CANDIDATE OATH –	RECEIVED City Clerk's Office				
NONPARTISAN OFFICE	City Clerk's Office				
(Do not use this form if a Judicial or School Board Candidate)	JUL 06 2020				
Check box only if you are seeking to qualify as a	Time: 12:00 pm				
write-in candidate:	By: _ ft monley				
☐ Write-in candidate	OFFICE USE ONLY				
Candio	ate Oath				
)(a), Florida Statutes)				
I, Jordan Isrow					
hyphen, check box 🔲. (See page 2 - Compound Last	t. If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.)				
am a candidate for the nonpartisan office of Parkland C	ty Commissioner 2				
	(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				
	of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes;				
and I will support the Constitution of the United States and the					
Candidate's Florida Voter Registration Number (located on y	Candidate's Florida Voter Registration Number (located on your voter information card): 111868165				
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.] $IZ - RO$ $IZ - RO$					
x (561)376-10					
Signature of Candidate Telephone Number	1310W101parkiand@gmail.com				
9190 Solstice Cir Parkland	FL 33076				
Address City					
	State ZIP Code				
STATE OF FLORIDA	Hypen Jayle Morals Signature of Notary Public				
STATE OF FLORIDA COUNTY OF Broward	Hypon Jayle Morales				
	Hypen Jayle Morals Signature of Notary Public				
COUNTY OF Broward	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:				
COUNTY OF Broward Sworn to (or affirmed) and subscribed before me by physical or	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:				

FORM 1	STATEM	ENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N			C	RECEIVED ity Clerk's Office	
Isrow Jordan	Blair		C	ny Clerk's Onice	
9190 Solstice Circle				JUL 06 2020	
			T	ime: 1212/m y: pmoreles	
CITY : Parkland 3.	ZIP: COUNTY: 3076 Broward		В	: for our	
NAME OF AGENCY : City of Parkland					
NAME OF OFFICE OR POSITION HELD Commissioner, District 2	OR SOUGHT :				
	R 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 OLLAR VALUE THRESHOLDS					
PART A PRIMARY SOURCES OF INCO	ME [Major sources of income to t				
(If you have nothing to report, NAME OF SOURCE		RCE'S	I DE	SCRIPTION OF THE SOURCE'S	
		RESS	PRINCIPAL BUSINESS ACTIVITY		
Oxygen Development LLC	Development LLC 1525 S. Congress Ave., Palm Springs			ic Manufacturing	
(If you have nothing to report	other sources of income to busines	ses owned by the reporting p ADDRESS OF SOURCE	person - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/A					
PART C REAL PROPERTY [Land, build (If you have nothing to report, N/A		n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
			and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
			this fo	UCTIONS on who must file orm and how to fill it out 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			
6	Bank of America; Empower Retirement			
Florida Prepaid College Plan	Florida Prepaid			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	ns] ne'' or ''n/a'')			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Mercedes-Benz of South Orlando	4301 Milenia Blv	d, Orlando, FL 32	839	
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 # 1				
	N/A		N/A	
PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	3			
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 AR	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
Signature: Date Signed: July 6, 2020 FILING INSTRUCTIONS:		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:		

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.

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.

Candidates file this form together with their filing papers.

RECEIVED City Clerk's Office

FORM 1	X	AMENDM	ENT TO		JUL 0 9 202 0
	STATEME	NT OF FINA	NCIAL INTE	RESTS T	
LAST NAME - FIRST N (Same as on original F	NAME - MIDDLE NAME orm 1):		THIS FORM AMENDS		
				FOR THE YEAR:	
Isrow MAILING ADDRESS:	Jordan	Blair	FORM 1F I FILED FOR THE PERIOD		
9190 Solstice Circ			January 1, THROUGH (Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)		
			 DURING THAT YEAR, 	I HELD, OR WAS A	CANDIDATE FOR, THE
			POSITION OF: City Con	<u>nmissioner. Dis</u>	strict 2
CITY:	ZIP:	COUNTY:	WITH THIS GOVERNM Cites of Deviation d	IENTAL AGENCY: _	
Parkland	33076	Broward	City of Parkland		
MANNER OF CALC	ULATING REPORTA	BLE INTERESTS:			
FEWER CALCULAT	IONS, OR USING CO	REPORTING THRESHOLD MPARATIVE THRESHOLD HE ONE YOU ARE USING	DS THAT ARE ABSOLUTE [DS, WHICH ARE USUALLY 6 (must check one) :	OOLLAR VALUES, BASED ON PERC	WHICH REQUIRES CENTAGE VALUES (see
Сомря	ARATIVE (PERCENTAG	E) THRESHOLDS	or 💋	DOLLAR VALUE TH	HRESHOLDS
PART A PRIMAR (If you hav	Y SOURCES OF INCO e nothing to report, wri	OME [Major sources of inc te "none" or "n/a")	come to the reporting person	n - See instructions	3]
NAME OF OF INC		SOURCE'S DESCRIPTION OF THE SO ADDRESS PRINCIPAL BUSINESS AN			
Oxygen Developr	nent LLC	1525 S. Congress Ave., Palm Springs, FL		Cosmetic Manufacturing	
[Major cust	e nothing to report, wri	sources of income to busines	ADDRESS	P	IS] PRINCIPAL BUSINESS CTIVITY OF SOURCE
N/A					
				_1	
	ROPERTY [Land, bui ve nothing to report, wr		ting person - See instruction	Sj	
N/A					
PART D — INTAN(GIBLE PERSONAL P	ROPERTY [Stocks, bonds, ite "none" or "n/a")	certificates of deposit, etc.	- See instructions]	
(If you hav	GIBLE PERSONAL PI ve nothing to report, wr	ROPERTY [Stocks, bonds, ite "none" or "n/a")	certificates of deposit, etc. BUSINESS ENTITY TO WHI		relates
(If you hav	ve nothing to report, wr	ROPERTY [Stocks, bonds, ite "none" or "n/a") Bank of Ame	BUSINESS ENTITY TO WHI		′ RELATES
(If you ha) TYPE	ve nothing to report, wr	ite "none" or "n/a")	BUSINESS ENTITY TO WHI		′ RELATES

CE FORM 1X - Effective: January 1, 2020 Incorporated by reference in Rule 34-8.209, F.A.C.

PART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, write "none"			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Mercedes-Benz of South Orlando	4301 Milenia Blvd., Orlando, FL 32839		
Bank of America	PO Box 31785, Tampa, FL 33631		
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none"			s of businesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A		N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	5		
NATURE OF MY OWNERSHIP INTEREST			
PART H — EXPLANATION OF CHANGES		C	if a manifestion for reporting
Subsequent to filing my 2019 Form 1 Statement of F	inancial Interests, I be	came aware of more s	pecific requirements for reporting.
IF ANY OF PARTS A THROUGH H AR	E CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
Signature: Date Signed:	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		
Return the form to the location where you filed S the Form 1 or 1F that you are seeking to amend. e	LING INSTR tate officers or nployees' who file wit hics may file by mail or	specified state h the Commission on	Candidates should have filed their Form together with their qualifying papers.

Local officers 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. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

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.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Bldg E, Ste 200, Tallahassee, FL 32303; telephone (850) 488-7864.



Candidate Oath

STATE OF FLORIDA CITY OF PARKLAND

BEFORE ME, an officer authorized to administer oaths, personally appeared

sworn:

- That he/she is a candidate for the office of Commissioner for the City of Parkland, District
- 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.
- 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.

Signature of Candidate

Sworn to and subscribed before me this $6\frac{1}{6}$ day of $3\frac{1}{2}$, 2020, at Parkland, Broward County, Florida.

rulo mon

Notary Public 🤇

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

RECEIVED City Clerk's Office JUL 06 2020 Time By:



July 6, 2020

Alyson Morales City of Parkland 6600 University Drive Parkland, FL 33067

Dear Alyson,

Please accept this letter as my official request to convert my candidacy for Parkland City Commissioner, District 2 from the 2022 election to the upcoming 2020 election this November.

Please confirm your receipt and let me know if you need anything further at this time.

Thank you,

Jordan Isrow