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City Auditor & Clerk

NOTICE TO CANDIDATES

Having officially qualified to be named a candidate on the ballot of the March 10, 2015 Election for District City Commissioner Seat, this notice is to remind you of the following important election related events. Each candidate and the public are welcome and encouraged to attend.

Logic & Accuracy Test

The Logic & Accuracy Test for the First Election will be held at **9:00 a.m. on Wednesday, February 25, 2015**, and for the Second (Runoff) Election, if required, TBD by Supervisor of Elections. The test will be held at the Supervisor of Elections Office on the First Floor of the Sarasota County Terrace Building, 2001 Adams Lane.

Initial Canvassing of Absentee Ballots

The Initial Canvass of Absentee Ballots for the First Election will be at **12:00 p.m. on Monday, March 9, 2015**, and for the Second (Runoff) Election, if required, TBD by Supervisor of Elections. The canvassing will occur at the Supervisor of Elections Office on the First Floor of the Sarasota County Terrace Building, 2001 Adams Lane.

Final Canvassing of Absentee Ballots

The Final Canvass of Absentee Ballots for the First Election will be held at **5:00 p.m. on Tuesday, March 10, 2015** and for the Second (Runoff) Election, if required, at **5:00 p.m. on Tuesday, May 12, 2015**. The canvassing will occur at the Supervisor of Elections Office on the First Floor of the Sarasota County Terrace Building, 2001 Adams Lane.

Provisional Ballot Canvassing and Certification

The canvass and certification of provisional ballots for the First Election will at **4:00 p.m. on Thursday, March 12, 2015**, and for the Second (Runoff) Election, if required, TBD by Supervisor of Elections. The canvassing will occur at the Supervisor of Elections Office on the First Floor of the Sarasota County Terrace Building, 2001 Adams Lane.

Certificate of Results of Election

The City Auditor and Clerk will furnish a Certificate of Results of Election to each successful candidate by **12:00 noon on Friday, March 13, 2015**, for the First Election; and **12:00 noon on Friday, May 15, 2015**, for the Second (Runoff) Election, if required.

New Commissioners

Newly elected Commissioners will take office on the third day following the second Tuesday in May, which is **Friday, May 15, 2015.**

Voting System Audit

The Voting System Audit for the First Election will be held at **Monday, March 16, 2015** and for the Second (Runoff) Election, if required, TBD by Supervisor of Elections. The audit will be conducted at the Supervisor of Elections Office on the First Floor of the Sarasota County Terrace Building, 2001 Adams Lane.

I HAVE RECEIVED NOTIFICATION OF THE ABOVE ELECTION-RELATED EVENTS INCLUDING THE LOGIC AND ACCURACY TEST SCHEDULED FOR THE FIRST ELECTION TO BE HELD ON MARCH 10, 2015 AND THE SECOND (RUNOFF) ELECTION TO BE HELD ON MAY 12, 2015, IF NECESSARY.

E. Normile 1/8/15

Candidate Signature Date

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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City Auditor & Clerk

I, EILEEN WALSH NORMILE,

candidate for the office of CITY COMMISSIONER, D2;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X E.W. Normile
Signature of Candidate

12/19/14
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).

DS-DE 84 (05/11)

FORM 1 — STATEMENT OF FINANCIAL INTERESTS — 2014

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

FOR OFFICE USE ONLY:

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2015
City Auditor & Clerk

LAST NAME -- FIRST NAME -- MIDDLE NAME :
NORMILE--EILEEN--WALSH

MAILING ADDRESS :
35 Watergate Drive

Apt. 802

CITY : Sarasota | ZIP : 34236 | COUNTY : Sarasota

NAME OF AGENCY :
Sarasota City Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Sarasota City Commissioner, District 2

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, 2014 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:

☑ **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
Brokerage Accounts	Merrill Lynch, New York, NY	Securities of US Treas.;states/political
		subdivisions;banks;equity;cash funds
Social Security	Social Security Administration	Social Security
Pension	NJ Division of Pensions, Trenton, NJ	Retirement--Prosecutor's Office

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
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")

N/A

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.

(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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Brokerage Accts.--Merrill Lynch, NY	U.S. Treasury Securities; money market accounts

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	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		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature: E. Normile

Date Signed: 1/8/15

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 at least file a copy of his or her original 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.

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 the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

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.

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DEC 17 2014
City Auditor & Clerk

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) Eileen Walsh Normile	3. Address (include post office box or street, city, state, zip code) PO Box 1775 Sarasota, Florida 34230
4. Telephone (941) 266-6017	5. E-mail address EileenNormileFor CityCommission@gmail.com
6. **Office sought** (include district, circuit, group number) Sarasota City Commissioner--District 2	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
Michael J. Normile

11. Mailing Address 35 Watergate Drive, Apt. 802	12. Telephone (941) 266-6017

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Sarasota	Sarasota	FL	34236	EileenNormileFor CityCommission@gmail.com

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

19. Name of Bank BMO Harris Bank	20. Address 240 S. Pineapple Avenue

21. City	22. County	23. State	24. Zip Code
Sarasota	Sarasota	FL	34236

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 12/15/14	26. Signature of Candidate X E. W. Normile

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

12/14/14 X
Date Signature of Campaign Treasurer or Deputy Treasurer

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
DEC 17 2014
City Auditor & Clerk

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) Eileen Walsh Normile	3. Address (include post office box or street, city, state, zip code) PO Box 1775 Sarasota, Florida 34230
4. Telephone (941) 266-6017	5. E-mail address EILEEN NORMILE FOR CITY COMMISSION@GMAIL.COM
6. **Office sought** (include district, circuit, group number) Sarasota City Commissioner--District 2	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
Charlene Creel

11. Mailing Address 617 North Owl Drive	12. Telephone (941) 266-6017

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Sarasota	Sarasota	FL	34236	EILEEN NORMILE FOR CITY COMMISSION@GMAIL.CO

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

19. Name of Bank BMO Harris Bank	20. Address 240 S. Pineapple Avenue

21. City	22. County	23. State	24. Zip Code
Sarasota	Sarasota	FL	34236

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 12/15/14	26. Signature of Candidate X E. W. Normile

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

I, Charlene Creel, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

12/15/14 — Date

X Charlene Creel — Signature of Campaign Treasurer or Deputy Treasurer

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City Auditor & Clerk

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, EILEEN NORMILE

(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 Sarasota City Commissioner (office), 2 (district #),

N/A (circuit #), N/A (group or seat #); I am a qualified elector of Sarasota County, Florida;

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.

Eileen Normile

X Eileen Normile — **Signature of Candidate**

(941) 266-6017 — **Telephone Number**

EWNormile@gmail.com — **Email Address**

35 Watergate Dr., Apt. 802, **Address** | Sarasota **City** | Florida **State** | 34236 **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 116667030

* 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):

EYE-LEEN NOOR-MYLE

STATE OF FLORIDA

COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me this 8th **day of** January, 20 15.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: Drivers License

Pamela M. Nadalini
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

PAMELA M. NADALINI
Notary Public - State of Florida
My Comm. Expires May 26, 2018
Commission # EE 179252
Bonded Through National Notary Assn.

DS-DE 25 (Rev. 5/11) — **Rule 1S-2.0001, F.A.C.**

Kathy Dent
Supervisor of Elections
Sarasota County Florida

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City Auditor & Clerk

OFFICIAL CANDIDATE PETITION CERTIFICATION

RECEIVED
JAN 6 2015
City Auditor & Clerk

January 2, 2015

Pamela M. Nadalini
City Auditor and Clerk
City of Sarasota
1565 1st Street
Sarasota FL 34236

Re: Certification of Candidate Petitions

Dear Ms. Nadalini:

This letter certifies that Eileen Walsh Normile, a candidate for the Office of City Commissioner, District 2

- has been a registered voter in the City of Sarasota for a minimum of one year immediately preceding the commencement of the term of office (May 15, 2015), pursuant to Article III, Section 1(a), Sarasota Code of Ordinances, Part 1, and
- has met the petition requirements of Section 99.095, Florida Statutes, and Article II, Sec. 12.21, Sarasota Code of Ordinances, Part II.

A total of 25 signatures have been certified as valid from electors residing in the City of Sarasota, District 2.

If you have any questions, please contact my office at (941) 861-8606.

Sincerely,

Kathy Dent
Supervisor of Elections

101 S Washington Blvd, Sarasota FL 34236-6993 • PO Box 4194, Sarasota FL 34230-4194
Phone 941.861.8600 • Fax 941.861.8609 • www.SarasotaVotes.com

Date : 01-02-2015 Petition : 20-6375 EILEEN WALSH NORMILE-CITY ST 2
Time : 16:17:38

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City Auditor & Clerk

Contact : EILEEN WALSH NORMILE
Address : 35 WATERGATE DR
:
SARASOTA FL
Phone : 346-6490

Party :
Needed # : 25

Total Processed	25	100.00%
Total Valid	25	100.00%
Total Invalid	0	0.00%
Revoked	0	0.00%
Not Registered	0	0.00%
Illegible	0	0.00%
Invalid District	0	0.00%
Purged	0	0.00%
Unidentified	0	0.00%
Signature Differs	0	0.00%
Not Signed	0	0.00%
Deceased	0	0.00%
Previously Signed	0	0.00%
Not In County	0	0.00%
No Sig On File	0	0.00%
Wrong Party	0	0.00%
Invalid Address	0	0.00%
Deleted	0	0.00%
Invalid Date	0	0.00%
Notary Problem	0	0.00%
No Date	0	0.00%
No Addr or Precinct	0	0.00%
No DOB or VoterID#	0	0.00%
Improperly Submitted	0	0.00%
	0	0.00%
Misfiled	0	0.00%

CODE	OFFICE	SIGNED	REVOKED	NET
CYSA2	SARASOTA DIST 2	25		25

RECEIVED
JAN 6 2015
City Auditor & Clerk

TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

We, the undersigned electors residing in District No. __2_, in the City of Sarasota, Florida, hereby nominate _**Eileen Walsh Normile**_ ,who resides at

__**35 Watergate Drive, Sarasota, FL** __, **(Please Print Address)**

and who has resided in and been a qualified elector of District No. __2___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __2___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter:
NORMAN SCHIMMEL #117286344
Street Address: 1111 N. GULFSTREAM AVE SRQ 34236
Signature of Registered Voter:

2) Print Name of Registered Voter:
PATTI A. SCHIMMEL #100323899
Street Address: 1111 N. GULFSTREAM AVE - SRQ 34236
Signature of Registered Voter:
Patti A Schimmel

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)
(To be signed in pen or indelible pencil)

3) Print Name of Registered Voter:

Thomas D. Creel #100320611

Street Address: 617 N. Owl Dr. - Sarasota

Signature of Registered Voter:

Thomas D. Creel

4) Print Name of Registered Voter:

Charlene K. Creel #100321511

Street Address: 617 N. Owl Dr.

Signature of Registered Voter:

Charlene K Creel

5) Print Name of Registered Voter:

MICHAEL NORMILE #116351353

Street Address: 35 WATERGATE DRIVE, SARASOTA, 34236

Signature of Registered Voter:

6) Print Name of Registered Voter:

Street Address:

Signature of Registered Voter:

7) Print Name of Registered Voter:

Street Address:

Signature of Registered Voter:

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TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

We, the undersigned electors residing in District No. __2_, in the City of Sarasota, Florida, hereby nominate _**Eileen Walsh Normile**_ ,who resides at

__35 Watergate Drive, Sarasota, FL __, (Please Print Address)

and who has resided in and been a qualified elector of District No. __2___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __2___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter:

KEVIN VALE #10037658

Street Address: 986 S. OSPREY AVE 34236

Signature of Registered Voter:

2) Print Name of Registered Voter:

LYNN ROBBINS FARROW #10001718

Street Address: 1022 TOCOBAGA LANE 34236

Signature of Registered Voter:

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

3) Print Name of Registered Voter:
Michael G. Farrow #10014489
Street Address: 1022 Tocobaga Lane
Signature of Registered Voter:

4) Print Name of Registered Voter:
STACY KUNNOT #11553696 2
Street Address: 553 Golden Gate Point, Slg.
Signature of Registered Voter:

5) Print Name of Registered Voter:
ROBERT M. JOHNSON #100007049
Street Address: 660 Golden Gate Pt. 51, SF 34236
Signature of Registered Voter:

6) Print Name of Registered Voter:
HENRY P. TRAWICK JR #10014044
Street Address: 1626 BAY VIEW DR SARASOTA FL 34239
Signature of Registered Voter:

7) Print Name of Registered Voter:

Street Address:
Signature of Registered Voter:

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City Auditor & Clerk

TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

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__**35 Watergate Drive, Sarasota, FL** __, **(Please Print Address)**

and who has resided in and been a qualified elector of District No. __**2**___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __**2**___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter:

Robert H. Atwell # 100345569

Street Address: 447 Bird Key Drive

Signature of Registered Voter:

Robert H. Atwell

2) Print Name of Registered Voter:

Shirley Steelman # 118329540

Street Address: 1771 Ringling Blvd.

Signature of Registered Voter:

Shirley Steelman

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TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

We, the undersigned electors residing in District No. __**2**_, in the City of Sarasota, Florida, hereby nominate _**Eileen Walsh Normile**_ ,who resides at

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and who has resided in and been a qualified elector of District No. __**2**___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __**2**___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter: MARTHA S. CLAPP #100253124
Street Address: 426 S. Shore Dr. - Sarasota FL 34234
Signature of Registered Voter: Martha S. Clapp

2) Print Name of Registered Voter: Richard CLAPP #100253141
Street Address: 426 S. Shore Dr, SARASOTA, FL 34234
Signature of Registered Voter: Richard Clapp

(To be signed in pen or indelible pencil)

3) Print Name of Registered Voter: Hendrick Serrie #100012421
Street Address: 6336 Mecca Drive

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

Signature of Registered Voter: _____

4) Print Name of Registered Voter: GRETCHEN SERRIE #100012420
Street Address: 6316 MECCA DRIVE 34234
Signature of Registered Voter: Gretchen Serrie

5) Print Name of Registered Voter: Sookkyung Chae #100024966
Street Address: 456 Acacia Dr., Sarasota, FL 34234
Signature of Registered Voter: Sookyung J Chae

6) Print Name of Registered Voter: Leonore K Patterson (Nora) #100010566
Street Address: 707 Freeling Dr.
Signature of Registered Voter: Leonore Patterson

7) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

8) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

9) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

10) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

RECEIVED
JAN 6 2015
City Auditor & Clerk

TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

We, the undersigned electors residing in District No. __2_, in the City of Sarasota, Florida, hereby nominate _**Eileen Walsh Normile**_ ,who resides at

__**35 Watergate Drive, Sarasota, FL** __, **(Please Print Address)**

and who has resided in and been a qualified elector of District No. __**2**___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __**2**___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

100270139

1) Print Name of Registered Voter: CAROL A. REYNOLDS

Street Address: 101 S. Gulfstream Ave # 15-J

Signature of Registered Voter: Carol A Reynolds

2) Print Name of Registered Voter: Forest Paradise #100187794

Street Address: 1104 Ben Franklin #315, Sarasota

Signature of Registered Voter: Forest Paradise

(To be signed in pen or indelible pencil)

3) Print Name of Registered Voter: CURTISS SCHANTZ #117393196

Street Address: 1771 RINGLING BLVD PH304
SARASOTA 34236

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

Signature of Registered Voter: _____

4) Print Name of Registered Voter: MARTHA SCHANTZ # 117393191
Street Address: 1771 RINGLING BLVD PH 304 SARASOTA 34236
Signature of Registered Voter: _____

5) Print Name of Registered Voter: DONALD A. MAC DONALD # 100287289
Street Address: 1771 RINGLING BLVD. #306 SARASOTA 34236
Signature of Registered Voter: _____

6) Print Name of Registered Voter: BRIAN DETERS #100359007
Street Address: 1771 Ringling Blvd #305, SARASOTA 34236
Signature of Registered Voter: _____

7) Print Name of Registered Voter: BETTINA B DETERS
Street Address: 1771 RINGLING BLVD #305 SARASOTA FL 34236
Signature of Registered Voter: _____

8) Print Name of Registered Voter: Gary Jacue
Street Address: 1771 Ringling Blvd PH 204
Signature of Registered Voter: _____

9) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

10) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

RECEIVED
JAN 6 2015
City Auditor & Clerk

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and who has resided in and been a qualified elector of District No. __2___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __2___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter:

Ron Riffel

Street Address: 1741 Alta Vista Sarasota Fl 34236

Signature of Registered Voter:

12/30/14

2) Print Name of Registered Voter:

Carla Riffel

Street Address: 1741 Alta Vista Sarasota Fl 34236

Signature of Registered Voter:

12/30/14

(To be signed in pen or indelible pencil)

3) Print Name of Registered Voter: Ribert J. Easterle
Street Address: 35 Watergate Dr. Sarasota, FL. 34236

Signature of Registered Voter:

4) Print Name of Registered Voter: Linda Easterle
Street Address: 35 Watergate Dr. Sarasota FL 34236
Signature of Registered Voter: Linda Easterle

5) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

6) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

7) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

8) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

9) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

10) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

11) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

12) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

RECEIVED
JAN 8 2015
City Auditor & Clerk

TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

We, the undersigned electors residing in District No. __2_, in the City of Sarasota, Florida, hereby nominate _**Eileen Walsh Normile**_ ,who resides at

__**35 Watergate Drive, Sarasota, FL** __, **(Please Print Address)**

and who has resided in and been a qualified elector of District No. __2___, in the City of Sarasota, for a minimum of one (1) year immediately preceding the commencement of the upcoming term of office (May 15, 2015), as a candidate for the Office of City Commissioner, District No. __2___, such candidacy to be voted upon at the First Municipal Election to be held on Tuesday, March 10, 2015, (Second (Runoff) Election to be held on May 12, 2015, if necessary) and we further petition that the above-named nominee be placed upon the ballot to be used in said election.

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter: Knickole Barger Curtis

Street Address: 2104 Wisteria St. 34239 #100227724 (eyes)

Signature of Registered Voter: K Barger Curtis

2) Print Name of Registered Voter: ~~Lowell Barger~~ 1/2/15

Street Address: ~~W D Barger 1737 Seminole~~ Drive

Signature of Registered Voter: ~~W D Barger~~

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

unidentified

3) Print Name of Registered Voter: Kwick Barger
Street Address: 1731 Seminole Drive

Signature of Registered Voter: K C Barger 1/2/15

4) Print Name of Registered Voter: Patricia C Robertson 1/2/15
Street Address: 2115 Mietaw Dr SRQ 34239

#100023392 yes

Signature of Registered Voter: P C Robertson

5) Print Name of Registered Voter: Suzanne Atwell
Street Address: 447 Birdsey Dr. SRQ 34236 #100346 yes

Signature of Registered Voter: Suzanne Atwell 1-3-15

6) Print Name of Registered Voter: Peter S. Fanning
Street Address: 401 S. Palm Ave #501 Sarasota, FL 34236 1/3/15

Signature of Registered Voter: [signature] 1-3-15 #114636734 yes

7) Print Name of Registered Voter: _____
Street Address: _____

Signature of Registered Voter: _____

RECEIVED
JAN 8 2015
City Auditor & Clerk

TO: PAMELA M. NADALINI, CITY AUDITOR AND CLERK

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(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter: ARTHUR LOUIS LEVIN #10032670 (yes)
Street Address: 1111 N GULFSTREAM AVE-APT 3B, SARASOTA, FL 34236
Signature of Registered Voter: Arthur Louis Levin

2) Print Name of Registered Voter: MARCELLA ANNE LEVIN #10032671 (yes)
Street Address: 111 N GULFSTREAM AVE, APT 3B, SARASOTA, FL 34236
Signature of Registered Voter: Marcella Anne Levin

3) Print Name of Registered Voter: RICHARD A. BARRY #10000065 (yes)
Street Address: 1912 Bougainvillea St. Sarasota, FL 34239
Signature of Registered Voter: R A Barry

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

4) Print Name of Registered Voter: Carole L Beebe #100022260 (yes)
Street Address: 1912 Bougainvillea St., Sarasota, FL 34239
Signature of Registered Voter: Carole L. Beebe

5) Print Name of Registered Voter: JOHN JAKES
Street Address: 445 MEADOW LARK Drive #117293232 (yes)
Signature of Registered Voter: [signature]

6) Print Name of Registered Voter: STEPHEN JOHNSON
Street Address: 988 Blvd of the Arts #100202538 (yes)
Signature of Registered Voter: [signature]

7) Print Name of Registered Voter: DON BRUNS
Street Address: 174 GoldenGate PT. #31 #115097255 (yes)
Signature of Registered Voter: [signature]

8) Print Name of Registered Voter: JANTY LINDSEY
Street Address: 1111 N GULFSTREAM AVE APT 7F #1001270098 (yes)
Signature of Registered Voter: Janty Lindsey

9) Print Name of Registered Voter: JOSEPH P. LEE
Street Address: 1111 N Gulfstream Ave, 34236 #100516096 (yes)
Signature of Registered Voter: Joseph P Lee

10) Print Name of Registered Voter: RICHARD E GRAY
Street Address: 1111 N. Gulfstream Ave 34236 #100272356 (yes)
Signature of Registered Voter: Richard E Gray

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

11) Print Name of Registered Voter: Charles A. Petrillo, Jr
Street Address: 1111 No Gulfstream Ave #8E
Signature of Registered Voter: Charles A. Petrillo Jr # 100223988

12) Print Name of Registered Voter: MARCIA K. LANG
Street Address: 1111 N. Gulfstream Ave, #5E # 1002[illegible]
Signature of Registered Voter: Marcia K. Lang

13) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

14) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

15) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

16) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

17) Print Name of Registered Voter: _____
Street Address: _____
Signature of Registered Voter: _____

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(To be signed in pen or indelible pencil)

NAME **RESIDENTIAL ADDRESS**

1) Print Name of Registered Voter: KATHERINE LOWMAN #100373499 (yes)

Street Address: 517 MADISON COURT, SARASOTA FL 34236

Signature of Registered Voter: Katherine Lowman

2) Print Name of Registered Voter: THOMAS CARTER

Street Address: 517 MADISON COURT SARASOTA FL 34236

Signature of Registered Voter: Thos G. Carter #100373496 (yes)

(To be signed in pen or indelible pencil)

3) Print Name of Registered Voter: _____

Street Address: _____

City of Sarasota March 10, 2015 District Commission Election
Qualifying Petition For Candidate: Eileen Walsh Normile
(Print or Type Candidate Name)

Signature of Registered Voter: _____

4) Print Name of Registered Voter: JUDITH LEVY #100278484 (yes)

Street Address: 1870 Laurel St Sar 34236

Signature of Registered Voter: Judith Levy

5) Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

6) Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

7) Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

8) Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

9) Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

10) Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____