STATEMENT OF CANDIDATE
(Section 106.023, F.S.)
(Please print or type)

I, Kelli Glass Leighton, candidate for the office of City Commission;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Signature of Candidate

Leighton

Date

10/10/19

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.)*

**NOTE:** This form must be on file with the qualifying officer before opening the campaign account.

**OFFICE USE ONLY**

1. **CHECK APPROPRIATE BOX(ES):**
   - [X] Initial Filing of Form
   - [ ] Re-filing to Change:
     - [ ] Treasurer/Deputy
     - [ ] Depository
     - [ ] Office
     - [ ] Party

2. **Name of Candidate** (in this order: First, Middle, Last)
   - Kelli Glass Leighton

3. **Address** (include post office box or street, city, state, zip code)
   - PO Box 1493
   - Stuart, FL 34995

4. **Telephone**
   - (772) 215-7866

5. **E-mail address**
   - glasskelli08@gmail.com

6. **Office sought** (include district, circuit, group number)
   - Stuart City Commission

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:**
   - [ ] Write-In
   - [ ] No Party Affiliation
   - [ ] [ ] Party

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

   Name of Treasurer or Deputy Treasurer
   - Myself

10. **Mailing Address**
    - [ ]

11. **City**
    - [ ]

12. **County**
    - [ ]

13. **State**
    - [ ]

14. **Zip Code**
    - [ ]

15. **E-mail address**
    - [ ]

16. **Telephone**
    - [ ]

17. **Address**
    - [ ]

18. **I have designated the following bank as my**
    - [X] Primary Depository
    - [ ] Secondary Depository

19. **Name of Bank**
    - Seacoast Bank

20. **Address**
    - 815 Colorado Ave

21. **City**
    - Stuart

22. **County**
    - Martin

23. **State**
    - FL

24. **Zip Code**
    - 34996

**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 10, 2019

26. **Signature of Candidate**
    - [X] Kelli Glass Leighton

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
    - [ ] Kelli Glass Leighton, do hereby accept the appointment
    - Designated above as:
      - [X] Campaign Treasurer
      - [ ] Deputy Treasurer

    Date
    - [ ] 6/10/19

    Signature of Campaign Treasurer or Deputy Treasurer
    - [X] Kelli Glass Leighton

**DS-DE 9 (Rev. 10/10)**

**Rule 1S-2.0001, F.A.C.**
KELLI M. GLASS CAMPAIGN FUND
905 NW TERRACE RD
STUART FL 34994-8928

PAY TO THE ORDER OF City of Stuart

$805.00

DOLLARS

Seacoast NATIONAL BANK
STUART, FLORIDA 34994

For qualifying fee

KELLI M. GLASS

CITY OF STUART

RECV'D BY: ETHEL
04/26/00, 1:32:29

PAYEE: KELLI M. GLASS

NOTE: M. GLASS also

TODAY'S DATE: 06/10/19
TIME: 15:47

NOTE: M. GLASS also

DESCRIPTION: AMOUNT

CITY OF STUART, KELLI
ELECTION QUALIFYING FE

$805.00

TENDERED: $805.00

CHECK: $805.00

RECEIVED: 3PM

RECEIVED
JUN 17 2019

MK Clerk
**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

**FOR OFFICE USE ONLY:**

**LAST NAME -- FIRST NAME -- MIDDLE NAME:**

Blass Young Kelli

**MAILING ADDRESS:**

1200 South Atlantic Blvd, Suite 1B
Stuart, FL 34995

**CITY:** Stuart

**ZIP:** 34995

**COUNTY:** Martin

**NAME OF AGENCY:** City Commission

**NAME OF OFFICE OR POSITION HELD OR SOUGHT:**

**You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.**

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☐ DECEMBER 31, 2018 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_______

**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]

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin Clerk of Court</td>
<td>102 East Ocean Blvd Stuart</td>
<td>Supervisor</td>
</tr>
<tr>
<td>City of Stuart</td>
<td>121 SW Flagler Ave Stuart</td>
<td>Commissioner</td>
</tr>
</tbody>
</table>

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART C -- REAL PROPERTY**

[Land, buildings owned by the reporting person - See instructions]

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

**CE FORM 1 - Effective January 1, 2019**

Incorporated by reference in Rule 34-4.202(1), F.A.C.

(Continued on reverse side)
### PART D — INTANGIBLE PERSONAL PROPERTY

[Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### PART E — LIABILITIES

[Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### 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")

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
</tr>
</thead>
</table>

### 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: [Signature]

Date Signed: 6/10/19

### 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, [Name], 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: [Signature]

Date Signed: [Date]

### 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) and send it to CEForm1@leg.state.fl.us. 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, 2018.
OATH OF RESIDENCY

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared Kelli Glass Leighton, who being duly sworn, deposes and says he/she has maintained a continuous residency within the City of Stuart for more than twelve (12) months preceding the election. (Sec 7.03) Qualifying.

Signature of Candidate

Sworn to and subscribed before me this 10th day of June 2019.

Notary Public

My Commission expires

Seal: MARY R. KINDEL
MY COMMISSION # 064481
EXPIRES: November 16, 2020

RECEIVED
JUN 17 2019

RECEIVED
JUN 10 2019

MK Clerk 3pm

MK Clerk 12:05pm
Candidate Oath
(Section 99.021(1)(a), Florida Statutes)

I, Kelli Glass Leighton, am a candidate for the nonpartisan office of City Commissioner, District 

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): 105913527

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 Kelli Glass Leighton (778) 215-7816 glasskelli20@gmail.com

Sworn to (or affirmed) and subscribed before me this 10th day of June, 2019.

Personally Known: ☑ or Produced Identification:

Type of Identification Produced:

Signature of Candidate
PO Box 1493
Stuart, FL 34995

Signature of Notary Public:
MARY R. KINDEL
EXPIRES: November 16, 2020

STATE OF FLORIDA
COUNTY OF Martin

DS-DE 302NP (Rev. 11/17)

Rule 15-2.0001, F.A.C.
## Compound Last Names

If your last name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be "Smith". If you check the box, your last name would be listed on the ballot as "Jones Smith." If you have a hyphen within your last name, the last name would be listed as "Jones-Smit.

## Guide for Designating Phonetic Spelling of Candidate’s Name for Audio Ballot

1. Use tables below.
2. Use upper case for “stressed” syllables. Use lower case for “unstressed” syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, etc.

### Vowels

<table>
<thead>
<tr>
<th>Stressed Vowel Sounds</th>
<th>Unstressed Vowel Sounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE (FEET) feet</td>
<td>uh (SO-fuh) sofa (FING-guhr) finger</td>
</tr>
<tr>
<td>I (FIT) fit</td>
<td></td>
</tr>
<tr>
<td>E (BED) bed</td>
<td></td>
</tr>
<tr>
<td>A (KAT) cat (KAD) cad</td>
<td></td>
</tr>
<tr>
<td>AH (FAH-thur) father (PAHR) par</td>
<td></td>
</tr>
<tr>
<td>AH (HAHT) hot (TAH-dee) toddy</td>
<td></td>
</tr>
<tr>
<td>UH (FUH-J) judge (FLUHD) flood</td>
<td></td>
</tr>
<tr>
<td>UH (CHUHRCH) church</td>
<td></td>
</tr>
<tr>
<td>AW (FAWN) fawn</td>
<td></td>
</tr>
</tbody>
</table>

**Certain Vowel Sounds with R**

| AHR (PAHR) par         |                         |
| ER (PER) pair          |                         |
| IR (PIR) peer          |                         |
| OR (POR) pour          |                         |
| OOR (POOR) poor        |                         |
| UHR (PUHR) purr        |                         |

### Consonants

| B (BED) bed            | R (RED) red            |
| D (DET) debit          | S (SET) set            |
| F (FED) fed            | T (TEN) ten            |
| G (GET) get            | V (VET) vet            |
| H (HED) head           | Y (YET) yet            |
| HW (HWICH) which       | W (WICH) witch         |
| J (JUHG) jug           | CH (CHUHRCH) church    |
| K (KAD) cad            | SH (SHEEP) sheep       |
| L (LAIM) fame          | TS (ITS) its (PITS-feeld) Pittsfield |
| M (MAT) mat            | TH (THEI) Thigh        |
| N (NET) net            | TH (THEI) Thy          |
| NG (SING-uhr) singer   | ZH (A-zhuh) azure (VI-zhuhn) vision |
| P (PET) pet            | Z (GOODZ) goods (HUH-buhz-tuhn) Hubbardston |

### Examples of Phonometically Spelled Names

<table>
<thead>
<tr>
<th>NAME ON BALLOT</th>
<th>PRONOUNCED AS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mishaud</td>
<td>mee-SHO (’d is silent)</td>
</tr>
<tr>
<td>Jahn</td>
<td>HAHN (rhyme: fawn)</td>
</tr>
<tr>
<td>Beauprez</td>
<td>boo-PRAI (rhyme: hooray)</td>
</tr>
<tr>
<td>Maniscalco</td>
<td>man-uh-SKAL-ko</td>
</tr>
<tr>
<td>Tangipahoa</td>
<td>TAN-ji-pah-HO-uh</td>
</tr>
<tr>
<td>Monte</td>
<td>Mahn-TAI</td>
</tr>
<tr>
<td>Tanya</td>
<td>TAWN-yuh (not TAN)</td>
</tr>
</tbody>
</table>

*Do not submit this page to the filing officer.*

Rule 1S-2.0001, F.A.C.