000-00250-2 – Unassigned Address, Jensen Beach, FL (Owned by Portia Scott my wife)

Form 1
Attachment "C"
2017
Part E – Liabilities

1. Center State Bank, 2400 SE Monterey Road, Stuart, Florida 34996 (Home Equity Line)
2. Center State Bank, 2400 SE Monterey Road, Stuart, Florida 34996 (Mortgage on 917 SE Central Parkway)
3. Center State Bank, 2400 SE Monterey Road, Stuart, Florida 34996 (Business Loan)
4. Center State Bank, 2400 SE Monterey Road, Stuart, Florida 34996 (Mortgage on 921 SE Central Parkway)
5. FedLoan Servicing, PO Box 69184, Harrisburg, PA 17106 (Student Loan)

**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
JUN 18 2018
BY: MK 4:40 pm

OFFICE USE ONLY

Candidate Oath

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

I, Troy McDonald

(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 Stuart City Commission (Office) 603 (District #)

3 (Circuit #), 3 (Group or Seat #); I am a qualified elector of Stuart, 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.

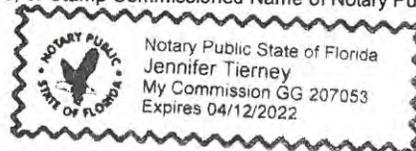
Candidate's Florida Voter Registration Number (located on your voter information card): _____

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 [Signature] (772) 260 9458 Troy@McDonaldforStuart.com
Signature of Candidate Telephone Number Email Address
308 SW Dyer Dr, Stuart, FL 34954
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Martin

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



Sworn to (or affirmed) and subscribed before me this 18 day of June, 2018.

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	Certain Vowel Sounds with R	
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.

OATH OF RESIDENCY

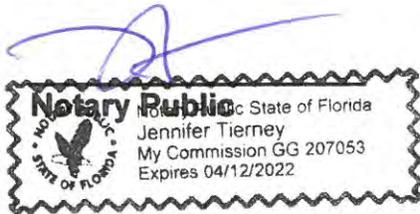
**STATE OF FLORIDA
COUNTY OF MARTIN**

Before me this day personally appeared Troy McDonald
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.

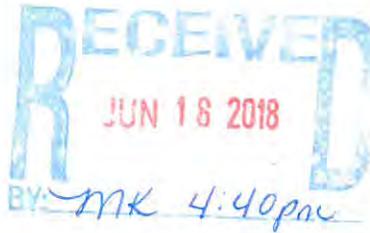


Signature of candidate

Sworn to and subscribed before me this 18 day of June
~~2018~~ 2019



My Commission expires



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

I, Troy McDonald 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: [Signature] DATE: 6/18/18

RECEIVED
JUN 18 2018
BY: MK 4:40 pm

Dear Voter,

Attached you will find your Martin County Voter Information Card. Please review ALL personal information including name, address, date of birth and party affiliation to make sure the information is correct. Detach the card and retain it for reference.

For your convenience, our website located at MartinVotes.com will allow you to update your voter information, request a Vote by Mail Ballot, locate your precinct, and identify your elected officials and candidates. The website also provides information about upcoming elections, early voting, voter education programs, and working the polls on Election Day.

Thank you for taking the time to vote and for making democracy possible.

Sincerely,
Vicki Davis
Supervisor of Elections

THIS IS YOUR OFFICIAL VOTER ***** INFORMATION CARD

PLEASE DETACH & KEEP FOR REFERENCE



Martin County Voter Informatio (Not for identification at the polls)

Troy A Mc Donald
308 SW Dyer Dr
Stuart FL 34994

VOTING LOCATION:
Women's Club of Stuart
729 SE Ocean Blvd
Stuart FL 34994

FLORIDA VOTER REGISTRATION # **105839262** PRECINCT NC **07**

DATE OF BIRTH **Sep/13/1967** REGISTRATION DATE **Sep/12/1995**

PARTY
Republican Party Of Florida

CONGRESS **18** FL SENATE **25** FL HOUSE **83**

COUNTY COM / SCHOOL BD **2** CITY **Yes**

Florida Statutes requires signed photo identification to Vote Early or on Election Day

Vicki Davis
Martin County Supervisor of Elections
P.O. Box 1257
Stuart, FL 34995

105839262
Troy A Mc Donald
308 SW Dyer Dr
Stuart FL 34994

OFFICIAL VOTER ***** INFORMATION CARD

*Request a
Vote by Mail
Ballot*

NOTE:
Vote by Mail Ballots
cannot be forwarded

Please send
Vote by Mail ballots
for the following election(s):

Primary Election: August 28, 2018 General Election: November 6, 2018

All elections through 2020

Name _____ Date of Birth _____

Mail my ballot for the **Primary** Election to the following address:

Mail my ballot for the **General** Election to the following address:

Signature _____ Phone Number _____

For privacy, detach and place this request card in a stamped envelope and mail it to the address on the reverse side.