

Lake County
Municipal Elections

2019



Lake County

26 Municipal Seats Up For Non-Partisan Election in 2019

Election Date	Jurisdiction Name	Seats up for Election
8/27/2019	City of Clermont	2 and 4*
8/27/2019	City of Groveland	2 and 4*
11/5/2019	Town of Astatula	1 and 2
11/5/2019	City of Clermont	2 and 4
11/5/2019	City of Groveland	2 and 4
11/5/2019	Town of Lady Lake	1, 3 and 5
11/5/2019	City of Mascotte	1, 3 and 5
11/5/2019	City of Minneola	1, 3 and 5
11/5/2019	Town of Montverde	Currently Considering Changing Seats Designations
11/5/2019	City of Mount Dora	1, 4, Mayor and At-Large
11/5/2019	City of Tavares	2 and 4

* A Primary (August 27, 2019) may be held if more than two candidates file for a seat.

Important Dates:

- ✓ Candidate Qualifying Period
Noon, June 17th thru Noon, June 21st
- ✓ August 27th – Primary Election
(Possibility in Clermont and Groveland)
- ✓ November 5th - Municipal Election

City of Clermont (2)

Seat 1	Timothy Bates	Rep
Seat 2	Ray Goodgame	Rep
Seat 3	Gail L Ash	Rep
Seat 4	Heidi Brishke	Rep
Seat 5	Diane Travis	Rep

August 27, 2019 Primary Election - Cities of Clermont and Groveland may conduct a Primary election based on the results of candidate qualifying that concludes at noon on June 21, 2019.

City Council meets every 2nd & 4th Tuesday at 6:30 PM

Council Chambers of City Hall, 685 W Montrose St., Clermont, FL 34711

City of Groveland (2)

Dist. 1	Evelyn Wilson	Dem
Dist. 2	Mike Radzik	Dem
Dist. 3	Dina Sweatt	Dem
Dist. 4	Mike Smith	Rep
Dist. 5	Jeff Shoobridge	Rep

August 27, 2019 Primary Election - Cities of Clermont and Groveland may conduct a Primary election based on the results of candidate qualifying that concludes at noon on June 21, 2019.

City Council meets every 1st & 3rd Monday at 7 PM
City Hall, 156 S. Lake Ave., FL 34736

City of Mascotte (3)

Seat 1	Sally Rayman	Rep
Seat 2	Louise Thompson	NPA
Seat 3	Barbara Krull	Dem
Seat 4	Brenda Brasher	???
Seat 5	Steven Sheffield	Rep

City Council meets every 1st & 3rd (if needed) Tuesday at 6:30 PM
Mascotte Civic Center, 121 N. Sunset Ave., Mascotte, FL 34753

City of Minneola (3)

Mayor	Pat Kelley	Rep
Vice Mayor	Pam Serviss	NPA
Councilor	Lisa Jones	NPA
Councilor	Kelly Price	Rep
Councilor	Joseph Saunders	Rep

City Council meets every 1st & 3rd Tuesday at 6:30 PM
Council Chambers, City Hall, 800 N. US Hwy 27, Minneola, FL 34711

City of Mount Dora (4)

Mayor	Nick Girone	Rep
Dist. 1	Laurie Tillett	Dem
Dist. 2	Cal Rolfson	Rep
Dist. 3	John Tucker	Rep
Dist. 4	Marc Crail	Dem
At-Large	Crissy Stile	NPA
At-Large	Harmon Massey	Rep

City Council meets every 1st & 3rd Tuesday at 6 PM
Council Chambers at City Hall, 510 N. Baker St., Mount Dora FL 32757

City of Tavares (2)

Seat 1	Amanda Boggus	Dem
Seat 2	Kirby Smith	Rep
Seat 3	Roy Stevenson	NPA
Seat 4	Troy Singer	Rep
Seat 5	Lori Pfister	Rep

City Council meets every 1st & 3rd Wednesday at 4 PM
City Hall, 201 E. Main St., Tavares, FL 32778

Town of Astatula (2)

Mayor	Robert Natale	Rep
Vice Mayor	Mitchell Mack	Rep
Member	Steve Cross	Rep
Member	Kim Kobera	Rep
Member	Gayle Sikkema	Rep

Town Council meets every 2nd Monday at 7 PM
Town Hall, 25009 County Road 561, Astatula, FL 34705

Town of Lady Lake (3)

Ward 1	Ruth Kussard	Rep
Ward 2	Tony Holden	Rep
Ward 3	Dan Vincent	NPA
Ward 4	Paul Hannan	Rep
Ward 5	Jim Richards	Rep

Town Council meets every 1st & 3rd Monday at 6 PM
Town Hall, 409 Fennell Blvd., Lady Lake, FL. 32159

Town of Montverde (3)

President	Judy Smith	Dem
Vice Pres.	Allan Hartle	Rep
Member	Jim Ley	Rep
Member	Billy Bates	NPA
Member	Jim Peacock	NPA

Town Council meets every 2nd Tuesday at 7 PM

Franklin Pearce Jr. Auditorium, 17404 Sixth Street, Montverde, FL 34756

Becoming a candidate...

The qualifying officer for municipal candidates is the City/Town Clerk

The qualifying officer can offer assistance to those who wish to know more about the process of becoming a candidate.

Paperwork Needed [<https://lakevotes.com/candidates/qualifying>]

[DS/DE 9 Appointment of Campaign Treasurer, Designation of Campaign Depository \(PDF\)](#)

This form must be filed with the appropriate qualifying officer prior to the acceptance of any contribution or the expenditure of any funds by the candidate, including expenses by the candidate from his or her own personal funds.

[DS/DE 84 Statement of Candidate \(PDF\)](#)

This form must be filed with the qualifying officer within 10 days of having filed the DS/DE 9 form (PDF).

Petitions in lieu of Qualifying Fee

Candidates should verify with the appropriate qualifying officer how many petition signatures are needed, as well as confirming the deadline for submitting the petitions. The deadlines for submitting petitions to the Supervisor of Elections for verification is noon of the 28th day preceding the first day of the qualifying period for the office being sought (on or before May 20th, 2019).

DS/DE 9

<https://lakevotes.com/candidates/qualifying>

<p align="center">APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)</p> <p align="center">(PLEASE PRINT OR TYPE)</p> <p>NOTE: This form must be on file with the qualifying officer before opening the campaign account.</p>		OFFICE USE ONLY	
<p>1. CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party</p>			
2. Name of Candidate (in this order: First, Middle, Last)		3. Address (include post office box or street, city, state, zip code)	
4. Telephone ()	5. E-mail address		
6. Office sought (include district, circuit, group number)		7. If a candidate for a nonpartisan office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.			
9. I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer			
10. Name of Treasurer or Deputy Treasurer			
11. Mailing Address		12. Telephone ()	
13. City	14. County	15. State	16. Zip Code
17. E-mail address			
18. I have designated the following bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> 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	26. Signature of Candidate X		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)			
I, _____, do hereby accept the appointment (Please Print or Type Name)			
designated above as: <input type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.			
_____ Date	X Signature of Campaign Treasurer or Deputy Treasurer		

DS-DE 9 (Rev. 10/10)

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

DS/DE 84

<https://lakevotes.com/candidates/qualifying>

<p>STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please print or type)</p>	OFFICE USE ONLY
<p>I, _____, candidate for the office of _____; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.</p>	
<p>X _____ Signature of Candidate</p>	<p>_____ Date</p>
<p>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).</p>	

DS-DE 84 (05/11)

DS/DE 24B

<https://dos.myflorida.com/media/693258/dsde>

**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, _____
(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 with no party affiliation for the office of _____, _____
(office) (district #)

_____ ; I am a qualified elector of _____ 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.

_____ () _____
Signature of Candidate Telephone Number Email Address

Address City State Zip Code

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

* 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):

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____.

Personally Known: _____ or _____
Signature of Notary Public

Produced Identification: _____
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____

DS-DE 24B (Rev. 5/11)

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

Statement of Financial Interests Form 1

<http://www.ethics.state.fl.us/Documents/Form>

FORM 1	STATEMENT OF FINANCIAL INTERESTS	2017	
<small>Please print or type your name, mailing address, agency name, and position below:</small>		<small>FOR OFFICE USE ONLY:</small>	
LAST NAME -- FIRST NAME -- MIDDLE NAME : _____			
MAILING ADDRESS : _____			
CITY : _____ ZIP : _____ COUNTY : _____			
NAME OF AGENCY : _____			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : _____			
<small>You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.</small>			
CHECK ONLY IF <input type="checkbox"/> CANDIDATE OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE			
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****			
DISCLOSURE PERIOD: <small>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):</small>			
<input type="checkbox"/> DECEMBER 31, 2017 OR <input type="checkbox"/> SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____			
MANNER OF CALCULATING REPORTABLE INTERESTS: <small>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):</small>			
<input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input type="checkbox"/> DOLLAR VALUE THRESHOLDS			
PART A -- PRIMARY SOURCES OF INCOME <small>[Major sources of income to the reporting person - See instructions]</small> <small>(If you have nothing to report, write "none" or "n/a")</small>			
<small>NAME OF SOURCE OF INCOME</small>	<small>SOURCE'S ADDRESS</small>	<small>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</small>	
PART B -- SECONDARY SOURCES OF INCOME <small>[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]</small> <small>(If you have nothing to report, write "none" or "n/a")</small>			
<small>NAME OF BUSINESS ENTITY</small>	<small>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</small>	<small>ADDRESS OF SOURCE</small>	<small>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</small>
PART C -- REAL PROPERTY <small>[Land, buildings owned by the reporting person - See instructions]</small> <small>(If you have nothing to report, write "none" or "n/a")</small>			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.

CE FORM 1 - Effective January 1, 2018
Incorporated by reference in Rule 34-8.202(1), F.A.C.

(Continued on reverse side)

PAGE 1

RLC Lake-Sumter Project Leader

	City/Town	Leader Name
1	Town of Astatula	
2	City of Clermont	Sam Durrance
3	City of Groveland	
4	Town of Lady Lake	
5	City of Mascotte	Andy Dubois
6	City of Minneola	Marie Dubois
7	Town of Montverde	
8	City of Mount Dora	Francheska Marcus
9	City of Tavares	Bill Stomp

