

**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

2019 NOV 1 AM 9:46 TOWN CLERK

OFFICE USE ONLY

RECEIVED

Candidate Oath

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

I, Lew Crampton

(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 Town Council Member (Office) 1 (District #)

1 (Circuit #), Group 1 (Group or Seat #); I am a qualified elector of Palm Beach 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; 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): 117370479

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.]

LOO Krampton

X [Signature] (561) 540-1520 Telephone Number lewcrampton@gmail.com Email Address

2335 S. Ocean Blvd, 5B Address Palm Beach, FL City 33480 State ZIP Code

STATE OF FLORIDA

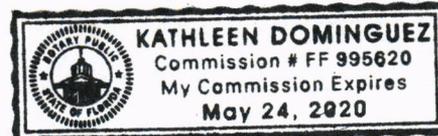
COUNTY OF Palm Beach

Kathleen Dominguez Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 1 day of November, 2019.

Personally Known: or Produced Identification:

Type of Identification Produced: ala



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2019 NOV 1 AM 9:46 TWH CLERK

RECEIVED

I, Lew Crampton,
Palm Beach
candidate for the office of Town Council Member, Group 1 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

Nov 1, 2019
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)

2019 NOV 1 AM 9:46 TWN CLERK

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

RECEIVED
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)

Lew Crampton

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

2335 S. Ocean Blvd 5B
Palm Beach, FL 33480

4. Telephone

(561) 540-1520

5. E-mail address

lewcrampton@gmail.com

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

Town Council Member, Group 1

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

Lew Crampton

11. Mailing Address

2335 S. Ocean Blvd, 5B

12. Telephone

(561) 540-1520

13. City

Palm Beach

14. County

Palm Beach

15. State

FL

16. Zip Code

33480

17. E-mail address

lewcrampton@gmail.com

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

19. Name of Bank

Bank United

20. Address

2875 S. Ocean Blvd

21. City

Palm Beach

22. County

Palm Beach

23. State

FL

24. Zip Code

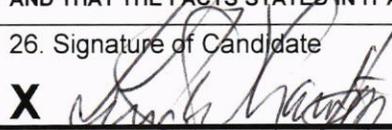
33480

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

Nov 1, 2019

26. Signature of Candidate

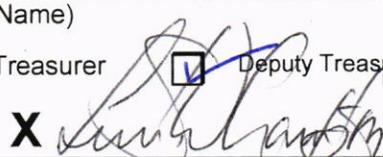
X 

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

I, Lew Crampton, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Nov 1, 2019
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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

2019 NOV 1 AM 9:46 TWIN CLERK

(PLEASE PRINT OR TYPE)

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

RECEIVED
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)

Lew Crampton

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

2335 S. Ocean Blvd 5B
Palm Beach, FL 33480

4. Telephone

(561) 540-1520

5. E-mail address

lewcrampton@gmail.com

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

Town Council Member, Group 1

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

Matthew B. Lorentzen

11. Mailing Address

250 Sanford Ave

12. Telephone

(561) 868-7891

13. City

Palm Beach

14. County

Palm Beach

15. State

FL

16. Zip Code

33480

17. E-mail address

matt.lorentzen@gmail.com

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

19. Name of Bank

Bank United

20. Address

2875 S. Ocean Blvd.

21. City

Palm Beach

22. County

Palm Beach

23. State

FL

24. Zip Code

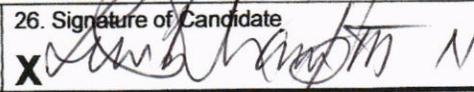
33480

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

Nov 1, 2019

26. Signature of Candidate

X 

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

I, Matthew B. Lorentzen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/30/19

Date

X


Signature of Campaign Treasurer or Deputy Treasurer



2019 NOV 26 AM 11:42 TOWN CLERK
RECEIVED

All qualified voters of the town are entitled to be present and to place in nomination such candidates as they desire. For a nomination to be effective, it must be seconded and all nominations and seconds thereto may be made only by qualified voters of the town. (§34-56 Town of Palm Beach Code of Ordinances. Primary nominators please use form below. **The names of all primary nominators are due to the Town Clerk by November 26, 2019 by 5:00 p.m., so that their voter's registration status may be verified.**

**TOWN OF PALM BEACH CAUCUS
PRIMARY NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Tom Parker, I am pleased to nominate, at this
(name)

108th Town Caucus, in 2019, Lew Crampton,
(name)

as Town Council Member, Group 1,

who is a registered voter in the Town of Palm Beach, and resides at:

2335 S. Ocean Blvd, 5B, Palm Beach

My name is: Richard M. Kleid

My street address is: 2660 S. Ocean Blvd., 403-5

I confirm that I am a registered voter in the Town of Palm Beach. Palm Beach

2



2019 NOV 26 AM 11:42 TOWN CLERK

RECEIVED

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**TOWN OF PALM BEACH CAUCUS
SECONDER NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Tom Parker, I am pleased to second the nomination,
(name)

at this 108th Town Caucus, in 2019, of Lew Crampton,
(name)

as Town Council Member, Group 1,

who is a registered voter in the Town of Palm Beach, and resides at:

2335 S. Ocean Blvd, SB, Palm Beach

My name is: Lynn A. Foster

My street address is: 424 Brazilian Ave., Palm Beach

I confirm that I am a registered voter in the Town of Palm Beach.



RECEIVED

All qualified voters of the town are entitled to be present and to place in nomination such candidates as they desire. For a nomination to be effective, it must be seconded and all nominations and seconds thereto may be made only by qualified voters of the town. (§34-56 Town of Palm Beach Code of Ordinances. Primary nominators please use form below. **The names of all primary nominators are due to the Town Clerk by November 26, 2019 by 5:00 p.m., so that their voter's registration status may be verified.**

**TOWN OF PALM BEACH CAUCUS
SECONDER NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Tom Parker, I am pleased to second the nomination,
(name)

at this 108th Town Caucus, in 2019, of Lew Crampton,
(name)

as Town Council Member, Group 1,

who is a registered voter in the Town of Palm Beach, and resides at:

2335 S. Ocean Blvd, 5B, Palm Beach

My name is: William M. Matthews

My street address is: 380 N. Lake Way, Palm Beach

I confirm that I am a registered voter in the Town of Palm Beach.

Candidates: Please be sure that your name is on each sheet

**TO THE TOWN COUNCIL OF
THE TOWN OF PALM BEACH, FLORIDA:**

2019 NOV 26 AM 11:42 TOWN CLERK

The undersigned qualified voters of the Town of Palm Beach, Florida, do hereby confirm the nomination of:

RECEIVED

Kew Crompton
(Please print name) [Signature]
(Please sign)

as Council Member, Group 1, regularly made at the Caucus held on December 3, 2019, at Town Hall, Town Council Chambers, 360 S. County Rd., Palm Beach, FL 33480, and do hereby petition your honorable body to place his/her name on the official ballot to be used in the General Election, to be held on March 17, 2020.

NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
1 Carla Termini	[Signature]	2800 S. Ocean Blvd #305, Palm Bch	12-27-1959
2 Linda Brennan	[Signature]	8850 N. Ocean Blvd #305 Palm Beach	4-14-48
3 Donald Singer	[Signature]	2291 S. Ocean Blvd #303	4/6/38
4 Stephen Jacobs	[Signature]	3000 So. Ocean Blvd AB FL	11/24/38
5 AP Hillgrath	[Signature]	2295 S. Ocean Blvd #201	10/7/52
6 Judith Intraub	[Signature]	2700 S. Ocean Blvd #302	11/7/44
7 Jane Waldman	[Signature]	2774 S Ocean Blvd # 404	9/22/41
8 Guy W. Clark	[Signature]	3440 S. Ocean Blvd 504W	10/28/60
9 RICHARD KLEIN	[Signature]	2660 S OCEAN BLVD, 403S	4/13/32

Please be advised that all petitions are considered public record and will be posted on the Town Clerk's webpage. If your address is exempt from disclosure pursuant to the provisions of F.S. Chapter 119, then it is your obligation to notify the Town Clerk's office of same so that the applicable information can be redacted from the public record. You cannot list "Exempt" or other such verbiage as your address for the purposes of this form as the County Supervisor of Elections will not be able to verify that you are a registered voter, and your signature will not count.

KEN CRAMPTON

NAME OF CANDIDATE FOR TOWN COUNCIL MEMBER, GROUP 1 :

NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
10 Cynthia Grobison	<i>Cynthia Grobison</i>	400 South Ocean Blvd.	3/16/79
11 Zoey Spore	<i>Zoey Spore</i>	130 Brazilian Ave	10-6-53
12 LANS CRAMPTON	<i>Lans Crampton</i>	2335 South Ocean Blvd	10-2-1938
13 MERRYL BERNH	<i>Merryl Bernh</i>	130 Sunrise Avenue	5/1/42
14 Lynn Foster	<i>Lynn Foster</i>	424 Brazelton	11/04/43
15 A.B. Krangard	<i>A.B. Krangard</i>	226 Virginia Brisas	10/25/36
16 Robert E. Wadell	<i>Robert E. Wadell</i>	270 Kowana Lane	4/10/33
17 Kathleen Krasner	<i>Kathleen Krasner</i>	2335 South Ocean Blvd	7/28/44.
18 MICHAEL CRAMPTON	<i>Michael Crampton</i>	2295-S Ocean Blvd #41908	1/21/45
19 Paul Krongli	<i>Paul Krongli</i>	1139 N. Ocean Blue	6/11/54
20 Edward Krasner	<i>Edward Krasner</i>	309 BARTON	11-12-19
21 James Seaman	<i>James Seaman</i>	353 Seabeach	11-12-11
22 GEORGE TYLANDER	<i>George Tylander</i>	225 South Country Rd	5-12-55
23 BILLY TYLANDER	<i>Billy Tylander</i>	205 S Country Rd	11-12-11
24 William Metzger	<i>William Metzger</i>	277 Seaboard way	3-29-1997
25 JOHN McDONALD	<i>John McDonald</i>	44 Coconut Run	11-11-44

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Lew Crampton

NAME OF CANDIDATE FOR TOWN COUNCIL MEMBER, GROUP 1:

NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH
26 Robertta Mowbray	<i>Robertta Mowbray</i>	2745 So. Ocean Blvd. Fla.	10-12-32
27 DANIEL McDONNELL	<i>Daniel McDonnell</i>	27845, "11206N"	9/21/44
28 James Grier Pressley	<i>James Grier Pressley</i>	2412 Seaspray Ave	11/27/73
29 Gail Ellen Hogue	<i>Gail Ellen Hogue</i>	2395 So. Ocean Blvd PH-20	9-16-44
30 Lawrence W. W. HIND	<i>Lawrence W. W. HIND</i>	2545 So. Ocean Blvd	10/30/29
31 Barbara Lindsay	<i>Barbara Lindsay</i>	212 Caribbean Rd	08-12-53
32 RENE SIZEMAN	<i>RENE SIZEMAN</i>	422 Duvalin Ave	05-16-48
33 MARY F. WEITAS	<i>Mary F. Weitas</i>	201 El Vedado Road	10-07-68
34 Jason Rausding	<i>Jason Rausding</i>	312 Worth Ave, Palm Beach	09-29-67
35 <i>Roberta Hogue</i>	<i>Roberta Hogue</i>	8860 S. Ocean 401	8/25/43
36 MARY FLANNAGAN	<i>Mary Flanagan</i>	3330 So. Ocean Blvd #112	4/14/37
37			
38			
39			
40			

I DO HEREBY CERTIFY that there are at least twenty-five (25) qualified electors' signatures herein contained for Town Council Member, Group 1, Candidate Lew Crampton, according to the requirements of law, and as verified by the Palm Beach County Supervisor of Elections.

DATED this 26 day of November, 2019.

Kathleen Dominguez
Kathleen Dominguez, CMC
Town Clerk

Please be advised that all petitions are considered public record and will be posted on the Town Clerk's webpage. If your address is exempt from disclosure pursuant to the provisions of F.S. Chapter 119, then it is your obligation to notify the Town Clerk's office of same so that the applicable information can be redacted from the public record. You cannot list "Exempt" or other such verbiage as your address for the purposes of this form as the County Supervisor of Elections will not be able to verify that you are a registered voter, and your signature will not count.

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

CRANKTON, LEWIS S.W.

MAILING ADDRESS:

2335 SOUTH OCEAN BOULEVARD

PALM BEACH FL 33480 PALM BEACH

CITY: ZIP: COUNTY:

TOWN COUNCIL - ELECTED

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

TOUR COUNCIL - TOWN OF PALM BEACH

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

2019 NOV 26 AM 11:44 TOWN CLERK

RECEIVED

****** 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, 2018 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
SOUTH FLORIDA SCIENCE CENTER	1501 CRENSHAW BLVD WEST PALM BEACH	SCIENCE MUSEUM / SALARY
SOCIAL SECURITY	6013 12TH ST KANSAS CITY, MO	PERSONAL

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
6 LINCOLN STREET REALTY TRUST	RENTAL INCOME	CHINA ST NANTUCKET, MA 02564	RENTAL PROPERTY

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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
IRA ACCOUNT (stocks)	WORTHINGTON TRUST CO CHICAGO, IL

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
SUNTRUST MORTGAGE	PO Box 79041 COLUMBIA MO 65274

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
	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A

PART G — TRAINING

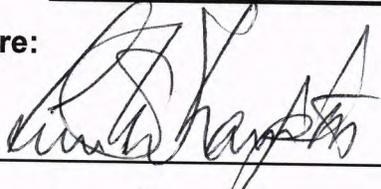
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

November 21, 2019

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, 2018.