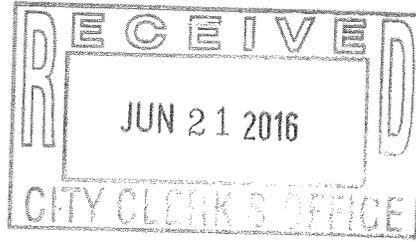


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)



OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Lisa Fastnacht  
(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 City Commission, 2  
(office) (district #)

2; I am a qualified elector of St Lucie 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 Lisa Fastnacht  
Signature of Candidate

(787) 216 2820  
Telephone Number

lisa.fastnacht777  
(787) 5mt. 1  
Email Address

1125 Security Dr St Lucie FL 34949  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108134100

\* 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):

Fastnacht, Lisa Fastnacht

STATE OF FLORIDA

COUNTY OF St Lucie

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 20 16.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Linda Wright Cox  
Print, Type or Stamp of Notary Public  
**LINDA WRIGHT COX**  
**NOTARY PUBLIC**  
STATE OF FLORIDA  
Comm# FF052403  
Expires 9/9/2017



# OATH OF CANDIDATE

(Charter Section 65, City of Fort Pierce Code of Ordinances)

STATE OF FLORIDA  
ST. LUCIE COUNTY  
CITY OF FORT PIERCE

Before me, an officer authorized to administer oaths, personally appeared Lisa Fitzpatrick, to me well known who being sworn says that he/she is a candidate for the office of city Commissioner, District 2, Seat 2; that he/she is a qualified elector of the city of Fort Pierce, Florida; that he/she has resided in the City of Fort Pierce for the last past two (2) years immediately preceding the date of the election; and that he/she is qualified under the Constitution and Laws of Florida and the Charter of the City of Fort Pierce to hold the office for which he/she desires to be nominated.

Lisa Fitzpatrick  
Signature of Candidate

Sworn to and subscribed before me this 21<sup>st</sup> day of June, 2016, at St. Lucie County, Florida.

Andrew Coy  
City Clerk

(City Seal)

Form FP4

# DECLARATION OF CANDIDACY

Date: 6/21/16

Linda W. Cox, City Clerk  
City of Fort Pierce  
City Hall, 100 North U.S. #1  
Fort Pierce, FL 34950

Dear Ms. Cox:

I hereby declare myself a bona fide candidate for the office of City Commissioner, District 2, Seat 2, of the City of Fort Pierce, Florida, to be voted upon at the Primary Election to be held in the City of Fort Pierce on Tuesday, August 30, 2016 and/or the General Election to be held in the City of Fort Pierce on Tuesday, November 8, 2016; and request that my name be placed upon the ballot(s) for such office at such election(s).

I am handing you herewith the sum of twenty-five dollars (\$25.00) as registration or filing fee.

Respectfully submitted,

[Signature]

Signature

List Farrant

PRINT NAME as you would like it to appear on the Ballot

1135 Security Dr #1 <sup>Fort Pierce</sup>

Mailing Address – Street, Zip Code

772 2110 2820

Telephone

list.farrant@cityoffortpierce.com

E-Mail Address

Office Use Only:

Date filed: 6/21/16

Received by: [Signature]

Received:

- Loyalty Oath/Oath of Candidate
- Statement of Financial Interests Form 1
- Notice of Candidacy
- L & A Testing

Date Candidate Qualified: 6/21/16

cc: Candidate

Form FP-1

## Notice of Logic and Accuracy (L & A) Test

I, Lisa Fasnacht, the undersigned hereby acknowledge that "Due Notice" has been given to me that the "Logic and Accuracy Testing of the Computerized Tabulation Equipment," which will be used to tabulate the votes cast for the City of Fort Pierce Primary Election on Tuesday, August 30, 2016, and the General Election on Tuesday, November 8, 2016, will be held on Thursday, August 11, 2016 at 7:00 a.m.

Lisa Fasnacht  
Candidate (Print)

Lisa Fasnacht  
Candidate's Signature

10/21/16  
Date

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2015**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Fasnacht Lisa Maria

MAILING ADDRESS :

1105 Security Dr  
St Pierre Il 34949 St Lucie

CITY : ZIP : COUNTY :

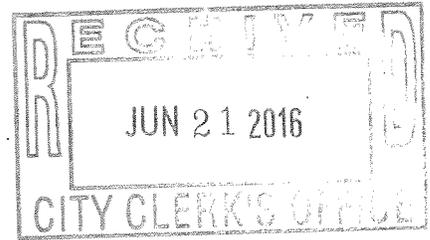
NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

St Pierre City Commission 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, 2015 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
LISA KAYAKS	1105 Security Dr	Rental (Retail shop)

**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.

**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
N/A	

**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	Lights K&K'S	
ADDRESS OF BUSINESS ENTITY	1125 Security Dr. #112	
PRINCIPAL BUSINESS ACTIVITY	1125 Security Dr. #112	
POSITION HELD WITH ENTITY	owner operator	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Y	
NATURE OF MY OWNERSHIP INTEREST	100% owner	

**PART G — TRAINING**

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:

*[Handwritten Signature]*

Date Signed:

6/21/16

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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

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

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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

**Facsimiles will not be accepted.**

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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

**Candidates** file this form together with their qualifying papers.

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

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. **Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

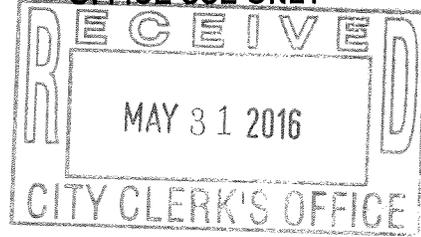
**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, List Fasnacht ,

candidate for the office of City Commission District 2 ;

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

X

List Fasnacht  
Signature of Candidate

5/31/16

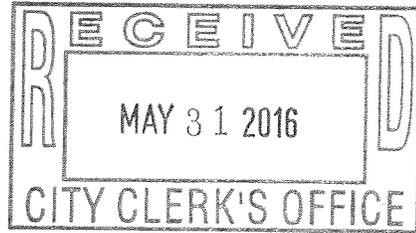
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**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)

LISA MARIA FASNACHT

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

1105 Seaway Dr unit C  
St Pierce FL 34949

**4. Telephone**

(772) 216-2820

**5. E-mail address**

lisa.fasnacht777@gmail.com

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

Fort Pierce 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**

LISA FASNACHT

**11. Mailing Address**

1105 Seaway Dr unit C

**12. Telephone**

(772) 216 2820

**13. City**

St Pierce

**14. County**

St Lucie

**15. State**

FL

**16. Zip Code**

34949

**17. E-mail address**

lisa.fasnacht777@gmail.com

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

**19. Name of Bank**

Peulina Bank

**20. Address**

1100 Colonnades Dr

**21. City**

St Pierce

**22. County**

St Lucie

**23. State**

St Pierce FL

**24. Zip Code**

34949

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**

5/31/16

**26. Signature of Candidate**

X Lisa Fasnacht

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

I, LISA FASNACHT, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/31/16

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

Lisa Fasnacht