

TOWN OF SOUTHWEST RANCHES
NOVEMBER 3, 2020
GENERAL INFORMATION SHEET

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JUN 08 2020
Town Clerk's Office

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE



Candidate's Name David KUCZENSKI

Mayor
District 3
District 4
(Circle One)

Residency Address: 6411 HOCATEE TRAIL

Have you resided at the above address for two (2) years or more? Yes No

Mailing Address Same
(If different from residency address)

Telephone: Home _____ Work _____ Cell 8.954.777.8706

E-Mail Address David for Southwest Ranches@gmail.com

Date of Birth Dec 9, 1963

Occupation Attorney

Spouse's Name _____

Campaign Treasurer Self Telephone -

Deputy Treasurer Self Telephone -

At time of qualifying, the following must be filed with the Town Clerk:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Form #
<u>DS-DE9</u> | Title of Form
Appointment of Campaign Treasurer and Designation of Depository
(if not already filed) |
| <input checked="" type="checkbox"/> <u>DS-DE84</u> | Statement of Candidate |
| <input checked="" type="checkbox"/> <u>DS-DE25</u> | Loyalty Oath and Oath of Candidate |
| <input checked="" type="checkbox"/> <u>CE Form 1</u> | Statement of Financial Interests (for incumbents, a copy of the 2019
Form 1 previously filed is acceptable - F.S. 99.061(7)(a)5.) |
| <input checked="" type="checkbox"/> <u>\$250/\$220</u>
Filing Fee | Check must be written from the campaign account made
payable to the Town of Southwest Ranches (the filing fee includes
the \$100 qualifying fee and the \$150/120 election assessment) |
| <input checked="" type="checkbox"/> | Acknowledgement of Notice of Logic and Accuracy Test |
| <input checked="" type="checkbox"/> | Notice of Candidacy |

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

**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

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OFFICE USE ONLY

Candidate Oath

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

I, David S. KUCZENSKI

(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 Council Member, District 4
(Office) (District #)

_____ ; I am a qualified elector of BROWARD 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 101935421

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.]

David KA - ZEN - SKI

[Signature] 954 777 8706 David for Southwest Ranches
Signature of Candidate Telephone Number Email Address swait.com
6411 HOLTEE TRAIL Southwest Ranches FL 33330
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF BROWARD

[Signature]
Signature of Notary Public

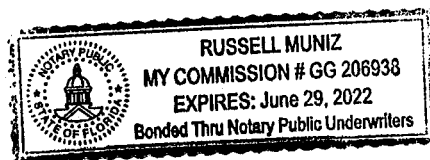
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or

online presence this 8th day of June, 2020

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KUCZENSKI, DAVID Scott

MAILING ADDRESS :

6411 HOLATEE TRAIL

Southwest Ranches 33330 Broward

CITY: ZIP: COUNTY:

NAME OF AGENCY :

Council Member, District 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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
Paul K. Schror PLLC	11098 Biscayne Blvd #208 miami 33461	Attorney
Self employment	11098 Biscayne Blvd #207 miami FL 33161	Attorney
David Kuczenski ESOPA		

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
N/A			

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

6411 Holatee Trail, Southwest Ranches 33330

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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	Fidelity Trusts

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Power Financial Credit Union	2020 NW 150th Ave, Pembroke Pines 33028
AES Student Loans	P.O. Box 2251, Harrisburg, PA 17106

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
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		

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:

June 8, 2020

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2019.

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**LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT**

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the November 3, 2020 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: October 9, 2020

TIME: 9:00 a.m.

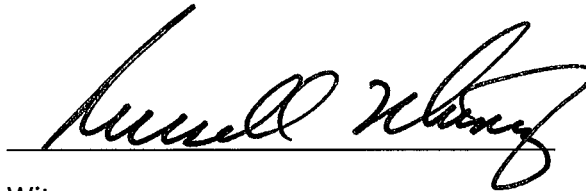
PLACE: Voting Equipment Center
1501 NW 40 Avenue
Lauderhill, Florida
(954) 712-1903

June 8, 2020

Date



Candidate



Witness

TOWN OF SOUTHWEST RANCHES
NOVEMBER 3, 2020
NOTICE OF CANDIDACY

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Candidate's Name David KUCZENSKI Date June 8, 2020
(name as it is to appear on ballot - please print)

Residency Address 6411 Holatee Trail, Southwest Ranches 33330

The undersigned is qualified to be a member of the Town Council of the Town of Southwest Ranches, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Southwest Ranches.
2. Have you resided at the above address two (2) years or more? Yes No
3. I shall not, as a Mayor/Council Member, hold any other elected public office.
4. I am otherwise qualified to be Mayor/Council Member in the Town of Southwest Ranches.
5. I have paid the \$250/220 filing fee to the Town Clerk (\$100 qualifying fee and \$150/\$120 election assessment) (check from campaign account made payable to the Town of Southwest Ranches)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.
8. By signing this form I acknowledge that I have received a complete copy of the 2020 Candidate Election Package from the Town of Southwest Ranches. I further acknowledge that I have read and understand the information contained herein is intended as a reference guide only. The Town Clerk's Office will provide assistance to candidates; however, it is not the responsibility of this Office to interpret Florida Statutes as prescribed by Florida Law. All information contained herein is current as of the date of publication, May 18, 2020.

Candidate for: Mayor / District 3 District 4 Circle One

Signature of Candidate

Print Name: DAVID S. KUCZENSKI

Address: 6411 Holatee Trail
Southwest Ranches, FL 33330

I hereby certify that this Notice of Candidacy form was filed with me on the 8th day of
June 2020.

Town Clerk or Qualifying Officer

RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE TOWN CLERK OR QUALIFYING OFFICER