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:

Town of Pembroke Park Clerk's Office

JAN 0 4 2023

Received

Write-in candidate	OFFICE USE ONLY			
Candidate Oath (Section 99.021(1)(a), Florida Statutes)				
(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	(Office) (District #)			
(Circuit #) (Group or Seat #)	BROWARD County, Florida;			
have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I f which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.			
Candidate's Florida Voter Registration Number (located on your voter information card):127647050				
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.]				
Signature of Candidate Telephone Number 3005 SW 23 rd TERRACE, HALLAN DALL	Email Address			
Address City STATE OF FLORIDA	State ZIP Code 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 Ath day of OR Produced Identification Produced: FDU H 623 485-36	SUSAN REUTLINGER MY COMMISSION # GG 315675 EXPIRES: March 25, 2023 Bonded Thru Notary Public Underwriters			

DS-DE 302NP (Rev. 08/2021)

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

FORM 1	FORM 1 STATEMENT OF			2022	
Please print or type your name, mailing address, agency name, and position below:			TS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE MORGESSETTE COST					
MAILING ADDRESS: 3005 SW 23 rd TERRACE			Town of Pembroke Park Clerk's Office		
				JAN 0 4 2023	
CITY: ZIP: COUNTY: HALLANDAGE BEACH 33009 BROWARD					
NAME OF AGENCY: TOWN OF PEMBROLLE PARK			Received		
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :				
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, 2022. 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 DESCRIPTION OF THE SOURCE'S ADDRESS PRINCIPAL BUSINESS ACTIVITY				
CLARK CORP. INC	GLORIA IN T	GLURIA UN THUAMACEBRALE 3308 MOBILE PARCE OWNER			
		ases owned by the report ADDRESS OF SOURCE	RESS PRINCIPAL BUSINESS		
PART C REAL PROPERTY [Land, but (If you have nothing to report DELAND, FRANKLIN	rt, write "none" or "n/a")	n - See instructions]	line sh	u are not limited to the space on the es on this form. Attach additional eets, if necessary. LING INSTRUCTIONS for when d where to file this form are	
	_			cated at the bottom of page 2. STRUCTIONS on who must file s form and how to fill it out gin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, co	ertificates of deposit, etc See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NOWE IN WAL				
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") B	USINESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	NA			
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 sch agency created under Part III, Chapter 163 required to complete annual	nool superintendents, and commissioners of a community redevelopment al ethics training pursuant to section 112.3142, F.S.			
☑ I CERTIFY THAT I HAVE CC	MPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature:	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:			
C Mainette	I,, prepared the CE Form 1 in accordance with Section 112.3145, Flonda Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the			
Date Signed:	disclosure herein is true and correct.			
	CPA/Attorney Signature:			
1-4-7023	Data Cianadi			
	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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

CE FORM 1 - Effective: January 1, 2023 Incorporated by reference in Rule 34-8 202(1), FA C PAGE 2

JOSEPH ERIK MARK MORRISSETTE CAMPAIGN **ACCOUNT**

3005 SW 23RD TER HALLANDALE BEACH, FL, 33009 1001

63-4/630 FL

DATE 1-4-2023

PAY TO THE

TOWN OF PEMBROLEE PARLE ORDER OF

-trainty FIVE DOLLARS 9/100

_ DOLLARS 1 Security Features Details on

BANK OF AMERICA

ACH R/T 063100277

FOR_

a marriede

JOSEPH ERIK MARK MORRISSETTE CAMPAIGN ACCOUNT

3005 SW 23RD TER HALLANDALE BEACH, FL. 33009 1002

63-4/630 FL

DATE 1-4-2023

PAY TO THE

ORDER OF ELECTION COMMISSION TRUST FUND

1\$ 520 co/m

FIVEHUNDRED TWENTY DOLLARS %00

DOLLARS Definition

BANK OF AMERICA

ACH R/T 063100277

n- morriela

Town of Pembroke Park Clerk's Office

JAN 0 4 2023

Received