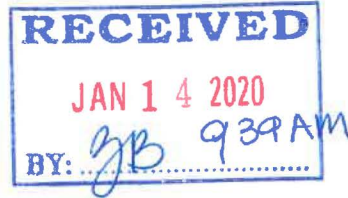


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(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, JohnPaul O'Connor

(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 Office of City Council, \_\_\_\_\_  
(Office) (District #)

3; I am a qualified elector of Palm Beach County 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): 111749014

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.]

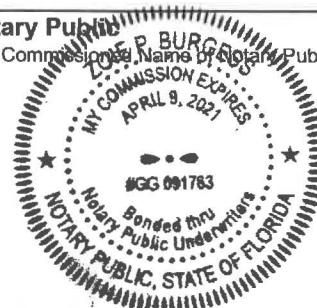
**X** [Signature] (561) 601-9769 jpotek@gmail.com  
Signature of Candidate Telephone Number Email Address  
15914 Rain lily Way City Of Westlake FL 33470  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Palm Beach

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

Sworn to (or affirmed) and subscribed before me this 14th  
day of January, 2020

Personally Known: \_\_\_\_\_ or Produced Identification: X  
Type of Identification Produced: 0256-420-81-415-0



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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

JAN 10 2020

BY: *JP* 9:51 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)  
JohnPaul, O'Connor

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

15914 Rain Lily Way, City Of Westlake, FL 33470

**4. Telephone**  
(561 ) 6019769

**5. E-mail address**  
jpotek@gmail.com

**6. Office sought** (include district, circuit, group number)  
Office of City Council - *SEAT #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**  
Kailey Boss

**11. Mailing Address**  
15914 Rain Lily Way

**12. Telephone**  
( 561 ) 662-2712

**13. City**  
City Of Westlake

**14. County**  
Palm Beach

**15. State**  
FL

**16. Zip Code**  
33470

**17. E-mail address**  
kpb09d@my.fsu.edu

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

**19. Name of Bank**  
Wells Fargo

**20. Address**  
1107 Okeechobee Blvd

**21. City**  
Royal Palm Beach

**22. County**  
Palm Beach

**23. State**  
FL

**24. Zip Code**  
33411

**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**  
1/10/20

**26. Signature of Candidate**

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Kailey Boss, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

1/10/20

Date

Kailey Boss

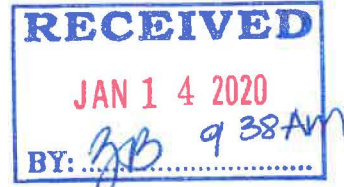
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, JohnPaul O'Connor,

candidate for the office of City Of Westlake City Council Seat No.3;

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

X

  
Signature of Candidate

1-14-20  
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**

**2019**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

O'Connor JohnPaul

MAILING ADDRESS :

15914 RainLily Way

CITY :

City Of Westlake

ZIP :

33470

COUNTY :

Palm Beach County

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Office of City Council

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE



\*\*\*\* 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 |
|--------------------------|-------------------------------------|---|
| Eopb LLC                 | 15225 79th Terrace N. PBG, Fl 33418 | Sales & Installation of technology                      |
| Turnkey Jet              | 3800 Southern Blvd, WPB,            | Charter Private Airline                                 |
| Westlake A/V             | 15225 79th Terrace N. PBG, Fl 33418 | Sales & Installation of technology                      |

**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 |
|-------------------------|---|-------------------|---------------------------------------|
| none                    |   |                   |                                       |
| none                    |   |                   |                                       |
| none                    |   |                   |                                       |

**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 |
| none |
| none |
| 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]<br>(If you have nothing to report, write "none" or "n/a") |   |
|---|---|
| TYPE OF INTANGIBLE  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| none  |   |
| none  |   |


| PART E — LIABILITIES [Major debts - See instructions]<br>(If you have nothing to report, write "none" or "n/a") |                     |
|---|---------------------|
| NAME OF CREDITOR  | ADDRESS OF CREDITOR |
| none  |                     |
| none  |                     |

| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]<br>(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  | none                | none                |
| PRINCIPAL BUSINESS ACTIVITY   | none                | none                |
| POSITION HELD WITH ENTITY   | none                | none                |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS   | none                | none                |
| NATURE OF MY OWNERSHIP INTEREST   | none                | none                |

**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:  | CPA or ATTORNEY SIGNATURE ONLY   |
|--|--|
| <p>Signature: </p> <p>Date Signed: <u>1-14-20</u></p> | <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p> |

**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.



## Acceptance of Candidacy

I, JohnPaul O'Connor, am a registered voter in the State of Florida, and a qualified elector (voter) of the City of Westlake and have resided within the City of Westlake boundaries for at least (1) year prior to the beginning of the qualifying period for office.

My Permanent Address is: 15225 79th Terrace N, Westlake, Florida 33470. I certify that I am registered to vote at this address.

I hereby certify that I have paid a 1% election assessment fee in the amount of \$120.00 to the City Clerk. I hereby accept the candidacy for the Office of City Council of the City of Westlake, Florida, for the 3-31-20 Municipal Election; and, if elected, I will qualify and serve in such office during the term for which I am elected.

I am filing this Acceptance of Candidacy on the 14 day of January, 2020

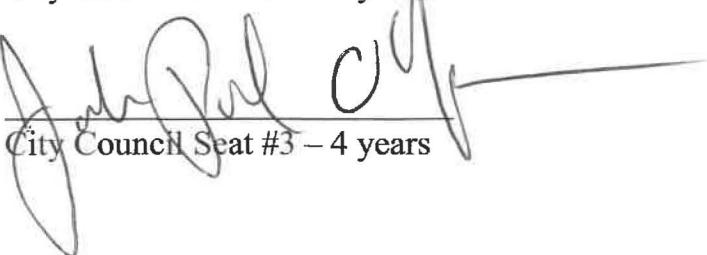
  
\_\_\_\_\_  
Signature of Candidate

111749014  
\_\_\_\_\_  
Candidate Voter Registration Number

I hereby acknowledge receipt of the 1% election assessment fee for the above Acceptance of Candidacy. Said assessment fee and Acceptance of Candidacy were filed with the City Clerk on the 14<sup>th</sup> day of January, 2020.

  
\_\_\_\_\_  
Zoie P. Burgess, CMC  
City Clerk

\_\_\_\_\_  
City Council Seat #1 – 4 years

  
\_\_\_\_\_  
City Council Seat #3 – 4 years



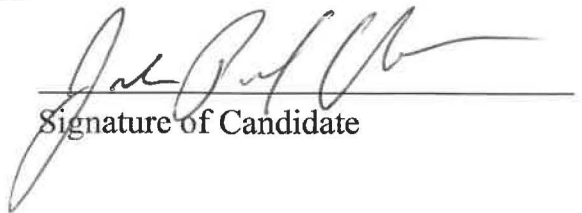
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Before me, an officer authorized to administer oaths, personally appeared:

JohnPaul O'Connor

Print name as you wish for it to appear on the ballot

to me well known, who, being sworn, says that he or she is a candidate for the office of City Council Seat #3; that he or she is a qualified elector of City of Westlake, Florida; that he or she is qualified under the Constitution and the laws of Florida to hold the office to which he or she desires to be nominated or elected; that he or she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he or she seeks; that he or she has resigned from any office from which he or she is required to resign pursuant to s. 99.012, Florida Statutes; and that he or she will support the Constitution of the United States and the Constitution of the State of Florida.


  
Signature of Candidate

Sworn to and subscribed before me this 14<sup>th</sup> day of January, 2020 at City of Westlake, Florida.

Personally Known: \_\_\_\_\_ or

Produced Identification: X-DL

Type of identification Produced: 0256-420-81-415-0

  
Signature of Notary Public – State of Florida  
Print Type or Stamp Commissioned Name  
of Notary:

