

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

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

(PLEASE PRINT OR TYPE)

Rec'd 10:40am on 6/11/20
SUC

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)

GUY R PARKER

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

16216 SW INDIANWOOD CIRCLE
INDIAN TOWN, FL. 34956

4. Telephone

(561) 262-7094

5. E-mail address

GUYR.PARKER@YAHOO.COM

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

COUNCIL MEMBER - SEAT #1

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

GUY R PARKER

11. Mailing Address

16216 SW INDIANWOOD CIRCLE

12. Telephone

(561) 262-7094

13. City

INDIAN TOWN

14. County

MARTIN

15. State

FL.

16. Zip Code

34956

17. E-mail address

GUYR.PARKER@YAHOO.COM

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

19. Name of Bank

CENTER STATE

20. Address

15588 SW WARFIELD BLVD.

21. City

INDIAN TOWN

22. County

MARTIN

23. State

FL.

24. Zip Code

34956

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

6-11-2020

26. Signature of Candidate

X 

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

I, GUY R PARKER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

6-11-2020

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

Rec'd 10:40AM ON 6/11/20
SUN

I, GUY R PARKER,
candidate for the office of VILLAGE COUNCIL SEAT #1
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Guy R. Parker
Signature of Candidate

6/11/2020
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

Rec'd 3:13PM ON 6/11/20
800

OFFICE USE ONLY

Candidate Oath

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

I, GUY R PARKER

(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 COUNCIL MEMBER

(Office)

(District #)

SEAT #1
(Circuit #) (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.

Candidate's Florida Voter Registration Number (located on your voter information card): 800 112264284

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.]

GUY PARK-ER

X
Signature of Candidate

(561) 262-7094 (cell)
Telephone Number

GUYR.PARKER@YAHOO.COM
Email Address

16216 SW Indianwood Circle
Address

Indianwood FL
City State

34956
ZIP Code

STATE OF FLORIDA

COUNTY OF MARTIN

Sworn to (or affirmed) and subscribed before me by physical ☒ or

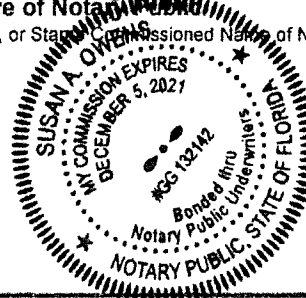
online ☐ presence this 11 day of JUNE, 2020

Personally Known: ☒ or Produced Identification: ☐

Type of Identification Produced: _____

DS-DE 302NP (Rev. 04/20)

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



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

PARKER GUY RAYMOND

MAILING ADDRESS :

16216 SW INDIANWOOD CIRCLE

INDIANTOWN MARTIN

CITY :

ZIP :

COUNTY :

INDIANTOWN 34956 MARTIN

NAME OF AGENCY :

VILLAGE OF INDIANTOWN

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

VILLAGE COUNCIL SEAT #1

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERec'd 3:13 PM on 5/11/20
800**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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
NAG PROPERTIES	19106 SW WARFIELD BLVD INDIANTOWN FL. 34956	CONSTRUCTION

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
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")

HOME - INDIANTOWN
LOT - w/ HOUSEYou 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
XXXXXX	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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")

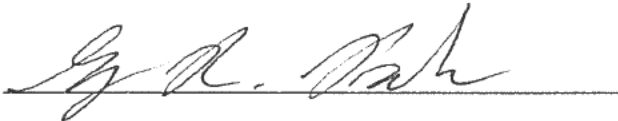
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N. A.	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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:

6/11/2020

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, 2019.

Rec'd 3:13 PM on 6/11/20
800

VILLAGE OF INDIANTOWN
NOTICE OF LOGIC & ACCURACY TEST
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic & Accuracy test for the automatic tabulating equipment for the August 18, 2020, Village of Indiantown General Election has been scheduled by the Martin County Supervisor of Election for their mail office at the time and location listed below:

Supervisor of Elections' Office
135 SE Martin Luther King, Jr. Blvd.,
Stuart, FL 34994
8:30 a.m.

Attendance at this test of the equipment is strictly **optional**. All candidates, as well as any members of the general public, are welcome to attend and observe. Please advise the Village Clerk in advance if you will be attending so that the SOE's Office can plan accordingly.

NOTICE OF LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT

I hereby acknowledge receipt of the above "Notice of Logic and Accuracy Test", pursuant to F.S. 101.5612.

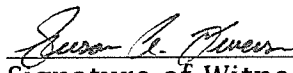
I, or my ___ representative(s), ___ will be / ___ will not be attending.



Signature of Candidate

6/11/20

Date



Signature of Witness

Rec'd 3:13 pm on 6/11/20
808

**VILLAGE OF INDINATOWN
AFFIDAVIT OF RESIDENCY**
(REQUIRED PER VILLAGE CHARTER)

I, GUY R PARKER, candidate for Village Council - Seat No. 1, do hereby swear or affirm that my primary residence for at least the last year has been the Village of Indiantown and that I am a duly authorized elector in said municipal elections.

I further understand that any misstatements jeopardize my ability to be placed on the August 18, 2020 ballot and/or serve as a Council Member, even if elected.

Guy R. Parker
Signature of Candidate

6/11/2020
Date

Proof of Residency Provided:

- Florida Driver's License No.: P 626-296-56-304-0
- Florida State ID Card No.: _____
- Voter Registration No.: _____
- Copy of Utility Bills
- Other: _____

STATE OF FLORIDA

COUNTY OF MARTIN

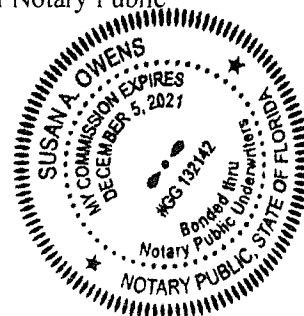
Sworn to (or affirmed) and subscribed before me

By physical or online presence this 11 day of JUNE, 2020.

Personally Known: ✓ or Produced Identification: _____

Type of Identification Produced: _____

Susan A. Owens
Signature of Notary Public



Florida

DRIVER LICENSE

P626-296-56-304-0

PARKER

GUY RAYMOND
16216 SW INDIANWOOD CIR
INDIAN TOWN, FL 34956-3634

DOB 08/24/1956 SEX M SAFE DRIVER

EXP 08/24/2026 HGT 5'08"
EYES NONE HAIR NONE

4a ISS 08/23/2018

5DD P60168230010

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

DDMOR

Rec'd 3:13 PM on
6/11/20 200

GUY PARKER CAMPAIGN ACCOUNT
SEAT #1
16216 SW INDIANWOOD CIR
INDIANTOWN FL 34956-3634

63-1403
631

900
DATE 6-11-2020

Pay to the
Order of

VILLAGE OF INDIANTOWN \$ 100.00

ONE-HUNDRED ⁰⁰/₁₀₀ DOLLARS

SECURITY
FEATURES INCLUDED
DETAILS ON BACK



CenterState

www.CenterStateBank.com

REC'D @ 3:13 PM 6/11/20

MEMO

QUALITY FEES

[Signature]

MP

FSI CS 169