STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

NOV 01 2013

THE CITY OF WESTON

I, James Daniel "Jim" Norton,

candidate for the office of Weston City Commissioner;

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

X _____ November 1, 2013

Signature of Candidate — 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.

RECEIVED
NOV 01 2013
THE CITY OF WESTON

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)		3. Address (include post office box or street, city, state, zip code)
James Daniel Norton		210 Cameron Court Weston Florida 33326
4. Telephone (954) 600-5896	5. E-mail address Jim@LMGFL.com	

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
Weston City Commission, Seat 3	☐ 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
Fred Sadoff

11. Mailing Address	12. Telephone
2500 Weston Road Suite 311	(954) 385-3332

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Weston	Broward	Florida	33331	Fred@SadoffandFischerCPA.com

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

19. Name of Bank	20. Address
Community Bank of Broward	2504 Weston Road

21. City	22. County	23. State	24. Zip Code
Weston	Broward	Florida	33326

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	26. Signature of Candidate
November 1, 2013	X

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

I, Fred Sadoff, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

November 1, 2013 — Date

X Fred Sadoff — 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)		3. Address (include post office box or street, city, state, zip code)
James D. "Jim" Norton		304 Indian Trace #246 Weston Florida 33326
4. Telephone (954) 600-5896	5. E-mail address JNorton@WestonFl.org	

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.
Weston City Commissioner Seat 3	

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
James D. Norton

11. Mailing Address	12. Telephone
304 Indian Trace #246	(954) 600-5896

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Weston	Broward	Florida	33326	JNorton@WestonFl.org

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

19. Name of Bank	20. Address
Community Bank of Broward	1504 Weston Road

21. City	22. County	23. State	24. Zip Code
Weston	Broward	Florida	33326

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	26. Signature of Candidate
06-19-2014	X

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

I, James D. Norton, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

06-19-2014 — Date

X — Signature of Campaign Treasurer or Deputy Treasurer

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, James D. "Jim" Norton

(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 Weston City Commissioner (office), _____ (district #),

_____ (circuit #), 3 (group or seat #); I am a qualified elector of Broward County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X _____ (954) 600-5896 JNorton@westonfl.org

Signature of Candidate | **Telephone Number** | **Email Address**

Address	City	State	ZIP Code
210 Cameron Court	Weston	Florida	33326

Candidate's Florida Voter Registration Number (located on your voter information card): 101649155

* 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):

Jai-ms-D-Jim-N-oi-Rtin

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 19th **day of** June, 20 14.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

Patricia A Bates

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Patricia A. Bates
COMMISSION # EE 167057
EXPIRES: FEB. 06, 2016
www.AaronNotary.com

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2013

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Norton, James D. (Jim) 233389

MAILING ADDRESS :
210 Cameron Court

CITY : Weston Florida | ZIP : 33326 | COUNTY : Broward

NAME OF AGENCY :
City of Weston

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City Commissioner

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, 2013 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
Lifestyle Media Group/Redemption Media	3511 W. Commercial Blvd Fort Lauderdale Fl 33309	Magazine Publishing

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(Continued on reverse side)

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Mutual Funds	Vanguard
Mutual Funds	American Funds
RS - Florida Retirement System	Retirement Account

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo	PO Box 14411 PO Box 14411
BMW Financial	300 Chestnut Ridge Road Woodcliff Lake, NJ 07677-7731
American Express	200 Vesey St, Manhattan, NY 10080

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	RMH LLC/Lifestyle Publications LLC	N/A
ADDRESS OF BUSINESS ENTITY	1830 N. University Dr Ste 320	
PRINCIPAL BUSINESS ACTIVITY	Media Holding Company	
POSITION HELD WITH ENTITY	Member	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	Owner/Partner	

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

SIGNATURE (required): **DATE SIGNED (required):**

June 15, 2014

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.

Signature _____ Date _____

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:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, 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.

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, 2013.

NOVEMBER 4, 2014 MUNICIPAL GENERAL ELECTION

NOTICE OF CANDIDACY
CHARTER SECTION 2.04
WESTON CODE OF ORDINANCES §21.01

I, James D. "Jim" Norton, currently reside in the City and the Residential Area for which election is being sought. At all times during the prior twelve months, I have resided, and have had the intent to permanently reside, in the City and the Residential Area for which election is being sought. I am a registered voter in the City of Weston. My residence address is 210 Cameron Court Weston, Florida, 33326. I hereby announce my candidacy for the office of **Commissioner Seat 3** to be voted for at the election to be held on the 4th day of November, 2014. I hereby agree to obey all the laws relating to my candidacy and to serve if elected.

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 19th day of June 2014, at Broward County, Florida.

Patricia A Bates
NOTARY PUBLIC OR CITY CLERK

DATE AND HOUR OF FILING:

6-19-14 @ 3:20 PM

Patricia A. Bates
COMMISSION # EE 167057
EXPIRES: FEB. 06, 2016
WWW.AARONNOTARY.com

RECEIVED BY:

Patricia A Bates
CITY CLERK/ELECTION OFFICIAL

NOVEMBER 4, 2014 MUNICIPAL GENERAL ELECTION

LOGIC AND ACCURACY TEST NOTICE ACKNOWLEDGEMENT

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test" pursuant to *F.S. 101.5612.*

SIGNATURE OF CANDIDATE

6.19.14
DATE

Patricia A Bates
SIGNATURE OF WITNESSING CITY CLERK

#129 v10