



2018 CANDIDATE QUALIFYING CHECKLIST

Candidate's Name: Richard Aube

Office: **Dania Beach City Commission**

Date Qualified: June 21, 2018 Time: 4:00 p.m.

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 302NP)
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 1-2017)
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. \$231.76 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

JAN - 8 2013

BY: *RS*

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)

Richard Laurence Aube

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

675 SE 2nd Ave.

Dania Beach, FL 33004

4. Telephone

(954) 922-9411

5. E-mail address

RAube@ForLifeRealty.com

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

Dania Beach 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

Richard Laurence Aube

11. Mailing Address

675 SE 2 Ave

12. Telephone

(954) 922-9411

13. City

Dania Beach

14. County

Broward

15. State

FL

16. Zip Code

33004

17. E-mail address

RAube@ForLifeRealty.com

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

19. Name of Bank

Regions Bank

20. Address *499 Sheridan St.*

21. City

Dania Beach

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

1 - 8 - 18

26. Signature of Candidate

Richard L. Aube

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

I, *Richard L. Aube*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1 - 8 - 18

Date

Richard L. Aube
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)

RECEIVED

JAN 23 2018

BY: *LS*

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)

Richard Lawrence Aube

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

675 SE 2nd Ave

Dania Beach FL 33004

4. Telephone

(954) 922-9411

5. E-mail address

RAube@ForLifeRealty.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

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

Wells Fargo Bank

20. Address

1600 Sheridan St.

21. City

Hollywood

22. County

USA

23. State

FL

24. Zip Code

33020

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

1 - 23 - 18

26. Signature of Candidate

X *Richard Aube*

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.

RECEIVED
FEB 12 2018
BY: JLS

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)

Richard Laurence Aube

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

675 SE 2nd Ave.
Daniz Beach FL 33004

4. Telephone

(954) 922-9411

5. E-mail address

raube@forliferealty.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

10. Name of Treasurer or Deputy Treasurer

Richard Laurence Aube

11. Mailing Address

675 SE 2nd Ave.

12. Telephone

(954) 922 9411

13. City

Daniz Beach

14. County

Broward

15. State

FL

16. Zip Code

33004

17. E-mail address

raube@forliferealty.com

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

19. Name of Bank

Wells Fargo

20. Address

1800 Sheridan St.

21. City

Hollywood
~~Daniz Beach~~

22. County

Broward

23. State

FL

24. Zip Code

33020

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

2-12-18

26. Signature of Candidate

X Richard Laurence Aube

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

I, Richard Laurence Aube, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-12-18

Date

X Richard Laurence Aube

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)

RECEIVED

FEB 12 2018

ALS

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)

Richard Laurence Aube

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

675 SE 2nd Ave
Dania Beach, FL 33004

4. Telephone

(954) 9229411

5. E-mail address

raube@forliferealty.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 Independant _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Timothy Collins

11. Mailing Address

2415 Washington St

12. Telephone

(954) 2438463

13. City

Hollywood

14. County

Broward

15. State

FL

16. Zip Code

33020

17. E-mail address

tim.collins1970@gmail.com

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

19. Name of Bank

Wells Fargo

20. Address

1800 Sheridan Street

21. City

Hollywood

22. County

Broward

23. State

FL

24. Zip Code

33020

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

2-12-2018

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

2-12-2018

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

JAN - 8 2018

BY: *ll*

I, Richard L. Aube,
candidate for the office of City of Davis Beach Commission

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X *Richard L. Aube*
Signature of Candidate

1-8-18
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**

(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

OFFICE USE ONLY

Candidate Oath

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

I, Rich Aube

(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 City of Dania Beach Commission
(Office) (District #)

, I am a qualified elector of County, 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): 101639377

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.]
RICH AH-B

X Rich Aube (954) 922-9411 TeamAubeDBCaptain@gmail.com
Signature of Candidate Telephone Number Email Address

675 SE 2nd Ave., Dania Beach, FL 33004
Address City State ZIP Code

STATE OF FLORIDA

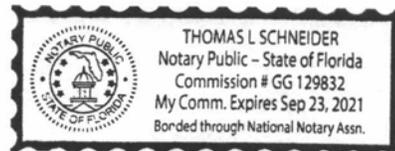
COUNTY OF Broward

Thomas L. Schneider
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 21
day of June, 2018.

Personally Known: or Produced Identification:

Type of Identification Produced: _____





**NOTICE OF CANDIDACY FOR
CITY COMMISSIONER**

I, Rich Aube, residing at 675 SE 2nd Ave.
(name of candidate) (resident address of candidate)

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 6, 2018.

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.

Rich Aube
Signature of candidate

State of Florida
County of Broward

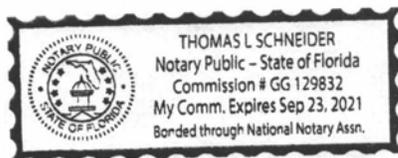
Before me, the undersigned authority, this day personally appeared Rich Aube
(name of candidate)

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 or Produced Identification _____

Type of Identification Produced _____

Sworn to and subscribed before me on June 21, 2018.



Thomas L. Schneider
Notary Public
State of Florida



DR. BRENDA C. SNIPES
 SUPERVISOR OF ELECTIONS
 PO Box 029001
 Fort Lauderdale, FL 33302-9001



PRESORTED
 FIRST-CLASS MAIL
 US POSTAGE PAID
 PERMIT # 820
 FT. LAUDERDALE, FL

Forwarding Service Requested

**IMPORTANT VOTER INFORMATION ENCLOSED
 PLEASE OPEN IMMEDIATELY**

**SE ADJUNTA INFORMACIÓN ELECTORAL
 IMPORTANTE. SÍRVASE ABRIR INMEDIATAMENTE**

101639377



T4 P1*****AUTO**3-DIGIT 330
 Richard L Aube
 675 SE 2nd Ave
 Dania Beach FL 33004-4117

**OFFICIAL
 Replacement Voter Card**

Thank you for registering to vote!

Below is your new Voter Information Card. Review all information. If any corrections are needed, fill out the reverse side of the card and mail to the address above. If everything is correct, punch out the card, fold in half and keep in a safe place. BE SURE TO DESTROY ANY OLD VOTER INFORMATION CARDS YOU MAY HAVE.

¡Gracias por inscribirse para votar!

A continuación, hallará su nueva tarjeta de información del elector. Exáminela y compruebe que todos los datos estén correctos. Si necesita corregir algo, rellene el reverso de la tarjeta y envíela a la dirección que encontrará arriba. Si todo está bien, despegue la tarjeta, dóblela en dos y guárdela bien. DESTRUYA TODAS LAS TARJETAS VIEJAS DE INFORMACIÓN DEL ELECTOR QUE USTED TENGA.

Do you want to be a pollworker?

Please call the Elections Office at 954-459-9911

¿Quiere hacerse trabajador electoral?

Sírvase llamar a la Oficina de Elecciones por el 954-459-9911

**Helpful Phone Numbers:
 Números telefónicos útiles:**

- Main Office Oficina principal 954-357-7050
- Branch Offices Sucursales:
- Deerfield Beach 954-831-1225
- Hollywood 954-831-0443
- Lauderhill-(9:00 a.m.-5:30 p.m.) 954-327-3887
- Plantation 954-831-2370

Office Hours: 8:30 a.m. – 5:00 p.m. Monday - Friday
 Horario hábil: 8:30 a.m. a 5 p.m. de lunes a viernes

Visit us on the web at: www.browardsoe.org
 Visitenos en la web en: www.browardsoe.org

To request changes to your information card or for other written inquires mail to:
 Para solicitar cambios a su tarjeta de información u otras averiguaciones por escrito, dirijase a:

Dr. Brenda C. Snipes, Broward County Supervisor of Elections
 PO Box 029001, Ft. Lauderdale, FL 33302-9001

▼ REMOVE THE VOTER INFORMATION CARD BELOW ▼
 ▼ SAQUE LA TARJETA DE INFORMACIÓN DEL ELECTOR A CONTINUACIÓN ▼

Card punches out
 La tarjeta se puede desprender

Card punches out
 La tarjeta se puede desprender

YOUR PRECINCT NUMBER <i>El Número De Su Recinto Electoral</i> ▶ S006 YOUR POLLING LOCATION <i>Su Centro Devoción</i> Frost Park, City of Dania Beach 300 NE 2nd St, Dania Beach, Fl. 33004 <small>YOU ARE ELIGIBLE TO VOTE FOR A REPRESENTATIVE IN EACH DISTRICT LISTED USTED TIENE EL DERECHO DE VOTAR POR UN REPRESENTANTE DE CADA DISTRITO ENUMERADO</small>			VOTER INFORMATION CARD, BROWARD COUNTY, FL TARJETA DE INFORMACIÓN DEL ELECTOR, CONDADO DE BROWARD, FL		
US CONGRESS <i>Congreso de los EUA</i> 20	STATE SENATE <i>Senado Estatal</i> 31	STATE HOUSE <i>Cámara Estatal</i> 100	REGISTRATION NUMBER <i>Número de Inscripción</i> 101639377	REGISTRATION DATE <i>Fecha de Inscripción</i> Oct/20/1992	PRECINCT <i>Ricinto Electoral</i> S006
COUNTY COMMISSION <i>Comisión del Condado</i> 7	SCHOOL BOARD <i>Junta Escolar</i> 1	MUNICIPALITY <i>Municipio</i> Dania Beach	Richard L Aube 675 SE 2nd AVE Dania Beach FL 33004-0000 Jan/30/1972 Npa Date Issued: Apr/07/2008 Replacement Voter Card		
REGISTRATION NO. ▶ 101639377 ◀ NO. DE INSCRIPCIÓN			<i>Brenda C. Snipes</i> Dr. Brenda C. Snipes, Supervisor of Elections		

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : AUBE RICHARD LAURENCE

MAILING ADDRESS : 675 SE 2ND AVE

CITY : DANIA BEACH ZIP : 33004 COUNTY : BROWARD

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT : CITY COMMISSION

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF [X] 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):

[X] DECEMBER 31, 2017 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 [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: FOR LIFE REALTY INC. II, 324 Indiana ST HOLLYWOOD FL 33019, REAL ESTATE SALES

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: CORAL HOUSE LLC, HOTEL RENT, 324 Indiana ST HOLLYWOOD FL 33019, HOTEL MANAGEMENT

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

CORAL HOUSE 324 Indiana ST HOLLYWOOD FL 33019 675 SE 2ND AVE DANIA BEACH FL 33004

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
	NONE

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
OCWEN LOAN SERVICING LLC	PO BOX 24738 WEST PALM BEACH FL 33416
CENTENNIAL BANK	PO BOX 966 CONWAY AR 72033

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
		FOR LIFE REALTY II Inc.
ADDRESS OF BUSINESS ENTITY	324 Indiana St Hollywood FL 33019	324 Indiana St Hollywood FL 33019
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE BROKER	HOTEL MANAGEMENT
POSITION HELD WITH ENTITY	REALTOR / BROKER	OWNER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	50%
NATURE OF MY OWNERSHIP INTEREST	OWNER	OWNER

PART G — TRAINING

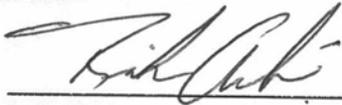
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

6/21/18

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 112.3142, 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) and send it to CEForm1@leg.state.fl.us. 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, 2017.

**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 21 day of June, 2018.

WITNESSES:

Kenneth G. Aube

Kenneth G. Aube

BY CANDIDATE:

Rich Aube
Signature

Rich Aube
(Print Name)

STATE OF FLORIDA)
COUNTY OF BROWARD)

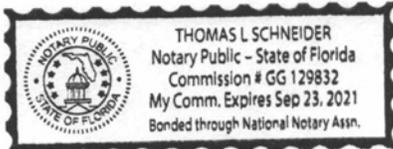
The foregoing instrument was acknowledged before me this 21 day of June, 2018, by Rich Aube who is personally known to me or who has produced _____ as identification and who did not take an oath.

Witness my hand and official seal, this 21 day of June, 2018.

(NOTARY SEAL)

Thomas L. Schneider
Signature of person taking acknowledgement

THOMAS L. SCHNEIDER
(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: Rich Aube

Candidate's Signature: *Rich Aube*

Date Received: 6/21/18

Qualifying Officer's Name: Thomas L. Schneider, CMC, City Clerk

Qualifying Officer's Signature: *Thomas L. Schneider*

Date: 6-21-18

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 2018 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

August Primary Election Test	August 8, 2018	10:00 a.m.
November General Election Test	October 17, 2018	10:00 a.m.

ACKNOWLEDGEMENT OF RECEIPT

I, Rich Aube, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the 2018 Primary and General Elections, pursuant to F.S. 101.5612.

Signature of Candidate: 

Date: 6/21/18

Municipal Clerk: Thomas Schneider



**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: Rich Aube
Campaign Headquarter Address: 675 SE 2nd Ave
Dania Beach FL 33004
Person Applying For Permit: Rich Aube
Telephone Number: 954-922-9411
E-mail Address: TeamAubeDBcaptain@gmail.com
Date of Election: Nov. 6, 2018
Type of Election: City County State Federal
Permit Date: 6/21/18
Amount of Bond: \$100.00

Authorized Signature:

Thomas Schneider
Thomas Schneider, CMC, City Clerk

cc: Eric Walton, Code Enforcement Manager

