

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

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CITY CLERK'S OFFICE
2019 AUG 28 PM 1:56

(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)

BOB McCABE

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

4049 OCEAN DRIVE #506
VERO BEACH, FL 32963

4. Telephone

(248) 421-7301

5. E-mail address

ROBERTJ.MCCABE@AOL.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

ROBERT J. MCCABE

11. Mailing Address

4049 OCEAN DRIVE #506

12. Telephone

()

13. City

VERO BEACH

14. County

INDIAN RIVER

15. State

FL

16. Zip Code

32963

17. E-mail address

ROBERTJ.MCCABE@AOL.COM

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

19. Name of Bank

MARINE BANK & TRUST

20. Address

1450 US HIGHWAY 1

21. City

VERO BEACH

22. County

INDIAN RIVER

23. State

FL

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

8-28-19

26. Signature of Candidate

X Robert McCabe

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

I, ROBERT J. MCCABE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8-28-19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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CITY CLERK'S OFFICE

2019 AUG 28 PM 3:44

I, BOB McCABE,

candidate for the office of VERO BEACH CITY COUNCIL;

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

X Bob (Bob) McCabe
Signature of Candidate

8-28-19
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**

(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

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2019 AUG 28 PM 3:44

OFFICE USE ONLY

Candidate Oath

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

I, BOB MCCABE

(Print name above 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.)

I 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 120612850

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.]

Bob McCabe (248) 421-7301 ROBERTJMCCABE@AOL.COM
Signature of Candidate Telephone Number Email Address

4049 OCEAN DRIVE #506, VERO BEACH, FL 32963
Address City State ZIP Code

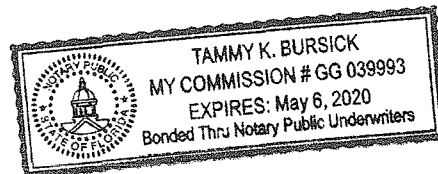
STATE OF FLORIDA
COUNTY OF Indian River

Tammy K. Bursick
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 28th
day of August, 2019.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



NOTICE OF CANDIDACY
AND AFFIDAVIT OF CANDIDATE

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

RECEIVED BY
CITY CLERK'S OFFICE

2019 AUG 28 PM 3:49

I, ROBERT J. McCABE, depose and state:
(Name of Candidate)

1. My name is ROBERT (BOB) J. McCABE

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):
4049 OCEAN DRIVE # 506, VERO BEACH, FL 32963, which is my permanent, legal address, and I have resided continuously at said address since the 15TH day of NOVEMBER 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

*For additional residences, attach additional sheets as necessary.

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.

ROBERT J. McCABE
Print candidate name

Robert McCabe
Candidate signature

Date: 28 AUGUST 2019

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

McCabe, Robert J.

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MAILING ADDRESS :

4049 OCEAN DRIVE # 506

2019 AUG 28 PM 3:46

VERO BEACH, FL 32963 INDIAN RIVER

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

VERO BEACH CITY COUNCIL

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] (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
PRUDENTIAL ANNUITY	30 SCRANTON OFFICE, SCRANTON PA 18507	ANNUITY
GENERAL MOTORS LLC	PO BOX 62410 PHOENIX AZ 85082	PENSION
SOCIAL SECURITY	JAMAICA NY 11432	SS BENEFITS
OCEAN CHATEAU	4049 OCEAN DR VERO BEACH 32963	SERVICES

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")

CONDOMINIUM 4049 OCEAN DRIVE VB 32963
UNIT # 506

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
BANKING / CHECKING	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
DITECH MORTGAGE	PO BOX 660934, DALLAS, TX 75266
SUNTRUST BANK	PO BOX 791274, BALTIMORE, MD 21279

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
	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:

8-28-19

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, _____, 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) 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.