

RECEIVED

Required to be given to candidate

Optional to be signed and returned ~~JAN 27 2024~~ 2025

City Clerk's Office

CANDIDATE'S PLEDGE

There are basic principles of civility, honesty, and fair play which every candidate for public office has an obligation to observe and uphold in order that, after fairly conducted campaigns intended to fully inform Lakeland's citizens on municipal issues, our citizens may exercise their constitutional right to a free and untrammled choice and the will of the people may be fully and clearly expressed on municipal issues.

THEREFORE, I acknowledge and represent: That I am a resident of the City of Lakeland and of the district if I am running for a district seat; that I am aware that Lakeland's elections are non-partisan and what that requires, and that I am well informed on my obligations as a candidate, and the law applicable thereto. That I will be conscientious and timely in all filings required during the election process and agree to submit full, complete and comprehensive reports as election laws may require. That I believe in the public's right to be fully informed as to my qualifications and views on matters effecting the City of Lakeland city government and shall be honest in forthright in all my public comments, and;

(1) **I SHALL CONDUCT** my campaign openly, honestly and publicly and with civility, discussing only the issues that involve the City of Lakeland, presenting my record and my views on City matters with sincerity and frankness, and only criticizing the record and policies of my opponents that merit this criticism and will do so only in a courteous, respectful, and professional manner.

(2) **I SHALL BECOME KNOWLEDGEABLE** about all aspects of the City of Lakeland operation and government, and commit the time and effort required if I am elected.

(3) **I SHALL NOT USE OR PERMIT** the use of personal attacks, character defamation, whispering campaigns, libel, slander, or any other negative comments on any candidate's private life or the private lives of his or her families.

(4) **I SHALL REFRAIN** from any appeal to negative prejudice based on candidate's actual or perceived race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sexual orientation or other characteristic.

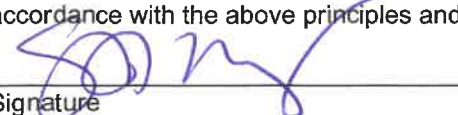
(5) **I SHALL NOT USE OR PERMIT** any dishonest or unethical practice that tends to corrupt or undermine our system of free elections, or that hampers or prevents the full and free expression of the will of the voters, including acts intended to hinder or prevent any eligible person from registering to vote, enrolling to vote, or voting.

(6) **I SHALL NOT** unreasonably pressure or intimidate volunteers for election help or campaign contributions for myself or for any other candidate or from my employees.

(7) **I SHALL** accept responsibility to take firm action against any subordinate who violates any provision of this code or the laws governing elections.

(8) **I SHALL DEFEND AND UPHOLD** the right of every qualified American voter to full and equal participation in the electoral process.

I, the undersigned candidate for election to public office in the City of Lakeland, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.


Signature

1.23.2025
Date

Sara Roberts McCarty
Printed Name

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 27 2024 2625

City Clerk's Office

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Sara Roberts McCarley

3. Address (include PO Box or Street, City, State, Zip Code):

Post Office Box 2161
Lakeland, Florida 33806

4. Telephone:

(863) 398-7272

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

SaraR.McCarley@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

City of Lakeland Mayor

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Noreen A Fenner

12. Telephone:

(850) 212-0226

13. Email Address:

noreen@pacfm.net

14. Mailing Address:

1103 Hays Street

15. City:

Tallahassee

16. State:

Florida

17. Zip Code:

32301

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Truist Bank

20. Address:

2051 Thomasville Road

21. City:

Tallahassee

22. County:

Leon

23. State:

Florida

24. Zip Code:

32308

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1/23/2025

26. Signature of Candidate:

X

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

I, Noreen A Fenner

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/23/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X

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

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

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(Please Print or Type Name)

Sara Roberts McCarley

3. Address (include PO Box or Street, City, State, Zip Code):

Post Office Box 2161
Lakeland, Florida 33806

4. Telephone:

(863) 398-7272

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

SaraRRMcCarley@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

City of Lakeland Mayor

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Sara Roberts McCarley

12. Telephone:

(863) 398-7272

13. Email Address:

14. Mailing Address:

Post Office Box 2161

15. City:

Lakeland

16. State:

Florida

17. Zip Code:

33806

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Truist Bank

20. Address:

2051 Thomasville Road

21. City:

Tallahassee

22. County:

Leon

23. State:

Florida

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32308

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25. Date:

1. 23. 2025

26. Signature of Candidate:

X

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

I, Sara Roberts McCarley

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

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

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

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JAN 27 ~~2024~~ 2025

City Clerk's Office

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

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Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Sara Roberts McCarley

3. Address (include PO Box or Street, City, State, Zip Code):

Post Office Box 2161
Lakeland, Florida 33806

4. Telephone:

(863) 398-7272

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Sara.R.McCarley@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

City of Lakeland Mayor

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Kim Bailes

12. Telephone:

(850) 212-0226

13. Email Address:

noreen@pacfm.net

14. Mailing Address:

1103 Hays Street

15. City:

Tallahassee

16. State:

Florida

17. Zip Code:

32301

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Leon

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25. Date:

1/23/2025

26. Signature of Candidate:

X



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

I, Kim Bailes

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/23/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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JAN 27 2024 *2025*

City Clerk's Office

I, Sara Roberts McCarley ,

candidate for the office of City of Lakeland Mayor ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

1.22.2025

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).

City of Lakeland
Application and Acknowledgement of Electronic Filing Information



1. CHECK APPROPRIATE BOX(ES)

Candidate Treasurer/Deputy Committee Committee Treasurer

2. Name of Candidate/Committee (First, Middle, Last)

Sara Roberts McCarley

3. Address (include P.O. box or street, city, state, zip code)

Post Office Box 2161
 Lakeland, Florida 33806

4. Telephone

863/398-7272

5. E-mail address

sararrmccarley.com

All reports of campaign finance activity must be filed with the City Clerk using the electronic campaign finance reporting system available online at <https://cityoflakelandfl.easyyvotecampaignfinance.com/> (the "System") unless an alternative filing procedure is required by the Americans with Disabilities Act of 1990 or other applicable law.

Credentials to log into the System are approved on an individual basis and may not be shared—even with member of the same campaign or committee. Each user who is approved for credentials is responsible for protecting those credentials from disclosure or compromise. Once credentials have been approved for a user, that user is deemed responsible for every report filed using those credentials until such time as the City Clerk is notified of disclosure or compromise of those credentials. Campaign or committee must immediately notify the City Clerk if any user associated with that campaign or committee becomes ineligible to hold the credentials issued to that user.

Each report must be filed before midnight at the end of the due date. Late-filed reports are subject to fines pursuant to Florida Statutes sections 106.07(8) or 106.29(3), as applicable.

By filing a report through the System, the candidate and treasurer/deputy treasurer (i) are deemed to have electronically signed the report under oath and to have certified the correctness of the report in accordance with Florida Statutes sections 106.07(5) or 106.29(2), as applicable; (ii) is responsible for the accuracy and veracity of the report; and (iii) commits a criminal act by certifying a report that is known to be incorrect, false, or incomplete.

A report is deemed filed with the City Clerk only when the System issues a receipt confirming the date and time at which the report was filed. The system will issue a separate notice for the subsequent acceptance or rejection of the report by the City Clerk. Once a report has been accepted by the City Clerk, it may be changed only by filing an amendment to that report.

The City is not responsible for providing the internet access necessary to access the System, and problems with an individual candidate's internet access at a residence, office, coffee shop, etc. do not excuse late filing by that candidate. The City Clerk will provide an alternate filing deadline for candidates only in the event that the Reporting System is *generally* unavailable and all candidates are affected.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ AND UNDERSTAND THE FOREGOING FORM FOR APPLICATION AND ACKNOWLEDGEMENT OF ELECTRONIC FILING INFORMATION AND THAT THE FACTS STATED IN IT ARE TRUE.

6. Date

1/23/2025

7. Signature of Candidate/Committee Chair

X

8. **Treasurer's Application and Acknowledgement of Electronic Filing Information** (fill in the blanks and check the appropriate block)

I, **Noreen A Fenner** (printed name), hereby acknowledge that I am representing the Candidate/Committee above as the Campaign Treasurer Deputy Treasurer

1/23/25
 Date

X
 Signature of Treasurer or Deputy Treasurer

RECEIVED

JAN 27 2024 2025
City Clerk's Office
Lakeland
www.lakelandgov.net

City of Lakeland
Application and Acknowledgement of Electronic Filing Information

1. CHECK APPROPRIATE BOX(ES)
 Candidate Treasurer/Deputy Committee Committee Treasurer

2. Name of Candidate/Committee (First, Middle, Last) **Sara Roberts McCarley**
3. Address (include P.O. box or street, city, state, zip code)
Post Office Box 2161
Lakeland, Florida 33806

4. Telephone **863/398-7272** 5. E-mail address **Sararrmccarley@gmail.com**

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6. Date **1.23.25** 7. Signature of Candidate/Committee Chair **X [Signature]**

8. **Treasurer's Application and Acknowledgement of Electronic Filing Information** (fill in the blanks and check the appropriate block)
I, **Kim Bailes** (printed name), hereby acknowledge that I am representing the Candidate/Committee above as the Campaign Treasurer Deputy Treasurer
1/23/25 Date **X [Signature]** Signature of Treasurer or Deputy Treasurer

City of Lakeland
Application and Acknowledgement of Electronic Filing Information



1. CHECK APPROPRIATE BOX(ES)

Candidate Treasurer/Deputy Committee Committee Treasurer

2. Name of Candidate/Committee (First, Middle, Last)

Sara Roberts McCarley

3. Address (include P.O. box or street, city, state, zip code)

Post Office Box 2161
 Lakeland, Florida 33806

4. Telephone

863/398-7272

5. E-mail address

Sararrmccarley@gmail.com

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6. Date

1.23.2025

7. Signature of Candidate/Committee Chair

X

8. Treasurer's Application and Acknowledgement of Electronic Filing Information (fill in the blanks and check the appropriate block)

I, **Sara Roberts McCarley** (printed name), hereby acknowledge that I am representing the Candidate/Committee above as the Campaign Treasurer Deputy Treasurer

1.23.2025

Date

X

Signature of Treasurer or Deputy Treasurer