

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

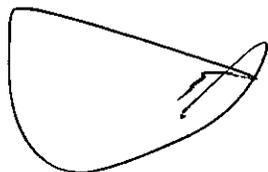
THE CITY OF WESTON

REC'D 07/18/2011 15:27

I, THOMAS M KALLMAN,  
candidate for the office of WESTON CITY COMMISSIONER SEAT 2,

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

7-12-2011

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

REC'D 07/18/2011 15:27

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

THE CITY OF WESTON

600 971-9204 10

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Thomas M Kallman

**3. Address (include post office box or street, city, state, zip code)**

P.O. Box 266736  
Weston, FL 3332

**4. Telephone**

(954 ) 389-5897

**5. E-mail address**

TMK@TMKRisk.com

**6. Office sought (include district, circuit, group number)**

Weston City Commission Seat 2

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Thomas M Kallman

**11. Mailing Address**

P.O. Box 266736

**12. Telephone**

*(954) 389 5897*

**13. City**

Weston

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33326

**17. E-mail address**

TMK@TMKRisk.com

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

Community Bank of Broward

**20. Address**

1504 Weston Road

**21. City**

Weston

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33326

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

July 12, 2011

**26. Signature of Candidate**

*[Handwritten Signature]*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Thomas M Kallman, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

July 12, 2011

Date

**X**

*[Handwritten Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

THE CITY OF WESTON

REC'D 07/12/2011 10:15

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Thomas M. Kallman

**3. Address (include post office box or street, city, state, zip code)**

P.O. Box 266736  
Weston, FL 33326

**4. Telephone**

(954 ) 389-5897

**5. E-mail address**

TMK@TMKRisk.com

**6. Office sought (include district, circuit, group number)**

Weston City Commission Seat 2

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Fred R Sadoff

**11. Mailing Address**

2500 Weston Road, Suite 311

**12. Telephone**

( 954 ) 385-3332

**13. City**

Weston

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33331

**17. E-mail address**

Fred@SadoffandFischerCPA.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Community Bank of Broward

**20. Address**

1504 Weston Road

**21. City**

Weston

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33326

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

July 12, 2011

**26. Signature of Candidate**

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Fred R Sadoff, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

July 12, 2011

Date

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

**OATH OF CANDIDATE**

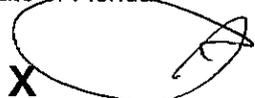
(Section 99.021, Florida Statutes)

I, TOM KALLMAN  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

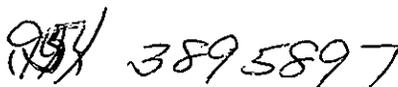
am a candidate for the nonpartisan office of COMMISSION, 2  
(office) (district #)

2; 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

X 

Signature of Candidate



Telephone Number

ELECT TOM KALLMAN

Email Address @GMAIL.COM

1980 LAKE POINT DR. WESTON  
Address City

FLORIDA  
State

33326  
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101750344

\* 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):  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4th day of June, 2012.

Personally Known:  or

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

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

Patricia A. Bates

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



Patricia A. Bates  
COMMISSION # EE 167057  
EXPIRES: FEB. 06, 2016  
WWW.AARONNOTARY.COM

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KALLMAN THOMAS M

MAILING ADDRESS :

1980 LAKE POINT DRIVE

WESTON 33326 BROWARD

CITY: ZIP: COUNTY:

CITY OF WESTON

NAME OF AGENCY :

COMMISSION SEAT 2

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

2011 PDF Form 1

\*\*\*\* 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, 2011 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 p. 4] (If you have nothing to report, you must write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS              | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|-------------------------------|---|
| TRK RISK MANAGEMENT INC  | PO BOX 266736 WESTON FL 33326 | INSURANCE   |
|                          |                               |   |
|                          |                               |   |

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| TRK RISK MANAGEMENT INC | CAPACITY INS. CO.                         | PO BOX 451419     | SUNRISE FL 33345                      |
|                         | + FOCUS HOLDINGS                          | SAA               | INSURANCE                             |
|                         | + MACNEIL GROUP INC                       | SAA               | INSURANCE                             |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

|      |
|------|
| NONE |
|      |
|      |
|      |

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.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

| TYPE OF INTANGIBLE             | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------------------|---|
| SAVINGS ACCOUNTS               | COMMUNITY BANK OF BAYWARD, INC DIRECT         |
| INDIVIDUAL INVESTMENT ACCOUNTS | CORIAN CAPITAL LLC                            |
| TRADITIONAL IRA ACCOUNTS       | GENWORTH FINANCIAL TRUST CO                   |

**PART E — LIABILITIES** [Major debts - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
| NONE             |                     |
|                  |                     |
|                  |                     |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

|   | BUSINESS ENTITY # 1           | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|-------------------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | TMK RISK MANAGEMENT INC       |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    | PO BOX 266736 WASTON FL 33326 |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   | INSURANCE                     |                     |                     |
| POSITION HELD WITH ENTITY                     | PRESIDENT                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 100%                          |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               | SHAREHOLDER                   |                     |                     |

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

**SIGNATURE (required):**

**DATE SIGNED (required):**



6-4-2012

**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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**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, 2011.



## NOVEMBER 6, 2012 MUNICIPAL GENERAL ELECTION

### LOGIC AND ACCURACY TEST NOTICE ACKNOWLEDGEMENT

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test" pursuant to *F.S. 101.5612*.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

6-4-2012

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESSING CITY CLERK



## NOVEMBER 6, 2012 MUNICIPAL GENERAL ELECTION

### NOTICE OF CANDIDACY CHARTER SECTION 2.04 WESTON CODE OF ORDINANCES §21.01

I, TOM KALLMAN, currently reside in the City and the Residential Area for which election is being sought. At all times during the prior twelve months, I have resided, and have had the intent to permanently reside, in the City and the Residential Area for which election is being sought. I am a registered voter in the City of Weston. My residence address is 1980 LAKE POINT DRIVE Weston, Florida, 33326. I hereby announce my candidacy for the office of Commissioner Seat 2 to be voted for at the election to be held on the 6<sup>th</sup> day of November, 2012. I hereby agree to obey all the laws relating to my candidacy and to serve if elected.

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 4<sup>th</sup> day of June 2012, at Broward County, Florida.

NOTARY PUBLIC OR CITY CLERK

DATE AND HOUR OF FILING:

6-4-12 @ 3:40 PM

RECEIVED BY:

  
CITY CLERK/ELECTION OFFICIAL