

**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

2020 JUN -8 PM 1: 30

EDWARD COUNTY
SUPERVISOR OF ELECTIONS
OFFICE USE ONLY

Candidate Oath

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

I, Gerald Stanton

(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 Supervisor, Orchid Grove CDD,
(Office) (District #)

1, I am a qualified elector of Broward 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): 123421850

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.]

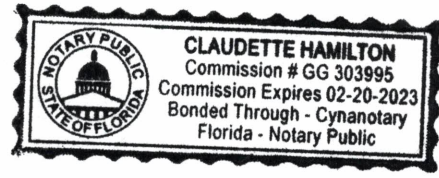
X Gerald Stanton (774) 245-2708 geraldstanton6683@comcast.net
Signature of Candidate Telephone Number Email Address

151 SW 7th Street Pompano Beach FL 33060
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward Claudette Hamilton
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 5th
day of June, 2020.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: FLDL



2020 JUN -5 PM 3: 25

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

Corporate Certificate

I, the undersigned, Clerk of the Court, do hereby certify that the following is a true and correct copy of the original as the same appears in the records of the Court.

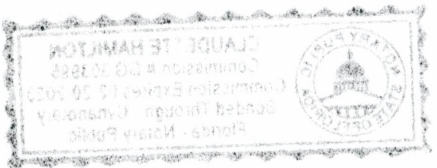
That the same is a true and correct copy of the original as the same appears in the records of the Court.

Witness my hand and the seal of the Court at Fort Lauderdale, Florida, this 5th day of June, 2020.

CLERK OF THE COURT

Signature of Clerk of the Court

Signature of Supervisor of Elections



STATEMENT OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

2020 JUN -5 PM 3: 25

BROWARD COUNTY SUPERVISOR OF ELECTIONS

Gerald Stanton 265944
Orchid Grove Community Development District Chairman
151 Sw 7th St
Pompano Beach, FL 33060

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
T Rowe Price Social Security	PO Box 1732, Balt MD 21297	Mutual Fund

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			

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.

2010

STATEMENT OF FINANCIAL INTERESTS

FORM 1

FOR OFFICE USE ONLY

10/10/10

Office of the Secretary
The New York State Office of the State Comptroller
110 West Street
Albany, New York 12242-1200

DISCLOSURE PERIOD

THIS STATEMENT OF FINANCIAL INTERESTS IS TO BE FILED BY THE DISCLOSURER FOR THE DISCLOSURE PERIOD

INDICATED ON THE DISCLOSURE PERIOD. THE DISCLOSURE PERIOD IS THE PERIOD OF TIME FOR WHICH THE DISCLOSURER IS REQUIRED TO DISCLOSE HIS OR HER FINANCIAL INTERESTS. THE DISCLOSURE PERIOD IS THE PERIOD OF TIME FOR WHICH THE DISCLOSURER IS REQUIRED TO DISCLOSE HIS OR HER FINANCIAL INTERESTS.

DISCLOSURE PERIOD: 1/1/10 TO 12/31/10

IF YOU ARE A MEMBER OF A FIDUCIARY, YOU MUST DISCLOSE THE FINANCIAL INTERESTS OF THE FIDUCIARY AS WELL AS YOUR OWN.

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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
None	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Bank	PO Box 12613 Columbus, OH 43218

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** 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:

Gerald Stanton

Date Signed:

May 28, 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.

RECEIPT DATE June 5th 2020 No. 378685

RECEIVED FROM Gerald Stanton \$ 25.00

Twenty five 00/100 DOLLARS

FOR RENT FOR Qualifying Fee

ACCOUNT	<u>1114</u>
PAYMENT	<u>25.00</u>
BAL. DUE	<u>—</u>

CASH
 CHECK
 MONEY ORDER
 CREDIT CARD

FROM _____ TO [Signature]
BY _____