

**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)

WILLIAM LANGE SYKES

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

836 RIOMAR DR.
VERO BEACH, FL 32963

4. Telephone

(772) 473-7983

5. E-mail address

LangeSykes@gmail.com

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

VERO BEACH CITY COUNCIL

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

CHARLES CLAY PRICE

11. Mailing Address

2147 10TH AVE

12. Telephone

(772) 569-6203

13. City

VERO BEACH

14. County

IR

15. State

FL

16. Zip Code

32960

17. E-mail address

CPRICE@IRCCPA

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

COM

19. Name of Bank

SEACOAST NATIONAL BANK

20. Address

2940 CARDINAL DR.

21. City

VERO BEACH

22. County

INDIAN RIVER

23. State

FLORIDA

24. Zip Code

32963

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

09/09/16

26. Signature of Candidate

X 

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

I, CHARLES CLAY PRICE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9-9-16
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**NOTICE OF CANDIDACY
AND AFFIDAVIT OF CANDIDATE**

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

I, WILLIAM LANGE SYKES, depose and state:

1. My name is WILLIAM LANGE SYKES.
2. I am offering myself as a candidate for election to the office of Councilmember of the City of Vero Beach, Florida.
3. I am or will be at least 18 years old by the end of the qualifying period.
4. I have resided in the City of Vero Beach continuously for the one (1) year immediately preceding the last day of the qualifying period and I am a qualified and registered elector of the City of Vero Beach, Florida, presently registered to vote in precinct number 17.
5. I presently reside at the following address (must include zip code):
836 RIOMAR DR. VERO BEACH, FL 32963,
which is my permanent, legal address, and I have resided at said address since the 1st
day of JULY, 2012.
6. Immediately prior to residing at the above-stated address, I have resided at the below listed addresses for the specified periods of time: (If your residence at the address listed in number 5 above has been for less than one (1) full year, list all other addresses at which you have resided for the past one (1) year and specify the time period at each address, including starting and ending dates).

Prior Addresses

For the Period

<u>912 PIRATE COVE LANE</u>	<u>6 MONTHS</u>
<u>VERO BEACH, FL 32963</u>	

7. At the present time, I am not registered to vote in any city, county, or state other than as specified in paragraph 4, above.

8. I acknowledge that, if elected, I must continuously maintain my permanent legal residence within the City of Vero Beach and my status as a registered and qualified elector of the City for the duration of my term of office and if I fail to do so I will forfeit my office as City Councilmember.

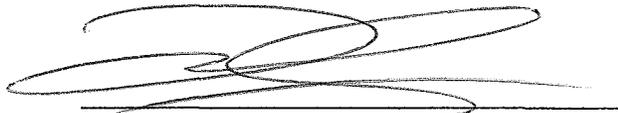
VERIFICATION

Under penalties of perjury, I declare that I have read the foregoing Notice of Candidacy and Affidavit of Candidate and that the facts stated in it are true.

DATED this 9 day of SEPTEMBER, 2016.

LANCE SYKES

Print candidate name



Candidate signature

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SYKES WILLIAM LANGE

MAILING ADDRESS :

836 ROMAN DR.

CITY: VERO BEACH ZIP: 32963 COUNTY: INDIAN RIVER

NAME OF AGENCY :

VERO BEACH CITY COUNCIL

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, 2015 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] (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
WISEARTH ORGANICS LLC	RICHARDSON, TX (WZ INCOME)	BIOTECH COMPANY
ALEX MACWILLIAM INC	2901 OCEAN DR. VERO BEACH 32963	REAL ESTATE SALES
912 PIRATE COVE LANE	912 PIRATE COVE LANE VERO BEACH FL 32963	RENTAL

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

912 PIRATE COVE LANE VERO BEACH FL, 32963

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
SAVINGS ACCOUNT	PERSONAL SAVINGS ACCOUNT

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
GM FINANCIAL LEASING	75 REMITTANCE DR STE 1738 CHICAGO, IL 60675
SEACOAST NATIONAL BANK	2940 CARDINAL DR. VERO BEACH, FL 32963

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
	RIOMAR LLC	
ADDRESS OF BUSINESS ENTITY	836 RIOMAR DR VERO BEACH, FL 32963	
PRINCIPAL BUSINESS ACTIVITY	SHOES AND CLOTHING	
POSITION HELD WITH ENTITY	CEO / CREATIVE DIRECTOR	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	

PART G — TRAINING

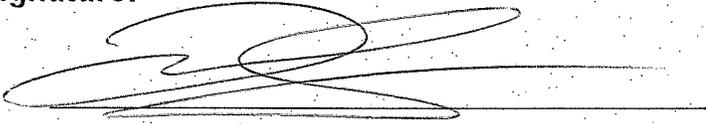
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

9/9/16

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:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2015.

**STATEMENT OF
CANDIDATE**

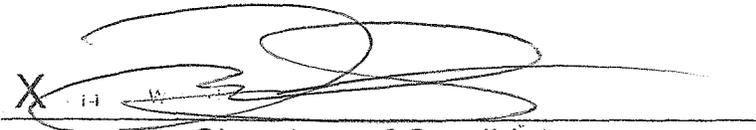
(Section 106.023, F.S.)

(Please print or type)

I, LANGE SYKES,

candidate for the office of VERO BEACH CITY COUNCIL;

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


Signature of Candidate

9/7/16
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**

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, LANGE SYKES

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of VERO BEACH CITY COUNCIL, _____ , _____ ,
(office) (district #)

_____ ; I am a qualified elector of INDIAN RIVER 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.

X 
Signature of Candidate

(772) 473-7985
Telephone Number

Lange Sykes@gmail.com
Email Address

836 RIOMAR DR.
Address

VERO BEACH
City

FL
State

32963
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 104685543

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

L - AI - NG S - EI - K - S

STATE OF FLORIDA

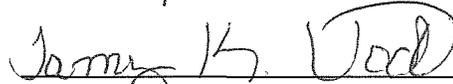
COUNTY OF Indian River

Sworn to (or affirmed) and subscribed before me this 9th day of September, 2016.

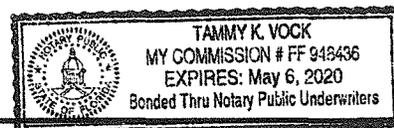
Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____


Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



INSTRUCTIONS: INSERTING PHONETIC SPELLING OF CANDIDATE'S NAME FOR AUDIO BALLOT

Use the PRONUNCIATION KEY below to provide pronunciations for ambiguous first names and surnames. Capitalize STRESSED syllables, use lower case for unstressed syllables. Use dashes (-) to separate syllables. You should also add any notes such as rhyming examples, silent letters, *etc.*

Samples:

PRONUNCIATION KEY Stressed Vowel Sounds	
EE	(FEET) feet
I	(FIT) fit
E	(BED) bed
A	(KAT) cat (KAD) cad
AH	(FAH-thur) father (PAHR) par
AH	(HAHT) hot (TAH-dee) toddy
UH	(FUHJ) fudge (FLUHD) flood
UH	(CHUHRCH) church
AW	(FAWN) fawn
U	(FUL) full
OO	(FOOD) food
OU	(FOUND) found
O	(FO) foe
EI	(FEIT) fight
AI	(FAIT) fate
OI	(FOIL) foil
YOO	(FYOOR-ee-uhs) furious

NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

Unstressed Vowel Sounds	
uh	(SO-fuh) sofa (FING-guhr) finger

Certain Vowel Sounds with R	
AHR	(PAHR) par
ER	(PER) pair
IR	(PIR) peer
OR	(POR) pour
OOR	(POOR) poor
UHR	(PUHR) purr

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

NOTE: This page should not be submitted to the filing officer.