TOWN OF SOUTHWEST RANCHES NOVEMBER 5, 2024 NOTICE OF CANDIDACY

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JUN 1 0 202 4

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

\sim 0.11 \sim 1/1
Candidate's Name Jim Allbritton Date 28 may 2024
(name as it is to appear on ballot - please print)
(name as it is to appear on ballot - please print) Residency Address 5600 SW 166 Ave Southwest Ranches 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 (Council Member)
3. Have you resided at the above address two (4) years or more? Yes No (Mayor)
4. I shall not, as a Mayor/Council Member, hold any other elected public office.
5. I am otherwise qualified to be Mayor/Council Member in the Town of Southwest Ranches.
6. I have paid the \$250/220 filing fee to the Town Clerk (\$100 qualifying fee and \$150/\$120 election assessment) (check from campaign account made payable to the Town of Southwest Ranches)
7. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
8. I have read and will comply with all provisions of Chapter 106, Florida Statutes.
9. By signing this form I acknowledge that I have received a complete copy of the 2024 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, <u>May 23</u> , <u>2024.</u>
Candidate for: Mayor / District 3 District 4 Circle One Signature of Candidate: Long Office Print Name: James Allbritton
Address: 5600 SW 166 Ave
Southwest Ranches Fl 33331
I hereby certify that this Notice of Candidacy form was filed with me on the 28 day of June 2024. Town Clerk or Qualifying Officer
Town Clerk or Qualifying Officer

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	Allbritton		Mayor (District 3)
Residency Address: 5600	SW 166 Ave	SouthwestRanc	hes FL 33331
Have you resided at the above a	ddress for two (2) years o	or more? Yes No	
Mailing Address(If different from residency address	ress)		
Telephone: Home	Work	Cell_3	25-903-7043
E-Mail Address	SWR @ gmail	· COM	
Date of Birth Feb 577	1950		
Occupation <u>Retired</u>			
Spouse's Name <u>Rose</u>	Allbritton		
Campaign Treasurer	Allbritton	Telephone <u>3(</u>	05-903-7043
Deputy Treasurer Rose	Allbritton	Telephone 954	1-319-2999.



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:

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·

JUN 1 0 2024

Town Clerk's Office

Write-in candidate	
(L	OFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot:	itton
Check box if two last names without hy	, , , , , , , , , , , , , , , , , , , ,
Check box if name includes nickname. 🗹 (For use of a nic	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 office of the nonpartisan of the nonpa	of <u>Council Member</u> , <u>3</u> (Office), (District #) or of <u>Broward</u> 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 gn pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
Statement of Outstandi	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 e	ntity that levied the same on the reverse side.
X Signature of Candidate Signature of Candidate Southwest Address of Legal Residence City	Florida 33331 State ZIP Code
STATE OF FLORIDA	
COUNTY OF BROWALD	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:
online notarization OR physical presence	Notary Public State of Florida
this	Daniel R Stewart My Commission HH 452065
Personally Known OR Produced Identification	Expires 10/8/2027
Type of Identification Produced: FL DL	
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

	Phonetic Spelling of Name
wish it to be pronounced on the audio ballo	not required for qualifying purposes): Print the name phonetically on the line below as you lot as may be used by persons with disabilities (see instructions on page 3 of this form):
Stateme	ent of Outstanding Fines, Fees or Penalties
Pursuant to Section 99.021(1)(d), F.S., e candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$250 and Employees under part III of chapter 11 chapter 106.	each candidate, whether a party candidate, a candidate with no party affiliation, or a write-ing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, 0 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers 12, any local ethics ordinance governing standards of conduct and disclosure requirements, or
Amount	Entity
A ffi al conit of NE	
	lickname (Only required if using nickname for the ballot.)
My legal name is <u>James</u> Affidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this
of my legal name. Thave not created the f	. I am generally known by this nickname or have used it as part nickname to mislead voters. My nickname does not imply I am some other person, constitute ne with a cause or issue, or that is obscene or profane.
Signature of Candidate:	es alfbritten
STATE OF FLORIDA	
COUNTY OF BROWARD	Dain R Aus
	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed befo	ore me by means
•	ical presence Notary Public State of Florida Daniel R Stewart
this day of may	, 20
	d Identification 💹
Type of Identification Produced:	L DL
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

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	Unstresse	Unstressed Vowel Sounds		
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger		
Ī	(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 Vo	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		
EI	(FEIT) fight	OOR	(POOR) poor		
Al	(FAIT) fate	UHR	(PUHR) purr		
OI	(FOIL) foil				
Y00	(FYOOR-ee-uhs) furious				
		Consonants			
В	(BED) bed	R	(RED) red		
D	(DET) debt	S	(SET) set		
F	(FED) fed	Т	(TEN) ten		
G	(GET) get	V	(VET) vet		
Н	(HED) head	Υ	(YET) yet		
HW	(WHICH) 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) <i>th</i> igh		
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 ON	BALLOT	PRONOUN			
Mishaud			mee-SHO ('d' is silent)		
Jahn			HAHN (rhyme: fawn)		
Beauprez			boo-PRAI (rhyme: hooray)		
Maniscalc		man-uh-Si			
Tangipaho	oa	TAN-ji-pah			
Monte		Mahn-TAI			
Tanya		TAWN-yul	n (not TAN)		

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, Florida 32317-5709

Kerrie J. Stillman Executive Director

Steven J. Zuilkowski

Deputy Executive Director/

General Counsel

(850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

"A Public Office is a Public Trust"

VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Jim Allbritton Filer PID #: 286002

Date Filed: 2/28/2024

Disclosure Received: 2023 Full and Public Disclosure of Financial Interests

Filing ID: 938190

Receipt Print Date: 5/24/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.



Filer Dashboard

The form has been submitted. You have been redirected to your dashboard.

Filing and Forms

View Previous Filing

If you are looking for a form that is not currently shown, whether to satisfy your filing requirement or to qualify as a candidate, visit the Forms and Filing Information page to access all available forms.



2023 Full and Public Disclosure of Financial Interests

(Form 6)

Instructions & -Opinions &

Published

View Verification Receipt ₺

Messages

Your filing requirement of Form 6 (2023) has been satisfied with your filing on 02/28/2024

Organizations



Debra A. Ruesga druesga@southwestranches.org (954) 343-7451

Town Council

> All Organizations

Amendments

No Amendments found

File Amendment

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JUN 10 202 J

Town Clerk's Office Disw Past Amendments

The form has been submitted. You have been redirected to your dashboard.

- Forms and Filing Information
- Notice to Filers
- Public Records Exemption Request r
- Request Filing Extension
- Public Search &

Share with CPA or Attorney			🖶 Print Form	🗑 Start Over	
Name: 286002 - Jim Allbri	tton Filing Stat e	us: (: , -: , -: , -:)		Changes saved	3
		Provinces of th		segin	
General Information Net Worth	Assets Liabilities	Income Interests in Spe	ecified Businesses	Uploads Training	
Dovious			Sian & Drint		

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

Filer Signature

Jim Allbritton

Jim Allbritton	4474
2/28/2024	· · · · · · · · · · · · · · · · · · ·
BACK	

Jim Allbritton

From:

Ethics FDMS Info < EthicsFDMSInfo@mail.disclosure.floridaethics.gov>

Sent:

Wednesday, February 28, 2024 8:48 AM

To:

Jim Allbritton

Subject:

[EXTERNAL] EFDMS Submission Received

You don't often get email from ethicsfdmsinfo@mail.disclosure.floridaethics.gov. Learn why this is important

This message has originated from an **External Source**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, Florida 32317-5709 Kerrie J. Stillman Executive Director

Steven J. Zuilkowski
Deputy Executive Director/
General Counsel

(850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

A Public Office is a Public Trust

Success! The Florida Commission on Ethics received your Form 6 - Full and Public Disclosure of Financial Interests on February 28, 2024 submitted through the EFDMS system. Submitted disclosures are public record and viewable on the Commission's website.

Log into the EFDMS system: https://disclosure.floridaethics.gov/Account/Login to file amendments or update contact information.

Do not reply to this email as it is generated automatically and electronically and cannot accept electronic replies.

Florida Commission on Ethics 325 John Knox Road, Building E, Suite 200 Tallahassee, FL 32303

General Information

Name:

Jim Allbritton

Address:

5600 SW 166TH AVE, SW RANCHES, FL 33331

PID 286002

County:

Broward

AGENCY INFORMATION

Organization

Suborganization

Title

Southwest Ranches

Town Council

Council Member - District :

Net Worth

My Net Worth as of <u>December 31, 2023</u> was \$ 1,275,000.00.

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JUN 10 2024

Town Clerk's Office

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; and 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 \$50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
5600 SW 166 Avenue Southwest Ranches Florida 33331	\$ 1,050,000.00
Lot #8 & 9 Suwannee River Park Estate Suwannee County Florida	\$ 3,500.00
Morgan Stanley Checking	\$ 48,000.00
Morgan Stanley Basic Securities Mutual Funds, Loomis Sayles Strat	\$ 104,000.00
Morgan Stanley Large Cap Fund, Columbia, Hendersonglb, MFS	\$ 28,000.00
Morgan Stanley Active Assets Account	\$ 41,500.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Income					
Identify each separate source income. Or attach a complete Please redact any social securi posted to the Commission's will elect to file a copy of my	copy of your 202 ty or account nu- ebsite. 2023 federal inco	23 federal incom mbers before at	e tax return, including all W taching your returns, as the	2s, schedules, a law requires th	and attachments.
PRIMARY SOURCES OF INCOME Name of Source of Income Ex		Address of So	urce of Income		Amount
Morgan Stanley Interest & Div	-	595 SO Federa	HWY STE 400 Boca Raton F		\$ 12,000.00
IUOE Central Pension			ake St. NW Washington DC 2		\$ 24,500.00
IUOE General Pension	· · · · · · · · · · · · · · · · · · ·	<u> </u>	eet NW Washington DC 2003		\$ 34,950.00
Dept of Treasury Internal Reve Social Security	enue Service	Washing DC.			\$ 25,500.00
Town Southwest Ranches		13400 Griffin Road Southwest Ranches Fl. 33330		33330	\$ 12,000.00
SECONDARY SOURCES OF INCO	ME (Major custo	omers, clients, et	c. of pusinesses owned by r	ebotilis perzo	N):
SECONDARY SOURCES OF INCO		jor Sources of	Address of Source	Principa	n): al Business of Source
	Name of Ma	jor Sources of	<u> </u>	Principa	al Business
Name of Business Entity N/A	Name of Ma Business' Ind	jor Sources of	<u> </u>	Principa	al Business
	Name of Ma Business' Ind	jor Sources of	<u> </u>	Principa	al Business
Name of Business Entity N/A	Name of Ma Business' Ind	jor Sources of	<u> </u>	Principa	al Business
Name of Business Entity N/A	Name of Ma Business' Ind	jor Sources of	<u> </u>	Principa	al Business
Name of Business Entity N/A Interests in Specified	Name of Ma Business' Ind	jor Sources of	<u> </u>	Principa	al Business

2023 Form 6 - Full and Public Disclosure of Financial Interests

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.
Digitally signed:
Filed with COE:

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

1 ay 28-2024

Date

Candidate

Jim Allbritton

Paril R Sum DANTELR. SEW927

Witness

JUN 10 2024 D Town Clerk's Office





MEMORANDUM

To:

Municipal City/Town Clerks

From:

Joe Scott

Supervisor of Elections

Date:

April 29, 2024

Subject:

Logic and Accuracy Testing

This notice serves to inform you of the location, date, and time of the Logic and Accuracy (L&A) Testing for the voting and tabulating equipment. The Broward County Canvassing Board will oversee this testing in preparation for the General Election scheduled to occur on Tuesday, November 5, 2024

Logic & Accuracy Testing Wednesday, October 9, 2024 10:00 a.m. to Conclusion

Broward County Supervisor of Elections 4650 NW 21st Avenue, Fort Lauderdale, FL 33309

For more information, you may contact Patricia Santiago at 954-712-1950.

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.
- 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.
- 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.

My Commission HH 452065 Expires 10/8/2027

Executed on this day	of May	,2024		
WITNESSES: Musell 20	luna	BY CANDII	^{DATE:}	(m)
boulhuessa		Signature Jam	es Allbrit	ton.
OTATE OF ELODIDA	,	(Print Name	Đ)	RECEIVED
STATE OF FLORIDA)			JUN 10 2024
)SS			3011 I 0 202 1
COUNTY OF BROWART)			Town Clerk's Office
The foregoing instrument was	s acknowledged before me this _	28+H	day of <i>MAy</i>	,
. by)Ames	ALBRITTON	, who is per	rsonally known to me	or who has produced
			d not take an oath.	or time has predated
WITNESS my hand and official se			a not take an oath.	
(NOTARY SEAL) (Signa	R Sture of person taking acknowledge	Iment) (N	DANTEL A. Jame of officer taking	
(1.3	, , , , , , , , , , , , , , , , , , , ,	,	ped, printed, or star	0 ,
My commission expires:	Notary Public State of Florida Daniel R Stewart		(Broward County	Ord. No. 2000-06. § 1. 1-25-00)

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 🕳
ĆE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2023 Form 1 previously filed is acceptable - F.S. 99.061(7)(a)5.)
CE Form 6	Statement of Financial Interests •
\$220 Filing Fee \$250 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) 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 \$150 election assessment)
	Acknowledgement of Notice of Logic and Accuracy Test •
	Notice of Candidacy •
	Notice of Candidacy RECEIVED JUN 10 2021 Town Clerk's Office