

**CANDIDATE APPLICATION**  
March 11, 2008 General Election

**CITY OF TREASURE ISLAND  
PINELLAS COUNTY  
FLORIDA**

**The undersigned, being duly sworn, deposes and says:** I am a Candidate for the office of: (check one)

Commissioner, City District #2 \_\_\_\_\_

Commissioner, City District #4   X  

of the City of Treasure Island, Pinellas County, Florida, created by Chapter 31322, Laws of Florida, 1955. That I reside at   131 94TH AV   in the City of Treasure Island, Florida. That I have met all the requirements of and I am a legal voter in the City of Treasure Island, Florida.

That I am not a Candidate or a nominee or representative of any political party or committee or convention representing or sitting for a political party.

The qualifying fee of \$50 and the Assessment fee (\$78 for Mayor and \$54 for Commissioner) are included with and made a part of this application.

**PHONE NUMBERS**

Home:   367 3936  

Office:   515 9699  

Fax: \_\_\_\_\_

  Alan Bly    
Signature of Candidate

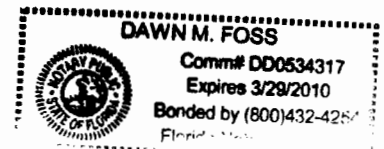
**State of Florida  
County of Pinellas**

Sworn and subscribed to before me this   2<sup>nd</sup>   day of   January   2008.

  Dawn M. Foss    
NOTARY PUBLIC

Personally known  or Produced identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_



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8:56 am

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

**OFFICE USE ONLY**

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate <b>ALAN BILDZ</b>	1. Address (include post office box or street, city, state, zip code)
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Telephone (optional) <b>(727) 515 9699</b>	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <b>COMMISSIONER DISTRICT 4</b>
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I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
**ALAN BILDZ**

5. Mailing Address (If post office box or drawer add street address) <b>131 94TH AV</b>	6. Telephone <b>727 515 9699</b>
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7. City <b>TREASURE ISLAND</b>	8. County <b>PINELLAS</b>	9. State <b>FL</b>	10. Zip Code <b>33706</b>
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I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank <b>Bank of America</b>	12. Street Address <b>175 Treasure Island Cswy</b>
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13. City <b>Treasure Island</b>	14. County <b>Pinellas</b>	15. State <b>FL</b>	16. Zip Code <b>33706</b>
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17. Signature of Candidate <b>X Alan Bildz</b>	Date <b>12-31-07</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, ALAN BILDZ, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of ALAN BILDZ

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
(Party)

COMMISSIONER DISTRICT 4 . As a duly registered voter in PINELLAS

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

12-31-07  
Date

**X** Alan Bildz  
Signature of Campaign Treasurer or Deputy Treasurer

**AFFIDAVIT AND OATH**

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

**BEFORE ME**, the undersigned authority, this day personally appeared Alan Bildz who being duly sworn, deposes and says:

1. That I, ALAN BILDZ, hereby submit this Affidavit to the City Clerk of the City of Treasure Island to qualify as a Candidate from District No. 4 for the Municipal Election scheduled for March 11, 2008.

3. I acknowledge that the City Clerk of the City of Treasure Island has identified for me the geographical boundaries for the District and that I am familiar with the district boundary. If Candidate for Mayor the Municipal boundaries were identified by the City Clerk.

4. I declare that I reside at 131 94TH AV  
Treasure Island, Florida.

5. Further Affiant sayeth naught.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and Oath and that the facts stated in it are true.

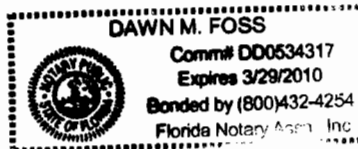
Alan Bildz  
Candidate Signature

BEFORE ME, the undersigned, personally appeared Alan Bildz, who under oath, testified that he/she executed the above and foregoing Affidavit and Oath and that the statements contained are true and correct. The Affiant is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

WITNESS my hand and official seal, this 2<sup>nd</sup> day of January, 2008.

Dawn M Foss  
Signature Notary Public

My Commission Expires:



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<p><b>CANDIDATE FOR NON-PARTISAN OFFICE</b> (Sections 876.05-876.10, Florida Statutes)</p> <p>STATE OF FLORIDA</p> <p><u>PINELLAS</u>, COUNTY</p>	<p><b>OFFICE USE ONLY</b></p>
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I, <u>ALAN</u>	Middle Name/Initial	<u>BILDZ</u>
<small>First Name</small>		<small>Last Name</small>

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, ALAN BILDZ

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of COMMISSIONER, DISTRICT 4.

(office) (district) (group)

My legal residence is 131 94TH AV 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.

<p>X <u>Alan Bildz</u></p> <p style="text-align: center;"><b>Signature of Candidate</b></p>	<p><u>(727) 515 9699</u></p> <p style="text-align: center;"><b>Daytime Telephone Number</b></p>
<p><u>131 94TH AV</u></p> <p style="text-align: center;"><b>Address</b></p>	<p><u>TREASURE ISLAND FL 33706</u></p> <p style="text-align: center;"><b>City State ZIP Code</b></p>

Sworn to (or affirmed) and subscribed before me this 2<sup>nd</sup> day of January, 2008.

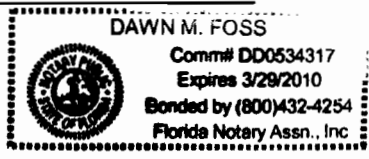
Personally Known:  or

Produced Identification: \_\_\_\_\_

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

Dawn M Foss

**Signature of Notary Public – State of Florida**  
Print, Type or Stamp Commissioned Name of Notary Public



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8:56 am

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :

BILDZ ALAN

MAILING ADDRESS :

131 94TH AV

CITY :

TREASURE ISLAND

ZIP :

33706

COUNTY :

PINELAS

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER DISTRICT 4

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

**\*\*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 (check one):



DECEMBER 31, 2006

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

**PART A - PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SUN STAR PLUMBING		
CITY OF TREASURE ISLAND		

**PART B - SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

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]

131 94TH AV
48 79TH TERR

**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.

**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

OPTION ONE MORTGAGE	PO Box 57054 IRVINE CA 92619
BANK OF AMERICA	PO Box 672084 DALLAS TX 75267

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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

SIGNATURE (required):

*Alan B. Kelly*

DATE SIGNED (required):

1-2-08

**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).

Facsimiles will not be accepted.

**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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**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.

**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.

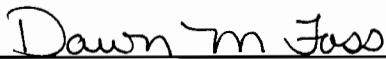
**CERTIFICATION OF RECEIPT OF NOTICE OF PRE-ELECTION  
TEST OF VOTING EQUIPMENT**

In accordance with the provisions of Chapter 101.5612 (1), Florida Statutes, notice is hereby given that an accuracy test certification of the ballot counting equipment to be used in the General Election to be held on Tuesday, March 11, 2008, in the City of Treasure Island, Florida, will be conducted on:

- Feb. 20                    **9:00 a.m. – Test early voting and precinct touch screen voting machines and optical scan equipment**
- Mar. 11                    **9 a.m. Second test of optical scan equipment; Canvass and process absentee ballots.**
- Mar. 11                    **6 p.m. Continue canvass of absentee ballots; Continue processing absentee ballots**
- Mar. 11                    **7 p.m. Process election result cartridges; Release unofficial results**
- Mar. 17                    **9 a.m. provisional ballots and release final election results; Final Test of optical scan equipment**

All of these tests will be conducted at the Supervisor of Elections' Service Center 13001 Starkey Road, Largo, FL, by their staff. Candidates are welcome to attend.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal this 2<sup>nd</sup> day of January, 2008.

  
\_\_\_\_\_  
City Clerk

In accordance with Florida Law, I hereby certify that I have received this **Notice of Pre-Election and Post Election Testing of Tabulating Equipment as above written.**

  
\_\_\_\_\_  
Candidate's Signature

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8:56 am

**CERTIFICATION OF RECEIPT OF NOTICE OF PENALTY  
FOR LATE FILING OF CAMPAIGN TREASURER'S REPORTS**

I HEREBY CERTIFY, that I have been informed of the following penalties for  
late  
filing of Treasurer's Reports for the March 11, 2008, Treasure Island General  
Election.

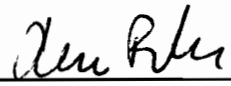
Any candidate failing to file a report on the designated due date shall be subject  
to a fine of \$50 per day for the first 3 days late and, thereafter, \$500 per day for  
each late day, not to exceed 25% of the total receipts or expenditures, whichever  
is greater, for the period covered by the late report.

However, for the reports IMMEDIATELY PRECEDING each primary and  
GENERAL ELECTION THE FINE SHALL BE \$500 PER DAY for each late day,  
not to exceed 25% of the total receipts or expenditures, whichever is greater, for  
the period covered by the late report, as provided in Section 106.07(2), (8), F.S.

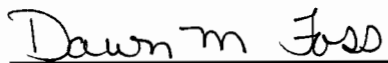
For a Candidate's Termination Report, the fine shall be \$50 per day for each late  
day, not to exceed 25% of the total receipts or expenditures, whichever is greater  
for the period covered by the late report.

**The fine MUST be paid from the Candidate's personal funds - NOT  
campaign funds.**

Date: 1-2-08

  
Candidate's Signature

ATTEST:

  
CITY CLERK

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**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, AVAN BILDZ,

candidate for the office of COMMISSIONER DISTRICT 4;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Avan Bildz

Signature of Candidate

1-2-08

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 INFORMATION**

This office is frequently questioned (i.e, St. Pete Times, Tampa Tribune, etc.) regarding the background of Candidates. **Please complete the following and add any other information you believe may be useful.** Please be advised that all this information will become public information once filed with the City Clerk. Under Florida's Public Records Law (Chapter 119), if requested this information will be given out to any person.

**NAME:** ALAN BIDZ

**ADDRESS:** 131 94TH AV

**PHONE:** OFFICE \_\_\_\_\_ HOME 367 3936  
FAX \_\_\_\_\_ CELL 515 9699 (optional)  
E-MAIL \_\_\_\_\_ (Optional)

**DRIVERS LICENSE NO.** \_\_\_\_\_

**EDUCATION:** \_\_\_\_\_

**LENGTH OF TIME IN FLORIDA:** \_\_\_\_\_ **IN TREASURE ISLAND** \_\_\_\_\_

**WHERE YOU LIVED PRIOR TO FLORIDA:** \_\_\_\_\_

**BUSINESS/PROFESSION:** \_\_\_\_\_

**MARRIED/SPOUSE'S NAME:** \_\_\_\_\_

**CHILDREN:** \_\_\_\_\_

**AFFILIATION WITH CLUBS, ORGANIZATIONS, ETC.:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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