

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 GARY JABLONSKI District 1
District 2
(Circle One)

Residency Address: 6601 SW 178 AVE

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

Mailing Address _____
(If different from residency address)

Telephone: Home N/A Work N/A Cell 954-830-8797

E-Mail Address G.JABLONSKI@SOUTHWESTRANCHES.ORG
GARYJABLONSKI55@GMAIL.COM

Date of Birth 05-03-55

Occupation COUNCIL MEMBER

Spouse's Name KATHLEEN JABLONSKI

Campaign Treasurer KATHLEEN JABLONSKI Telephone 954-296-2802

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

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	(CHUHRCH) 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

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.

**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.

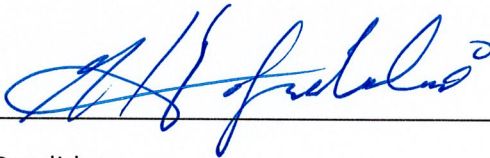
DATE: **September 29, 2022**

TIME: 9:30 a.m.

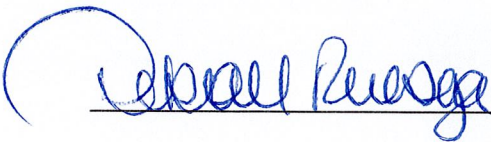
PLACE: Voting Equipment Center
1501 NW 40 Avenue
Lauderhill, Florida
(954) 712-1903

06/13/22

Date



Candidate



Witness

TOWN OF SOUTHWEST RANCHES

NOVEMBER 8, 2022

NOTICE OF CANDIDACY

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WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name GARY JABLONSKI Date 06/13/22

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

Residency Address 6601 SW 178 AVE, SOUTHWEST RANCHES, FL, 33331

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: [Handwritten Signature]

Print Name: GARY JABLONSKI

Address: 6601 SW 178 AVE
SOUTHWEST RANCHES, FL

I hereby certify that this Notice of Candidacy form was filed with me on the 13 day of 33331 June 2022.

[Handwritten 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



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. GARY JABLONSKI 954-830-8797 _____
Name of Candidate Telephone Number Fax Number

6601 SW 178 AVE SOUTHWEST RANCHES, FL, 33331
Street Address Town, State, Zip Code

2. GARY JABLONSKI 954-830-8797 _____
Person/Company Erecting Sign Telephone Number Fax Number

6601 SW 178 AVE SOUTHWEST RANCHES, FL, 33331
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.

FORM 1X AMENDMENT TO STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME
(Same as on original Form 1):

Joblonski, Gary

MAILING ADDRESS:

6601 SW 178 Avenue

CITY: ZIP: COUNTY:

Southwest Ranches 33331 Broward

◆ THIS FORM AMENDS THE (Choose one)

- FORM 1 I FILED FOR THE YEAR: 2021
(Use a separate Form 1X for each Form 1 you are amending.)
- FORM 1F I FILED FOR THE PERIOD
January 1, _____ THROUGH _____
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Vice Mayor

◆ WITH THIS GOVERNMENTAL AGENCY: _____
Town of Southwest Ranches

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
Social Security Administration	6401 Security Blvd. Baltimore, MD 21235	Social Security benefits
Shortys IV, Inc.	9150 SW 87 Avenue, Miami FL 33176	Hospitality Management

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'S 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

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
Mutual Fund	Morgan Stanley / Invesco / T. Rowe Price / Columbia Acorn

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
JP Morgan Chase	P.O. Box 78148 Phoenix, AZ 85062
Bank of America	P.O. Box 26078 Greensboro, NC 27420

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 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.

PART H — EXPLANATION OF CHANGES

Realized I entered sources of income that were not required and inadvertently left sources that met the criteria

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

SIGNATURE OF FILER:

Signature:



Date Signed:

June 13, 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:

Return the form to the location where you filed the Form 1 or 1F that you are seeking to amend.

Local officers 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.

Candidates should have filed their Form 1 together with their qualifying papers.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Bldg E, Ste 200, Tallahassee, FL 32303; telephone (850) 488-7864.

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, 2016- 2022

WITNESSES:

[Signature]
[Signature]

BY CANDIDATE:

[Signature]
GARY JABLONSKI
(Print name)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 13th day of June, 2022, 2016, by GARY JABLONSKI, 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 13th day of June, 2022, 2016.

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

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

