

CANDIDATE OATH  
NONPARTISAN OFFICE

Town of Pembroke Park  
Clerk's Office

JAN 05 2023

Received

OFFICE USE ONLY

(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

Candidate Oath

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

I, Anthony Jackson,

(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 Commissioner, 5  
(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): 102375657

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.]

Aw - thuh - nee JAEK - suh

X Anthony Jackson  
Signature of Candidate

(954) 391-1117  
Telephone Number

anthonyLJackson@live.com  
Email Address

3838 sw 52nd ave  
Address

Hollywood  
City

FL  
State

33023  
ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

Susan Reutlinger  
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 5<sup>th</sup> day of January, 2023.

Personally Known  OR Produced Identification

Type of Identification Produced: FLD + J250 - 012-85-338-0



FORM 1	STATEMENT OF FINANCIAL INTERESTS	2022	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:	
LAST NAME -- FIRST NAME -- MIDDLE NAME : Jackson Anthony		Town of Pembroke Park Clerk's Office  JAN 05 2023  Received	
MAILING ADDRESS : 3838 sw 52nd ave			
CITY :	ZIP :		COUNTY :
Pembroke Park	33023		Broward
NAME OF AGENCY : Town of Pembroke Park			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Commissioner District 5			
CHECK ONLY IF <input checked="" type="checkbox"/> CANDIDATE OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE			
**** THIS SECTION <u>MUST</u> BE COMPLETED ****			
<b>DISCLOSURE PERIOD:</b> THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.			
<b>MANNER OF CALCULATING REPORTABLE INTERESTS:</b> 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):			
<input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input checked="" type="checkbox"/> DOLLAR VALUE THRESHOLDS			
<b>PART A -- PRIMARY SOURCES OF INCOME</b> [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	
PLAY2PAY	2980 NE 207th st Miami, FL 33180	Advertising Platform	
<b>PART B -- SECONDARY SOURCES OF INCOME</b> [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
Violet		Remote Seattle Washington	E-commerce
<b>PART C -- REAL PROPERTY</b> [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  <b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.  <b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3.
N/A			

**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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**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")

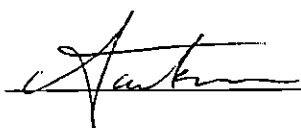
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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: 1/5/2023

**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, 2022.

**ANTHONY JACKSON CAMPAIGN ACCOUNT**

3838 SW 52ND AVE  
HOLLYWOOD, FL 33023-6900

1002

63-27/631 FL  
994

Date 1/5/2023

Pay To The Order of Election Commission Trust

\$ 520.00

Five Hundred Twenty

Dollars



**BANK OF AMERICA**

ACH RTT 063100277

*[Handwritten Signature]*

MP

For \_\_\_\_\_

**ANTHONY JACKSON CAMPAIGN ACCOUNT**

3838 SW 52ND AVE  
HOLLYWOOD, FL 33023-6900

1001

63-27/631 FL  
994

Date 1/5/2023

Pay To The Order of Town of Pembroke Park

\$ 25.00

Twenty Five

Dollars



**BANK OF AMERICA**

ACH RTT 063100277

*[Handwritten Signature]*

MP

For \_\_\_\_\_

**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.

**Town of Pembroke Park  
Clerk's Office**

**DEC 22 2022**

**Received**

DEC 22 AM 10:45

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)

Anthony Jackson

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

3838 sw 52nd ave

4. Telephone

(954) 391 1117

5. E-mail address

AnthonyLJackson@live.com

Hollywood FL 33023

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

Comissioner District 5

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

Anthony Jackson

11. Mailing Address

3838 sw 52nd ave Holly

12. Telephone

(954) 391 -1117

13. City

Hollywood

14. County

Broward

15. State

FL

16. Zip Code

33023

17. E-mail address

AnthonyLJackson@live.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

BANK of America

20. Address

18350 NW 2nd ave

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33169

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

12/22/22

26. Signature of Candidate

X 

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

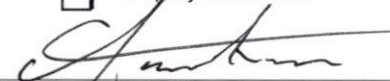
I, Anthony Jackson, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

12/22/22

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
Town of **Pembroke Park**

Clerk's Office

DEC 22 2022


Received

DEC 22 AM 10:45

I, Anthony Jackson,

candidate for the office of Commissioner (District 5);

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

X   
Signature of Candidate

12/22/22  
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).