RCVD JAN 6 '12

TOWN OF DAVIE
MARCH 13, 2012
GENERAL INFORMATION SHEET

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name James Moore — Mayor / District 1 (Circle One)

Residency Address 5602 SW 57 Place Davie, FL 33314

Have you resided at the above address six months or more? Yes ✓ No ____

Mailing Address (Same)
(if different from residency address)

Telephone: Home 954.584.5437 Work 954.370.~~1736~~ 1736 Cell 786.367.2763

E-Mail Address Moore4Davie@Aol.com

Date of Birth 01/22/67

Occupation Insurance Sales

Spouse's Name Deborah Louise Herr Moore

Campaign Treasurer Deborah Louise Herr Moore Telephone 954.560.8211

Deputy Treasurer N/A Telephone ____

At time of qualifying, the following must be filed with the Town Clerk:

	Form #	Title of Form
✓	DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
✓	DS-DE84	Statement of Candidate
✓	DS-DE25	Loyalty Oath and Oath of Candidate
✓	CE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2010 Form 1 filed July 1, 2011 is acceptable - F.S. 99.061(7)(6))
✓	$507.28 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the $380.46 qualifying fee and the $126.82 election assessment fee)
✓		Acknowledgement of Notice of Logic and Accuracy Test
✓		Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

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.

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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)
James Jardine Moore	5602 SW 57th Place Davie, FL 33314
4. Telephone: (954) 584-5437	5. E-mail address: moore4davie@aol.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
Town of Davie Councilmember for District 1	☐ 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: Deborah Louise Herr Moore

11. Mailing Address	12. Telephone
5602 SW 57th Place	(954) 584-5437

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Davie	Broward	FL	33314	dherrmiami@aol.com

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

19. Name of Bank	20. Address
Wells Fargo Bank	4150 SW 64th Avenue

21. City	22. County	23. State	24. Zip Code
Davie	Broward	FL	33314

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
January 6th, 2012	X

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

I, Deborah Louise Herr Moore, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

January 6th, 2012 — Date

X — Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RCVD JAN 6 '12

I, James Jardine Moore ,

candidate for the office of Town of Davie Councilmember, District 1 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X _____ 01/02/2012

Signature of Candidate 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).

LOYALTY OATH FOR NON-PARTISAN OFFICE

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

BROWARD, **COUNTY**

OFFICE USE ONLY

RCVD JAN 6 '12

I, JAMES | J | MOORE

First Name | Middle Name/Initial | Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JAMES (JIM) MOORE

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Councilmember (office), 1 (district), _____ (group).

My legal residence is 5602 SW 57 Place, DAVIE, BROWARD County, Florida. 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.

X _____ (786) 367-2763 MOORE4DAVIE@AOL.COM

Signature of Candidate | Daytime Telephone Number | Email Address

5602 SW 57 Place | DAVIE | FL | 33314

Address | City | State | ZIP Code

Sworn to (or affirmed) and subscribed before me this 6th **day of** JANUARY **2012**.

Personally Known: _____ or

Produced Identification: FL DL

Type of Identification Produced:

rmuniz CONFIDENTIAL

_____

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC STATE OF FLORIDA

Notary Public State of Florida
Russell Muniz
My Commission EE005099
Expires 06/29/2014

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2011

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

LAST NAME -- FIRST NAME -- MIDDLE NAME : Moore, James, Jardine

MAILING ADDRESS : 5602 SW 57th Place

~~Davie~~ ~~33314~~ ~~Broward~~

CITY : Davie ZIP : 33314 COUNTY : Broward

NAME OF AGENCY : Town of Davie

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Town Councilmember - District 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY: RCVD JAN 6 '12

ID Code

ID No.

Conf. Code

P. Req. Code

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☑ DECEMBER 31, 2011 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

MANNER OF CALCULATING REPORTABLE INTERESTS:
THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER **(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 p. 4]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Solstice Benefits, Inc.	7901 SW 6th Court, 400, Plantation 33324	Insurance Sales
Jimmy Jam Productions	7601 Riviera Blvd, Miramar 33023	Disc Jockey Services
Party Nation	1506 NW 109 Terrace, Coral Springs	Disc Jockey Services

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]
(If you have nothing to report , you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]
(If you have nothing to report, you must write "none" or "n/a")

None

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.

OTHER FORMS you may need to file are described on page 6.

 (Continued on reverse side)

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Blackrock Investments

PART E — LIABILITIES [Major debts - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Nationstar Mortgage	10010 San Pedro Ave, ~~Dallas~~, Tx 78216 San Antonio

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required): 1/6/12

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it,** send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:
MULTIPLE FILING UNNECESSARY:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

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LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 13, 2012 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 7, 2012*

TIME: 2:00 p.m.

PLACE: Voting Equipment Center II
(entrance on the west side of the Lauderhill Mall)
1501 NW 40 Avenue
Lauderhill, Florida

1/6/12
Date

Candidate

Witness

*tentative - should the date and time be amended, the candidate will be notified

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TOWN OF DAVIE
MARCH 13, 2012
NOTICE OF CANDIDACY

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name James (Jim) Moore Date 1/6/12
(name as it is to appear on ballot - please print)

Residency Address 5602 SW 57 Place, Davie, FL 33314

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes ✓ No ____
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a $507.28 filing fee to the Town Clerk ($380.46 qualifying fee and $126.82 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for: Mayor District 1
Circle One

Signature: [signature]

Print Name: James J Moore

Address: 5602 SW 57 Place
Davie, FL 33314

I hereby certify that this Notice of Candidacy form was filed with me on the 6th day of January 2012.

[signature]
Town Clerk or Qualifying Officer

RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE TOWN CLERK OR QUALIFYING OFFICER

RCVD JAN 6 '12

STATEMENT OF ETHICAL CAMPAIGN PRACTICES
(Broward County Ordinance 2000-06)

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 6 of JANUARY, 2012.

WITNESSES:

BY CANDIDATE:

Signature

JAMES J. MOORE
(Print name)

RCVD JAN 6 '12

TEMPORARY PERMIT APPLICATION
FOR POLITICAL SIGNS
WITHIN THE TOWN LIMITS OF DAVIE

Candidate/Issue: James J. Moore Election Date: 3/13/2012

Name of Applicant: James J. Moore Telephone: 786.367.2763

THIS APPLICATION MUST BE ACCOMPANIED WITH A $300 BOND AT THE TIME OF APPLICATION. SIGNS CANNOT BE ERECTED MORE THAN 60 DAYS PRIOR TO THE ELECTION AND MUST BE REMOVED WITHIN 7 DAYS AFTER THE ELECTION.
In the event that political signs are erected by a candidate, or regarding an issue, which involves more than one election, the application shall be deemed extended to 7 days after the election to which the signs pertain. If an applicant does not follow the Code regarding political signs, the bond shall be forfeited and the Town is authorized to remove and dispose of signs erected by the candidate.

Signs may be erected beginning 01/13/12 (30 days prior to election) and must be removed by 03/20/12 (7 days after election)

Signs shall not be placed on Town, State or County rights-of-way or on utility poles or trees. Signs shall also not be placed on property owned by the Town or other governmental agencies or units in the Town.

Per Florida Statutes 106.1435 - Usage and Removal of Political Campaign Advertisements

(3) Pursuant to Chapter 479, no political campaign advertisements shall be erected, posted, painted, tacked, nailed, or otherwise displayed, placed or located on or above any State or County road right-of-way.
(4) The officer before whom a candidate qualifies for office shall notify the candidate, in writing, of the provisions in this section.
(5) This provision does not preclude municipalities from imposing additional or more stringent requirements on the usage and removal of political campaign advertisements.

I hereby acknowledge that I hav e received a c opy of Code Section 1 2-243(D)(1), concerning political signs. I further acknowledg e that any violation of this Sectio n shall result in the forfeiture of my bond and I shall also be subject to further Code enforcement penalties.

(Candidate/Applicant) 1/6/12 (Date)

Receipt Number: 060670 Date Sign Bond Posted: 1/6/12

Receipt Number: _____ Date Sign Bond Posted: _____

Receipt Number: _____ Date Sign Bond Posted: _____