



2020 CANDIDATE QUALIFYING CHECKLIST

Candidate's Name: Bobbie H. Grace

Office: **Dania Beach City Commission**

Date Qualified: 6-10-20 Time: 10:20 a.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 1-2019)
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. \$331.82 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)

RECEIVED
JUL 18 2019
BY: JLS

**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)
Bobbie H Grace

3. Address (include post office box or street, city, state, zip code)
110 NW 8th Ave Dania Beach
FL 33004

4. Telephone
(954) 396-0941

5. E-mail address

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

11. Mailing Address
2411 Lake Miramar Way

12. Telephone
(954) 612-1451

13. City
Miramar

14. County
Broward

15. State
FL

16. Zip Code
33025

17. E-mail address
Captskyblack16@gmail.com

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

19. Name of Bank
BB+T

20. Address
372 E Dania Beach Blvd

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
7-18-19

26. Signature of Candidate
X Bobbie H Grace

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, LARRY J BLACK, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
7/18/19 Date X Larry J Black 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 JUL 18 2019 BY: JLS

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)

Bobbie H Grace

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

110 NW 8th Ave Davi A Beach, FL 33004

4. Telephone

(954) 396-0941

5. E-mail address

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

city 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

Bobbie H Grace

11. Mailing Address

110 NW 8th Ave Davi A Beach 33004

12. Telephone

(954) 396-0941

13. City

Davi A Beach

14. County

Broward

15. State

FL

16. Zip Code

33004

17. E-mail address

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

7-18-19

26. Signature of Candidate

X Bobbie H Grace

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

I, BOBBIE H GRACE, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

7-18-19

Date

X Bobbie H Grace Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
JUL 18 2019
BY: ALS

I, BOBBIE H GRACE,

candidate for the office of CITY COMMISSIONER;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

x Bobbie H Grace

Signature of Candidate

7-18-19

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, Bobbie H. Grace

(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 Dania Beach city commission, _____
(Office) (District #)

_____, _____; I am a qualified elector of Broward County 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): 00831625

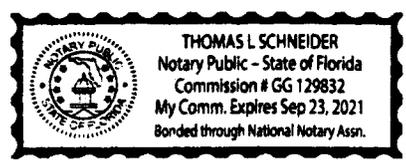
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]
BAW-bee H GRACE

X Bobbie H Grace 1950 396-0941
Signature of Candidate Telephone Number Email Address
110 NW 8th Ave Dania Beach Fla 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 by physical or
 online presence this 10 day of June, 2020
Personally Known: K or Produced Identification: _____
Type of Identification Produced: _____





**NOTICE OF CANDIDACY FOR
CITY COMMISSIONER**

I, Bobbie H. Grace, residing at 110NW 8th 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 3, 2020.

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.

Bobbie H. Grace
Signature of candidate

State of Florida
County of Broward

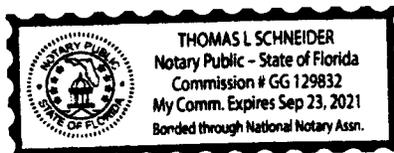
Before me, the undersigned authority, this day personally appeared Bobbie H. Grace
(name of candidate)

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 10, 2020.



Thomas L. Schneider
Notary Public
State of Florida



**VOTER IDENTIFICATION CARD
BROWARD COUNTY, FLORIDA**

REGISTRATION # **00031625** PRECINCT# **4S-1** PARTY SEX RACE **DEM F B**

BIRTH DATE **08/11/1948** REGISTRATION DATE **07/19/1976** ISSUE DATE **08/12/2002**

RESIDENCE ADDRESS:
**ROBBIE H. GRACE
110 NW 6TH AVE
DANIA BEACH FL 33004**

Signature of Voter
x Robbie H. Grace

MIRIAM M. OLIPHANT • BROWARD COUNTY SUPERVISOR OF ELECTIONS

YOUR POLLING LOCATION IS **FISHING HALL OF FAME
AND MUSEUM
370 GULF STREAM WAY
DANIA BEACH FL 33004**

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

US CONGRESS	STATE SENATE	STATE HOUSE	COUNTY COMMISSION
22	31	100	7
SCHOOL BOARD	CITY/MUNICIPALITY		
1	DANIA BEACH		

REGISTRATION NUMBER ▶ 00831625

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

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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

Grace Bobbie H

MAILING ADDRESS :

110 NW 8th Ave

Dania Beach 33004 Broward

CITY: ZIP: COUNTY:

NAME OF AGENCY :

City of Dania Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Commissioner

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** 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
SS: Retired BellSouth		Social Security Retirement

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
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")

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
NA	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	NA	
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:

Robbie H Grace

Date Signed:

6-10-20

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.

**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 10 day of June, 2020.

WITNESSES:

Larry J Black

LARRY J BLACK

BY CANDIDATE:

Bobbie H Grace

Signature

Bobbie H Grace

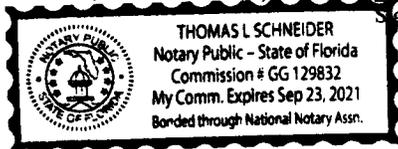
(Print Name)

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 10 day of June, 2020, by Bobbie H. Grace 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 10 day of June, 2020.

(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: Bobbie H Grace

Candidate's Signature: Bobbie H Grace

Date Received: 6-10-20

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

Qualifying Officer's Signature: Thomas L. Schneider

Date: June 10, 2020

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 2020 General Election 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 33313
(954) 712-1903

November General Election Test October 9, 2020 9:00 a.m.

ACKNOWLEDGEMENT OF RECEIPT

I, Bobbie H Grace, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the 2020 General Election, pursuant to F.S. 101.5612.

Signature of Candidate: Bobbie H Grace

Date: 6-10-20

Municipal Clerk: Thomas Schneider

CITY OF DANIA BEACH, FLORIDA

PAYMENT RECEIPT

DATE 6/10/2020

RECEIVED FROM:

**Campaign Account of
Bobbie H. Grace
110 NW 8th Avenue
Dania Beach, FL 33004**

CODE

001-220-11-04

1% Election Assessment Fee

\$331.82

November 3, 2020 Municipal Election

Check # 1046

Paid 10-Jun-20

TOTAL

\$331.82

CLERK

Thomas L. 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:

Bobbie H Grace

Campaign Headquarter Address:

110 NW 8th Ave
Dania Beach, FL 33004

Person Applying For Permit:

Bobbie H Grace

Telephone Number:

954-396-0941

E-mail Address:

N/A

Date of Election:

11-3-2020

Type of Election: City

County State Federal

Permit Date:

6-10-20

Amount of Bond:

\$100.00



Authorized Signature:

Thomas Schneider

Thomas Schneider, CMC, City Clerk

cc: Eric Walton, Code Enforcement Manager

