

TOWN OF SOUTHWEST RANCHES
NOVEMBER 8, 2022
GENERAL INFORMATION SHEET

RECEIVED

JUN 16 2022

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

Town of Southwest Ranches, FL

District 1
District 2
(Circle One)

Candidate's Name DANIEL PRADILLA

Residency Address: 18900 SW 63 ST. SWR 33332

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

Mailing Address _____
(If different from residency address)

Telephone: Home _____ Work _____ Cell 954 253 7513

E-Mail Address daniel.p.swr@gmail.com

Date of Birth 01/17/79

Occupation FARMER

Spouse's Name VERONICA MEDINA

Campaign Treasurer DANIEL PRADILLA Telephone 954 253 7513

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 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

TOWN OF SOUTHWEST RANCHES

NOVEMBER 8, 2022

NOTICE OF CANDIDACY

RECEIVED

JUN 16 2022

✓

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

Town of Southwest Ranches, FL

Candidate's Name DANIEL "DANNY" PRADILLA Date 6/15/22

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

Residency Address 18900 SW 63 St. SW RANCHES 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: DANIEL PRADILLA

Address: 18900 SW 63 St.
SW RANCHES, FL 33332

I hereby certify that this Notice of Candidacy form was filed with me on the _____ 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

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

JUN 16 2022

Town of Southwest Ranches, FL

I, DANIEL PRADILLA,
candidate for the office of COUNCIL MEMBER DISTRICT 2;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

6/15/22
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).

**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.**

RECEIVED

JUN 16 2022

Town of Southwest Ranches, FL

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)

DANIEL PRADILLA

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

18900 SW 63 ST.
SW RANCHES, FL 33332

4. Telephone

(954) 931 3442

5. E-mail address

~~OFF 797~~
daniel.p.swr@gmail.com

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

Town Council District 2

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

DANIEL PRADILLA

11. Mailing Address

18900 SW 63 ST.

12. Telephone

(954) 253 7513

13. City

SW RANCHES

14. County

BROWARD

15. State

FL

16. Zip Code

33332

17. E-mail address

daniel.p.swr@gmail.com

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

19. Name of Bank

WELLS FARGO, N.A.

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

6/15/22

26. Signature of Candidate

X 

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

I, DANIEL PRADILLA, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

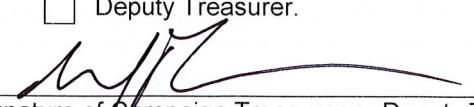
☒ Campaign Treasurer.

☐ Deputy Treasurer.

6/16/22

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

JUN 16 2022

W

Town of Southwest Ranches, FL

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 November 8, 2022 election. This acknowledgement is pursuant to F.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

6/15/22

Date

[Signature]

Candidate

[Signature]

Witness

RECEIVED

JUN 16 2022

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

Town of Southwest Ranches, FL

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 15 of JUNE, 2022.

WITNESSES:

[Signature]

BY CANDIDATE:

[Signature]
DANIEL PRADILLA
(Print name)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 15th day of June, 2022, by Daniel Pradilla, who is personally known to me or who has produced FL. D.C. as identification and who did/did not take an oath.

Witness my hand and official seal, this 15th day of June, 2022.
[Signature]

Signature of person taking acknowledgment
[Public Notary, State of Florida]

Name of person taking acknowledgment
(typed, printed, or stamped)

**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

RECEIVED

JUN 16 2022

Town of Southwest Ranches, FL

OFFICE USE ONLY

Candidate Oath

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

I, DANIEL "DANNY" PRADILLA,

(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 TOWN COUNCIL, 2
(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): 11462117

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.]

DANEE L "DA NEE" PRA DEE YA

X [Signature]
Signature of Candidate

(954) 253 75133
Telephone Number

daniel.p.swr@gmail.com
Email Address

18900 SW 63 ST.
Address

SW RANCHES
City

FL
State

33332
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: F.L.D.C.

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 :

DANIEL PRAOILLA

MAILING ADDRESS :

18900 SW 63 ST.

RECEIVED

JUN 16 2022

Town of Southwest Ranches, FL

CITY :

SW RANCHES

ZIP :

FL

COUNTY :

33332

NAME OF AGENCY :

SOUTHWEST RANCHES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNCIL DISTRICT 2

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, 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
AGROGROWERS INC.	18900 SW 63 ST. SWR, FL 33332	NURSERY
TADALAS NURSERY INC.	18900 SW 63 ST. SWR, FL 33332	NURSERY

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
ZMP DEVELOPMENT LLC	DUPLEX - MIAMI-DADE FOLIO 30-3101-003-1570	730 NE 120 ST FL 33161 Biscayne Park	CONSTRUCTION

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

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

- 1.) 18460 KELLY RD, FT PIERCE, FL 34945
- 2.) SW 191 AVENUE, FOLIO, 513901010051
- 3.) SW 189 WAY, FOLIO, 513901010055
- 4.) 6401 SW 189 WAY, FOLIO, 513901070010

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
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
1.) US BANK, 2.) US BANK	PO BOX 790179 ST. LOUIS, MO 63179
3.) BANK OF WEST	PO BOX 2078 OMAHA, NE 68103

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	ABRO GROWERS, INC.	2 MP DEVELOPMENT LLC
ADDRESS OF BUSINESS ENTITY	16900 SW 63 ST. GWR FL 33332	730 NE 120 ST. Biscayne Park FL 33161
PRINCIPAL BUSINESS ACTIVITY	NURSERY	CONSTRUCTION
POSITION HELD WITH ENTITY	PRES / OWNER	PARTNER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	60%
NATURE OF MY OWNERSHIP INTEREST	OWNER	INVESTOR

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:

6/16/22

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.