

TOWN OF SOUTHWEST RANCHES  
NOVEMBER 8, 2022  
GENERAL INFORMATION SHEET

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

Candidate's Name Bob HARTMANN

District 1  
District 2  
(Circle One)

Residency Address: 5441 SW 19th Ter, SWR, FL 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 954-801-1758

E-Mail Address Bob.HARTMANN@SWR.com

Date of Birth 7/30/58

Occupation Screen Master

Spouse's Name NANCY

Campaign Treasurer Bob HARTMANN Telephone 954 801-1758

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

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

- |                                     |                     |  |
|-------------------------------------|---------------------|--|
| <input checked="" type="checkbox"/> | Form #<br>DS-DE9    | Title of Form<br>Appointment of Campaign Treasurer and Designation of Depository<br>(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<br>Form 1 previously filed is acceptable - F.S. 99.061(7)(a)5.)   |
| <input checked="" type="checkbox"/> | \$220<br>Filing Fee | Check must be written from the campaign account made<br>payable to the Town of Southwest Ranches (the filing fee includes<br>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

**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

**OFFICE USE ONLY**

**Candidate Oath**

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

I, BOB HARTMANN,

(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): 101643053

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.]

B A H B H A R T - M N

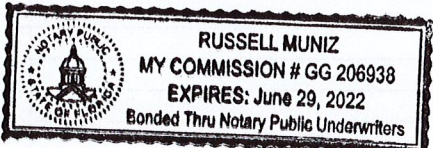
X [Signature] (1959) 801-1758 BobHARTMANN@Gmail.com  
Signature of Candidate Telephone Number Email Address

5441 SW 198th Rd 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 13th day of June, 2022  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_



## 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.*

<b>Vowels</b>			
<b>Stressed Vowel Sounds</b>		<b>Unstressed Vowel Sounds</b>	
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	<b>Certain Vowel Sounds with R</b>	
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		

<b>Consonants</b>			
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	(JUHG) 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-uhr) singer	ZH	(A-zuhr) azure (VI-zuhn) vision
P	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston

<b>Examples of Phonetically Spelled Names</b>	
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.***

FOR OFFICE USE ONLY:

T11 P1 \*\*\*\*AUTO\*\*ALL FOR AADC 331 2010
Robert Hartmann 203591
Council Member District 1 Southwest Ranches
5441 SW 198th Ter
SW Ranches, FL 33332-1527



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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Southland Glazers Wine & Spirits, 2400 SW 14th Ave, Miramar, FL, 33027, Wine & Spirits Distribution.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: 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")

Table with 1 column for real property reporting. Row 1: N/A.

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
See Attached	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Provident Funding	PO Box 5914, Santa Rosa, CA 95402

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	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		

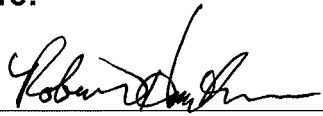
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

6/12/22

**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.

Form 1 Statement of Financial Interests - Part D attachment

Robert Hartmann

<b>Name of Intangible</b>	<b>Business Entity to which property relates</b>
Stock	Morgan Stanley & Co. LLC
Stock	FMR LLC.
Cash	Space Coast Credit Union
Retirement plan	Florida Retirement System
Retirement plan	Milliman Inc.
Prepaid college programs	Florida Prepaid College Plan

**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.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

6/13/22

Date

[Handwritten Signature]

Candidate

[Handwritten Signature]

Witness

TOWN OF SOUTHWEST RANCHES  
NOVEMBER 8, 2022  
NOTICE OF CANDIDACY

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

Candidate's Name Bob HARTMANN Date 6/13/22

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

Residency Address 5441 SW 198<sup>th</sup> TER, SW RANCHES, FL 33338

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.

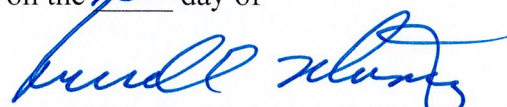
Candidate for: District 1 / District 2    Circle One

Signature of Candidate: 

Print Name: Bob HARTMANN

Address: 5441 SW 198<sup>th</sup> TER  
SW RANCHES, FL 33338

I hereby certify that this Notice of Candidacy form was filed with me on the 13<sup>th</sup> day of  
June 2022.

  
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 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.

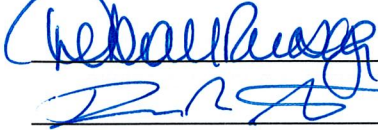
Therefore:

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.

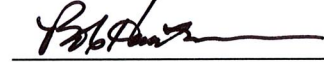
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 13 of June, 2022, 2016.

WITNESSES:

  
\_\_\_\_\_

BY CANDIDATE:

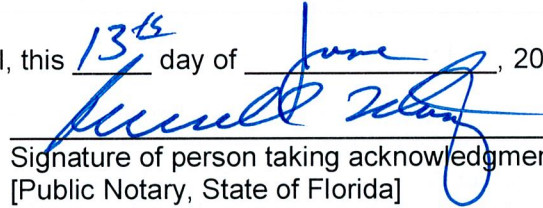
  
\_\_\_\_\_  
Bob Hartmann  
(Print name)

STATE OF FLORIDA    )  
                                  ) SS.  
COUNTY OF BROWARD )

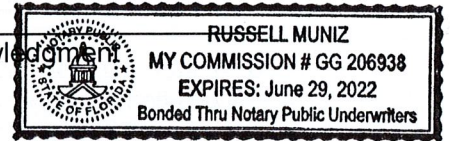
The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of June, 2016, by Bob Hartmann, who is

personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

Witness my hand and official seal, this 13<sup>th</sup> day of June, 2022, 2016.

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

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





Town of Southwest Ranches  
13400 Griffin Road  
Southwest Ranches, FL 33330-2628

(954) 434-0008 Town Hall  
(954) 434-1490 Fax

**Town Council**  
**Steve Breitkreuz, Mayor**  
**Gary Jablonski, Vice Mayor**  
**James Allbritton, Council Member**  
**Bob Hartmann, Council Member**  
**David Kuczenski, Council Member**

**Andy Berns, Town Administrator**  
**Keith M. Poliakoff, Town Attorney**  
**Russell C. Muñiz, Assistant Town Administrator/Town Clerk**  
**Emil C. Lopez, CPM, MAcc, Town Financial Administrator**

## TOWN OF SOUTHWEST RANCHES

### APPLICATION FOR TEMPORARY ELECTION SIGN

Print or type all Information:

1. Bob Hartmann      954-801-1758      N/A  
Name of Candidate      Telephone Number      Fax Number

5441 SW 198th Rd      SW Ranches, FL 33372  
Street Address      Town, State, Zip Code

2. Bob Hartmann      954-801-1758      \_\_\_\_\_  
Person/Company Erecting Sign      Telephone Number      Fax Number

5441 SW 198th Rd      SW Ranches FL 33372  
Street Address      Town, State, Zip Code

3. Location of Sign(s) (Use additional sheet if necessary) and approval by the owner/lessee to place the sign on the property.

Address of property where the  
Sign will be placed, including City,  
State, and Zip Code

Signature of Property owner or lessee  
giving permission to locate the sign on  
the property

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

The above named person/organization certifies that the owner of property and/or lessee has granted permission to place a temporary election sign on the subject property in accordance with the Town's election sign regulations. Election signs may be erected and shall be removed in accordance with the following regulations, which are codified, in its entirety, in Section 070-110 of the Town's Code of Ordinances.

1. One (1) election sign per parcel per candidate on each street frontage.
2. Area shall be limited to sixteen (16) square feet.
3. Height shall be limited to six (6) feet or less.
4. Setbacks: Three (3) square feet or less – Five (5) feet from street.  
Over three (3) square feet – Ten (10) feet from street.
5. Duration: No earlier than sixty (60) days from the election.
6. Removal: Within ten (10) days of the election.
7. Cannot be attached to rooftops, trees, shrubs, utility or similar poles.
8. No election sign may be placed or erected on public property.

Any person violating these regulations, including the property owner on which the election sign is placed or erected, may be subject to prosecution by the Town.