STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK
2024 MAY 22 PM 5:46

I, Beverly Perkins ,

candidate for the office of Commissioner District 4 Pompano Bch, FL ;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X _____
Signature of Candidate

May 20, 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)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

CITY OF POMPANO BEACH
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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)	3. Address (include post office box or street, city, state, zip code)
Beverly Perkins	1516 NW 6th Avenue Pompano Beach, FL 33060
4. Telephone: (954) 786-0901	5. E-mail address: 7commish2016@gmail.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
City Commissioner - District 4 City of Pompano Beach	☐ 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: Sherrell C. Lopez

11. Mailing Address	12. Telephone
222 NW 10th Avenue	(954) 675-5795

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Pompano	Broward	FL	33060	Sherrel2u@aol.com

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

19. Name of Bank	20. Address
Paradise Bank	540 North Federal Hwy

21. City	22. County	23. State	24. Zip Code
Fort Lauderdale	Broward	FL	33301

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	26. Signature of Candidate
May 20, 2024	X [signature]

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

I, Sherrell C. Lopez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer. ☐ Deputy Treasurer.

May 20, 2024 (Date) X [signature] (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 POMPANO BEACH
OFFICE OF THE CITY CLERK

2024 JUN 12 AM 10:38

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Beverly Perkins

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 Commissioner (*Office*), 4 (*District #*), — (*Circuit #*), — (*Group or Seat #*); I am a qualified elector of Broward **County**, Florida;

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	(954)786-0901	7commish2016@gmail.com
Signature of Candidate	Telephone Number	Email Address

1516 NW 6th Avenue	Pompano Bch, FL	FL	33060
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 12 day of June, 2024.

Personally Known ☑ *OR* Produced Identification ☐

Type of Identification Produced: —

Signature of Notary Public

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

KERVIN ALFRED
Notary Public - State of Florida
Commission # HH 028204
My Comm. Expires Sep 21, 2024
Bonded through National Notary Assn.

DS-DE 302NP (Eff. 10/2023)

Rule 1S-2.0001, F.A.C.

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):

BEVERLY PERKINS

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
OFFICE OF THE CITY CLERK
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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: _____

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 12 day of June, 2024.

Personally Known ☑ *OR* Produced Identification ☐

Type of Identification Produced: —

KERVIN ALFRED
Notary Public - State of Florida
Commission # HH 028204
My Comm. Expires Sep 21, 2024
Bonded through National Notary Assn.

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman

State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
Deputy Executive Director/
General Counsel

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

"A Public Office is a Public Trust"

VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Ms Beverly Perkins
Filer PID #: 267743

Date Filed: 6/7/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 958938

Receipt Print Date: 6/7/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK
2024 JUN 12 AM 10: 30

pompano beach
Florida's Warmest Welcome

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK
2024 JUN 12 AM 10:38

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.

Signature of Candidate — **Date** June 12, 2024

Signature of Witnessing Deputy — **Date** 6/12/24

CITY OF POMPANO BEACH
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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 day 12th of June 2024

WITNESSES:

BY CANDIDATE:

Signature

Beverly Perkins
(Print Name)

STATE OF FLORIDA)
)SS
COUNTY OF Broward)

KERVIN ALFRED
Notary Public - State of Florida
Commission # HH 028204
My Comm. Expires Sep 21, 2024
Bonded through National Notary Assn.

In physical presence

The foregoing instrument was acknowledged before me this 12 day of June, 2024, by Beverly Perkins, 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 12 day of June, 2024.

(NOTARY SEAL)

(Signature of person taking acknowledgment)

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

My commission expires:

(Broward County Ord. No. 2000-06, § 1, 1-25-00)