

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
CITY OF POMPANO BEACH  
OFFICE OF THE CITY CLERK

2022 MAR 30 AM 9:46

I, Mary Scofield-Phillips,

candidate for the office of Commissioner Pompano Beach District 4 ;

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

X

Mary Scofield-Phillips  
Signature of Candidate

3/30/22

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 POMPAÑO BEACH  
OFFICE OF THE CITY CLERK

2022 MAR 30 PM 1:13

**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)

Mary A Scofield-Phillips

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

384 NW 19th St  
Pompano Beach, FL 33060

**4. Telephone**

(754 ) 366-1055

**5. E-mail address**

msphillips27@gmail.com

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

Commissioner Pompano Beach District 4

**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**

Esther Rose Kennedy

**11. Mailing Address**

2731 NW 9th St

**12. Telephone**

( 754 ) 273-2102

**13. City**

Pompano Beach

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33069

**17. E-mail address**

erosekennedy@gmail.com

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Wells Fargo Bank

**20. Address**

2200 West Atlantic Blvd

**21. City**

Pompano Beach

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33069

**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**

3/30/22

**26. Signature of Candidate**

X *Mary A Phillips*

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

I, Esther Rose Kennedy, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

3/30/2022  
Date

X *Esther Kennedy*  
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 MAR 30 PM 1:18

**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)

Mary A Scofield-Phillips

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

384 NW 19th St  
Pompano Beach, FL 33060

**4. Telephone**

(754 ) 366-1055

**5. E-mail address**

msphillips27@gmail.com

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

Commissioner Pompano Beach District 4

**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**

Elizabeth M. Phillips

**11. Mailing Address**

384 NW 19th St

**12. Telephone**

( 754 ) 235-9500

**13. City**

Pompano Beach

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33060

**17. E-mail address**

elizabeth@pushinc.net

**18. I have designated the following bank as my**

☐ Primary Depository ☐ Secondary Depository

**19. Name of Bank**

Wellsfargo Bank

**20. Address**

2200 West Atlantic Blvd

**21. City**

Pompano Beach

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33069

**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**

3/30/22

**26. Signature of Candidate**

X Mary A. Phillips

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

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

designated above as:

☐ Campaign Treasurer ☒ Deputy Treasurer.

3/30/22

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

2022 JUN 16 PM 1:16

☐ Write-in candidate

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

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Scofield-Phillips Mary Alice

MAILING ADDRESS :

384 NW 19th ST

CITY :

Pompano Beach

ZIP :

33060

COUNTY :

Broward

NAME OF AGENCY :

City of Pompano Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner Pompano Beach District 4

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
Push forward Realty	164N PowerlineRd,Pomp Bch, FL 33069	Real Estate Sales & Listings

## 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
PF Insurance Inc	Property & Casualty Insuranc	164 N Powerline Rd, Pomapano, FL	Sale & Service Policies

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

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

Single Family Home 384 NW 19th St, Pompano Beach, FL 33060 - Residence

Single Family Home 2620 NW 10th St, Pompano Beach, FL 33069

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
none	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Bank	2200 W. Atlantic Blvd, Pompano Beach, FL 33069
Selene Finance	9990 Richmond Ave, #400, Houston, TX 77042

**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	Push Forward Realty	PF Insurance Inc
ADDRESS OF BUSINESS ENTITY	164 N Powerline Rd, Pompano Beach, FL	164 N Powerline Rd, Pompano Beach, FL
PRINCIPAL BUSINESS ACTIVITY	Sale & List Real Estate	Sale & Service Policies
POSITION HELD WITH ENTITY	President	Vice President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes
NATURE OF MY OWNERSHIP INTEREST	Real Estate Broker	Board Member

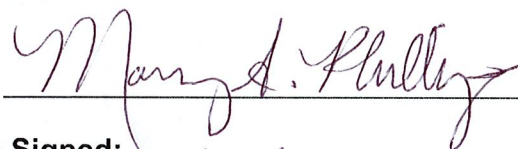
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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:

6/16/22

**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, \_\_\_\_\_, 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, 2021.



**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 16 of June, 2022

WITNESSES:

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

BY CANDIDATE:

Mary S. Phillips  
\_\_\_\_\_  
Signature

Mary S. Phillips  
\_\_\_\_\_  
(Print Name)

STATE OF FLORIDA )

)SS

COUNTY OF Broward )

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of June, 2022, by Mary S. Phillips, 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 16<sup>th</sup> day of June, 2022.

(NOTARY SEAL)

[Signature]  
(Signature of person taking acknowledgment)

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

My commission expires:

