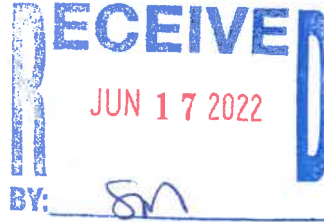


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)**

**WILLIAM M LAUGHLIN**

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

950 S. KANNER HWY C-23  
STUART, FL 34994

**4. Telephone**

( 772 ) 287-4676

**5. E-mail address**

SNDDK@YAHOO.COM

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

CITY COMMISSIONER - Group #5

**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     **REPUBLICAN** Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

William Laughlin

**11. Mailing Address**

950 S. Kanner Hwy C-23

**12. Telephone**

(    )

**13. City**

STUART

**14. County**

MARTIN

**15. State**

FL

**16. Zip Code**

34994

**17. E-mail address**

SNDDK@YAHOO.COM

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

**19. Name of Bank**

~~TRUSTCO BANK~~ SEA COAST BANK

**20. Address** 815 S. COLORADO AVE.

951 SOUTHEAST FEDERAL HWY.

**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**

JUNE 17TH, 2022

**26. Signature of Candidate**

*William Laughlin*

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

I, William Laughlin, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

June 17, 2022  
Date

*William Laughlin*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

**RECEIVED**  
JUN 17 2022  
BY: SM

I, William Laughlin,  
candidate for the office of CITY COMMISSIONER;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X William Laughlin  
Signature of Candidate

June 17, 2022  
Date

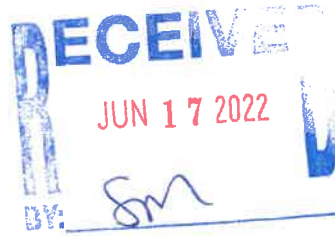
Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**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



OFFICE USE ONLY

**Candidate Oath**

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

I, William Laughlin,  
(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 COMMISSIONER,  
(Office) (District #)  
#5; I am a qualified elector of MARTIN 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): 165839388

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.]

LAWFLYN

**X** William Laughlin (778) 287-4676 SNDDK@YAHOO.COM  
Signature of Candidate Telephone Number Email Address

950 S. KANNER HWY C-23 STUART FL 34994  
Address City State ZIP Code

STATE OF FLORIDA

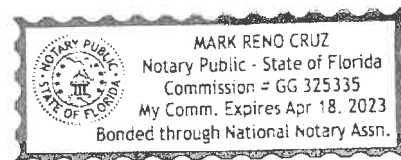
COUNTY OF MARTIN

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  
online notarization  OR physical presence   
this 17th day of June, 2022.

Personally Known  OR Produced Identification

Type of Identification Produced: FZDL L245-933-64-469-0



RECEIVED  
JUN 17 2022  
BY: SM

**CITY OF STUART 2022 ELECTION CANDIDATE  
OATH OF RESIDENCY**

STATE OF FLORIDA  
COUNTY OF MARTIN

Before me this day personally appeared William Laughlin  
who being duly sworn, affirms that he/she has maintained a continuous residency within the  
City of Stuart for more that twelve (12) months preceding the election. (Sec 7.03.) Qualifying.

William Laughlin  
Signature of Candidate

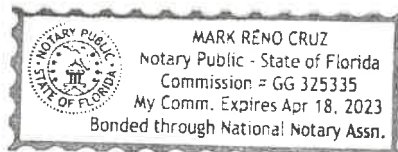
Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online  
notarization, this 17<sup>th</sup> day of June, 2022 by William Laughlin.

Personally Known OR Produced Identification

Type of Identification Produced FLDL245-933-66-469-0

Signature of Notary Public: [Signature]  
Commission Expires: April 18 2023

Notary Seal:



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

I, William Laughlin, Candidate for the Stuart City Commission hereby  
(Print Name)

acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group 5.
- 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: William Laughlin DATE: June 17, 2022



**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2021**

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

**FOR OFFICE USE ONLY:**

LAST NAME – FIRST NAME – MIDDLE NAME :

LAUGHLIN WILLIAM M.

MAILING ADDRESS :

950 S. KANNER HWY. C-23

CITY :

STUART

ZIP :

FL

COUNTY :

34994

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY COMMISSIONER

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**RECEIVED**  
JUN 17 2022  
BY: SM

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

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**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
BP PRUDHOE BAY	BNY MELLON TRUST CO. 601 TRAVIS ST. HOUSTON, TX 77002	PETROLEUM TRUST
iPATH VIX SHORT-TERM	BARCLAYS CAPITAL INC 745 7TH AVENUE NEW YORK, NY 10019	FINANCIAL SERVICES
FUTURES ETN		

**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
LOCHINVAR TRADING, LLC	EQUITY MARKETS	950 S. KANNER HWY C-23 STUART, FL 34994	INVESTMENT

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

NONE

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
CASH	TRADESTATION SECURITIES

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NEW REZ	P.O. BOX 8068 VIRGINIA BEACH, VA 23450

**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
	NONE	
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: \_\_\_\_\_  
*William Laughlin*

Date Signed: \_\_\_\_\_  
 JUNE 17, 2022

**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), 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, 2021.

RECEIVED  
 JUN 17 2022  
 SM