

2016 CANDIDATE QUALIFYING CHECKLIST

Candidate's Name: Albert C. Jones

Office: Dania Beach City Commission

Date Qualified: 6-20-16 Time: 1:15 PM

1. Appointment of Campaign Treasurer and Designation of Campaign Depository (DS-DE 9)
2. Statement of Candidate (DS-DE 84)
3. Candidate Oath - Non-Partisan Office/Oath of Candidate (DS-DE 25)
4. Notice of Candidacy for City Commission
5. Voter's Registration Documentation (at least 1 year preceding date of election)
6. Statement of Financial Interest (FORM 1-2015)
7. Broward County Statement of Ethical Campaign Practices
8. Receipt of written notice of the provisions of Section 106.1435 - Usage and Removal of Political Campaign Advertisements
9. Receipt of Notice of Logic and Accuracy Test
10. \$224.98 Election Assessment Fee (Check must be from Campaign account made payable to the City of Dania Beach)
11. \$100.00 Filing Fee (Check must be from Campaign account made payable to the City of Dania Beach)
12. Political Sign Bond Application (\$100.00 check must be from Campaign account made payable to the City of Dania Beach)

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
DEC -9 2015
BY: *AS*

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Albert L. Jones

3. Address (include post office box or street, city, state, zip code)

*P.O. Box 1242
Dania Beach, FL 33004*

4. Telephone

(954) 240-9340

5. E-mail address

korin@bbt.com

6. Office sought (include district, circuit, group number)

City Commission

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank *BB&T*

20. Address *372 East Dania Beach Blvd.*

21. City

Dania Beach

22. County

Broward

23. State

Florida

24. Zip Code

33004

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

12/9/15

26. Signature of Candidate

X *Albert Jones*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

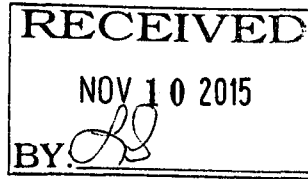
X

Date

Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Albert C. Jones

3. Address (include post office box or street, city, state, zip code)

722 SW 3rd St.
Dania Bch. FL 33004

4. Telephone

(954) 240 9340

5. E-mail address

Komish722@gmail.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

Name of Treasurer or Deputy Treasurer

Ruth White

11. Mailing Address

PD Box 1278

12. Telephone

(954) 429 6576

13. City

Dania Bch

14. County

Broward

15. State

FL

16. Zip Code

33004

17. E-mail address

Ruthwhite1942@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Stonegate Bank

20. Address 1991 Sterling Rd

21. City

Dania Bch

22. County

Broward

23. State

FL

24. Zip Code

33004

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11.10.15

26. Signature of Candidate

X *[Signature]*

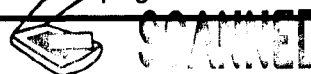
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Ruth White, do hereby accept the appointment
(Please Print or Type Name)

igned above as: Campaign Treasurer Deputy Treasurer.

November 10, 2015
Date

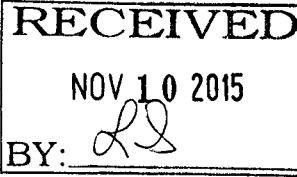
X Ruth White
Signature of Campaign Treasurer or Deputy Treasurer



APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Albert C. Jones

3. Address (include post office box or street, city, state, zip code)

722 SW 3rd St.
Dania Bch. FL 33004

4. Telephone

()

5. E-mail address

6. Office sought (include district, circuit, group number)

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Albert C. Jones

11. Mailing Address

722 SW 3rd St.

12. Telephone

(954) 240-9340

13. City

Dania Bch.

14. County

Broward

15. State

FL

16. Zip Code

33004

17. E-mail address

Romish722@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11.10.15

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Albert C. Jones, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11.10.15
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

NOV 10 2015

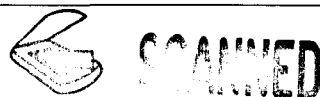
BY: *RS*

I, Albert C. Jones,
candidate for the office of Dania Beh. City Commission,
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X *Albert C. Jones*
Signature of Candidate

11.10.15
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).



**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Albert C. Jones

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of City Commission, _____,
(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.

X Albert C. Jones 954 240-9340 kamish722@gmail.com
Signature of Candidate Telephone Number Email Address

722 SW 3rd St. Dania Beach FL 33004
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 00506781

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

ALBERT C. JONZ

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 20 day of JUNE, 2016.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____



Louise Stilson

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



NOTICE OF CANDIDACY FOR CITY COMMISSIONER

I, Albert C. Jones, residing at 722 SW 30th St, Dania Beach

Dania Beach, Broward County, Florida, by this document give notice of my candidacy for the office of city commissioner of the City of Dania Beach, Florida, in the election to be held in the city on November 8, 2016.

I do further state that I am a bona fide citizen of the United States of America, and a resident of the City of Dania Beach; and that I have resided in and have been a registered voter in the City of Dania Beach, for one (1) year immediately preceding the date of the election to be held; that I am over the age of twenty-one (21) years; that I have paid the qualifying fee for the office, and that I have fully satisfied all conditions precedent to such candidacy, pursuant to the provisions of the charter of the city.

Signature of candidate

State of Florida
County of Broward

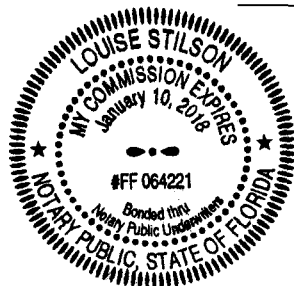
Before me, the undersigned authority, this day personally appeared ALBERT C. JONES (name of candidate)

who, upon being duly sworn, deposed and said: That he or she is the candidate referred to in the foregoing notice; that he or she is familiar with the contents of the notice, and the facts and matters stated in it are true; and that he or she did sign the notice for the purpose specified in it.

Personally Known [X] or Produced Identification

Type of Identification Produced

Sworn to and subscribed before me on JUNE 20, 2016.



Signature of Notary Public, Louise Stilson, Notary Public, State of Florida

YOUR POLLING LOCATION IS: DANIA LIONS CLUB
279 SW 5 ST
DANIA FL 33004

YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE
IN EACH DISTRICT LISTED BELOW:

US CONGRESS	STATE SENATE	STATE HOUSE	COUNTY COMMISSION
20	31	100	7
SCHOOL BOARD		CITY/MUNICIPALITY	
1		DANIA BEACH	

REGISTRATION NUMBER ► 00508781

NOTIFY THE ELECTIONS OFFICE OF ANY INCORRECT INFORMATION
BY COMPLETING A "CHANGE OF INFORMATION" CARD



VOTER IDENTIFICATION CARD
BROWARD COUNTY, FLORIDA

REGISTRATION # 00508781
PRECINCT# 2S-1
PARTY REP M B
SEX M
RACE B
ISSUE DATE 08/12/2002

BIRTH DATE 05/20/1946
REGISTRATION DATE 07/28/1972

RESIDENCE ADDRESS:

ALBERT C JONES
722 SW 3RD ST
DANIA BEACH FL 33004

Signature of Voter

X

MIRIAM M. OLIPHANT • BROWARD COUNTY SUPERVISOR OF ELECTIONS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

JONES, Albert C

MAILING ADDRESS :

722 SW 3rd St.

Dania Beach 33004 Broward

CITY : ZIP : COUNTY :

City of Dania Beach

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

**** **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 (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
Dania Beh, City	100 W. Dania Beh. Blvd	Employed
Fl. Retirement System		Florida Retirement
Soc. Security System		Social Security System

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
Dania Beh. Housing Authority	H.A.P. Check	Dania Beh. Blvd	Affordable Housing
Fort Laud. Housing Authority	Rental Check	500 W. Sunrise Blvd Ft. Laud.	Affordable Housing

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

722 SW 3rd St -
19 NW 6th Ave
3A NW 7th Ave

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
Stock	Valley National Bank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Bank	Fort Lauderdale
Valley Bank	Fort Lauderdale

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
		NONE
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	''	''

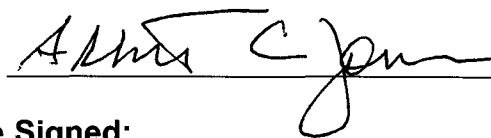
PART G — TRAINING
 For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

6/20/16

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:

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).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2015.

**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 20 day of JUNE, 2016.

WITNESSES:

Carolyn W. Jones
Carolyn W. Jones

BY CANDIDATE:

Albert C. Jones
Signature
Albert C. Jones
(Print Name)

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 20 day of JUNE, 2016, by ALBERT C. JONES 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 20 day of JUNE, 2016.



Louise Stilson
Signature of person taking acknowledgement

LOUISE STILSON
(Print name of person taking acknowledgement)

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: Albert C. Jones

Candidate's Signature: Albert C Jones

Date Received: 6/20/16

Qualifying Officer's Name: Louise Stilson, CMC, City Clerk

Qualifying Officer's Signature: Louise Stilson

Date: JUNE 20, 2016

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 2016 Primary and General Elections will take place as listed below. Attendance at this test of the equipment is strictly optional. You are welcome to observe.

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

For Primary Election	Wednesday, August 10, 2016	10:00 a.m.
For General Election	Wednesday, October 19, 2016	10:00 a.m.

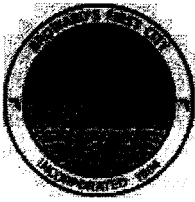
ACKNOWLEDGEMENT OF RECEIPT

I, Albert C. Jones, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the 2016 Primary and General Elections, pursuant to F.S. 101.5612.

Signature of Candidate: Albert C. Jones

Date: 6/20/16

Municipal Clerk: Ronnie Stalson



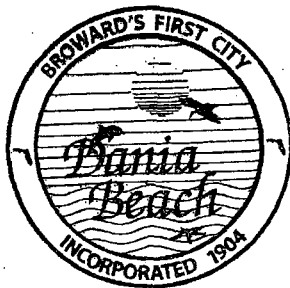
**CITY OF DANIA BEACH
POLITICAL SIGN
BOND AND PERMIT**

TO WHOM IT MAY CONCERN:

The bearer of this permit will be allowed to erect political signs in the City of Dania Beach upon payment of a \$100.00 bond, said bond being refundable upon removal of said signs within 7 days after election for which candidate seeks office.

Acceptance of bond by City shall constitute an agreement between City and candidate providing that City may use all or part of said bond to cover removal of said signs if they are not removed within 7 days after the election.

Candidate Name: Albert C. Jones
Campaign Headquarter Address: 722 SW 3rd St
Dania Beach 33004
Person Applying For Permit: Albert C. Jones
Telephone Number: 954 240 9340
E-mail Address: Komish722@gmail.com
Date of Election: November 8th 2016
Type of Election: City County State Federal
Permit Date: JUNE 20, 2016
Amount of Bond: \$100.00



Authorized Signature:

Louise Stilson
Louise Stilson, CMC, City Clerk

cc: Eric Walton, Code Enforcement Manager

