STATE OF FLORIDA

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	RE	CEIVED y 4 2010
(PLEASE TYPE) CHECK APPROPRIATE BOX:	3 Y :∠	2,30 Dm
Original Appointment Dep	outy Treasurer	Reappointment of Treasurer
Name of Candidate		e box or street, city, state, zip code)
Bobbie H. Grace	110 NW & Aven DANIA BEACH,	_
Telephone (optional) 2. Party (Partisan candidates onl)	"' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	listrict, circuit, group number)
	/	muission.
1 have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer Lisca Duke	npaign Treasurer	Deputy Treasurer
5. Mailing Address (If post office box or drawer add street address	ss)	6. Telephone
7. City 8. County	9. State	954 599 6328
DANIA BEACH Broward	FL	33312
I have designated the following named bank as my	nary Depository Sec	ondary Depository
11. Name of Bank Valley Bank	12. Street Address 3309 Sheric	dan St.
13. City 14. County Hollywood Broward	15. State	16. Zip Code 33021
17. Signature of Candidate	2	Date 4 30 2010
Campaign Treasurer's A	Acceptance of Appoir	ntment
I, Lisa Duke (Please Print or Type)		, do hereby accept the appointment as
Campaign Treasurer Deputy Treasurer for the	campaign of Bobbi	e H. Grace
who is seeking nomination or election as a		candidate to the office of
City Commission.	(Party)	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I ACCEPTANCE OF APPOINTMENT AN	HAVE READ THE FOREGOID THAT THE FACTS STATE	NG CAMPAIGN TREASURER'S ED ARE TRUE.
4/30/2010 X	Lise	Deke
Date	Signature of Campaign Tre	easurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) **OFFICE USE ONLY**

MAY 1 3 2010

I, Bobbie H. Grace
candidate for the office of Dania Beach City Commission

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

Florida Statutes.

X Blybe M, Will be Signature of Candidate

04/30/2010

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).



NOTICE OF CANDIDACY FOR CITY COMMISSIONER

I, Bobble H. GraCE, residing at Dania Beach, Broward County, Florida, do hereby give recity commissioner of the City of Dania Beach, Florida, in held in said city on March 8, 2011.	notice of my candidacy for the office of
I do further state that I am a bona fide citizen of the Unit the City of Dania Beach; that I have resided in the Ci immediately preceding the date of the election to be held (21) years; that I have paid the qualifying fee for said of conditions precedent to such candidacy, pursuant to the pre-	ity of Dania Beach for six (6) months d; that I am over the age of twenty-one office, and that I have fully satisfied all
Signature of candidate	
State of Florida County of Broward	
Before me, the undersigned authority, this day personally who, upon being duly sworn, deposed and said: That he foregoing notice; that he/she is familiar with the contents therein stated are true; and that he/she did sign said notice	e/she is the candidate referred to in the of said notice, and the facts and matters
Personally Known or Produced Identification	
Type of Identification Produced	
Sworn to and subscribed before me this day of	of January, 2011.
THE STATE OF THE PARTY TO SEE STATE OF THE P	Notary Public State of Florida

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NONPARTISAN OFFICE

OFFICE USE ONLY

I, 1366ie	H ·	Grace	
First Name	Middle Name/Initial	Last Name	
a citizen of the State of Florida and o hereby solemnly swear or affirm that I	of the United States of America, will support the Constitution of the	and being [a candidate for public office] e United States and of the State of Florida.	do
Important: If elected, a candidate must re	etake the loyalty oath as specified in	s. 876.05, Florida Statutes, and that oath shall ency prior to the approval of payment of sale	ll be
expenses, or other compensation.	ncial or employing governmental ag	ency phorito the approval of payment of said	iary,
	OATH OF CANDIDAT (Section 99.021, Florida Statutes		
I, Bobbie H, (PLEASE PRINT NAME AS YOU WISH IT TO	Grace-		
am a candidate for the nonpartisan offi	coof City Coului	\$200	_
and a samulate for the nonpartisan only	(of	fice) (district #)	'
;1	am a qualified elector of	Broward County, Flor	rida;
I am qualified under the Constitution a elected; by executing this form, I ha qualified for no other public office in the office I seek; and I have resigned from Florida Statutes. X Signature of Candidate Address * Please print name phonetically on the with disabilities (see instructions on page 1).	Ind the Laws of Florida to hold the vertaken the oath required by the state, the term of which office of any office from which I am results from Number City Inc. A ACL City Inc. Below as you wish it to be proge 2 of this form):	ne office to which I desire to be nominated ss. 876.05-876.10, Florida Statutes; I has or any part thereof runs concurrent with quired to resign pursuant to Section 99.0	nave the 012,
STATE OF FLORIDA COUNTY OF ROWARD Sworn to (or affirmed) and subscribe Personally Known: or Produced Identification: Type of Identification Produced:	HINNING STATE SIGN	of JANUARY, 20 // . Source of Notary Public t, Type, or Stamp Commissioned Name of Notary Pu	ıblic

FORM 1	STATEMENT OI	र	2010
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS	
LAST NAME - FIRST NAME - MIDDLE NA	H :	FOR OFFICUSE ONLY:	
MAILING ADDRESS:	•		
DariA BEACH 3	3004 Broward		ID Code
CITY: ZI	P: COUNTY:		ID No.
NAME OF AGENCY :			Conf. Code
NAME OF OFFICE OR POSITION HELD OF			P. Req. Code
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OR	this form. Attach additional sheets, if necessary. NEW EMPLOYEE OR APPOINTEE		
DECEMBER 31, 2010 MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U instructions for further details). PLEASE STAT	OPTION OF USING REPORTING THRESHOLD SING COMPARATIVE THRESHOLDS, WHICH ARE BELOW WHETHER THIS STATEMENT REFLECTION.	DING TAX YEAR THAN THE C S THAT ARE A E USUALLY BA TS EITHER (mu DOLLAR VALUE	CALENDAR YEAR: ABSOLUTE DOLLAR VALUES, WHICH
(If you have nothing to report, you name of SOURCE	ou must write "none" or "n/a") SOURCE'S	1	DESCRIPTION OF THE SOURCE'S
Beysouth Social Security	ADDRESS		PRINCIPAL BUSINESS ACTIVITY
social Security	N/A		
(if you have nothing to report,			inesses owned by the reporting person]
	ME OF MAJOR SOURCES OF BUSINESS' INCOME OF SO OF S		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, building (If you have nothing to report, you	s owned by the reporting person] ou must write "none" or "n/a")		LING INSTRUCTIONS for

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.] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBL		ı			TO WHICH TH	E PROPERTY RELATES
THE OF MINIOSE	-		N	A		
			<u>, , , , , , , , , , , , , , , , , , , </u>			
PART E — LIABILITIES [Major deb (If you have nothing to	ts] report. vou	must write "ne	ne" or "	n/a")		
NAME OF CREDITO					DRESS OF CR	EDITOR
TAME OF OREDITE	<u> </u>		Λ)/A		
				- 		•
PART F — INTERESTS IN SPECIFIE (If you have nothing to re	D BUSINES: port, you m	SES [Ownersh nust write "non	e" or posite	l")		
	BU	ISINESS ENTIT	Y#1	BUSINESS E	NTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N	IA		NIA		NA
ADDRESS OF BUSINESS ENTITY		·-		,		
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
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): DATE SIGNED (required): - / - /						
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 February 8, 2011 Municipal Primary Election will take place at 10:00 a.m., Wednesday, February 2, 2011* 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, Bobbie H. Grace, Candidate for Dania Beach City
Commission, acknowledge receipt of the Notice of Logic and Accuracy
Test for the February 8, 2011 Municipal Primary Election, pursuant to
F.S. 101.5612.
Signature of Candidate: Busice H. MIG Co.
Date: 2/3///
Municipal Clerk: Army Stilson

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 8, 2011 Municipal Special Election will take place at 10:00 a.m., Wednesday, March 2, 2011* 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, Bubbe W. Grace, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy
Commission, acknowledge receipt of the Notice of Logic and Accuracy
Test for the March 8, 2011 Municipal Special Election, pursuant to F.S.
101.5612.
Signature of Candidate: Bolsee H. Mace
•
Municipal Clerk: Louis Stelson

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: Bobbie H. Grace
Candidate's Signature Bolbie H- Wace
Date Received:
Qualifying Officer's Name: Louise Stilson, CMC, City Clerk
Qualifying Officer's Signature: Army Stifson
1- 2- 11
Date: / S'//

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.

My commission expires:

- 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.
- 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

The transfer does of portract the does of campaign material that laist	nes, distorts, or misrepresents lacts.
Executed on this day 3 of JANUARY	, <u>2011</u> .
WITNESSES:	BY CANDIDATE: . 1306 Dec 46. HIUCE Signature,
	Bubbie H. Gruce (Print Name)
STATE OF FLORIDA)	
) SS.	
COUNTY OF BRUWARD)	_
The foregoing instrument was acknowledged before me this	3 day of JANUARY
2011, by BOBBIE H. GRACE	who is personally known to me or whom the whole the personally known to me or whom the whole the personal transfer the personal transfer to the personal transfer transfer to the personal transfer trans
as identificatio	n and who did/did not take an oath.
WITNESS my hand and official seal, this day of	TANUARY ,2011 . *
(NOTARY SEAL) Stul-son	LOUISE STIL \$5,00 941620
(Signature of person taking acknowledgment)	

r			
CITY	OF DANIA BE	EACH, FLORIDA	
PAVM	ENT RECEIPT		
T 1 X X 1 1 1	ENT RECEIL		
DATE	1/3/2011		
	2,0,2022		
REC	EIVED FROM:	REMIT PAYMENT TO):
Campai	gn Account of	City of Dania Beach	
	H. Grace	City Clerk's Office	
110 NW	8th Avenue	100 W. Dania Beach Bouley	ard
Dania B	each, FL 33004	Dania Beach, FL 33004	
CODE			
	001-0000-115.07.00		
	Election Assessmen	it Fee	\$203.82
	March 8, 2011 Elec	tion	
	Check #1028		
	Paid 1/3/2011		
-			
· · · · · · · · · · · · · · · · · · ·			
:			
	TOTAL		\$203.82
CLERI	K Louise S	Stilson	
	1204100		

CITY	OF DANIA BI	EACH, FLORIDA	
PAYM	IENT RECEIPT		
DATE	1/3/2011		
REC	EIVED FROM:	REMIT PAYMENT TO):
Campai	ign Account of	City of Dania Beach	
Bobbie :	H. Grace	City Clerk's Office	
110 NW	8th Avenue	100 W. Dania Beach Boulev	ard
	Beach, FL 33004	Dania Beach, FL 33004	
CODE			
MC	Qualifying Fee		\$25.00
	March 8, 2011 Elec	tion	
	Check #1029		
	Paid 1/3/2011		
		<u> </u>	
			-
	TOTAL		\$25.00
CLER	K Louise	Stilson	