

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

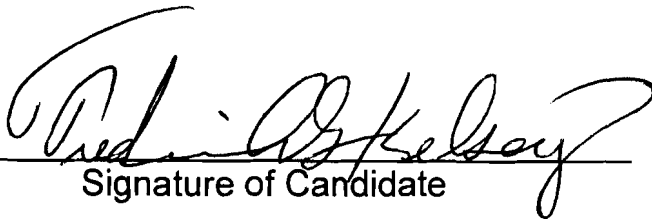
OFFICE USE ONLY

I, FREDERICK GEORGE KELSEY,

candidate for the office of COMMISSIONER DISTRICT #4;

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

X


Signature of Candidate

DEC 7, 2011
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.

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)
FREDERICK GEORGE KELSEY

3. Address (include post office box or street, city, state, zip code)
8531 BLIND PASS DRIVE

4. Telephone
(727) 363-6654

5. E-mail address
Kelseyfred@hotmail.com

**TREASURE ISLAND
FL 33706**

6. Office sought (include district, circuit, group number)
DISTRICT # 4 COMMISSIONER

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
JOHN F. CANNING

11. Mailing Address
8535 BLIND PASS DRIVE - APT. # 104

12. Telephone
(727) 363-1137

13. City
TREASURE ISLAND

14. County
PINELLAS

15. State
FL

16. Zip Code
33706

17. E-mail address
JCANNING1@TAMPABAY-RR.COM

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

19. Name of Bank
BANK OF AMERICA

20. Address
175 TREASURE ISLAND CAUSEWAY

21. City
TREASURE ISLAND

22. County
PINELLAS

23. State
FL

24. Zip Code
33706

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
DEC 7, 2011

26. Signature of Candidate
X Fred G. Kelsey

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

I, **JOHN FRANCIS CANNING**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

DEC 7, 2011
Date

X John Francis Canning
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)

FREDERICK GEORGE KELSEY

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

8531 BLIND PASS DRIVE
TREASURE ISLAND
FL 33706

4. Telephone

(727) 363-6654

5. E-mail address

Kelseyfred@hotmail.com

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

DISTRICT # 4 COMMISSIONER

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

FREDERICK G. KELSEY

11. Mailing Address

8531 BLIND PASS DRIVE

12. Telephone

(727) 363-6654

13. City

TREASURE ISLAND

14. County

PINELLAS

15. State

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FL

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25. Date

DEC 7, 2011

26. Signature of Candidate

X 

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

I, FREDERICK GEORGE KELSEY, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

DEC 7, 2011
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, "FRED" FREDERICK G. KELSEY

(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 COMMISSIONER, 4
(office) (district #)

_____ ; I am a qualified elector of PINELLAS 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 [Signature]
Signature of Candidate

(727) 363-6654
Telephone Number

FREDKELSEYTI@HOTMAIL.COM
Email Address

8531 BLIND PASS DR. TREASURE ISLAND, FL 33706
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): #106 922 923

* 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):

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 19th day of December, 2011.

Personally Known: or _____
Produced Identification: _____
Type of Identification Produced: _____

Dawn M. Foss
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



PART C - REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, you must write "none" or "nil")

| |
|---------------------------------------|
| 8581 BLVD PASO DE TREASURE ISLAND FL |
| 8535 BLVD PASO DE TREASURE ISLAND FL |
| TRAK OFFICE BLDG - TREASURE ISLAND FL |
| 501 BAYVIEW BLVD - LARGO FL |
| 3025 NIMBLE ROAD - CHANDLERVILLE TN |

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 B - SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, you must write "none" or "nil")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|--|-------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

PART A - PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person) (If you have nothing to report, you must write "none" or "nil")

| NAME OF SOURCE | SOURCES ADDRESS | DESCRIPTION OF THE SOURCES |
|-----------------------------|--------------------------------------|----------------------------|
| FARM OF INCOME TREASURY, KY | 2 EARL PROPS | |
| SOLAL SECURITY | M.S. GOULT | |
| BEACH GARAGES APT'S | 8535 BLVD PASO DE TREASURE ISLAND FL | RENTAL HOUSE |
| LARGO HOUSE | 501 BAYVIEW RD | HOUSE RENTAL |

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, 2010 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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

"BOTH PARTS OF THIS SECTION MUST BE COMPLETED"

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME: KETSER FREDERICK GEORGE

MAILING ADDRESS: 8531 BLVD PASO DE TREASURE ISLAND 33706 FORT MYERS

CITY: ZIP: COUNTY:

NAME OF AGENCY: CITY TREASURE ISLAND

NAME OF OFFICE OR POSITION HELD OR SOUGHT: CODE ENFORCEMENT BOARD

You are not limited to the space 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 _____

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

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| NA | |
| | |
| | |
| | |

PART E — LIABILITIES (Major debts)
(If you have nothing to report, you must write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|-------------------------|
| BANK OF AMERICA | ST PETERSBURG BEACH, FL |
| WACHOVIA BANK | |
| U.S. BANK | CLARKSVILLE, TN |

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

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | BEACH SANDS | ROCK SPRINGS FARM | LARGO HOUSE |
| ADDRESS OF BUSINESS ENTITY | TREASURE IS | TRENTON, KY | LARGO FL |
| PRINCIPAL BUSINESS ACTIVITY | RENT | FARM GAIN FARM | RENT |
| POSITION HELD WITH ENTITY | OWNER | OWNER | OWNER |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | YES | YES | YES |
| NATURE OF MY OWNERSHIP INTEREST | FAMILY PART | FAMILY PART | SOLE OWNER |

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

SIGNATURE (required):

Richard D. Kehey

DATE SIGNED (required):

DEC 19, 2011

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.

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: FREDERICK GEORGE KELSEY
ADDRESS: 8531 BLIND PASS DRIVE - TREASURE ISLAND, FL 33706

PHONE: OFFICE (727) 954-3079 HOME (727) 363-6654
FAX _____ CELL (727) 642-0503
E-MAIL FREDKELSEYTI@HOTMAIL.COM

EDUCATION: AA - ST. PETERSBURG JR. COLLEGE; BSBA - UNIVERSITY OF FLORIDA; MBA - ROLLINS COLLEGE; 30 HRS. POST MBA - FLA. SOUTHERN

LENGTH OF TIME IN FLORIDA: 42 YEARS IN TREASURE ISLAND 13 YEARS

WHERE YOU LIVED PRIOR TO FLORIDA: BORN ST. PETERSBURG, FLA.

BUSINESS/PROFESSION: PRESENT: RENTAL REAL ESTATE; RETIRED/INACTIVE: LICENSED - CPA, MORTGAGE BROKER, REAL ESTATE BROKER & ELECTRICIAN

MARRIED/SPOUSE'S NAME: DIVORCED

CHILDREN: MATTHEW & KATHERINE

AFFILIATION WITH CLUBS, ORGANIZATIONS, ETC.: LIONS CLUB, KIWANIS CLUB, SUNSET BEACH CIVIC ASSOC., TREASURE ISLAND CHAMBER OF COMMERCE, PASADENA COMMUNITY METHODIST CHURCH, TR. ISLAND AMERICAN LEGION

ADDITIONAL INFORMATION:

TREASURE ISLAND CODE ENFORCEMENT MEMBER

BORN & RAISED IN ST. PETERSBURG BEACH

SCHOOLING: PASS. A. GRILLE ELEMENTARY, DISTON JR. HIGH & BOCA CIEGA HIGH