

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

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

RCVD 15 JUN '18

(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)

Michael Henry Fridovich

5325 11th Ave S  
Gulfport Fl.  
33707

4. Telephone

5. E-mail address

(727) 488-0790

michael@fridovich.com

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

City Council  
Word 4

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

Michael H. Fridovich

11. Mailing Address

12. Telephone

5325 11th Ave S

(727) 488-0790

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Gulfport

PineHills

Fl

33707

michael@fridovich.com

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

19. Name of Bank

20. Address

Regions Bank

5728 Gulfport Blvd

21. City

22. County

23. State

24. Zip Code

Gulfport

PineHills

Fl

33707

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

15 June 2018

X 15 June 2018

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

I, Michael A. Fridovich, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer.

15 June 2018  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RCVD 15 JUN '18

I, Michael H Fridovich,

candidate for the office of CITY COUNCIL WARD 4;

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

X Michael H Fridovich  
Signature of Candidate

15 JUNE 2018  
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).

**CANDIDATE OATH -  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a  
write-in candidate:

Write-in candidate

RCVD 3 DEC '18

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, MICHAEL FRIDOVICH

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of CITY COUNCIL ward 4  
(Office) (District #)

PIKE HAS County, Florida;  
(Circuit #) (Group or Seat #) ; I am a qualified elector of

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 1A7590935

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

MICHAEL FRIDOVICH FRI-DO-VICH

X (m11) 774 488-0790 michael@fridovich.com  
Signature of Candidate Telephone Number Email Address

5325 14th Ave S. Gulfport FL 33707  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Pike Has

Kathy A. Cook  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below.

Sworn to (or affirmed) and subscribed before me this 3rd  
day of December, 2018.

Personally Known:  or Produced Identification:

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






RCVD 3 DEC '18

**CITY OF GULFPORT, FLORIDA  
CANDIDATE AFFIDAVIT**

I, Michael Fridovich, residing at 5325 11<sup>th</sup> AVE S, Gulfport, Florida, do hereby give notice of my candidacy for the office of Councilmember of the City of Gulfport, Florida in the forthcoming municipal general election to be held in said city on March 12, 2019. I do further state that I am a qualified elector of Ward IV and have been a resident of Ward IV for a period of one (1) year prior to my qualifying for the Office of Councilmember Ward IV.

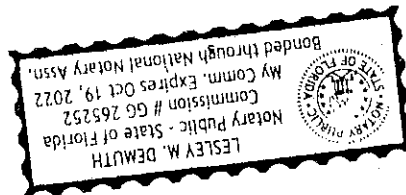
Date: 3 Dec 2018

  
\_\_\_\_\_  
Signature of Candidate

State of Florida  
County of Pinellas

Sworn to (or affirmed) and subscribed before me this 3<sup>rd</sup> day of December, 2018, by Michael Fridovich who is personally known  or has produced identification \_\_\_\_\_

  
\_\_\_\_\_  
Notary Public, State of Florida



**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2017**

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

*FRIDOVICH, MICHAEL HENRY*

MAILING ADDRESS:

*5325 11th Ave. S.*

*GULFPORT 33707 PINELLAS*

NAME OF AGENCY:  
*CITY Council*

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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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, 2017 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>S. Security</i>	<i>U.S. GOV.</i>	<i>U.S. GOV</i>
<i>U.A. Disability</i>	<i>U.S. GOV</i>	<i>U.S. GOV</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")

*House 5325 11th Ave. S.*  
*GULFPORT FL 33707*

**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
WELLS FARGO	P.O. BOX 10335 Des Moines Iowa 50306
QUICKEN LOANS	P.O. BOX 6577 CAROL STARR ILL 60197

**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
	ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
DO 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

**SIGNATURE OF FILER:**

Signature: 

Date Signed: 3 Dec 2018

**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:**

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

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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, 2017.



# CITY OF GULFPORT, FLORIDA

*Gateway to the Gulf*  
WWW.MYGULFPORT.US

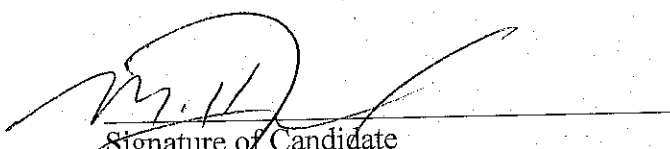
DANIEL LIEDTKE, Councilmember, Ward 1  
CHRISTINE BROWN, Councilmember, Ward 2

SAMUEL HENDERSON, Mayor

PAUL RAY, Councilmember, Ward 3  
MICHAEL FRIDOVICH, Councilmember, Ward 4

## Acknowledgement of Receipt Ballot Counting Testing Equipment

I, MICHAEL FRIDOVICH, Candidate for Gulfport City Council do hereby acknowledge receipt of the Notice of Ballot Counting Equipment Testing for the March 12, 2019, Municipal General Election, pursuant to F.S. 101.5612.

  
\_\_\_\_\_  
Signature of Candidate

Date: 3 DEC 2018

RD 3 DEC 18