

**CANDIDATE OATH  
NONPARTISAN OFFICE**

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

**JAN 04 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, Reynold "Rey" Dieuveille,

(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, 4 (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): 120154069

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.]

Ren + uhld Dee - oo - v - ill

**X** [Signature] 954-495-5748 Vote4rey@gmail.com  
Signature of Candidate Telephone Number Email Address

3461 SW 52 ave Pembroke Park FL 33023  
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 4<sup>th</sup> day of January, 2023

Personally Known  OR Produced Identification   
Type of Identification Produced: FDL# 140-720-80-281-0



<b>FORM 1</b>	<b>STATEMENT OF FINANCIAL INTERESTS</b>	<b>2022</b>	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:	
LAST NAME -- FIRST NAME -- MIDDLE NAME : <i>Dieuveille Reynold</i>		<p><b>Town of Pembroke Park</b> <b>Clerk's Office</b> <b>JAN 04 2023</b>  <b>Received</b></p>	
MAILING ADDRESS : <i>3461 SW 52 ave</i>			
CITY : <i>Pembroke Park</i> ZIP : <i>33023</i> COUNTY : <i>Broward</i>			
NAME OF AGENCY : <i>Town of Pembroke Park</i>			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : <i>Commissioner</i>			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : <i>Commissioner, District 4</i>			
CHECK ONLY IF <input checked="" type="checkbox"/> CANDIDATE    OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE			
<b>**** THIS SECTION <u>MUST</u> BE COMPLETED ****</b>			
<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	
<i>Kitchen Robotics</i>	<i>14074 NW 82 ave</i>	<i>Robotics engineering</i>	
<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
<i>Town of Pembroke Park</i>	<i>Commissioner</i>	<i>3150 SW 52 ave</i>	<i>Government</i>
<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")		<p>You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.</p> <p><b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.</p> <p><b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3.</p>	
<i>3461 SW 52 ave</i>			

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [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	

<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [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		
ADDRESS OF BUSINESS ENTITY	None	
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: 1/4/23

**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.

1002  
63-4630 FL  
1490

REYNOLD DIEUVEILLE  
CAMPAIGN ACCOUNT

1/4/23 Date

Pay To The  
Order Of Election Commission Trust Fund \$ 520.00  
Five hundred twenty Dollars



BANK OF AMERICA

ACH R/T 063100277

For Qualifying Fee [Redacted] MP

Holland Clarke

1001  
63-4630 FL  
1490

REYNOLD DIEUVEILLE  
CAMPAIGN ACCOUNT

1/4/23 Date

Pay To The  
Order Of Town of Pembroke Park \$ 25.00  
Twenty-five Dollars



BANK OF AMERICA

ACH R/T 063100277

For Qualifying fee [Redacted] MP

Holland Clarke

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

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

(PLEASE PRINT OR TYPE)

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

**DEC 21 2022**

**Received**

DEC 21 PM 3:23

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

Reynold Dieuveille

3461 SW 52 ave

4. Telephone      5. E-mail address

(954) 495-5748      vote4rey@gmail.com

Pembroke Park FL 33023

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

Commissioner, 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

Reynold Dieuveille

11. Mailing Address

3461 SW 52 ave

12. Telephone

( )

13. City      14. County      15. State      16. Zip Code      17. E-mail address

Pembroke Park

Broward

FL

33023

vote4rey@gmail.com

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

19. Name of Bank

Bank of America

20. Address

6625 Mignilakes Dr

21. City

Mignilakes

22. County

Dade

23. State

FL

24. Zip Code

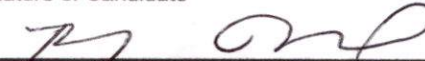
33014

**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

12/21/2022

26. Signature of Candidate



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

I, Reynold Dieuveille, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

12/21/2022  
Date

  
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**

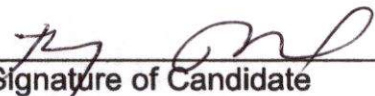
**DEC 21 2022**

**Received**

DEC 21 PM 3:23

I, Reynold Dieuveille,  
candidate for the office of Commissioner, District 4;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
Signature of Candidate

12/21/22  
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).