

# Candidate Statement of Compliance With City of Pembroke Pines Charter Section 3.04

I, ANGELO CASTILLO, am a candidate for the office of Commissioner of District 4 in the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal Election scheduled for Tuesday, March 11, 2014. The City Charter, Section 3.04, reads as follows:

## SECTION 3.04 QUALIFICATIONS, FILING FEES AND OATHS.

(a) A candidate for any elective position in the City government shall designate the office for which he/she has qualified and pay to the City Clerk a filing fee in an amount equal to three (3) percent of the annual salary of the office.

(b) A candidate for the office of Mayor shall file with the City Clerk a written notice of candidacy which shall designate that the candidate is a qualified elector of the City and a resident of the City for at least 180 days immediately and continuously prior to qualifying for office.

(c) Candidates for City Commission districts shall file with the City Clerk a written notice of candidacy, which shall designate in which election district of the City that candidate resides. A candidate for one (1) of the four (4) Commission seats in the City shall be a qualified elector of the City and a resident of the City residing within their designated election district for at least one hundred eighty (180) days immediately and continuously prior to qualifying for elective office.

I am in compliance with all requirements of Chapter 3.04, and in particular, the 180-day durational residency requirement for candidates.



Signature

1-2-13

Date

CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

14 JAN -2 PM 5:30

**FORM 1**

**STATEMENT OF**

**2013**

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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CASTILLO ANGELO

MAILING ADDRESS :

455 SW 200 Terrace

Pembroke Pines 33029 Broward

CITY: City of Pembroke Pines ZIP: COUNTY:

NAME OF AGENCY : City Commissioner, Dist. 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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'S OFFICE  
 CITY OF PEMBROKE PINES  
 14 JAN -2 PM 5:30

**\*\*\*\* 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, 2013 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:

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
Broward House, Inc.	1726 SE 3rd Ave, Ft. Lauderdale	Non-Profit Agency
Broward Sheriff's Off.	2601 W Broward Blvd, Ft Lauderdale	Golf Agency
City of Pembroke Pines	10100 Pines Blvd, Pines	City Comm. Salary

**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
- NA -	-	-	-
- NA -	-	-	-
- NA -	-	-	-

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

455 SW 200 Terr. Pines, FL 33029
(Primary Residence)

**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
Mutual Funds Money Market	Bank of America, Merg Lynch, Value, TransAmerica, Nationwide, Florida Pre-Paid Education Program

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Eastern Financial	8045 N. Wichem Rd, Melbourne, FL 32941
Chase Manhattan	3415 Vision Drive, Columbus, OH

**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
	- NA -	- NA -
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	-	-

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

*[Handwritten Signature]*

1-2-14

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, ANGELO CASTILLO, 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.

*[Handwritten Signature]*  
 Signature

1-2-14  
 Date

**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:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**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 the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

14 JAN -2 PM 5:30

OFFICE USE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, ANGELO CASTILLO

(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 COMMISSIONER, 4

(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.

[Signature] (954) 436-3266 acastillo@ppines.com  
Signature of Candidate Telephone Number Email Address

455 SW 200 Terrace Pembroke Pines FL 33029  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101919443

\* 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):

AN-JELL-O KAS-TEE-YO

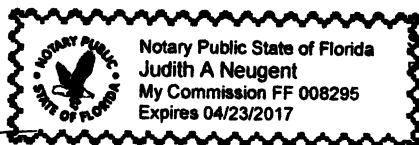
STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 2nd day of January, 2014.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



[Signature] 1/2/14  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





# CITY OF PEMBROKE PINES

10100 PINES BOULEVARD  
PEMBROKE PINES, FL 33026  
(954) 435-6500

RECEIPT NUMBER: 202360596

1/06/2014

PAGE 1 OF 1

DESCRIPTION	ACCOUNT NUMBER	AMOUNT PAID
..: Other government filing fee	1-341956-1001- - - - -	1,170.46

TOTAL CHARGE: 1,170.46  
 AMOUNT RECEIVED: 1,170.46  
 CHANGE: .00

NOTES: CAMPAIGN ACCOUNT OF ANGELO CASTILLO  
 PPC DIST 4  
 CHECK: 0000001006  
 NAME: ANGELO CASTILLO