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TOWN OF SOUTHWEST RANCHES  
NOVEMBER 8, 2022  
GENERAL INFORMATION SHEET

JUN 16 2022

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE <sup>Town of Southwest Ranches, FL</sup>  
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name Carlos Hernandez

☒ District 1  
☐ District 2  
(Circle One)

Residency Address: 19101 SW 59 St, SW Ranches, FL 33332

Have you resided at the above address for two (2) years or more? Yes ☒ No ☐

Mailing Address Same  
(If different from residency address)

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell 954-290-4773

E-Mail Address Carlosh223@aol.com

Date of Birth 08/23/1973

Occupation CEO

Spouse's Name Randi Hernandez

Campaign Treasurer Carlos Hernandez Telephone 954-290-4773

Deputy Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_

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

<input checked="" type="checkbox"/> Form # DS-DE9	Title of Form Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/> DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/> DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/> CE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2021 Form 1 previously filed is acceptable - F.S. 99.061(7)(a)5.)
<input checked="" type="checkbox"/> \$220 Filing Fee	Check must be written from the campaign account made payable to the Town of Southwest Ranches (the filing fee includes the \$100 qualifying fee and the \$120 election assessment)
<input checked="" type="checkbox"/>	Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>	Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

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JUN 16 2022

TOWN OF SOUTHWEST RANCHES  
NOVEMBER 8, 2022  
NOTICE OF CANDIDACY

Town of Southwest Ranches, FL

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

Candidate's Name Carlos Hernandez Date 6/16/2022

(name as it is to appear on ballot - please print)

Residency Address 19101 SW 59 St, SW Ranches, FL 33332

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

1. I am a qualified elector of the State of Florida and the Town of Southwest Ranches.
2. Have you resided at the above address two (2) years or more? Yes ☒ No ☐
3. I shall not, as a Council Member, hold any other elected public office.
4. I am otherwise qualified to be Council Member in the Town of Southwest Ranches.
5. I have paid the \$220 filing fee to the Town Clerk (\$100 qualifying fee and \$120 election assessment) (check from campaign account made payable to the Town of Southwest Ranches)
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.
8. By signing this form I acknowledge that I have received a complete copy of the 2022 Candidate Election Package from the Town of Southwest Ranches. I further acknowledge that I have read and understand the information contained herein is intended as a reference guide only. The Town Clerk's Office will provide assistance to candidates; however, it is not the responsibility of this Office to interpret Florida Statutes as prescribed by Florida Law. All information contained herein is current as of the date of publication, May 16, 2022.

Candidate for: District 1 / District 2 Circle One

Signature of Candidate: [Signature]

Print Name: Carlos Hernandez

Address: 19101 SW 59 St  
SW Ranches, FL 33332

I hereby certify that this Notice of Candidacy form was filed with me on the 16th day of  
June 2022.

[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

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LOGIC AND ACCURACY TEST  
ACKNOWLEDGEMENT

Town of Southwest Ranches, FL

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the November 8, 2022 election. This acknowledgement is pursuant to F.S.S. 101.5612.

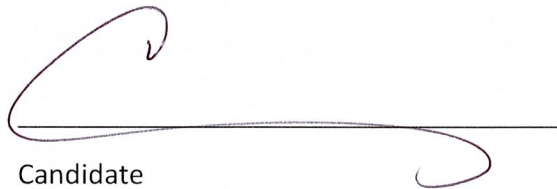
DATE: **September 29, 2022**

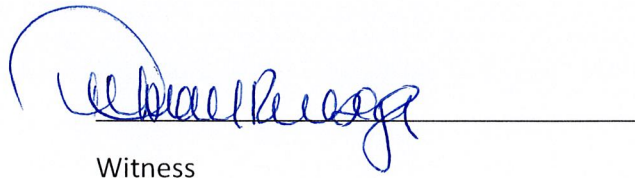
TIME: 9:30 a.m.

PLACE: Voting Equipment Center  
1501 NW 40 Avenue  
Lauderhill, Florida  
(954) 712-1903

6/16/2022

Date

  
Candidate

  
Witness



## 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 :

Hernandez Carlos

MAILING ADDRESS :

19101 SW 59 ST

SW Ranches

33332

Broward

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

Town of Southwest Ranches

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Counsel Member District 1

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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Town of Southwest Ranches, FL

\*\*\*\* 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
Scientific Laboratory Company	3395 Lakeworth Rd. Suite 1 & 2 Palms Springs, FL 33461	Independent Clinical reference Laboratory
Precision Laboratory	3395 Lakeworth Rd Suite 7 Palm Springs, FL 33461	II

## 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
none			

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

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

none

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
none	

**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	Scientific Laboratory Company	Precision Laboratory
ADDRESS OF BUSINESS ENTITY	3395 Lakeworth Rd., Palm Springs, FL	3395 Lakeworth Rd., Palm Springs, FL
PRINCIPAL BUSINESS ACTIVITY	Laboratory Services	Laboratory Services
POSITION HELD WITH ENTITY	CEO	CEO
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	33.33	33.33
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner

**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.

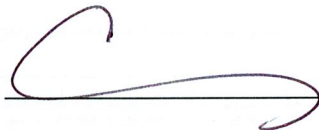


**I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

**SIGNATURE OF FILER:**

**Signature:**



**Date Signed:**

6/16/2022

**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.



**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:

☐ Write-in candidate

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JUN 16 2022

Town of Southwest Ranches, FL

OFFICE USE ONLY

**Candidate Oath**

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

I, Carlos Hernandez,  
(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 Council Member, 1,  
(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): 102425162

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.]

Car-los Her-nan-der

**X** (Signature) (954) 290-4773 carloshez23@aol.com  
Signature of Candidate Telephone Number Email Address

19101 SW 59 ST SW Ranches FL 33332  
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 16th day of June, 2022

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL D.C.

## Compound Last Names

If your last name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be “Smith.” If you check the box, your last name would be listed on the ballot as “Jones Smith.” If you have a hyphen within your last name, the last name would be listed as “Jones-Smith.”

## Guide for Designating Phonetic Spelling of Candidate’s Name for Audio Ballot

1. Use tables below.
2. Use upper case for “stressed” syllables. Use lower case for “unstressed” syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, *etc.*

Vowels			
Stressed Vowel Sounds		Unstressed Vowel Sounds	
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) fit		
E	(BED) bed		
A	(KAT) cat (KAD) cad		
AH	(FAH-thur) father (PAHR) par		
AH	(HAHT) hot (TAH-dee) toddy		
UH	(FUHJ) fudge (FLUHD) flood		
UH	(CHUHRCH) church		
AW	(FAWN) fawn	Certain Vowel Sounds with R	
U	(FUL) full	AHR	(PAHR) par
OO	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
O	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
AI	(FAIT) fate	UHR	(PUHR) purr
OI	(FOIL) foil		
YOO	(FYOOR-ee-uhs) furious		

Consonants			
B	(BED) bed	R	(RED) red
D	(DET) debt	S	(SET) set
F	(FED) fed	T	(TEN) ten
G	(GET) get	V	(VET) vet
H	(HED) head	Y	(YET) yet
HW	(HWICH) which	W	(WICH) witch
J	(JUHJ) jug	CH	(CHUCRCH) church
K	(KAD) cad	SH	(SHEEP) sheep
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield
M	(MAT) mat	TH	(THEI) Thigh
N	(NET) net	TH	(THEI) Thy
NG	(SING-uh) singer	ZH	(A-zuhr) azure (VI-zuhn) vision
P	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston

Examples of Phonetically Spelled Names	
NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO (‘d’ is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

***Do not submit this page to the filing officer.***



# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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**JUN 16 2022**

Town of Southwest Ranches, FL

*[Signature]*

I, Carlos Hernandez,  
candidate for the office of Council Member District 1;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

*[Signature]*

Signature of Candidate

6/16/2022

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).



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JUN 16 2022

Town of Southwest Ranches, FL

14

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.

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)

Carlos Hernandez

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

19101 SW 59 St  
SW Ranches, FL 33332

4. Telephone

(954) 2904773

5. E-mail address

Carlosh223@aol.com

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

Council Member District 1

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

Carlos Hernandez

11. Mailing Address

19101 SW 59 St

12. Telephone

(954) 290 4773

13. City

SW Ranches

14. County

Broward

15. State

FL

16. Zip Code

33332

17. E-mail address

Carlosh223@aol.com

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

19. Name of Bank

Wells Fargo

20. Address

4511 Weston Rd.

21. City

Weston

22. County

Broward

23. State

FL

24. Zip Code

33331

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

6/16/2022

26. Signature of Candidate

X

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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

6/16/2022

Date

X

Signature of Campaign Treasurer or Deputy Treasurer