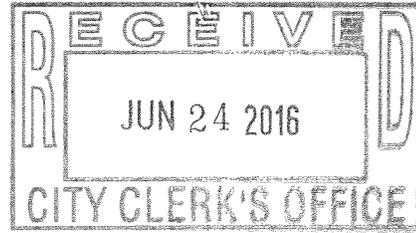


**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Cleaver Hayling
(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, 4
(office) (district #)
3; 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 Cleaver Hayling 1970 924-9208 Rattlerbeck741
Signature of Candidate Telephone Number Email Address
@GMAIL.COM

9134.17th St St. Pierre, Florida 34950
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 121832024

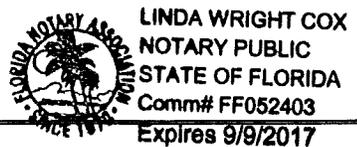
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
Cleaver Hayling

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to (or affirmed) and subscribed before me this 24th day of June, 2016.

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____

Linda Wright Cox
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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 Charles Hayling, to me well known who being sworn says that he/she is a candidate for the office of City Commissioner, District 1, Seat 3; 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.

Charles C. Hayling
Signature of Candidate

Charles C. Hayling

Sworn to and subscribed before me this 24th day of June, 2016, at St. Lucie County, Florida.

Andrew Cox
City Clerk

(City Seal)

DECLARATION OF CANDIDACY

Date: June 24, 2016

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 1, Seat 3, 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

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

913 N. 17th St Ft. Pierce FL 34950
Mailing Address – Street, Zip Code

772-924-9208
Telephone

RattlerBck741@a Gmail.com
E-Mail Address

Office Use Only:

Date filed: 6/24/16

Received by: [Signature]

Received:

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

Date Candidate Qualified: 6/24/16

cc: Candidate

Form FP-1

Notice of Logic and Accuracy (L & A) Test

I, Cleaver Haykin, 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.

Cleaver Haykin
Candidate (Print)

Cleaver Haykin
Candidate's Signature

6-24-16
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 :

HAYKING, Charles Cleaver

MAILING ADDRESS :

913 N. 17th St.

Ft. Pierce, 34950 St. Lucie

CITY : ZIP : COUNTY :

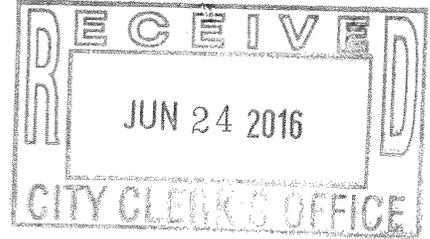
NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Commission Dist. 1

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 |
|--------------------------|--|--|
| <i>Self</i> | <i>913 N. 17th St. Ft. Pierce, FL 34950</i> | <i>Legal Research, writing, & document preparation</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 |
|-------------------------|---|-------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

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

| |
|-------------|
| <i>none</i> |
| |
| |

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> | |

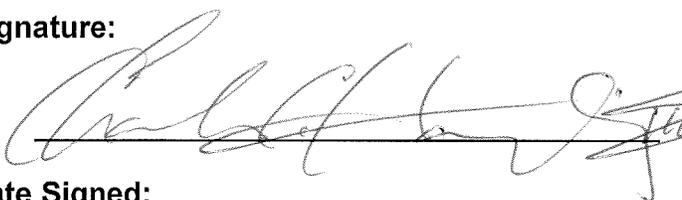
| | |
|--|---------------------------------|
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| <i>Student Loan</i> | <i>U.S. Gov't. Student Loan</i> |

| | | |
|--|---------------------|---------------------|
| 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 | | |

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

| | |
|---|--|
| <p><u>SIGNATURE OF FILER:</u></p> <p>Signature: </p> <p>Date Signed: <u>6-24-16</u></p> | <p><u>CPA or ATTORNEY SIGNATURE ONLY</u></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p> |
|---|--|

FILING INSTRUCTIONS:

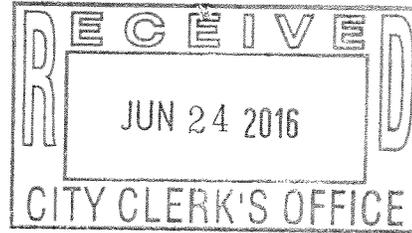
| | | |
|---|--|--|
| <p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must 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.</p> <p>Facsimiles will not be accepted.</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 page 3 of instructions.</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 must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p> |
|---|--|--|

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

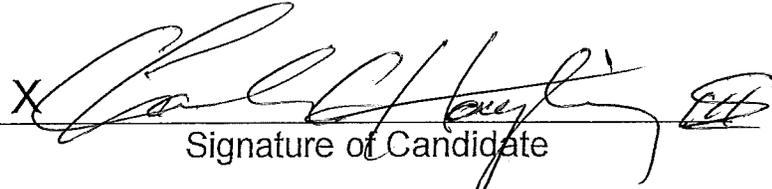
(Please print or type)

OFFICE USE ONLY



I, Charles C. Hayling,
candidate for the office of City Commission Dist. 1

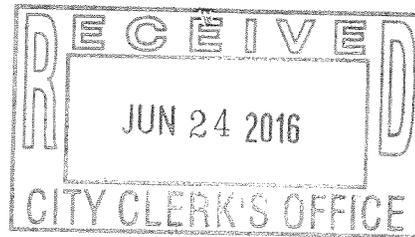
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

June 24, 2016
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)

Charles C. Hayling III

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

913 N. 17th St.
Ft. Pierce, FL 34950

4. Telephone

(772) 924-9208

5. E-mail address

RattlerBck741@gmail.com

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

City Commission Dist. 1

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

Bennie Clark

11. Mailing Address

1812 Ave M

12. Telephone

()

13. City

Ft. Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34950

17. E-mail address

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

19. Name of Bank

Ocala

20. Address

1100 Colonnades Drive

21. City

Ft. Pierce

22. County

St. Lucie

23. State

FL

24. Zip Code

34950

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

June 24, 2015

26. Signature of Candidate

X *Charles C. Hayling III*

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

I, Bennie Clark, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-24-15
Date

X Bennie Clark
Signature of Campaign Treasurer or Deputy Treasurer