

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

RECEIVED
OFFICE USE ONLY
City Clerk's Office

APR 21 2020

Time: 1:50 PM
By: A. Moreley

I, Stacy Kagan,
candidate for the office of Mayor of Parkland;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Stacy Kagan
Signature of Candidate

4/21/20
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).

June 9th, 2020

Subject: Mayoral Race 2020 - Election November 3rd, 2020

Attention: Alyson Morales, Parkland City Clerk

Dear Ms. Morales,

It is my absolute pleasure to serve the City of Parkland as Commissioner in District 1. I have filed to run as a Mayoral Candidate for 2022. Now that the seat has opened for 2020, I have chosen to be a candidate for Parkland Mayor 2020. The election is on November 3rd, 2020.

Best,

A handwritten signature in black ink, appearing to read "Stacy Kagan", with a long, sweeping horizontal line extending to the right.

Stacy Kagan

Commissioner Parkland District 1

**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

RECEIVED
City Clerk's Office

JUN 25 2020

Time: 12:40 pm

By: A. Morales

OFFICE USE ONLY

Candidate Oath

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

I, Stacy Kagan

(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 Mayor of Parkland, _____,
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 101617738

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.]

ST AI-SEE KAI-GEN

X Stacy Kagan (954) 2885261 Stacy Kagan for Mayor
Signature of Candidate Telephone Number Email Address gmail.com
7800 NW 120th Dr. Parkland, FL 33076
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

Alyson Gayle Morales
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 25th day of June, 2020

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____



ALYSON GAYLE MORALES
MY COMMISSION # GG 031823
EXPIRES: November 19, 2020
Bonded Thru Budget Notary Services

STATEMENT OF
FINANCIAL INTERESTS

2019

FOR OFFICE USE ONLY:

RECEIVED
City Clerk's Office

JUN 25 2020

Time: 12:40pm
By: J. MoralesStacy J Kagan 248398
Parkland Commissioner
7800 Nw 120th Dr
Parkland, FL 33076CHECK 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 THRESHOLDSPART 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
Skaggs Agency	5659 CORAL RIDGE DR CORAL SPRINGS, FL 33070	Insurance Agency
Rockability Inc	141 NW 20th St BOCA RATON, FL 33076	Music School

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
N/A			

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

7800 NW 120 DR PARKLAND, FL 33076

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
SAVINGS/INVESTMENTS	VARIOUS BANKING INSTITUTIONS

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
USDA	5619 NW Loop 1604 #101 SAN ANTONIO, TX 78253

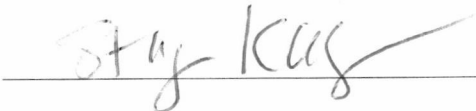
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY #1	BUSINESS ENTITY #2
NAME OF BUSINESS ENTITY	SKAGAN AGENCY	ROCK SOLIDITY
ADDRESS OF BUSINESS ENTITY	5159 CORAL RIDGE DR 141 NW 20 ST BOCA RATON	
PRINCIPAL BUSINESS ACTIVITY	INSURANCE AGENCY	MUSIC SCHOOL FL
POSITION HELD WITH ENTITY	PRESIDENT	PRESIDENT
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	COMMON STOCK	COMMON STOCK

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:**

6/11/20

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.

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED
City Clerk's Office

APR 21 2020

Time: 1:50 PM

By: A. Morales

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)

Stacy Kagan

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

7800 NW 120th Dr.
Parkland, FL 33076

4. Telephone

(954) 288-5261

5. E-mail address

rsk7800@gmail.com

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

Mayor of Parkland

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 Kagan

11. Mailing Address

7800 NW 120th Dr. Parkland

12. Telephone

(954) 599-1120

13. City

Parkland

14. County

Broward

15. State

FL

16. Zip Code

33076

17. E-mail address

richard@kagancpa.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

First Citizens

20. Address

5721 Coral Ridge Dr

21. City

Coral Springs

22. County

Broward

23. State

FL

24. Zip Code

33076

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

4/21/20

26. Signature of Candidate

X Stacy Kagan

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

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

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer

4/21/20

Date

X

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
City Clerk's Office

JUN 25 2020

Time: 12:30 PM
By: A. Morales

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)

Stacy Kagan

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

7800 NW 120th Drive
Parkland, FL 33076

4. Telephone

(954) 2885241

5. E-mail address

RSK7800@gmail.com

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

Mayor of Parkland

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

Stacy Kagan

11. Mailing Address

7800 NW 120th Dr.

12. Telephone

(954) 2885241

13. City

Parkland

14. County

Broward

15. State

FL

16. Zip Code

33076

17. E-mail address

RSK7800@gmail.com

18. I have designated the following bank as my

☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

First Citizens

20. Address

5721 Coral Ridge Dr.

21. City

Coral Springs

22. County

Broward

23. State

FL

24. Zip Code

33076

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

4/21/20 & 6/25/20

26. Signature of Candidate

X Stacy Kagan

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

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

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

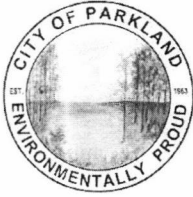
6/25/20

Date

X

Stacy Kagan

Signature of Campaign Treasurer or Deputy Treasurer



Candidate Oath

STATE OF FLORIDA
CITY OF PARKLAND

BEFORE ME, an officer authorized to administer oaths, personally appeared
Stacy Kagan, to me well known, who being duly
sworn:

- 1) That he/she is a candidate for the office of Commissioner for the City of Parkland, District Mayor 2020
- 2) The he/she resides in the District for which he/she is qualifying and has been for one (1) year immediately preceding the signing of this oath, or, in the case of an open district, that he/she resides in the City and meets the residence requirements for qualification for the office to which he/she seeks election as set forth in the City Charter.
- 3) That he/she is a citizen of the United States of America and the State of Florida.
- 4) That he/she is at least eighteen (18) years of age.
- 5) That he/she is a registered voter in the City of Parkland for City elections.
- 6) That he/she has not been convicted of a felony.
- 7) That he/she is fully qualified under the laws to hold the office for which he/she desired to be nominated.

Stacy Kagan
Signature of Candidate

Sworn to and subscribed before me this 10th day of June, 2020,
at Parkland, Broward County, Florida.

Alyson Gayle Morales
Notary Public



ALYSON GAYLE MORALES
MY COMMISSION # GG 031823
EXPIRES: November 19, 2020
Bonded Thru Budget Notary Services

RECEIVED
City Clerk's Office
JUN 25 2020

Time: _____

By: _____

ALASKA GOVERNMENT
MAY 15 2020
EXPIRES: November 15, 2020
Sealed This Envelope



City of Parkland, Florida

Application and Acknowledgment of Electronic Filing Information



1. CHECK APPROPRIATE BOX(ES)

☒ Candidate ☐ Treasurer/Deputy ☐ Committee ☐ Committee Treasurer

2. Name of Candidate/Committee (First, Middle, Last)

Stacy Kagan

3. Address (include P.O. box or street, city, state, zip code)

7800 NW 120th Dr.
Parkland, FL 33076

4. Telephone

954 2885261

5. E-mail address

rsk7800@gmail.com

All reports of campaign finance activity must be filed with the City Clerk using the electronic campaign finance reporting system available online at https://www.voterfocus.com/CampaignFinance/candidate_login.php?county=munparkland (the "System") unless an alternative filing procedure is required by the Americans with Disabilities Act of 1990 or other applicable law.

Credentials to log into the System are approved on an individual basis and may not be shared -even with member of the same campaign or committee. Each user who is approved for credentials is responsible for protecting those credentials from disclosure or compromise. Once credentials have been approved for a user, that user is deemed responsible for every report filed using those credentials until such time as the City Clerk is notified of disclosure or compromise of those credentials. Campaign or committee must immediately notify the City Clerk if any user associated with that campaign or committee becomes ineligible to hold the credentials issued to that user.

Each report must be filed before midnight at the end of the due date. Late-filed reports are subject to fines pursuant to Florida Statutes sections 106. 07(8) or 106. 29(3), as applicable.

By filing a report through the System, a person (i) is deemed to have electronically signed the report under oath and to have certified the correctness of the report in accordance with Florida Statutes sections 106. 07(5) or 106. 29(2), as applicable; (ii) is responsible for the accuracy and veracity of the report; and (iii) commits a criminal act by certifying a report that is known to be incorrect, false, or incomplete.

A report is deemed filed with the City Clerk only when the System issues a receipt confirming the date and time at which the report was filed. The system will issue a separate notice for the subsequent acceptance or rejection of the report by the City Clerk. Once a report has been filed with the City Clerk, it may be changed only by filing an amendment to that report.

The City is not responsible for providing the internet access necessary to access the System, and problems with an individual candidate's internet access at a residence, office, coffee shop, etc. do not excuse late filing by that candidate. The City Clerk will provide an alternate filing deadline for candidates only in the event that the Reporting System is generally unavailable and all candidates are affected.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ AND UNDERSTAND THE FOREGOING FORM FOR APPLICATION AND ACKNOWLEDGEMENT OF ELECTRONIC FILING INFORMATION AND THAT THE FACTS STATED IN IT ARE TRUE.

6. Date

6/25/20

7. Signature of Candidate/Committee Chair

X Stacy Kagan

8. **Treasurer's Application and Acknowledgement of Electronic Filing Information** (fill in the blanks and check the appropriate block)

I, Stacy Kagan (printed name), hereby acknowledge that I am representing the Candidate/Committee above as the ☐ Campaign Treasurer ☒ Deputy Treasurer

6/25/20

Date

X Stacy Kagan
Signature of Treasurer or Deputy Treasurer

RECEIVED
City Clerk's Office

JUN 25 2020

Time: _____

By: _____