

JUN 9 '22 AM 9:59

# 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)  
Carmine Dipaolo

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

4. Telephone  
(857 ) 207-1695

5. E-mail address  
carmdipaolo1@gmail.com

P.O.Box 2083 Indiantown Fl, 34956

6. Office sought (include district, circuit, group number)  
Indiantown Village Council Seat 3  
*member*

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  
Linda Schwiesow Nycum

11. Mailing Address  
P.O Box 2083

12. Telephone  
( 772 ) 597-5556

13. City  
Indiantown

14. County  
Martin

15. State  
FL

16. Zip Code  
34956

17. E-mail address  
jazmyne@aol.com

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

19. Name of Bank  
South State Bank

20. Address  
15588 SW Warfield Blvd

21. City  
Indiantown

22. County  
Martin

23. State  
FL

24. Zip Code  
34956

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 8, 2022

26. Signature of Candidate  
 *Carmine Dipaolo*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
I, LINDA SCHWIESOW NYCUM, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
June 6, 2022  
Date  
 *Linda Schwiesow Nycum*  
Signature of Campaign Treasurer or Deputy Treasurer

JUN 8 '22 AM 9:59

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

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

(PLEASE PRINT OR TYPE)

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### 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)

Carmine Dipaolo

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

P.O.Box 2083 Indiantown Fl, 34956

### 4. Telephone

(857 ) 207-1695

### 5. E-mail address

carmdipaolo1@gmail.com

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

Indiantown Village Council Seat 3

*Member*

### 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

Carmine Dipaolo

### 11. Mailing Address

P.O Box 2083

### 12. Telephone

( 857 ) 207-1695

### 13. City

Indiantown

### 14. County

Martin

### 15. State

FL

### 16. Zip Code

34956

### 17. E-mail address

jazmyne@aol.com

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### 19. Name of Bank

South State Bank

### 20. Address

15588 SW Warfield Blvd

### 21. City

Indiantown

### 22. County

Martin

### 23. State

FL

### 24. Zip Code

34956

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### 25. Date

June 8, 2022

### 26. Signature of Candidate

*X* 

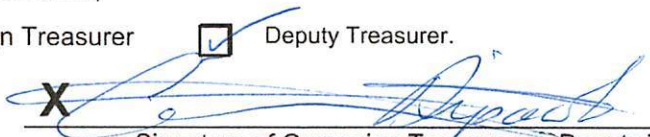
### 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Carmine Dipaolo, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

June 8, 2022

Date

*X* 

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

JUN 07 2022 AM 9:55

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

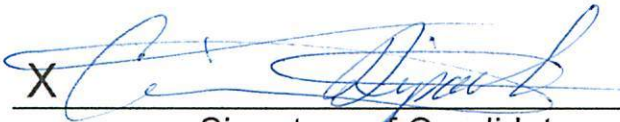
(Please print or type)

I, Carmine Dipaolo,

candidate for the office of Council member seat 3;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 

Signature of Candidate

6/8/2022

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**

JUN 16 '22 PM 4:04

(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

OFFICE USE ONLY

**Candidate Oath**

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

I, CARMINE DI PAOLO,

(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 INDIAN TOWN COUNCIL MEMBER,  
(Office) (District #)

3; I am a qualified elector of MARTIN 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 108150011

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.]

Car-mine De-pa-ol-oh

~~X~~ Carmine Di Paolo (557) 207-1695 carmindipaola1@gmail.com  
Signature of Candidate Telephone Number Email Address

16274 Four Wood Way, Indian Town FL 34952  
Address City State ZIP Code

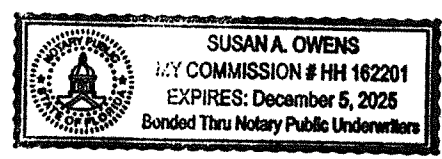
STATE OF FLORIDA  
COUNTY OF Martin

Susan A. Owens  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 16 day of June, 2022.

Personally Known  OR Produced Identification

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



**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2021**

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

**FOR OFFICE USE ONLY:**

LAST NAME – FIRST NAME – MIDDLE NAME :

Dipaolo Carmine

JUN 16 '22 PM 4:05

MAILING ADDRESS :

P.O. Box 2083

CITY :

Indiantown

ZIP :

34956

COUNTY :

*MA RTI W*

NAME OF AGENCY :

Village Of Indiantown

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Indiantown Council Seat 3

*Member*

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**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
Florida Retirement System	P.O. Box 9000 Tallahassee FL, 32415	Retierment Benefits

**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

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

**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
Stocks	Diversified Security Consultants LLC

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")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Diversified Security Consultants L	
ADDRESS OF BUSINESS ENTITY	1001S Main St.Kalispel Mt. 59901	
PRINCIPAL BUSINESS ACTIVITY	Consulting	
POSITION HELD WITH ENTITY	CEO	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	Founder of the Company	

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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: 6/16/22

**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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2021.

VILLAGE OF INDINATOWN  
AFFIDAVIT OF RESIDENCY  
(REQUIRED PER VILLAGE CHARTER)

I, CARMINE Di Paolo, candidate for Village Council Member - Seat No. 3, do hereby swear or affirm that my primary residence for at least one (1) year before qualifying for office has been in the Village of Indiantown and that I am a duly authorized elector in said municipal elections.

I further understand that any misstatements jeopardize my ability to be placed on the August 23, 2022, ballot and/or serve as a Council Member, even if elected.

[Signature]  
Signature of Candidate

6/16/2022  
Date

**Proof of Residency Provided:**

- o Florida Driver's License No.: D146 - 100 - 60 - 418 - 0
- o Florida State ID Card No.: \_\_\_\_\_
- o Voter Registration No.: \_\_\_\_\_
- o Copy of Utility Bill (type): \_\_\_\_\_
- o Other: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARTIN

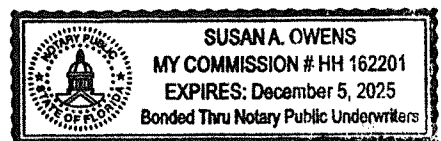
[Signature]  
Signature of Notary Public

Sworn to (or affirmed) and subscribed before me

By physical or online presence this 16 day of JUNE, 2022.

Personally Known:  or Produced Identification:

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



**VILLAGE OF INDIANTOWN**  
**NOTICE OF LOGIC & ACCURACY TEST**  
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic & Accuracy test for the automatic tabulating equipment for the August 23, 2022, Village of Indiantown General Election has been scheduled by the Martin County Supervisor of Election for their main office at the time and location listed below:


**Supervisor of Elections' Office**  
**135 SE Martin Luther King, Jr. Blvd.,**  
**Stuart, FL 34994**  
**August 10, 2022**  
**8:30 a.m.**

Attendance at this test of the equipment is strictly **optional**. All candidates, as well as any members of the general public, are welcome to attend and observe. Please advise the Village Clerk **in advance** if you will be attending so that the SOE's Office can plan accordingly.

**NOTICE OF LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT**

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

  ✓   I, or my    representative(s),   ✓   will be /    will not be attending.

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

  6/16/22    
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Witness

JUN 16 '22 PM 4:05

CARMINE DIPAOLO CAMPAIGN  
PO BOX 2083  
INDIANTOWN FL 34956

9995

6-16-2022  
DATE

PAY TO THE  
ORDER OF


Village of Indiantown

\$ 100.00

One hundred and no/100

DOLLARS

 Security  
Features  
Details on  
Back

 SOUTH STATE  
BANK

FOR

Living Fee

Linda Annunzio

