

2010 CANDIDATE QUALIFYING CHECKLIST

Candidate's Name: CAROLYN W. JONES

Office: **Dania Beach City Commission**

Date Qualified: 1-6-10

Time: 10:00 AM

1. X Appointment of Campaign Treasurer and Designation of Campaign Depository (DS-DE 9)
2. X Statement of Candidate (DS-DE 84)
3. X Loyalty Oath for Non-Partisan Office/Oath of Candidate (DS-DE 25)
4. X Statement of Financial Interest (FORM 1)
5. X Receipt of Notice of Logic and Accuracy Tests
6. X Receipt of written notice of the provisions of Section 106.1435 - Usage and Removal of Political Campaign Advertisements
7. X Broward County Statement of Ethical Campaign Practices
8. X \$202.83 Election Assessment Fee (Check must be from Campaign account made payable to the City of Dania Beach)
9. R \$25.00 Filing Fee (Check must be from Campaign account made payable to the City of Dania Beach)
10. X Political Sign Bond Application (\$100.00 check must be from Campaign account made payable to the City of Dania Beach)

CANDIDATE INFORMATION PACKET CHECKLIST

This is to acknowledge receipt of the following:

- 2008 Candidate and Campaign Treasurer Handbook
- Chapters 99, 105 & 106 of the Election Laws of the State of Florida
- City Charter of the City of Dania Beach
- Dania Beach Code, Section 2-30, Individual Campaign Contribution Limits
- Political Sign Bond and Permit
- Section 28.220, Temporary Signs, City of Dania Beach Code
- Form DS-DE 9, Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates
- Form DS-DE 84, Statement of Candidate
- Form DS-DE 25, Loyalty Oath for Non-Partisan Office/Oath of Candidate
- Form DS-DE 12, Campaign Treasurer's Report Summary
- Form DS-DE 13, Campaign Treasurer's Report – Itemized Contributions
- Form DS-DE 14, Campaign Treasurer's Report – Itemized Expenditures
- Qualifying Dates of 9:00 a.m. Monday, January 4, 2010, through 12:00 p.m. Wednesday, January 6, 2010
- Primary Election Date of March 9, 2010
- Special Election Date of April 13, 2010
- Ninety (90) Day Termination Report Due Date of June 7, 2010 for candidates elected or defeated in the Primary Election; and July 12, 2010 for candidates elected or defeated in the Special Election

Signature: _____

Printed Name: _____

Date: _____

City Clerk Signature: _____

Louise Stilson, CMC

L

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

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

DEC 15 2009

BY: *M. [Signature]*
4:45 pm

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate
Cawlyn W. Jones

1. Address (include post office box or street, city, state, zip code)
1722 S.W. 3rd St, Dania Bch, FL

Telephone (optional)
(954) 920-0727

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

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

4. Name of Treasurer or Deputy Treasurer
Lottie Crooms

5. Mailing Address (If post office box or drawer add street address)
9 N.W. 6th Ave Dania Bch, Florida, 33004

6. Telephone *8323*
954-253-823

7. City
Dania Bch

8. County
Broward

9. State
Florida

10. Zip Code
33004

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank
Bank Atlantic

12. Street Address
372 E. Dania Bch Blvd

13. City
Dania Bch

14. County
Broward

15. State
Florida

16. Zip Code
33004

17. Signature of Candidate
X Cawlyn Jones

Date
12.15.09

Campaign Treasurer's Acceptance of Appointment

I, *Lottie Hampton Crooms*, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of *Cawlyn Jones*
 who is seeking nomination or election as a *Commissioner* candidate to the office of
 (Party)

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.

12.14.09
 Date

X Lottie Hampton Crooms
 Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED
DEC 15 2009
BY: *M. Hanes*
2:45 pm

CHECK APPROPRIATE BOX:

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer

Name of Candidate: *Carolyn Jones* 1. Address (include post office box or street, city, state, zip code): *722 SW 3rd St, Dania*

Telephone (optional): *(954) 990-0127* 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number):

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

4. Name of Treasurer or Deputy Treasurer: *Gloria Black*

5. Mailing Address (If post office box or drawer add street address): *802 N.W. 3rd St.* 6. Telephone: *954-920-7159*

7. City: *Dania Bch.* 8. County: *Broward* 9. State: *Florida* 10. Zip Code: *33004*

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: *Bank Atlantic* 12. Street Address: *372 E. Dania Bch. Blvd*

13. City: *Dania Bch.* 14. County: *Broward* 15. State: *Florida* 16. Zip Code: *33004*

17. Signature of Candidate: *X Carolyn Jones* Date: *12.15.09*

Campaign Treasurer's Acceptance of Appointment

Gloria Black, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of *Carolyn Jones*
who is seeking nomination or election as a *Commissioner* candidate to the office of
(Party)

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.

12-14-09
Date

X Gloria Black
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

OFFICE USE ONLY

RECEIVED
DEC 23 2009
28

I, Carolyn Jones,
candidate for the office of Commissioner;

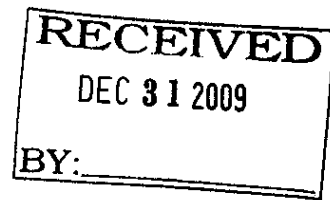
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Carolyn Jones
Signature of Candidate

12.23.09
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).

*Carolyn W. Jones
722 S.W. 3rd Street
Dania Beach, Florida
954-920-0727*



December 28, 2009

*To: The Board of Trustees of the City of Dania Beach
Police & Fire Fighters Retirement System.*

From: Carolyn W. Jones

To Whom It May Concern:

I, Carolyn W. Jones who is presently a member of the The Board of Trustees of the City of Dania Beach Police and Fire Fighters Retirement System, pin this resignation letter effective on election day.

Sincerely,

Carolyn W. Jones

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

BROWARD COUNTY

OFFICE USE ONLY

RECEIVED
JAN - 6 2010
BY: _____

I, Carolyn W. Jones
First Name Middle Name/Initial Last Name

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, Carolyn Jones
(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 City Commission, _____, _____
(office) (district) (group)

My legal residence is 722 S.W. 3rd Street, Dania Beach, FL 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.

X Carolyn W. Jones (1954) 920-0727 CJ2002@bellsouth.net
Signature of Candidate Daytime Telephone Number Email Address

722 Sw. 3rd Street Dania Beach Florida 33004
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 6 day of JANUARY, 2002010

Personally Known: or

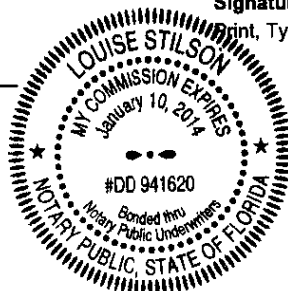
Produced Identification: _____

Type of Identification Produced: _____

Louise Stilson

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF

2008

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :

Jones Carolyn W

MAILING ADDRESS :

722 S.W. 3rd St.

Dania Beach 33004 Broward

CITY: ZIP: COUNTY:

Dania Fl
NAME OF AGENCY :

Dania Bch Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

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:

RECEIVED

JAN - 6 2010

BY: [Signature]

ID No.

Conf. Code

P. Req. Code

****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, 2009 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
Social Security	State of Florida - Tallahassee	Social Security Benefits
Retirement CK from FRS	State of Florida - Tallahassee	Retirement CK

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
A/c Jones Apartments	Dania Housing Authority	715 W. Dania Bch. Blvd	Public Housing

PART C - REAL PROPERTY [Land, buildings owned by the reporting person]

17 N.W. 6th Ave, Dania Bch, Fl (Duplex)
34 N.W. 7th Ave, Dania Bch, Fl (Duplex)

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
Stock	1st United Bank

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

Washington Mutual Home Loans	P.O. Box 78148, Phoenix, AZ - 85062-8148
Wells Fargo Home Mortgage	P.O. Box 650769 Dallas, TX - 75265-0769

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	N/A	N/A	N/A
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):

Carolyn W. Jones

DATE SIGNED (required):

1.6.2010

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.

NOTICE OF LOGIC AND ACCURACY TEST
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the March 9, 2010 Municipal Primary Election will take place at **10:00 a.m., Wednesday, March 3, 2010*** at the site listed below. Attendance at this test of the equipment is strictly optional and you are welcome to observe.

SUPERVISOR OF ELECTIONS
VOTING EQUIPMENT CENTER
1501 NW 40 AVENUE
LAUDERHILL, FL
(954) 712-1903

* Tentative date/time assuming that Early Voting is not offered.

ACKNOWLEDGEMENT OF RECEIPT

I, Carolyn Jones, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the March 9, 2010 Municipal Primary Election, pursuant to F.S. 101.5612.

Signature of Candidate: Carolyn Jones

Date: January 6, 2010

Municipal Clerk: Lorine Johnson

NOTICE OF LOGIC AND ACCURACY TEST
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the April 13, 2010 Municipal Special Election will take place at **10:00 a.m., Wednesday, March 31, 2010*** at the site listed below. Attendance at this test of the equipment is strictly optional and you are welcome to observe.

SUPERVISOR OF ELECTIONS
VOTING EQUIPMENT CENTER
1501 NW 40 AVENUE
LAUDERHILL, FL
(954) 712-1903

* Tentative date/time assuming that Early Voting is not offered.

ACKNOWLEDGEMENT OF RECEIPT

I, Carolyn Jones, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the April 13, 2010 Municipal Special Election, pursuant to F.S. 101.5612.

Signature of Candidate: Carolyn Jones

Date: January 6, 2010

Municipal Clerk: Lorrie Stilson

106.1435 Usage and removal of political campaign advertisements.--

(1) Each candidate, whether for a federal, state, county, or district office, shall make a good faith effort to remove all of his or her political campaign advertisements within 30 days after:

- (a) Withdrawal of his or her candidacy;
- (b) Having been eliminated as a candidate; or
- (c) Being elected to office.

However, a candidate is not expected to remove those political campaign advertisements which are in the form of signs used by an outdoor advertising business as provided in chapter 479. The provisions herein do not apply to political campaign advertisements placed on motor vehicles or to campaign messages designed to be worn by persons.

(2) If political campaign advertisements are not removed within the specified period, the political subdivision or governmental entity has the authority to remove such advertisements and may charge the candidate the actual cost for such removal. Funds collected for removing such advertisements shall be deposited to the general revenue of the political subdivision.

(3) Pursuant to chapter 479, no political campaign advertisements shall be erected, posted, painted, tacked, nailed, or otherwise displayed, placed, or located on or above any state or county road right-of-way.

(4) The officer before whom a candidate qualifies for office shall notify the candidate, in writing, of the provisions in this section.

(5) This provision does not preclude municipalities from imposing additional or more stringent requirements on the usage and removal of political campaign advertisements.

History.--s. 1, ch. 84-221; s. 20, ch. 84-302; s. 14, ch. 87-224; s. 647, ch. 95-147.

Candidate's Name: Carolyn Jones
Candidate's Signature: Carolyn Jones
Date Received: January 6, 2010
Qualifying Officer's Name: Louise Stilson, CMC, City Clerk
Qualifying Officer's Signature: Louise Stilson
Date: 1-6-10

Broward County Statement of Ethical Campaign Practices

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 6th of January, 2010.

WITNESSES:

BY CANDIDATE:

Carolyn Jones
Signature
Carolyn Jones
(Print Name)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 6TH day of JANUARY, 2010, by CAROLYN JONES who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESSED by my official seal, this 6TH day of JANUARY, 2010
(NOTARY PUBLIC)

Loise Stilson
(Name of officer taking acknowledgment)
typed, printed, or stamped

