

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

**OFFICE USE ONLY**  
CITY OF POMPAÑO BEACH  
OFFICE OF THE CITY CLERK

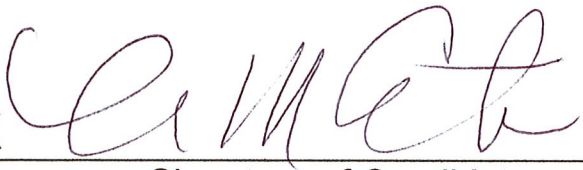
2022 MAY 17 PM 2:49

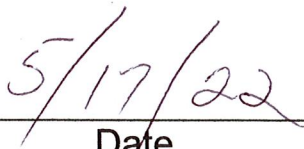
I, Rhonda M. Eaton ,

candidate for the office of Pompano Beach City Commission, District 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X   
\_\_\_\_\_  
Signature of Candidate

  
\_\_\_\_\_  
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).

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

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

(PLEASE PRINT OR TYPE)

CITY OF POMPAHO BEACH  
OFFICE OF THE CITY CLERK

2022 MAY 17 PH 2:48

**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)

Rhonda M. Eaton

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

3400 NE 13th Terrace  
Pompano Beach, FL 33064

**4. Telephone**

(954 ) 789-9425

**5. E-mail address**

eaton4pompano@aol.com

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

Pompano Beach City Commission, Dist. 2

**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**

David K. Sigerson, Jr., Esq.

**11. Mailing Address**

2436 N. Federal Hwy, #483

**12. Telephone**

( 954 ) 540-7252

**13. City**

Lighthouse Point

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33064

**17. E-mail address**

sigersonatlaw@aol.com

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

**19. Name of Bank**

Centennial Bank

**20. Address**

400 N. Federal Hwy

**21. City**

Pompano Beach

**22. County**

Broward

**23. State**

FL

**24. Zip Code**

33062

**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**

5/9/2022

**26. Signature of Candidate**

*[Handwritten Signature]*

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

I, David K. Sigerson, Jr., Esq., do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/9/2022

Date

**X**

*[Handwritten Signature: DK Sigerson]*

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)

CITY OF POMPAÑO BEACH  
OFFICE OF THE CITY CLERK  
2022 MAY 17 PM 2:48

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3400 NE 13th Terrace  
Pompano Beach, FL 33064

**4. Telephone**

(954 ) 789-9425

**5. E-mail address**

eaton4pompano@aol.com

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

Pompano Beach City Commission, Dist. 2

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Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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( 954 ) 789-9425

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Pompano Beach

**14. County**

Broward

**15. State**

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**21. City**

Pompano Beach

**22. County**

Broward

**23. State**

FL

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**25. Date**

5/9/2022

**26. Signature of Candidate**



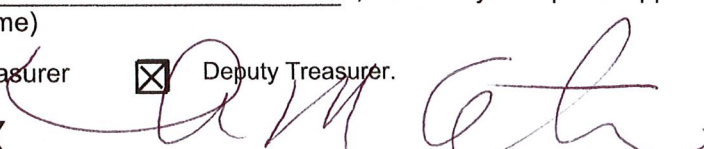
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Rhonda M. Eaton, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5/9/2022

Date

  
Signature of Campaign Treasurer or Deputy Treasurer



**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

CITY OF POMPAÑO BEACH  
OFFICE OF THE CITY CLERK  
2022 JUN 15 PM 3:48

OFFICE USE ONLY

**Candidate Oath**

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

I, Rhonda Eaton,

(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 Pompano Beach City 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 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): 101769054

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.]

Rahn-da EE-tun

X [Signature] (954) 789-9425 eaton4pompano@aol.com  
Signature of Candidate Telephone Number Email Address

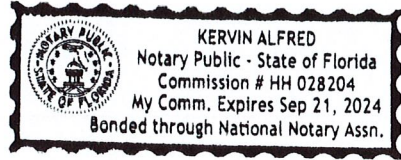
3400 NE 13th Terrace Pompano Beach Florida 33064  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Broward

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 14th day of June, 2022.

Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_



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

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Eaton Rhonda M.

MAILING ADDRESS :

3400 NE 13th Terrace

CITY : ZIP : COUNTY :  
Pompano Beach, FL 33064 Broward

NAME OF AGENCY :  
City of Pompano Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
City Commissioner, Dist. Two

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, 2021.

**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
City of Pompano Beach	100 W Atlantic Blvd, Pompano Beach FL	Municipal Corporation
David K. Sigerson, Jr., Esq.	2436 N Fed Hwy, #483, Lighthouse Point, F	Atty & Govt Consulting

**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")

3400 NE 13th Ter., Pompano Beach, FL 33064  
128 S Cypress rd, #836, Pompano Beach, FL 33060  
120 Cypress Club Dr., #205, Pompano Beach, FL 33060

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
Cash	Bank of America Checking Acct
Money Market funds	Schwab Value Advantage Fund

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Truist-Auto Loan Services	P.O. Box 819, Wilson, NC 27894-0819
Anthony LaMarce	4011 N Federal Hwy, Ft Lauderdale, FL 33308

**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	# 2
n/a		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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:

6/14/22

**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, DAVID K Sigerson, Jr, Esq, 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:

June 14 2022

**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, 2021.

**RHONDA EATON 2021 FORM 1**

**ADDEMDUM to FORM 1:**

**PART D – INTANGIBLE PERSONAL PROPERTY**

<b><u>TYPE OF INTANGIBLE</u></b>	<b><u>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</u></b>
Cash	Capital Hills Consultants, Inc. (PNC Checking Acct.)
Cash & Securities - Beneficial Interest	Daniel Eaton Estate-Truist Stock
Stock	Apple Inc.
Stock	Chevron Corp.
Stock	Home Depot, Inc.
Stock	Johnson & Johnson
Stock	Eli Lilly & Co.
Stock	Nextera Energy, Inc.
Stock	Proctor & Gamble, Inc.
Stock	Southern Co..
Stock	Truist Financial Corp.
Stock	Wells Fargo IRA accout – Chevron Corp.



**Broward County  
Statement of Ethical Campaign Practices**

CITY OF FORT LAUDERDALE  
OFFICE OF THE CITY CLERK

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 day 14th of June, 2022

WITNESSES:

Rosealita Hand  
KA

BY CANDIDATE:

Rhonda Eaton  
Signature  
Rhonda Eaton  
(Print Name)

STATE OF FLORIDA )

)SS

COUNTY OF Broward )

The foregoing instrument was acknowledged before me this 14th day of June, 2022, by Rhonda Eaton, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 14th day of June, 2022.

(NOTARY SEAL)

KA  
(Signature of person taking acknowledgment)

Kervin Alfred  
(Name of officer taking acknowledgment)  
**Typed, printed, or stamped**

My commission expires:

