

TOWN OF SOUTHWEST RANCHES  
NOVEMBER 3, 2020  
GENERAL INFORMATION SHEET

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JUN 08 2020

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

Town Clerk's Office

Candidate's Name Delsa Amundson

Mayor  
District 3   
District 4  
(Circle One)

Residency Address: 5110 SW 164 Terrace Southwest Ranches, FL 33331

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

Mailing Address N/A  
(If different from residency address)

Telephone: Home 954-434-6911 Work \_\_\_\_\_ Cell 954-815-6911

E-Mail Address delsa@bellsouth.net

Date of Birth 2/17/48

Occupation Realtor

Spouse's Name Leslie aka Les Amundson

Campaign Treasurer Juanita Romance Telephone 954-931-1969

Deputy Treasurer Delsa Amundson Telephone 954 815-6911

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Form #<br><u>DS-DE9</u>          | Title of Form<br>Appointment of Campaign Treasurer and Designation of Depository<br>(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<br>Form 1 previously filed is acceptable - F.S. 99.061(7)(a)5.)   |
| <input checked="" type="checkbox"/> <u>\$250/\$220</u><br>Filing Fee | Check must be written from the campaign account made<br>payable to the Town of Southwest Ranches (the filing fee includes<br>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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Town Clerk's Office

OFFICE USE ONLY

**Candidate Oath**

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

I, DELSA AMUNDSON

(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, 3,  
(Office) (District #)  
Benward County, Florida;  
(Circuit #) (Group or Seat #); I am a qualified elector of

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): 101243052

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.]

Del sa A mun son

Delisa Amundson (954) 815-6911 delsa@bellsouth.net  
Signature of Candidate Telephone Number Email Address

5110 SW 164 Terrace Southwest Ranches Florida 33331  
Address City State ZIP Code

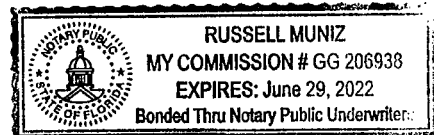
STATE OF FLORIDA  
COUNTY OF Benward

Russell Muniz  
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 28<sup>th</sup> day of May, 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 :  
**AMUNDSON DELSA WINSLOW**


MAILING ADDRESS :  
**5110 SW 164 TERRACE**

CITY : ZIP : COUNTY :  
**SOUTHWEST RANCHES 33331 BROWARD**

NAME OF AGENCY :  
**TOWN OF SOUTHWEST RANCHES**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**COUNCIL MEMBER DISTRICT 3**

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
New Castle Realty Inc	12181 Sheridan Street, Cooper City, FL 33026	REAL ESTATE

**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
PAY LES INC	Varies	5110 SW 164 Ter Southwest Ranches, FL 33331	Home Remodel

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

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

**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
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:

May 20, 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.

LOGIC AND ACCURACY TEST  
ACKNOWLEDGEMENT

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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

5/22/2020

Date

[Handwritten Signature]

Candidate

[Handwritten Signature]

Witness

TOWN OF SOUTHWEST RANCHES  
NOVEMBER 3, 2020  
NOTICE OF CANDIDACY



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Town Clerk's Office

Candidate's Name Delsa Amundson Date 5-20-2020

(name as it is to appear on ballot - please print)

Residency Address 5110 SW 164 Terrace Southwest Ranches, FL 33331

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: Delsa Amundson

Print Name: Delsa Amundson

Address: 5110 SW 164 Ter  
Southwest Ranches, FL 33331

I hereby certify that this Notice of Candidacy form was filed with me on the 20 day of  
June 2020.

[Signature]  
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



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**STATEMENT OF ETHICAL CAMPAIGN PRACTICES  
(Broward County Ordinance 2000-06)**

Town Clerk's 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 22 of May, 2020

WITNESSES:

Gil Winslow

Gil Winslow

Gil Winslow

BY CANDIDATE:

Delisa Amundson

Delisa Amundson

(Print name)

STATE OF FLORIDA )  
 ) SS.  
COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this 22 day of

May, 2020, by DELISA AMUNDSON, who is

personally known to me or who has produced \_\_\_\_\_ as  
identification and who did not take an oath.

Witness my hand and official seal, this 22 day of May, 2020

Gloria J. Murphy  
Signature of person taking acknowledgment  
[Public Notary, State of Florida]

GLORIA J MURPHY  
Name of person taking acknowledgment  
(typed, printed, or stamped)



GLORIA J. MURPHY  
Commission # GG 192433  
Expires May 14, 2022  
Bonded Thru Budget Notary Services