

**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
City Clerk's Office

JUN 24 2020

Time: 10:00 Am
By: A. Morales

OFFICE USE ONLY

Candidate Oath

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

I, Richard Walker
(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 Mayor, _____, _____,
(Office) (District #)
_____ ; 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): 121927365

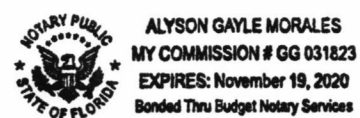
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]
RI-CH-R-D W-AW-K-R

X R/W/M 973 390-1453 richwalk@gmail.com
Signature of Candidate Telephone Number Email Address
10590 NW 62nd Ct Parkland FL 33076
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

Alyson Gayle Morales
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this _____ day of _____, 20____.
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____



WALKER FOR MAYOR

PARKLAND | 2020

6/26/20

Ms Alyson Morales

RE: Mayor Campaign Account

Please accept this letter as notice that I have qualified for the 2020 Mayoral race for the City of Parkland and I would like my account transferred to 2020 , so I can reflect the accurate year of my race

Thank you

Sincerely



Richard Walker

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

RECEIVED ONLY
City Clerk's Office

APR 23 2020

Time: 9:15 Am
By: A. Morales

I, Richard W Walker,
candidate for the office of Mayor;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X [Signature]
Signature of Candidate

4/23/20
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).

**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.

RECEIVED
City Clerk's Office

APR 23 2020

Time: 9:15 Am
By: A. Moulton

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)

Richard W Walker

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

10590 NW 62nd ct
Parkland, FL 33076

4. Telephone

(973) 390 1453

5. E-mail address

richwalke@gmail.com

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

Mayor Parkland

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

Richard Walker

11. Mailing Address

10590 NW 62nd ct

12. Telephone

(973) 390 1453

13. City

Parkland

14. County

Broward

15. State

FL

16. Zip Code

33076

17. E-mail address

richwalke@gmail.com

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

19. Name of Bank

TD Bank

20. Address

3325 W. Hillsboro Blvd

21. City

Deerfield Beach

22. County

Broward

23. State

FL

24. Zip Code

33442

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

4/23/20

26. Signature of Candidate

[Signature]

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

I, Richard Walker, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/23/20
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
City Clerk's Office

MAY 4 2020

Time: 11:23 AM
By: A. Morales

**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)

Richard Walker

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

10590 NW 60th St
Parkland, FL 33076

4. Telephone

(973) 390 1453

5. E-mail address

richwalker@gmail.com

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

Parkland Mayor

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

Scott Tulloch

11. Mailing Address

6782 NW 108th AVE

12. Telephone

(954) 770.0300

13. City

Parkland

14. County

Broward

15. State

FL

16. Zip Code

33076

17. E-mail address

Scott.Tulloch@gmail.com

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

19. Name of Bank

Bank United

20. Address

3551 N Powerline Rd

21. City

Pompano Beach

22. County

Broward

23. State

FL

24. Zip Code

33069

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

5/3/20

26. Signature of Candidate

[Signature]

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

I, Scott Tulloch, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5.3.2020

Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

FOR OFFICE USE ONLY:

RECEIVED City Clerk's Office

JUN 24 2020

Time: 10:00 AM

By: Amodes

Richard Walker 277175 Parkland Commissioner 10590 Nw 62nd Ct Parkland, FL 33076

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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Bergen Sign Co, 4100 N. Powerline Rd Pompano Beach, Sign manufacturing.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: 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")

Table with 1 column: REAL PROPERTY. Row 1: N/A.

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
stocks, mutual funds	Alerus, TD Ameritrade Broad Street New Bridge

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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
	N/A	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:

6/5/20

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.

RECEIVED
City Clerk's Office

JUN 24 2020

Time: 9:55 am
By: A. Morley

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)

Richard Walker

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

10590 NW 62nd Ct
Parkland, FL 33076

4. Telephone

(973) 390 1453

5. E-mail address

richwalker@gmail.com

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

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

Richard Walker

11. Mailing Address

10590 NW 62nd Ct

12. Telephone

(973) 390 1453

13. City

Parkland

14. County

Broward

15. State

FL

16. Zip Code

33076

17. E-mail address

richwalker@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

6/24/20

26. Signature of Candidate

X 

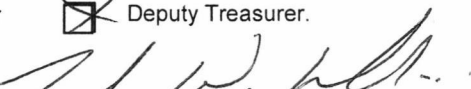
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Richard Walker, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/24/20
Date

X



Signature of Campaign Treasurer or Deputy Treasurer



CANDIDATE OATH

STATE OF FLORIDA

CITY OF PARKLAND

BEFORE ME, an officer authorized to administer oaths, personally appeared

Richard Walker, to me well known, who being duly sworn states:

1. That he/she is a candidate for the office of Mayor/Commissioner for the City of Parkland, District # _____.
2. That he/she resides in the District for which he/she is qualifying and has been for one (1) year immediately preceding the signing of this oath, or, in the case of an open district, that he/she resides in the City and meets the residence requirements for qualification for the office to which he/she seeks election as set forth in the City Charter.
3. That he/she is a citizen of the United States of America and the State of Florida.
4. That he/she is at least eighteen (18) years of age.
5. That he/she is a registered voter in the City of Parkland for City elections.
6. That he/she has not been convicted of a felony.
7. That he/she is fully qualified under the laws to hold the office for which he/she desired to be nominated.

Signature of Candidate

Sworn to and subscribed before me this 24th day of June, 2020
Rich Walker, Candidate at Parkland, Broward County, Florida.

Alyson Gayle Morales
Notary Public
Commission expires



ALYSON GAYLE MORALES
MY COMMISSION # GG 031823
EXPIRES: November 19, 2020
Bonded Thru Budget Notary Services

Clerk's Office
6600 University Drive, Parkland, Florida 33067

City of Parkland, Florida

Application and Acknowledgment of Electronic Filing Information



1. CHECK APPROPRIATE BOX(ES)

Candidate Treasurer/Deputy Committee Committee Treasurer

2. Name of Candidate/Committee (First, Middle, Last)

Richard Walker

3. Address (include P.O. box or street, city, state, zip code)

10590 NW 62nd Ct
Parkland, FL 3307

4. Telephone

5. E-mail address

973 390 1453

richwalker@gmail.com

All reports of campaign finance activity must be filed with the City Clerk using the electronic campaign finance reporting system available online at https://www.voterfocus.com/CampaignFinance/candidate_login.php?county=munparkland (the "System") unless an alternative filing procedure is required by the Americans with Disabilities Act of 1990 or other applicable law.

Credentials to log into the System are approved on an individual basis and may not be shared -even with member of the same campaign or committee. Each user who is approved for credentials is responsible for protecting those credentials from disclosure or compromise. Once credentials have been approved for a user, that user is deemed responsible for every report filed using those credentials until such time as the City Clerk is notified of disclosure or compromise of those credentials. Campaign or committee must immediately notify the City Clerk if any user associated with that campaign or committee becomes ineligible to hold the credentials issued to that user.

Each report must be filed before midnight at the end of the due date. Late-filed reports are subject to fines pursuant to Florida Statutes sections 106. 07(8) or 106. 29(3), as applicable.

By filing a report through the System, a person (i) is deemed to have electronically signed the report under oath and to have certified the correctness of the report in accordance with Florida Statutes sections 106. 07(5) or 106. 29(2), as applicable; (ii) is responsible for the accuracy and veracity of the report; and (iii) commits a criminal act by certifying a report that is known to be incorrect, false, or incomplete.

A report is deemed filed with the City Clerk only when the System issues a receipt confirming the date and time at which the report was filed. The system will issue a separate notice for the subsequent acceptance or rejection of the report by the City Clerk. Once a report has been filed with the City Clerk, it may be changed only by filing an amendment to that report.

The City is not responsible for providing the internet access necessary to access the System, and problems with an individual candidate's internet access at a residence, office, coffee shop, etc. do not excuse late filing by that candidate. The City Clerk will provide an alternate filing deadline for candidates only in the event that the Reporting System is generally unavailable and all candidates are affected.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ AND UNDERSTAND THE FOREGOING FORM FOR APPLICATION AND ACKNOWLEDGEMENT OF ELECTRONIC FILING INFORMATION AND THAT THE FACTS STATED IN IT ARE TRUE.

6. Date

6/11/20

7. Signature of Candidate/Committee Chair

[Handwritten Signature]

8. Treasurer's Application and Acknowledgement of Electronic Filing Information (fill in the blanks and check the appropriate block)

I, Scott Tulloch (printed name), hereby acknowledge that I am representing the Candidate/Committee above as the Campaign Treasurer Deputy Treasurer

6.13.2020

Date

[Handwritten Signature]
Signature of Treasurer or Deputy Treasurer