

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF POMPAÑO BEACH
OFFICE OF THE CITY CLERK
2024 MAY 16 PM 4: 22

I, Darlene H Smith

candidate for the office of Pompano Beach Commissioner District 5 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Darlene H. Smith

Signature of Candidate

05/16/2024

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 POMPANO BEACH
OFFICE OF THE CITY CLERK

2024 MAY 16 PM 4:21

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Darlene H Smith

3. Address (include PO Box or Street, City, State, Zip Code):

3200 N Course Lane, #213
Pompano Beach, FL 33069

4. Telephone:

(954)444-7953

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Darlene4Pompano@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Pompano Beach Commissioner District 5

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

David D Smith

12. Telephone:

(954)650-5938

13. Email Address:

daveysmith25@gmail.com

14. Mailing Address:

3200 N Course Lane, #213

15. City:

Pompano Beach

16. State:

FL

17. Zip Code:

33069

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Bank of America

20. Address:

21 S Pompano Parkway

21. City:

Pompano Beach

22. County:

Broward

23. State:

FL

24. Zip Code:

33069

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 05/16/2024

26. Signature of Candidate:

X Darlene H. Smith

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

I, David D Smith do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: 05/16/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X David D. Smith

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

2024 JUN 10 PM 3:20

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Darlene Smith

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Pompano Beach Commissioner, 5
(Office) (District #)
_____, _____; I am a qualified elector of Broward County, Florida
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Darlene Smith (954) 444-7953 darlene4pompano@gmail.com
Signature of Candidate Telephone Number Email Address
3200 N Course Ln #213 Pompano Beach FL 33069
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

this 10 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

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



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

DARLENE SMITH

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

CITY OF POMPANO BEACH
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Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Darlene Smith

STATE OF FLORIDA

COUNTY OF Broward

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 10 day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____





CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK
2024 JUN 10 PM 10:49

RECEIPT OF 2023 FORM 6 (Non-incumbent Candidate)

June 10, 2024

This is a Receipt Confirmation of Form 6 (2023) – Full and Public Disclosure of Financial Interests submitted by a Non-incumbent Candidate through the Commissions on Ethics' electronic financial disclosure filing system. The name of the Candidate is as follows:

Candidate Name: Darlene Smith

This Receipt Confirmation is not a certification that the form submitted is complete or that the information entered in the form by the Candidate is true or correct. Also, it does not confirm that the submission by the Candidate has been reviewed by the Commissions on Ethics' staff.

For questions regarding this Receipt Confirmation, please contact the City Clerk's Office at (954) 786-4611.



CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

2024 JUN 10 PM 3:20

NOTICE OF LOGIC AND ACCURACY TEST
(F.S. 101.5612 - Testing of Tabulating Equipment)

TO: CANDIDATES
FROM: Kervin Alfred, CMC, City Clerk
DATE: May 13, 2024

Notice is hereby given that the pre-election Logic and Accuracy Testing for the automatic tabulating equipment for the November 5, 2024 Municipal General Election will take place as follows:

Logic & Accuracy Testing
Wednesday, October 9, 2024
10:00 a.m. to Conclusion

Broward County Supervisor of Elections
4650 NW 21st Avenue, Fort Lauderdale, FL 33309

Attendance at this test of the equipment is strictly optional and you are welcome to observe.

Should you have any questions, please contact the Voting Equipment Center at (954) 712-1950.

✂-----

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test," pursuant to F.S. 101.5612.

Doulene Smith
Signature of Candidate

6/10/24
Date

[Signature]
Signature of Witnessing Deputy

6/10/24
Date

**Broward County
Statement of Ethical Campaign Practices**

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

2024 JUN 10 PM 3:20

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 10 of June, 2024

WITNESSES:

[Signature]
[Signature]

BY CANDIDATE:

Darlene Smith
Signature

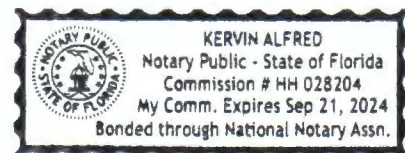
Darlene Smith
(Print Name)

STATE OF FLORIDA)

)SS

COUNTY OF Broward)

by physical presence



The foregoing instrument was acknowledged before me this 10 day of June,

2024, by Darlene Smith, 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 10 day of June, 2024.

(NOTARY SEAL)

[Signature]
(Signature of person taking acknowledgment)

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

My commission expires: