

# TOWN OF SOUTHWEST RANCHES **NOVEMBER 5, 2024**

## NOTICE OF CANDIDACY

Town Clerk's Offacel DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name _	David Scot	KUCZENSKI	Date	ne 11, 2024
(name as it is to app	ear on ballot - please print	)		
Residency Address	6411 Ho LAtee	Tral Southwest	Rancles,	FL 33330
The undersigned is and states:	qualified to be a member of	of the Town Council of the	Town of Sou	thwest Ranches, Florida
1. I am a qualified e	lector of the State of Flori	da and the Town of South	west Ranches.	
2. Have you resided	at the above address two	(2) years or more? Yes	No	(Council Member)
3. Have you resided	at the above address two	(4) years or more? Yes	No	(Mayor)
4. I shall not, as a M	ayor Council Member ho	ld any other elected public	office.	
5. I am otherwise qu	ualified to be Mayor Counc	cil Member in the Town of	f Southwest R	anches.
6. I have paid the \$2. (check from campaig	50/220 filing fee to the Tog gn account made payable	wn Clerk (\$100 qualifying to the Town of Southwest	fee and \$150. Ranches)	/\$120 election assessment
7. I have read and ur	nderstand the provisions in	the Town's Charter conce	erning Counci	il qualifications.
8. I have read and w	ill comply with all provisi	ons of Chapter 106, Florid	a Statutes.	
Package from the Tinformation contains assistance to candid	own of Southwest Ranched herein is intended as lates; however, it is not	have received a completes. I further acknowledges reference guide only. the responsibility of this ontained herein is current	ge that I have The Town Cl Office to int	e read and understand the lerk's Office will provide erpret Florida Statutes a
Candidate for:	Mayor / District 3 Dist	rict 4 Circle One Signature of Candida	te:	
				K.uczensk 1
		Address: (	0411 Hel	wee Trail
I hereby certify that t	this Notice of Candidacy f	Form was filed with me on	the ll day	y of June 2024.
			balle	Wya
		LOWIN	I IATE OF LINE	LITTING A LITTING

# TOWN OF SOUTHWEST RANCHES **NOVEMBER 5, 2024** GENERAL INFORMATION SHEET

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

Candidate's Name David Scott Kuczenski Mayor District 3
Residency Address: WII Holatee Trail SWR District 4
Have you resided at the above address for two (2) years or more? Yes No
Mailing Address Sume us along If different from residency address)
Геlephone: Home Work <u>305 893 5500</u> Cell <u>305.815</u> 0990
E-Mail Address David for South west Ranches @ g mail. com
Date of Birth Dec 9. 1963
Occupation Attorney
Spouse's Name
Campaign TreasurerTelephone
Deputy Treasurer Telephone

Town Clerk's Doe

# **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:

Marita in an didata

## RECEIVED

JUN 1 1 2024

Town Clerk's Office



Write-in candidate	OFFICE USE ONLY
Cand	idate Oath
	ZENSKI
Check box if two last names without hy Check box if name includes nickname.  (For use of a nickname)	phen. (Name cannot be changed after qualifying.)  Ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office of the nonpartisan of the nonpartisan office of the nonpartisan office of the nonpartisan	of Council Member, Pist, 4 (Office)  Or of Boward County, Florida
have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I ich office or any part thereof runs concurrent with the office I seek; and I in pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
I owe outstanding fines, fees, or penalties, that cumulatively exceed YES, I Do	ng Fines, Fees, or Penalties ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).  NO, I Do Not
If you do, you must also specify the amount owed and each er	ntity that levied the same on the reverse side.
Signature of Candidate  Telephone Number  Address of Legal Residence  Telephone Number  Total Synhwest Rance  City	Email Address
STATE OF FLORIDA  COUNTY OF BROWARD  Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this June day of June 20 24.  Personally Known OR Produced Identification	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Florida Daniel R Stewart My Commission HH 452065 Expires 10/8/2027
Type of Identification Produced: FL DRAVER LICENSE	

DS-DE 302NP (Eff. 10/2023)

Rule 1S-2.0001, F.A.C.

		ourposes): Print the name phonetically on the line below as you ons with disabilities (see instructions on page 3 of this form):
Dovid KA -	· ZEN-	SKI
Statement of C	Outstanding	Fines, Fees or Penalties
candidate, shall, at the time of subscribing to the oar or penalties that cumulatively exceed \$250 for any v	th or affirmation, siolations of s. 8, <i>P</i>	a party candidate, a candidate with no party affiliation, or a write-in state in writing whether he or she owes any outstanding fines, fees, Art. II of the State Constitution, the Code of Ethics for Public Officers are governing standards of conduct and disclosure requirements, or
Amount		Entity
NA		
Affidavit of Nicknan	<b>ne</b> (Only requ	ired if using nickname for the ballot.)
My legal name is David Scoff Kucz affidavit are true and correct.	LENSK (	. I am over the age of eighteen (18) and the contents of this
My nickname is of my legal name. I have not created the nickname a political slogan or otherwise associate me with a c		I am generally known by this nickname or have used it as part rs. My nickname does not imply I am some other person, constitute r that is obscene or profane.
Signature of Candidate:	6	
STATE OF FLORIDA		
COUNTY OF BROWARD		Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by	means	Print, Type, or Stamp Commissioned Name of Notary Public below:
of online notarization OR physical prese	nce 🔀	Notary Public State of Florida
this 14 day of JUNE,	Daniel R Stewart  My Commission HH 452065	
Personally Known OR Produced Identific	ation 🔼	Expires 10/8/2027
Type of Identification Produced: FL DASY(1)	TICKNIE	
DS-DE 302NP (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.

Phonetic Spelling of Name

#### DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

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

- 1. Use the tables below.
- 2. Use upper case for "stressed" syllables. Use lowercase 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		
1	(FIT) fit				
E	(BED) bed				
Α	(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 V	owel Sounds with R		
U	(FUL) full	AHR	(PAHR) par		
00	(FOOD) food	ER	(PER) pair		
OU	(FOUND) found	IR	(PIR) peer		
0	(FO) foe	OR	(POR) pour		
El	(FEIT) fight	OOR	(POOR) poor		
Al	(FAIT) fate	UHR	(PUHR) purr		
Ol	(FOIL) foil				
Y00	(FYOOR-ee-uhs) furious				
		Consonants			
В	(BED) bed	R	(RED) red		
D	(DET) debt	S	(SET) set		
F	(FED) fed	T	(TEN) ten		
G	(GET) get	V	(VET) vet		
Н	(HED) head	Υ	(YET) yet		
HW	(WHICH) which	w	(WICH) witch		
J	(JUHG) jug	СН	(CHUCRCH) church		
К	(KAD) cad	SH	(SHEEP) sheep		
L	(LAIM) /ame	TS	(ITS) its (PITS-feeld) Pittsfield		
М	(MAT) mat	TH	(THEI) thigh		
N	(NET) net	TH	(THEI) thy		
NG	(SING-uhr) singer	ZH	(A-zhuhr) azure (VI-zhuhn) vision		
Р	(PET) pet	Z	(GOODZ) goods(HUH-buhz-tuhn)		
			Hubbardston		
		Phonetically Spe			
NAME O	N BALLOT	PRONOUI			
Mishaud			mee-SHO ('d' is silent)		
Jahn			HAHN (rhyme: fawn)		
Beauprez			(rhyme: hooray)		
Maniscalco		man-uh-S			
Tangipahoa			TAN-ji-pah-HO-uh		
Monte			Mahn-TAI		
Tanya		TAWN-yu	TAWN-yuh (not TAN)		

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

#### **General Information**

Name:

Mr David S Kuczenski Esq

Address:

6411 Holatee Trl, Sw Ranches, FL 33330

PID 286003

County:

Broward

#### **AGENCY INFORMATION**

Organization

Suborganization

Title

Southwest Ranches

**Town Council** 

Council Member - District 4

#### **CANDIDATE FOR**

Position

Agency Name

Position sought or held

City, Town or Village (Commission or

Council), Governing Board

TOWN OF SOUTHWEST RANCHES, FLORIDA

TOWN COUNCIL MEMBER - DISTRICT

4

#### Net Worth

My Net Worth as of June 7, 2024 was \$ 1,165,139.29.



#### Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$20,800.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residential Home (Broward Co Prop Appraiser)	\$ 580,880.00
2016 BMWi (est from CarMax)	\$ 3,400.00
2017 VW Passat (est from CarMax)	\$ 2,700.00
Loan to mother's trust	\$ 40,259.19
Loan to re-election campaign	\$ 5,000.00
Bank of America Business Bank Act	\$ 206,542.15
TD Bank personal bank acct	\$ 14,541.79
event tickets	\$ 4,767.85
event tickets	\$ 1,691.77
Fidelity non-simple IRA-RTX	\$ 4,976.28
Fidelity simple IRA-AAPL	\$ 38,118.08
Fidelity simple IRA-FBIOX	\$ 36,047.29
Fidelity simple IRA-FDGRX	\$ 190,310.37
Fidelity simple IRA-FDIVX	\$ 41,955.59
Fidelity simple IRA-FSKAX	\$ 202,944.57
Fidelity simple IRA-FSLCX	\$ 19,131.99
Half interest in deceased mother's family trust	\$ 71,590.87

#### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Nationstar Mortgage, LLC d/b/a Mr. Cooper	8950 Cypress Waters Blvd. Coppell, TX 75019	\$ 316,080.19
Volkswagen Financial Serv	1401 Franklin Blvd., Libertyville, Illinois 60048	\$ 4,849.26

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		·

#### Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

#### **PRIMARY SOURCES OF INCOME:**

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
PAUL K SCHRIER PLLC	11098 BISCAYNE BLVD., SUITE 208, MIAMI, FL 33161	\$ 124,704.40
DAVID KUCZENSKI, ESQ PA	6411 HOLATEE TRAIL, SOUTHWEST RANCHES, FL 33330	\$ 184,946.83

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source	
N/A				

Business Entity # 1  N/A
Training
This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.
☑ I certify that I have completed the required training under Section 112.3142, F.S.
Required training under Section 112.3142, F.S., not applicable to filer for this form year.

# **Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

# David S Kuczenski Esq

Digitally signed: 06/07/2024

Filed with COE: 06/07/2024

#### **General Information**

Name: Mr David S Kuczenski Esq

Address: 6411 HOLATEE TRL, SW RANCHES, FL 33330 PID 286003

County: Broward

#### **AGENCY INFORMATION**

Organization	Suborganization	Title
Southwest Ranches	Town Council	

#### **Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

# **Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (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
PAUL K SCHRIER, PLLC	11098 BISCAYNE BLVD, SUITE 208, MIAMI, FL 33161	LEGAL SERVICES
DAVID KUCZENSKI, ESQ, PA	6411 HOLATEE TRAIL, SOUTHWEST RANCHES, FL 33161	LEGAL SERVICES

## **Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

## **Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

#### Location/Description

N/A

# **Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
BANK ACCOUNT-BUSINESS	BANK OF AMERICA, NA
BANK ACCOUNT-PERSONAL	TD BANK, NA
AAPL	APPLE, INC
FBIOX	FIDELITY SELECT BIOTECHNOLOGY-MUTUAL FUND
FDGRX	FIDELITY GROWTH COMPANY- MUTUAL FUND
FDIVX	FIDELITY DIVERSIFIED INTERNATIONAL-MUTUAL FUND
FSKAX	FIDELITY TOTAL MARKET INDEX FUND-MUTUAL FUND
FSLCX	FIDELITY SMALL CAP STOCK-MUTUAL FUND
MOTHER'S ESTATE	JACQUELINE KUCZENSKI FAMILY TRUST

Liabilities			
LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")			
Name of Creditor	Address of Creditor		
NATIONSTAR MORTGAGE, LLC d/b/a MR. COOPER	8950 CYPRESS WATERS BLVD., COPPELL, TX 75019		
Interests in Specified Businesses			
INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")			
Business Entity # 1			
N/A			
Training			
	superintendent, or a commissioner of a community redevelopment agency om are required to complete annual ethics training pursuant to Section 112.3142,		
☐ I certify that I have completed the required training under Section 112.3142, F.S.			

☑ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

# **Signature of Filer**

# David S Kuczenski Esq

Digitally signed: 06/14/2024

Filed with COE: 06/14/2024

# 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 5, 2024 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: October 9, 2024

TIME: 10:00 a.m.

PLACE: Broward County Supervisor of Elections

4650 NW 21 Avenue Fort Lauderdale, Florida

(954) 712-1950

June 11, 2024

Date

Candidate

Witness

JUN 1 1 2024
Town Clerk's Office

#### **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:

- I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
- I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical 2. disability, or sexual orientation an issue in my campaign.
- 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.
- I shall not attack or question my opponent's patriotism.
- 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.
- 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.
- 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.
- 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.
- 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.

Expires 10/8/2027

se of campaign material that falsif	lies, distorts, or misrepresents	s facts.
of JUNE	2024	
	BY CANDIDATE:	
a Arosemena	Signatura	
MARQUES	Pays 5, 9 (Print Name)	KURZENSKI
)		RECEIVED
)SS		P JUN 1 1 2024
)		· · · · · · · · · · · · · · · · · · ·
as acknowledged before me this _	// <del>/H</del> day of	JUNE Town Clerk's Office
D S. KUCZENSKI	, who is personally kno	wn to me or who has produced
	on and who did/did not take a	n oath.
eal, this 1/44 day of June	6, 2024	
Paril R. Stur		IL R. STEWART
ature of person taking acknowled		cer taking acknowledgment)
Daniel R Stewart My Commission HH 45200	65 A	rd County Ord. No. 2000-06, § 1, 1-25-0
	of JUNE  Arosevera  MARGUES  )  )SS  as acknowledged before me this  F. KUCZENSKI  Eal, this HrH day of JUNE  Auril R. Lune  Notary Public State of Flori  Daniel R Stewart	BY CANDIDATE:  Arosemena  Signature  Signature  Signature  (Print Name)  )  Ss  As acknowledged before me this

# TOWN OF SOUTHWEST RANCHES NOVEMBER 5, 2024 GENERAL INFORMATION SHEET ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE WILL BE PLACED ON THE TOWN'S WEBSITE

At time of qualifying, the following must be filed with the Town Clerk:		
Form # DS-DE9	Title of Form Appointment of Campaign Treasurer and Designation of Depository (if not already filed)	
DS-DE84	Statement of Candidate	
DS-DE302NP	Loyalty Oath and Oath of Candidate	
CE Form 6	Statement of Financial Interests (for incumbents, a copy of the 2023 Form 6 previously filed is acceptable - F.S. 99.061(7)(a)5.)	
\$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)	
\$250	Check must be written from the campaign account made	
Filing Fee	payable to the Town of Southwest Ranches (the filing fee includes the \$100 qualifying fee and the \$150 election assessment)	
	Acknowledgement of Notice of Logic and Accuracy Test	
	Notice of Candidacy	