

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ERIKA M DAVIS
Name

(2) 9349 NW 53RD CT
Address (number and street)

SUNRISE, FL 33351
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 OCT 12 PM 2:12

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR, CITY OF SUNRISE
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 07 / 01 / 2016 To 10 / 13 / 2016 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 100 . 21

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 100 . 21

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 3 , 114 . 25

(10) TOTAL Monetary Expenditures To Date

\$ _____, 3 , 114 . 25

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) DANIEL L. DAVIS

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

[Signature]
Signature

(Type name) ERIKA M DAVIS

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ERIKA M DAVIS (2) I.D. Number _____
 (3) Cover Period 07/01/2016 through 10/13/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
08/31/2016	SABADELL BANK 150 S. PINE ISLAND RD #100 PLANTATION FL 33324	ACCOUNT SERVICE FEE	MON		20.00
1					
08/31/2016	SABADELL BANK 150 S. PINE ISLAND RD #100 PLANTATION FL 33324	ACCOUNT SERVICE FEE	MON		25.00
2					
08/31/2016	DARE TO CARE THE FAITH CENTER 5555 NW 95TH AVE SUNRISE FL 33351	DONATION	MON		55.21
3					
11					
11					
11					
11					
11					

16 OCT 12 PM 2:12
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Erika M Davis

Name

(2) 9349 NW 53rd CT

Address (number and street)

Sunrise, FL, 33351

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor, City of Sunrise

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 JUL 13 PM 5:04

(5) Report Identifiers

Cover Period: From 06 / 01 / 2016 To 06 / 30 / 2016 Report Type: M06

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 3 , 114 . 25

Loans \$, , .

Total Monetary \$, 3 , 114 . 25

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 3 , 014 . 04

Transfers to Office Account \$, , .

Total Monetary \$, 3 , 014 . 04

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 3 , 114 . 25

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 014 . 04

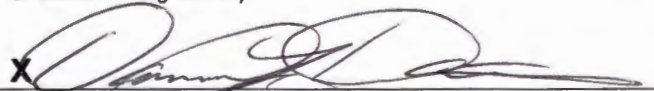
(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Daniel L Davis

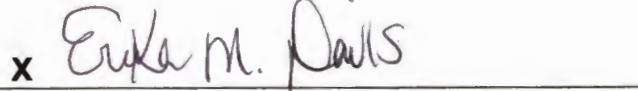
Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer



Signature

(Type name) Erika M Davis

Candidate Chairperson (only for PC and PTY)



Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Erika M Davis (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
06 / 23 / 16 1	Erika M Davis 9349 NW 53rd CT Sunrise, FL 33351	S	Account MGR	CAS		ADD 1	\$3,114.25
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16 JUL 13 PM 5:05
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Erika M Davis

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
06 / 24 / 16 1	City of Sunrise 10770 W. Oakland Park Blvd Sunrise, FL 33351	Campaign Qualifying Fee	CAN		\$3,014.04
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16 JUL 13 PM 5:05
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ERIKA M DAVIS
Name

(2) 9349 NW 53RD CT
Address (number and street)

SUNRISE FL 33351
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 JUL 11 PM 4:47

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR, CITY OF SUNRISE

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 01 / 2016 To 06 / 30 / 2016 Report Type: MOG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 0 , 0 . 0

Loans \$ 0 , 0 , 0 . 0

Total Monetary \$ 0 , 0 , 0 . 0

In-Kind \$ 0 , 0 , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 3 , 014 . 04

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 3 , 014 . 04

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 0 , 0 , 0 . 0

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 014 . 04

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) DANIEL L. DAVIS
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

[Signature]
Signature

(Type name) ERIKA M DAVIS
 Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ERIKA M. DAVIS

(2) I.D. Number _____

(3) Cover Period 06 18 2016 through 06 30 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
6/24/2016	CITY OF SUNRISE 10770 W. OAKLAND PARK BLVD SUNRISE FL. 33351	CAMPAIGN QUALIFYING FEE	CANDIDATE EXPENSE		\$3,014.04
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16 JUL 11 PM 4:47
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ERIKA M. DAVIS (2) I.D. Number _____

(3) Cover Period 06/01/2016 through 06/30/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
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16 JUL 11 PM 4:47
CITY CLERK
CITY OF SUNRISE

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

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

(PLEASE PRINT OR TYPE)

CITY CLERK
CITY OF SUNRISE

16 JUN 20 AM 11:34

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)

ERIKA M. DAVIS

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

9349 NW 53rd Ct.
SUNRISE, FL 33351

4. Telephone

(954) 203-7157

5. E-mail address

erikad0926@gmail.com

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

MAYOR

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 Davis

11. Mailing Address

9349 NW 53rd Ct.

12. Telephone

(954) 268-3924

13. City

SUNRISE

14. County

BROWARD

15. State

FL

16. Zip Code

33351

17. E-mail address

DAVISANDASSOCFL@Yahoo.com

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

19. Name of Bank

Sabadell United Bank

20. Address

150 S. Pine Island Rd #100

21. City

Plantation

22. County

BROWARD

23. State

FLORIDA

24. Zip Code

33324

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

6/20/16

26. Signature of Candidate

X Erika M. Davis

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

I, Daniel L. Davis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-20-2016
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
CITY CLERK
CITY OF SUNRISE

16 JUN 20 AM 11:34

I, ERIKA CABARCAS-DAVIS,

candidate for the office of MAYOR (CITY OF SUNRISE);

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Erika Cabarcas-Davis
Signature of Candidate

6/20/16
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).

CITY CLERK
CITY OF SUNRISE

16 JUN 24 AM 10:21



NOTICE OF CANDIDACY AND AFFIDAVIT

I, ERIKA M. CABARCAS-DAVIS, do hereby affirm that I am a candidate for the office of MAYOR, City of Sunrise, m Broward County, Florida, in the General Election to be held on November 8, 2016, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner.

Erika M. Cabarcas-Davis

Signature

6/20/16

Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 20 day of June, 2016, by Erika M. Cabarcas-Davis

Mirna V. Moya
Notary Public

(seal)

Personally Known _____ OR Produced Identification R
Type of Identification Produced FL DL



MIRNA V. MOYA
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF015683
Expires 7/16/2017

City Charter Section 3.02 Qualifications.

Any elector of the City of Sunrise who has resided continuously in the city for one (1) year prior to qualifying as a candidate for the office shall be eligible to hold the office of City Commissioner, or Mayor.

(Ord. No. 517, § 3, 8-10-10/Ref. of 11-2-10)

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

CITY CLERK
CITY OF SUNRISE

16 JUN 24 AM 10:21

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, ERIKA M DAVIS

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR, _____, _____
(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.

Erika M. Davis
Signature of Candidate

(954) 203-7157
Telephone Number

erikad0926@gmail.com
Email Address

9349 NW 53rd Ct. Sunrise
Address City

FL
State

33351
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 123482663

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

AHR-i-Kah DAY-vhis

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2016.

Personally Known: _____ or

Produced Identification: [Signature]

Type of Identification Produced: FL DL

Mirna V. Moya
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



MIRNA V. MOYA
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF015683
Expires 7/16/2017

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

CABARCAS- DAVIS, ERIKA, M

MAILING ADDRESS :

9349 NW 53rd Ct.

SUNRISE

33351

BROWARD

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

CITY of SUNRISE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

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

CITY CLERK
CITY OF SUNRISE
16 JUN 24 AM 10:21

**** 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, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
BELCO GENERICS	7771 W. Oakland PK Blvd. Atrium West Suite 101 Sunrise, FL 33351	Pharmaceutical SALES

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
N/A			

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

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

N/A

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

N/A

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

NAME OF BUSINESS ENTITY

N/A

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

CITY CLERK
 CITY OF SUNRSE
 JUN 24 AM 10:21

PART G — TRAINING

For elected municipal officers 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:

Erika N. Cabarcas-Davis

Date Signed:

6/20/16

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:

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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2015.

CITY CLERK
CITY OF SUNRISE

16 JUN 24 AM 10:21



**Receipt of
Sunrise Code of Ethics and
Sunshine Amendment and Code of Ethics for Public Officers
and Employees
Acknowledgement**

I have received, read and understand the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics and the Sunshine Amendment and Code of Ethics for Public Officers and Employees.

ERIKA M CABARCAS DAVIS
Print Name

Erika M. Cabarcas Davis
Signature

6/20/16
Date

CITY CLERK
CITY OF SUNRISE

16 JUN 24 AM 10:48



NOTICE OF LOGIC AND ACCURACY TEST

F.S. 101.5612 Testing of tabulating equipment.

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the 2016 Primary and General Elections will take place as listed below. Attendance at this test of the equipment is strictly optional. You are welcome to observe.

VOTING EQUIPMENT CENTER
1501 NW 40 AVENUE
LAUDERHILL, FL
(954)712-1903

For Primary Election	Wednesday, August 10, 2016	10:00 a.m.
For General Election	Wednesday, October 19, 2016	10:00 a.m.

Erika M. Cabarcas-Davis
Signature of Candidate

6/24/16
Date

Broward County Statement of Ethical Campaign Practices

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

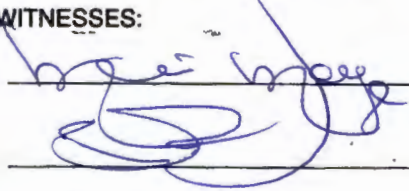
- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.


A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

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 20 of July 2016

WITNESSES:


BY CANDIDATE:

 Signature
ERIKA M CABARCAS-DAVIS
 (Print Name)

STATE OF FLORIDA)
) SS.
 COUNTY OF Broward)

16 JUN 24 AM 10:21
 CITY CLERK
 CITY OF SUNRISE

The foregoing instrument was acknowledged before me this 20 day of June 2016, by Erika M. Cabarcas Davis who is personally known to me or who has produced FL DL as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 20 day of June 2016

(NOTARY SEAL) _____
 (Signature of person taking acknowledgment)

_____ (Name of officer taking acknowledgment)
 typed, printed, or stamped

My commission expires:

