

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

11-24-15 P03:28 RCVD *llc*

OFFICE USE ONLY

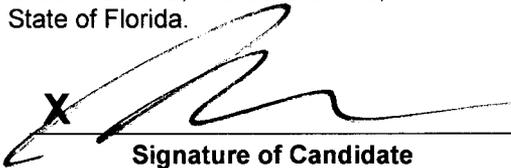
OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Mike Napoleone

(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 Wellington Village Council, _____, _____,
(office) (district #)
Seat 4; I am a qualified elector of Palm Beach 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  (561) 320-2824 mike4council2016@gmail.com
Signature of Candidate Telephone Number Email Address

899 Forest Glen Lane Wellington FL 33414
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 112631541

* 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):

Mike Nap O Lee Own

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 24th day of November, 20 15.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Lydia V. Sabatino
Signature of Notary Public
Print, Type or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2014

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Napoleone, Michael Joseph

MAILING ADDRESS :

899 Forest Glen Lane

CITY : ZIP : COUNTY :

Wellington, FL 33414 Palm Beach

NAME OF AGENCY :

Village of Wellington

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Village Council, Seat 4

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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Handwritten initials 'RC'

**** 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):

[X] 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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Richman Greer, P.A., 250 Australian Ave S, #1504, WPB, FL 33401, Legal Services.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: none, , , .

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

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

Table with 1 column: REAL PROPERTY. Row 1: none.

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
Bank Account	Capital One 360
Bank Account	Chase

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase	PO BOX 9001871, Louisville, KY 40290-1871
Audi Financial Services	P.O. Box 5215, Carol Stream, IL 60197-5215
Chrysler Capital	PO Box 961272, Fort Worth, TX, 76161

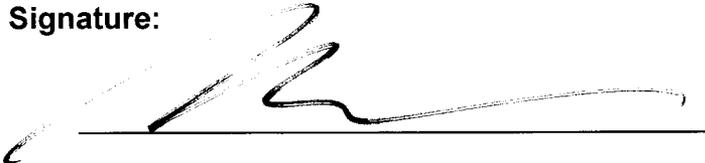
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		none
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:



Date Signed:

11-24-2015

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.

PART D — INTANGIBLE PERSONAL PROPERTY

<u>TYPE OF INTANGIBLE BUSINESS</u>	<u>ENTITY TO WHICH THE PROPERTY RELATES</u>
401k	Ingham Retirement Group
IRA	UBS
Mutual Funds	Vanguard Group

PART E — LIABILITIES

<u>NAME OF CREDITOR</u>	<u>ADDRESS OF CREDITOR</u>
American Education Services	P.O. Box 2461, Harrisburg, PA 17105-2461

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MICHAEL NAPOLEONE CAMPAIGN ACCOUNT
899 FOREST GLEN LANE
WELLINGTON, FL 33414

1013

83-751/831 1070B
8048945774

Nov. 24, 2015
Date

Pay to the Order of Village of Wellington \$: 144.00

One Hundred Fortyfour and No/100 Dollars



WELLS FARGO
Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For Filing Fee Kim M. LeeBove

