

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

JAN 7 2015

City Auditor & Clerk

I, Liz Alpert,

candidate for the office of Sarasota City Commission, District 2;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Liz Alpert
Signature of Candidate

1/7/15
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).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 7 2015

City Auditor & Clerk

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)

Liz Alpert

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

*1800 Second St., Suite 705
Sarasota, FL 34236*

4. Telephone

(941) 954-1700

5. E-mail address

lizalpert17@gmail.com

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

Sarasota City Commission, Dist. 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

Patrick J. Gannon

11. Mailing Address

888 Blvd of the Arts, #1508

12. Telephone

(941) 357-6224

13. City

Sarasota

14. County

Sarasota

15. State

FL

16. Zip Code

34236

17. E-mail address

pgannon@gmail.com

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

19. Name of Bank

Fifth Third Bank

20. Address

50 Central Ave. #100

21. City

Sarasota

22. County

Sarasota

23. State

FL

24. Zip Code

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

1/7/15

26. Signature of Candidate

Liz Alpert

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

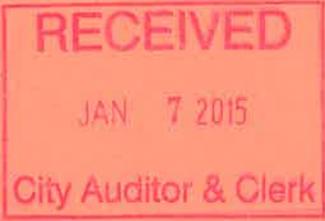
I, *Patrick J. Gannon*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/5/2015

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.

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)

Liz Alpert

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

1800 Second St., Suite 705 Sarasota, FL 34236

4. Telephone

(941) 954-1700

5. E-mail address

lizalpert17@gmail.com

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

Sarasota City Commission, 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

Liz Alpert

11. Mailing Address

1800 Second St., Suite 705

12. Telephone

(941) 954-1700

13. City

Sarasota

14. County

Sarasota

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FL

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Sarasota

22. County

Sarasota

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34236

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25. Date

1/7/15

26. Signature of Candidate

X Liz Alpert

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

I, Liz Alpert, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

1/7/15 Date

X

Liz Alpert Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
JAN 7 2015
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, Liz Alpert
(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 Commission, 2
(office) (district #)
, I am a qualified elector of Sarasota 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 Liz Alpert (941) 954-1700 lizalpert17@gmail.com
Signature of Candidate Telephone Number Email Address

1800 Second St., Suite 705, Sarasota, FL 34236
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 100268166

* 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):

Liz Alpert

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me this 7th day of January, 2015.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____



TRISHA JOHNSON
MY COMMISSION # FF 172141
EXPIRES: October 28, 2018
Bonded Thru Budget Notary Services

Trisha Johnson

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.

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2014

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Alpert, Liz

MAILING ADDRESS :

435 S. Gulfstream Ave. #903

CITY : *Sarasota* ZIP : *34236* COUNTY : *Sarasota*

NAME OF AGENCY : *Sarasota City Commission*

NAME OF OFFICE OR POSITION HELD OR SOUGHT : *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

FOR OFFICE USE ONLY:

RECEIVED
 JAN 7 2015
 City Auditor & Clerk

**** 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 |
|--------------------------|--|---|
| <i>Alpert Law, P.A.</i> | <i>1800 2nd St., Suite 705, Sarasota 34236</i> | <i>Law Firm</i> |
| <i>Jonathan Alpert</i> | <i>Deceased</i> | <i>Alimony</i> |
| | | |
| | | |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| <i>None</i> | | | |
| | | | |
| | | | |

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

435 S. Gulfstream Ave. #903, Sarasota, FL 34236

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 |
| <i>None</i> | |

| | |
|--|---|
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| <i>Shell Point Mortgage</i> | <i>55 Beattie Place #500, Greenville, SC 29601</i> |
| <i>Specialized Loan Servicing</i> | <i>P.O. Box 105219, Atlanta, GA 30348-5219</i> |
| <i>T.H.E.</i> | <i>930 Blue Gentian Rd., Ste 100, Eagan, MN 55121</i> |

| | | |
|--|---------------------|---------------------|
| 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 | <i>None</i> | |
| 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: _____
Ray Albert

Date Signed: _____
11/7/15

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:

| | | |
|--|--|--|
| <p>WHAT TO FILE:</p> <p>After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>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.</p> | <p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.</p> <p><u>Facsimiles will not be accepted.</u></p> | <p>WHEN TO FILE:</p> <p>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.</p> <p>Candidates for publicly-elected local office must file at the same time they file their qualifying papers.</p> <p>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.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.</p> |
|--|--|--|

NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. [s. 112.3145, F.S. - applicable to non-judicial officials] Failure to file also can result in removal from public office or employment. [Ch. 2014-183, Laws of Florida]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal, or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

WHO MUST FILE FORM 1:

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Workforce Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; members of the board of Triumph Gulf Coast, Inc; members of the board of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, and the local Boards of Trustees and Presidents of state universities.

4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.

5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits.

6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

7) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance director of a county, municipality, or other political subdivision; county or

municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$20,000 for the local governmental unit.

8) Officers and employees of entities serving as chief administrative officer of a political subdivision.

9) Members of governing boards of charter schools operated by a city or other public entity.

10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.

12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, Assistant Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.

13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.

14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$20,000.

16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

INSTRUCTIONS FOR COMPLETING FORM 1:

INTRODUCTORY INFORMATION (At Top of Form):

If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. Your coordinator is identified in the financial disclosure portal on the Commission on Ethics website: www.ethics.state.fl.us.

NAME OF AGENCY: This should be the name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

OFFICE OR POSITION HELD OR SOUGHT: Use the title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. Your Social Security Number is not required and you should redact it from any documents you file. If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address if you submit a written request for confidentiality. Persons listed in Section 119.071(4)(d), F.S., are encouraged to provide an address other than their home address.

DISCLOSURE PERIOD: The tax year for most individuals is the calendar year (January 1 through December 31). If that is the case for you, then your financial interests should be reported for the calendar year 2014; just check the box and you do not need to add any information in this part of the form. However, if you file your IRS tax return based on a tax year that is not the calendar year, you should specify the dates of your tax year in this portion of the form and check the appropriate box. This is the time frame or "disclosure period" for your report.

MANNER OF CALCULATING REPORTABLE INTEREST

As noted on the form, filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1 or (b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary from serving in the position(s) which requires you to file this form. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than \$2,500, then you should list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, then you should list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, then you should list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you are required to list only each individual company from which you derived more than \$2,500, rather than aggregating all of your investment income.

— If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), then you should list as a source of income the name of the purchaser, the purchaser's address, and the purchaser's principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as "sale of (name of company) stock," for example.

— If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2 or (b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**

(2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3 or (b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the previous tax year in excess of 5% of the property's value. You are not required to list your residences and vacation homes.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you are more than a 5% partner in a partnership or stockholder in a corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3 or (b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product *contained* in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

PART E — LIABILITIES

[Required by s. 112.3145(3)(a)4 or (b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(5), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage

licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to disclose in this part of the form the fact that you owned during the disclosure period an interest in, or held any of certain positions with, particular types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, you must indicate that fact and describe the nature of your interest.

(End of Dollar Value Thresholds Instructions.)

IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1 or (b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary received from serving in the position(s) which requires you to file this form, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

- If you were employed by a company that manufactures computers and received more than 5% of your gross income (salary, commissions, etc.) from the company, you should list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then you should list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of

your total gross income, then you should list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you are required to list only each individual company from which you derived more than 5% of your gross income, rather than aggregating all of your investment income.

— If more than 5% of your gross income was gain from the sale of property (not just the selling price), then you should list as a source of income the name of the purchaser, the purchaser's address, and the purchaser's principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than 5% of your gross income (or, alternatively, \$2,500) was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2 or (b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as a "Primary Source of Income," if it meets the reporting threshold. You will **not** have anything to report **unless** during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**
- (2) You received more than 10% of your gross income from that business entity; **and**
- (3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3 or (b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the previous tax year in excess of 5% of the property's value. You are not required to list your residences and vacation homes.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you are more than a 5% partner in a partnership or stockholder in a corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3 or (b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product *contained in* a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: In order to decide whether the intangible property exceeds 10% of your total assets, you will need to total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example:

You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

PART E — LIABILITIES

[Required by s. 112.3145(3)(a)4 or (b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability.

Calculations: In order to decide whether the debt exceeds your net worth, you will need to total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." You must list on the form each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Examples:

— You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(5), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to disclose in this part of the form the fact that you owned during the disclosure period an interest in, or held any of certain positions with, particular types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, you must indicate that fact and describe the nature of your interest.

(End of Percentage Thresholds Instructions.)



KATHY DENT
SUPERVISOR OF ELECTIONS
PO BOX 4194
SARASOTA FL 34230-4194

RECEIVED
JAN 7 2015
City Auditor & Clerk

FAX TRANSMISSION COVER SHEET

DATE: January 7, 2015 TIME: 3:30pm

NUMBER OF PAGES TRANSMITTED (Including this cover sheet): 13

TO:

ATTENTION: Pam Nadalini

ORGANIZATION: City of Sarasota Auditor and Clerk

FAX NUMBER: 941-954-4113 PHONE NUMBER: 941-954-4160

FROM:

NAME: Amy Lynn Potter DEPT: Administration

FAX NUMBER: 941.861.8609 PHONE NUMBER: 941.861.8606

MESSAGE:

Re: Certification of Candidate Petitions - Liz Alpert

Originals will be held for pickup.

SIGNATURE: Amy Lynn Potter TITLE: Administrative Assistant

Sarasota
Phone 941.861.8600
Fax 941.861.8609

Venice
Phone 941.861.3760
Fax 941.861.3770

North Port
Phone 941.423.9540
Fax 941.423.9256



Kathy Dent
Supervisor of Elections
Sarasota County Florida

OFFICIAL CANDIDATE PETITION CERTIFICATION

January 7, 2015

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

Re: Certification of Candidate Petitions

Dear Ms. Nadalini:

This letter certifies that Liz Alpert, 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.

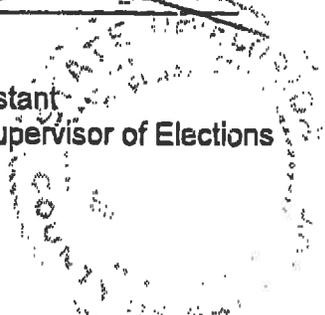
A total of 25 signatures have been certified as valid from electors residing in the City of Sarasota, District 2.

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

Sincerely,



Cathy Fowler
Administrative Assistant
Sarasota County Supervisor of Elections



Time : 14:33:50

Contact : LIZ ALPERT-CITY COM DST2
 Address : 435 S GULFSTREAM AVE
 : #903
 SARASOTA FL 34236
 Phone :

Party :
 Needed # : 25

| | | |
|----------------------|----|---------|
| Total Processed | 28 | 100.00% |
| Total Valid | 25 | 89.29% |
| Total Invalid | 3 | 10.71% |
| Revoked | 0 | 0.00% |
| Not Registered | 0 | 0.00% |
| Illegible | 0 | 0.00% |
| Invalid District | 1 | 3.57% |
| Purged | 0 | 0.00% |
| Unidentified | 0 | 0.00% |
| Signature Differs | 2 | 7.14% |
| 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 DOE or VoterID# | 0 | 0.00% |
| Improperly Submitted | 0 | 0.00% |
| Misfiled | 0 | 0.00% |

| CODE | OFFICE | SIGNED | REVOKED | NET |
|-------|-----------------|--------|---------|-----|
| CYSA2 | SARASOTA DIST 2 | 25 | | 25 |



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 Liz Alpert, who resides at
(Please Print Name)

435 S. Gulfstream Ave. #903, Sarasota, FL 34236
(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 M. GRIFFITH #119426357

Street Address: 3712 ALMERIA AVENUE SARASOTA, FL 34239

Signature of Registered Voter: *K. M. Griffith*

2) Print Name of Registered Voter: Patrick J. GANNON #114035194

Street Address: 888 Blvd of the Arts, #1508, Sarasota, FL 34236

Signature of Registered Voter: *Patrick J. Gannon*

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

(To be signed in pen or indelible pencil)

- 3) Print Name of Registered Voter: Elizabeth Schmitt
 Street Address: 435 S Gulfstream Ave / 907 Sarasota,
 Signature of Registered Voter: [Signature] FL 34236
- 4) Print Name of Registered Voter: JAMES M. HABERMAN
 Street Address: 435 S. GULFSTREAM AVE #907 SARASOTA FL 34236
 Signature of Registered Voter: [Signature] #100160134
- 5) Print Name of Registered Voter: George E. Chorba
 Street Address: 435 South Gulfstream Ave., #901 Sarasota, FL 34236
 Signature of Registered Voter: [Signature] #100337234
- 6) Print Name of Registered Voter: Merle A. Chorba
 Street Address: 435 South Gulfstream Ave Sarasota, FL 34236
 Signature of Registered Voter: [Signature] #100337251
- 7) Print Name of Registered Voter: James F. Barbor
 Street Address: 435 S. Gulfstream Ave #903, Sarasota, FL 34236
 Signature of Registered Voter: [Signature] #100143915
- 8) Print Name of Registered Voter: John Briches
 Street Address: 242 South Washington Blvd #240 Sarasota, FL
 Signature of Registered Voter: [Signature] INV. DIST 34236
- 9) Print Name of Registered Voter: Teresa M Greenwood
 Street Address: 435 S. Gulfstream Ave #903 Sarasota, FL 34236
 Signature of Registered Voter: [Signature] #100093774

City of Sarasota March 10, 2015 District Commission Election

Qualifying Petition For Candidate: Liz Alpert
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

10) Print Name of Registered Voter: Martin Tucker
Street Address: 435 S. Gulfstream Ave. Apt. 905
Signature of Registered Voter: Martin Tucker #105420059

11) Print Name of Registered Voter: LINDA C. HIGGINBOTHAM
Street Address: 435 S. GULFSTREAM AV #1101
Signature of Registered Voter: Linda C. Higginbotham #100156153

12) Print Name of Registered Voter: ALLEN B. HIGGINBOTHAM
Street Address: 435 S. GULFSTREAM AV #1101
Signature of Registered Voter: Allen B. Higginbotham #100153426

13) Print Name of Registered Voter: Paula Pruitt
Street Address: 435 So. Gulfstream Ave #508
Signature of Registered Voter: Paula Pruitt #10015444

14) Print Name of Registered Voter: Jalone W Pitts
Street Address: 435 S. Gulfstream Ave #807
Signature of Registered Voter: Jalone W Pitts #100074351

15) Print Name of Registered Voter: MEREDITH S. NIETENBERG
Street Address: 435 S. Gulfstream Ave #903 Sarasota FL 34236
Signature of Registered Voter: Meredith S. Nietenberg #100089702

16) Print Name of Registered Voter: DORIS J. GLICK
Street Address: 435 S GULFSTREAM AVE #607
Signature of Registered Voter: Doris J Glick #100152882

City of Sarasota March 10, 2015 District Commission Election

Qualifying Petition For Candidate: Liz Albert
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

- 17) Print Name of Registered Voter: PETER BARTYS
Street Address: 435 GULFSTREAM AVE #504
Signature of Registered Voter: P.D. Bartys #118237029
- 18) Print Name of Registered Voter: Kuth Robinson
Street Address: 435 S. Gulfstream Ave. #463
Signature of Registered Voter: Kuth Robinson #100101519
- 19) Print Name of Registered Voter: MARTHA MORENO
Street Address: 435 S. GULFSTREAM #1008
Signature of Registered Voter: [Signature] #100218541
- 20) Print Name of Registered Voter: FRANCIS SCHWARTZ
Street Address: 435 South GULFSTREAM, # 1008
Signature of Registered Voter: Francis Schwartz #100218544
- 21) Print Name of Registered Voter: ERIC KAYE
Street Address: 435 S. Gulfstream Ave #1006
Signature of Registered Voter: [Signature] #10015242
- 22) Print Name of Registered Voter: Taube Kaye
Street Address: 435 S. Gulfstream Ave. #1006
Signature of Registered Voter: [Signature] #100192747
- 23) Print Name of Registered Voter: Kim C Hyde
Street Address: 869 S. ORANGE AVE. #103
Signature of Registered Voter: Kim C Hyde #102659561

City of Sarasota March 10, 2015 District Commission Election

Qualifying Petition For Candidate: Liz Alpert
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

24) Print Name of Registered Voter: John Green

Street Address: 869 S. Orange Ave #102

Signature of Registered Voter: [Signature] #100331319

25) Print Name of Registered Voter: Cynthia C. Thomas

Street Address: 435 S. Gulfstream Ave. 703

Signature of Registered Voter: [Signature] #119921556

Print Name of Registered Voter: Michele MANNINO

Street Address: 605 S. Gulfstream Ave 2C, Sarasota FL

Signature of Registered Voter: [Signature] Sig. Differs

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

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

(To be signed in pen or indelible pencil)

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

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Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Qualifying Petition For Candidate: Liz Alpert
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

Print Name of Registered Voter: JOYCE MINTZER

Street Address: 435 S. GULFSTREAM AVE.

Signature of Registered Voter: Joyce Mintzer #100137717

Print Name of Registered Voter: JOSEPH B MINTZER

Street Address: 435 S. GULFSTREAM AVE SARASOTA FL 34236

Signature of Registered Voter: Joseph B Mintzer #100137937

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

City of Sarasota March 10, 2015 District Commission Election

Qualifying Petition For Candidate: Liz Albert
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

Print Name of Registered Voter: Laura Copeland

Street Address: 3712 Almeria Ave Sarasota, FL 34239

Signature of Registered Voter: [Signature]

Print Name of Registered Voter: SHERILY PHINNEY

Street Address: 1941 Jesuit Dr SARASOTA, FL 34239

Signature of Registered Voter: [Signature]

Print Name of Registered Voter: Jo Anne DeVries

Street Address: 1350 Main St #407 Sarasota, FL 34236

Signature of Registered Voter: [Signature]

Print Name of Registered Voter: Christine L. Jennings

Street Address: 988 Blvd. of Arts #510 SARASOTA, FL 34236

Signature of Registered Voter: [Signature]

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Qualifying Petition For Candidate: Liz Alpert
(Print or Type Candidate Name)

(To be signed in pen or indelible pencil)

Print Name of Registered Voter: Helen M. Magill
Street Address: 2163 Hibiscus Street, Sarasota, FL 34239
Signature of Registered Voter: Helen M. Magill

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____

Print Name of Registered Voter: _____

Street Address: _____

Signature of Registered Voter: _____