

TOWN OF SOUTHWEST RANCHES
NOVEMBER 3, 2020
GENERAL INFORMATION SHEET

RECEIVED
JUN 09 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 Dee Schroeder

Mayor
District 3
District 4
(Circle One)

Residency Address: 5501 Thoroughbred Ln.

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 305-986-8007

E-Mail Address sdee1952@aol.com

Date of Birth 11-24-52

Occupation Vice Mayor of Town of Southwest Ranches

Spouse's Name Arthur Schroeder

Campaign Treasurer Leslie Kastner Telephone 754-224-0877

Deputy Treasurer Dee Schroeder Telephone 305-986-8007

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, Denise "Dee" Schroeder

(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, 4
(Office) (District #)

 , ; I am a qualified elector of 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): 101532650

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.]

Dee - Neese "Dee" Schroeder

Denise "Dee" Schroeder 305-986-8007 sdlee1952@ad.com
Signature of Candidate Telephone Number Email Address

5501 Thoroughbred Ln. Southwest Rmd FL 33330
Address City State ZIP Code

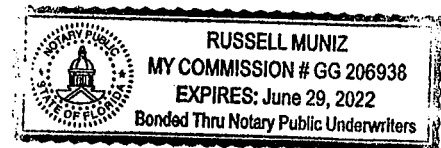
STATE OF FLORIDA
COUNTY OF Broward

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 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:

Schroeder Denise Dee

MAILING ADDRESS:

5501 Thoroughbred Ln. Southwest Ranches 33330 Broward.

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Council member Dist 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK ONLY IF [X] 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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: US Treasury, Social Security, Retired.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: NA.

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

Table with 1 column: REAL PROPERTY. Row 1: NA.

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
	N/A

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
US Small business Admin.	

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		

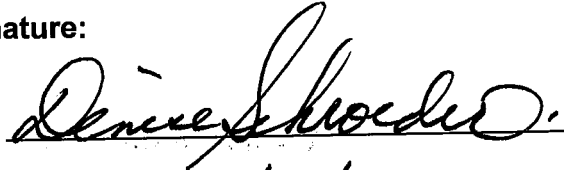
PART G — TRAINING

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: 6/8/2020

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.

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.

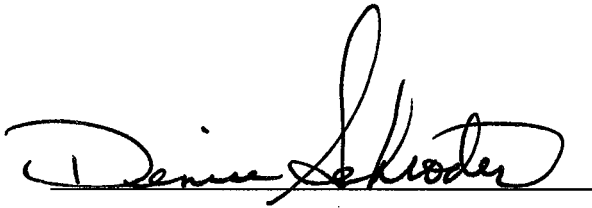
DATE: October 9, 2020

TIME: 9:00 a.m.

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

6-8-2020

Date



Candidate



Witness

TOWN OF SOUTHWEST RANCHES
NOVEMBER 3, 2020
NOTICE OF CANDIDACY



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Candidate's Name Dee Schroeder Date 6-8-2020
(name as it is to appear on ballot - please print)

Residency Address 5501 Thoroughbred Ln.

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: Denise Schroeder

Print Name: DENISE Schroeder

Address: 5501 Thoroughbred Ln.
Southwest Ranches FL
33370

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

Russell [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

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

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 9 of June, 2016²¹.

WITNESSES:

[Signature]
[Signature]

BY CANDIDATE:

[Signature]
Denise Schroeder
(Print name)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 9th day of June, 2016²⁰, by Denise Schroeder, who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Witness my hand and official seal, this 9th day of June, 2016²⁰.

[Signature]
Signature of person taking acknowledgment
[Public Notary, State of Florida]
Russell Muniz
Name of person taking acknowledgment
(typed, printed, or stamped)

