FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) TMOGENE BALDUN FERGUSE Name (2) 6101 Securise LKA DA N # BA Address (number and street) Suurise H 33322 City, State, Zip Code	UIT GLERK			
☐ CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number: ONER GROOP- C CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
(5) REPORT IDENTIFIERS Cover Period: From \(\text{03} \) \(\text{08} \) \(\text{13} \) To \(\text{06} \) \(\text{10} \) \(\text{13} \) Report Type \(\text{7R} \) Amendment \(\text{D} \) Special Election Report \(\text{D} \) Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 60.00 Loans \$ 0 Total Monetary \$ 60.00 In-Kind \$ 0	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 272.93 Transfers to Office Account \$ 0 Total Monetary \$ 272.93			
	(8) Other Distributions \$			
(9) TOTAL Monetary Contributions To Date \$ <u></u> <u> </u>	(10) TOTAL Monetary Expenditures To Date \$ <u>5みろ。のの</u>			
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correct, and complete. (Type name) ATRICK THOMPSON Individual (only for electioneering commun.) X March Thompson Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name)			

(1) Name IMOGENE BALOWIN FERGUSON (2) I.D. Number

	03 108 113	throu		10 1/3		1	of /
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8)	(9) Contribution	(10) In-kind	(11)	(12)
031/4/13	Wells Fargo 2300 Dunevity SUNRISE, F/3331	Туре	Occupation	Bank's ERROR	Description	Amendment	Amount
36	SUNRISE, F/3331	レ		GRROR		•	\$6000
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DS-DE 13 (Rev. 08/03)

. SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(3) Cover Period <u>03 / 08 / /3</u> through <u>06 / /0 / /3</u>

(4) Page _

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03/12/13 (40	CARIBBEAU Flavor 6772 Sunset Strip Sunsise Il 33313	Food for Party	N	,	\$4300
03/15/13 H	IMage Cancopts 72 les W. Oakland PK Bandorhell, 71 33313	Sherts	En En	2	\$10000
0\$10313 42	Returned to IMOGENE TERGUSON 8101 Sensiae LES DRN Sensiae Il 33322	Repair	Loa		\$17993
11	20003000				
//					
11					
11					



1070 Met Callers H. Bud Junie Llonia 33351

Patrick E. Thompson 403 w 11th St. Lehich Acres, Ft. 33972-8076

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) IMOGENE BOLDIN FERGO Name (2) 810 SUNRISE (LS DR N # 30 Address (number and street) SUNRISE FI 38322 City, State, Zip Code CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY 3 OFFICE USE O			
CHECK IF ADDRESS HAS CHANGED (3) ID Number: CHECK IF ADDRESS HAS CHANGED (3) ID Number: CHECK IF PC HAS DISBANDED CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
	IDENTIFIERS			
Cover Period: From $O2 1 16 1 13$. To	· / ——			
Original Amendment Special Election				
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$865.00	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 697.06			
Loans \$	Transfers to Office Account \$			
Total Monetary \$ 865.00	Total			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 4957.07			
- • •	IFICATION			
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.			
Type name) MTRICK THOMISON Individual (only for election earing commun.) X Atuck Maufsm	(Type name) TMOGENE BALLUIN-TETANSON Candidate Chairperson (only for PC, PTY & electioneering commun. organization) MALLU BALLUIN FURNISM			
Signature ℓ	Signature			

(1) Name IMOGENE BALDWIN FERGUSIN (2) I.D. Number (3) Cover Period @2 1/6 1/3 through @3 1 @7 1/3 Date Full Name (6) (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type | Occupation Type Description **Amount** ADD

DS-DE 13 (Rev. 08/03)



Les West Caller M. Bil 10770 West Caller M. Bil Sugue, Flores 33351

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CLERK CAMPAIGN TREASURER'S REPORT SUMMARY SUNRISE				
(1) TMOGENE BALLOWIN FERGUSON Name (2) 8101 SUNRISE LKS DR N #302. Address (number and street)	OFFICE USE ONLY: 57			
SUNRISE FL. 33322 City, State, Zip Code				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED			
	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
(5) REPORT IDENTIFIERS Cover Period: From ② 1 16 1 13 To ② 1 07 1 13 Report Type ② 4 ☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$ <u>840.00</u>	Monetary Expenditures \$ 697.06			
Loans \$	Transfers to Office Account \$			
In-Kind \$ \$ \(\text{Total Monetary} \)	Total \$ 697.06			
	(8) Other Distributions \$			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 4957.07			
	IFICATION			
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name) ATRICK THOMPSON Individual (only for electioneering commun.) X ALLICK THOMPSON Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature			

(1) Name IMOGENE BALDWIN FERGUSON (2) I.D. Number

(3) Cover Period	02116113	throu	ıgh #3/	07 1/3	(4) Page		of /
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						(12)
Sequence	Street Address &	C	ontributor	Contribution	lan Join al		
Number	City, State, Zip Code	Туре	Occupation	Туре	In-kind Description	Amendment	Amount
021/6/13	Gloria Mison	a sch	The state of the s	1	3 occupation		Amount
	3911 OakHamma	1	r. Historia	CAS			6:00
16	DR 122011	-		W 5			200
/	Branden # 33511		99-18 A - 1			1 1 2 1 2	
02116 113	Joyeelyn Thomas		1c, -				
0.70.10	17 Windson Rd	7		Cas			6
1-7	Howell NJ	I		Car			2000
/ /	Ø7731			1.50 61	u[==="		0.0
A2 1/2 12	Zomena Corner	-1 12 1	3		. /		
02,16 13	628 Wenyah Que	reservi	CEO E ONO	1	1 1 1	a. 1	
7.0	Columbus 50	T	TOWN SHO	Cas			\$1000
18	29203	I	20 00 00			1	10-
NO.	0 1000	-	7.0				
D2118 113	Jose phene Eorly	4		70 174			
	301 & 95 and ST#	I		Che			6
19	Blegn ny 11212					1	200
/ /	Begn Thu						200
m 10 12	H. Millengton						
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	Blelen ny 11203	I		Che	201	1	2000
26	Breigh 91100					1	du -
	1. 11:1.1	N/OT	Α				
	Franklin Sands	4 -	P				
	16/10 Saddle In	T	4	Che			*
21	Waston H		Tred	Cole			\$5000
	53526			2,100		erop-	70
00 10 10	ame Gelleon			* 13, 13, 13		30/10	
02/19/134	ars water sit	T	deterel	Che		2	5
	pr8 warenny		Persones	one	3	1.	5000
22	Bklynny 1/212						
<i>M</i> 2	J. Valentin	P125-7	1 12	a management			
Q2120 113		T	Retired	Che			1-10
	8081 Seurise KKS			che !	R PMI2:57	- AAM E	10-
23	Dr.N. Seurise			0 40	ESINNESE		
- 1	9 33322				T CIMDICE	LHU	

(1) Name IMOGENE BALDWIN FERGUSON (2) I.D. Number

(5)	(7)		(8)	07 1/3	(4) Page (10)	(11)	of Z
Date	Full Name		(0)	(5)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)				January and heater	Brown Carlotter	
Sequence	Street Address &	С	ontributor	Contribution	In-kind	special section	
Number	City, State, Zip Code	1	Occupation	Туре	Description	Amendment	Amount
52,20,13	Treeth Parker 7326 NW495					, and	runount
24	Kanderhill, H 33319	1	in 19w in Nation Frank Letter and English and An	Che			\$30 0E
02/12/13	Horence Capers 8960 W Souther Rd	T	ari gu jaket nna yawata	Cas		enport est	4 00
25	Coral Sts. 733065	10000	olegnus in c	e balasi bal		*	725-00
1219113	Wellie Fring.	T	om elle Sommer elle of a Messale	Cas		6 1 3 - 83 (4) 8*13 - 3 . 186 3 19-13 (\$ 2000
26	Landerhell,	a le a	701 tovo ser	Caw	LUU MARKA	e for a digram (a	au -
02,25,13	Susie Quderson		. 1880 n	61			
27	43405W 7651 West Park 76 133073	I		Che			\$ 25.00
11 00 113	Shirley Laker 4670 DW 4th Ct	Į	2000	Che		1418.15	8 00
28	Plantation H 33717		eger in e unescos. F	m negatives valuation		a i salidhi Ter olat m	92500
PB 01 13	C. Gowens 13307 13451	6		Cas		yenda yaya Qaraki	
29	5.0geans PK						51000
03.01 113	Jan Baldwen 2156 Petkinger	TI	Retired	Cas	openijek Openijek Openijek		\$ 10000
30	Bklen ny 1/207	57 913 [†]	e 11 % 6 % 1 - 250 mm 606	AUSE TO LE		e ar raks Grand paran	100-
73,01,13	Justs Silgere 309 Rafagette	I	Refined	Cas L	8-8 PM 12: 5	13 MV	\$10000
51	Blelguny 11238				OF SUNRISE		

(1) Name IMOGENE BALDWIN FERGUSON (2) I.D. Number

Sequence Street Address & Contributor Type Occupation Type Description Amendment Amount 03.02.13 Dana langles 21.56 perfect On Type Occupation Type Description Belief Myror Belief Myror 03.03.13 Olivia Allen 37 Sunrise, H 33313 Phylis Hall 21.61 NW 44Ten 33 Cast Contributor Contribution Type Description In-kind Description Amendment Amount Cast Finallal Cast Final	(3) Cover Period	102 116 113	throu	igh 03/	07113	(4) Page	/-	of 3
Date (Both Surffix, First, Middle) (Both Street Address & City, State, Zip Code Number Dana langles 31 Dana langles 31 Belief My Ilvor Danis All 3335 Danis All 3 Clavis All out String No Ib CT Sunvise H 33315 Danis All 3 Clavis All out String No Ib CT Sunvise H 33315 Danis Andershell, H 32 Danis Andershell, H 33 Danis Andershell Al Belief No W 44 Ten Sandershell H Belief No W 44 Ten Belief No W 44 Ten Sandershell H Belief No W 44 Ten Sandershel				(8)	(9)	(10)	, ,	
Sequence City, State, Zip Code Type Occupation Amendment Amount Occupation Type Occupation Type Occupation Type Occupation Occupation Type Occupation Type Occupation Occupation Type Occupation Occupation Type Occupation Occupation Type Occupation	Date	Full Name					' '	(-)
Number City, State, Zip Code Type Occupation Type Description Amendment Amount 03:02:13 Dana langles 2156 Detail On I few added 2156 Detail On I had 2156	(6)	(Last, Suffix, First, Middle)						
Number City, State, Zip Code Type Occupation Type Description Amendment Amount 03:02:13 Dana langles 2156 Detail On I Linded Bloken my 11 not nys 03:03:13 Olaris Allen 587/NW 16 CT Sunrise, H33318 03:03:13 Phylio Hall 266/NW 44Ten 266/NW 44Ten 266/NW 44Ten 333313 O3:01:13 Cas Botand Botand Cas Floor F	Sequence	Street Address &	С	ontributor	Contribution	In-kind		
03:02:13 Dana lingles 2156 D.H. On I Qide CAN 31 Believe my 11007 103:03:13 Olaris Offen 5871 NW 16 CT I CAN 5871 NW 44TER I CAN 33 Randerhell Fl 2861 NW 44TER I CAN 33313 03:01:13 Coula Memas 309 Rajayetelus I Retired Cas 810000	Number	City, State, Zip Code	Type	Occupation	1		Amendment	Amount
03.03.13 Oloris Allen 32 Sunsise, H33315 03.03.13 Phylio Hall 34 Saudeshell, H 3000 03.101.113 Coula Momas 309 Lafayer below 34 Belyn my 11238 1 I Stind Cas 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	03,02,13	Dana Engles	T	0				Si no
32 Suntise, H 33313 03.03.13 Phylio Hall 361 NW 44 Ten 33 Randerhell, H 330.00 03.01.13 Coula Momas 309 Kafayetelus I Rotind Cas 34 Bklyn my 11238 1. 1	31	Bkkp my 11207		nys	Call			7100
03.03.13 Phylio Hall. 2661 NW 44Tem 33 Randeshell, H 3307 Safayettelha 309 Safayettelha 34 Bklyn my 11238 1. 1	03103113	A. A.	T	,	An			£ 00
33 Sanderhell, II 2000 03,01,113 Coula Mamas 309 Lafayete Che Bklyn my 11238 Lotined Cas 1. 1 1	32	Sunrise, H 33313			Can		/	40-
33 Statement, 73 33513 03,01 113 Coula Momas 309 Lafayettelue I Rotined Cas 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	03103113	1 11 00	T		Cas			\$ 00
1 1 CITY CLES	33	ススス/ろ	· ·					20 -
1 1 CITY CLES	03,01 113	Cula Momas 309 Lafayete Que	1	Rotined	Cas	e e		\$ 1.00
TARR -8 P	34	Bklyn thy 11238						100
7 1 P P CLEE	1. 1							-
Y CLERK OF SUNRISE							I I	12 CH CH CH CH CH CH CH CH CH CH CH CH CH C
PH 12: 57							0	970
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES 13 MAR -8 PM 12: 57

(3) Cover Period <u>QZ | 16 | 13</u> through <u>Q3 | Q7 | 13</u> (4) Page _____ of ____

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
28	Paybal ZZIII N 1 SIST San Sose CA 95131	Service Fee	N/N		\$.88
29	Payfal 2211 N 1 St ST Lan Jose CA 95131	Levice	M		9 .88
2/21/13	Total Ink 1313 Commercial Ald Oakland Pk, Fl 33334	Tak	NON		\$4028
QZ/26/13	Wells Lavgo 2300 University Dr Surise H	ATM FEE	ay D		\$100
02/26/13	U.S.P.S	Hamps	M		660
62/27/13 33	THAGE CONCERTS 7260 W Oakland IX Bid. Landorhill H 33313	Shirts	DN DN		\$ 10000
03/01/13	Paypal ZZIII N 1 51 ST Lan Sose CA 95731	Service	M en		\$1.62
#3/01/13 35	Paypal ZZII NUST ST San Son CA 95131	Servee Tel	MON		\$ 6.10

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LMOGENE BALDWIN TERGUSON	(2) I.D. Number	
(3) Cover Period 02/16/13 through 03/07/13	(4) Page/	of Z

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
36	WHS FARGO 2300 NUNIV. DR SUNRISE FR 3332	ATM FEE	M		\$500
03/166/13	Web Design On line	Website	M		\$21.90
03/04/13 38	Forem Publishing GP. 1701 Breen Rd, Ste B Deerfield Bch, 76 33064	ad	M		49365
03/07/13	Total Juk 1313 Commercial Bld Oakland Pk, H 33334	Ink	ON .		\$2014
/ /					CITY 13 MAR
_ / /				, a = 47 /a	OF SUNRISE
					7
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	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY			
(1) IMOGENE BALDWIN FERGUS	OFFICE USE ONLY			
Name (2) 8/0/Suuriae Has Dr N#362 Address (number and street) Suuriae H 33322 City, State, Zip Code				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT	IDENTIFIERS			
Cover Period: From @ 2 1 @ 2 1 13. To @	102 1 15 1 13 Report Type <u>G3</u>			
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 105.00	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 670.80			
Loans \$ 300.00	Transfers to Office Account \$ ———————————————————————————————————			
Total Monetary \$ 405.00	Total Monetary \$ 670.80			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$ <u>↓305.00</u>	(10) TOTAL Monetary Expenditures To Date \$			
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correct, and complete. (Type name) ATRICK-E. THOMISON Individual (only for electioneering commun.) X Abtack & Manysur Signature	I certify that I have examined this report and it is true, correct, and complete. Type hands Baldwin Terruson Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature			

(1) Name THOGENE BAIDWIN FERGUSON (2) I.D. Number

(3) Cover Period	Or 102 1/3	throu	igh @2 1	15 1/3	(4) Page	1	of /
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	1	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02,04,13	DALE HOLNESS 4325 SUNRISE BU PLANTATION FL 33313	I,	County	CHE			\$10000
14	TALOGENE FERBUSON 8101 Seurcse Lks R.M Sunnise H333W		But wo	COMN		,	93000
02115 113	P. Mæmbson 403 W 1145T Lehigh Aleres H 33972	I		CAS			\$ 500
	7 (33) 12			-			
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1 1							CITY CLERK ITY OF SUNRIS
1 1		•	, . ·				7: 25
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name TMOGENE BANN FERSUSON (2) I.D. Number _____

(3) Cover Period <u>@ 2 | @ 2 | L3</u> through <u>@ 2 | K5 | I/3</u> (4) Page ______ of _____

(5)	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02/0//13	TMage Caucepts 7260 W Dakland KVA	T. Shirt	N		£7200
	Rauderhill Il 33313				
02/04/13 21	Frage Coullets 7260 WORKland PKBld Landerhill, H 33319	T. Shirt	M		\$14840
02/09/13	Cemenca Das 6481 N Seurise Pold Suurise H 33313	Gas	N	4	\$ 5000
@2/11/13 23	Past office It Landerdale	Samps	M		£1380
0412/13 24	Wells farge 2300 University Dr Seurise H	Habement Jee	ay ev		\$ 100
02/06/13	Web Design Ouline	website fix	MON	ے	12,90
02/18/13 26	Forum Publishing GP. 1701 Isreen fd, SuiteB Desfeedd Beh, Il 33064	Campaign ad	M		393 🛂
02/5/13	Paypal 2211/15 5T SAN Jose CA, 95131	Processor S	OF SUNRISE!	1	\$;45

1988年,1988年

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) IMOGENE BALDWIN FERGUS				
Name	OF FIGE USE ONLY			
(2) 8/01 Sunrice fles Dr N #302	- ಪ			
Address (number and street)	FE CIT			
Survise Fl. 33322	32:			
City, State, Zip Code	RO FICE			
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es):	SE			
Candidate (office sought): COMMISSIA	ONER-GROUP-C 3			
Political Committee	CHECK IF PC HAS DISBANDED			
☐ Committee of Continuous Existence ☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED			
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING			
	COMMUNICATION REPORTS WILL BE FILED			
(5) REPORT	IDENTIFIERS			
Cover Period: From 0/ 1 19 1 13 To	02 1 01 1 13 Report Type G2			
☐ Original				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
1 (-	Monetary			
Cash & Checks \$ 445.00	Expenditures \$ 260.34			
Loans \$ //20.00				
Loans \$ /00.00	Transfers to Office Account \$			
Total Monetary \$ 545.50				
Total Molletary 4 597700	Total Monetary \$ 5 (-0.20)			
In-Kind \$ A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(8) Other Distributions			
	\$			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$3900.00	\$ 3589.21			
V	J-5/100			
	IFICATION			
	on to falsify a public record (ss. 839.13, F.S.)			
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true,			
1//	correct, and complete			
(Type name) PATRICK-E THOMPSON	(Type name)			
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
X Patrick & Maussin	XImman Raldina Jon			
Signature	Signature Signature			

more recording to a contractive was an intermediate and the contractive was an intermediate and the contractive and the contra

(1) Name IMOGENE BALDWIN FERSUSON (2) I.D. Number

(3) Cover Period	01 119 113	throu	gh <i>OZ 10</i>	0/ 1/3	(4) Page	/	of /
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)					<u>.</u>	
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
OI 119 1131	Høzel lemdem 1300 NW 38 PC Idrhill, Il	Ī		CAS		Ý	\$ 20 00
(8 ·	ろろろ/ろ	-	`				
01,19,13	Prabella Irans 7300 NW 30th C Ldchill Il	I		CAS		ş	\$20 00
m/ 10 12 (Lennie Clarke						
10	Fdihill 9-67 333/3	I		CAS			20 00
	R. Williamson 8735W51Que Margate Fl	I		CAS		,	\$ 2000
	Blen Sinclais 8017 NW 27 Ct Sunsise 33322	T		CAS		,	\$2000
	Robert Rogbourgh 5181 W ackland	I		CAS			\$ 40 W
13	PK Blod # 9305 Foud! Lks Il				·		40 -
W1117112	blua Beharrie 6200 NW 44 ST 18ldg 1#211 Kandl IKS H 33319	7		CAS	•		\$1000
14	Lederal Flo Il 33319						
01/19/13	Meresa Elliston 8101 Seurise Als Dr. N.# 21!	T		CAS 9	S:1 Mg SS8	7	\$1000
/3	D1 N#211 Suurise H 33322				(OE 20NBIZE) La ceekk		

(1) Name IMOGENE BAHOWIN FERENCE (2) I.D. Number

(3) Cover Period	0/1/9/13	throu	gh 021	01 1/3	(4) Page	1.	of Z
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				. ,	` ′	(,
(6)	(Last, Suffix, First, Middle)		•				
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
0/ 1/9 1/3	Theila Gordon				•		
	ZZ7/NW48TER	T		CAS			\$1000
15	33313						10 -
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	9310 Sunsise Sk5 Blid#101	I		CAS		,	\$1000
16	Sunise H 33372						
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	5871 NW 16#Ct	<i>-</i>		CAS		Ş	500
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18	Blvd#102			CA5		į	3,00
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21	Sunrise H 33351	1		CAS		*	350
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	10/19/13						of 3
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Date	Full Name		(0)	(9)	(10)	(11)	(12)
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Sequence	Street Address &	1	ontributor	Contribution	In-kind]
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
DI 19 112	Janete Burnett				•		
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DIVISION OF ELECTIONS UNRISE FLORIDA DEPARTMENT OF STATE CAMPAIGN TREASURER'S REPORT SUMMAR OFFICE USE ONLY (1) IHOBENE BALDWIN FERGUSON 12) SIDISUNRISE CKS DN#302 Address (number and street) WNRISE, FI 3332 CHECK IF ADDRESS HAS CHANGED **ID Number:** (4) Check appropriate box(es): OMMISSIONER GROUP-Candidate (office sought): ☐ Political Committee Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED** Party Executive Committee CHECK IF NO OTHER ELECTIONEERING ☐ Electioneering Communication COMMUNICATION REPORTS WILL BE FILED (5) REPORT IDENTIFIERS TO 02/0/1/3 From O/I/9I/3Report Type Cover Period: Special Election Report X Original Independent Expenditure Report Amendment **EXPENDITURES THIS REPORT CONTRIBUTIONS THIS REPORT** (7) Monetary Expenditures Cash & Checks Transfers to Office Loans Account Total **Total Monetary** Monetary In-Kind (8) Other Distributions **TOTAL Monetary Expenditures To Date TOTAL Monetary Contributions To Date** (10)3410·00 (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, I certify that I have examined this report and it is true, correct_and complete. correct, and complete. (Type name) PATEICK E. Individual (only for Chairperson (only for PC, PTY & electioneering commun.) Moussin Signature Signature

(1) Name IMOGENE BALSWIN FERGUSON (2) I.D. Number

(3) Cover Period	0/1/9/1/3	throu	igh Ø2 /	0/1/3	(4) Page	/	of /
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address &		ontributor	Contribution	In-kind		ľ
Number	City, State, Zip Code	Type	Occupation	Туре	Description	Amendment	Amount
01,19,13	Fundraiser		1	1			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name MOGENE BALDWIN FERGUSON (2) I.D. Number ______

(3) Cover Period <u>O/ 1/9 1/3</u> through <u>O7 10/ 1/3</u> (4) Page _____ of ____

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/9/13 812	STAPLES 7500 COMMERCIAL BIVIS Conderhill, H 33319	Sufplies	W PN		\$ 10.90
01 /21/13 13	MARATTHON 3090 W SUNRISE Blub FT. CAEDERDHE, H 33313	GAS	Mon		12028
01 p2/13	OFFICE DEPOT 3245 N.STATERA 7 CAUDERDALLES 71 33319	Suppless	PN	4	19.52
01 hs/13	STABLES 7500 W. COMMERCIAL Blub Landerhall. H 33319	PRINTING	Matik	mark y	\$152.64
01 128/13 16	Supervisor of Clections 115 Judlews Jul Pr Landordale H 33301	CD	My sta)() = 5\forall \cdot \cd	\$1028
OI 1291B	Oakland Pk H 33334	Luk	702	Ą	6/000
01 130 113 18	Supervisor of Elections 1155 Andrews Que It Handerdals H 33301	Kabels	PY EN		£43.75
01/30/13	Wells FARGO 2300 Chiversity Seurise Fl 33322	Checks	MON		5 300

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES
(1) Name IMOGENE BALDWW TORGOSW (2) I.D. Number______

(3) Cover Period <u>/// 10/17/2</u> through <u>///// 1/// (4) Page / of /</u>

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	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if			
(6) Sequence	Street Address &	contribution to a	Expenditure		
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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12/2/11d	3900 Commercial bld	Family	19		_
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	Tamarae, Il 33309		′ /′\)
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<u>(10011)</u>	3627 Broward Blod	application	M		92500
7	Lauderhill, H 33312	01	9	٢	120.5
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	Stables	Short a	11		
Q1 /10/13		theuting	19		j.
	1500 Commercial Blid	· · · · · · · · · · · · · · · · · · ·	0,		25.97
6	Lauderhill, Il 33319		N		0017
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01/10/13	n -	10-100/0-0	NON	1201	\$21.90
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name IMOGENE (SALDWIN FERBUSON	(2) I.D. Number

(3) Cover Period 0 10(1/2 through 0/1/8 1/3 (4) Page / of 2

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	• •
01 116 113 9	XPRESS COLLOR. COM 3291 WSUNRISE BLD SUNRISE, FC 33311	PRINTING	NON		9 200.00
Ol 117/13 10	TOTAL TNK	INK	MON	HOD"	921,20
@1/18/13 11	STAPLES 7500 COMMERCIAL Bld Canderhill, Dl 33319	CAROS	NON		\$145.96
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FLORIDA DEPARTMENT OF ST	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY			
(1) THOGENE BALDON FERGUSO	ON OFFICE USE ONLY			
Name	3			
(2) <u>8101 SUNRISE</u> LKS 1) N # 302	Z			
Address (number and street)				
SUNRISE FC 33322				
City, State, Zip Code	₽ ⊊			
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es):	No.			
Candidate (office sought): \(\int OMMISSIC	NER-GROUP-C			
☐ Political Committee	CHECK IF PC HAS DISBANDED			
☐ Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED			
☐ Party Executive Committee				
☐ Electioneering Communication [CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
(5) REPORT	IDENTIFIERS			
• • •				
	19/1/8/1/3 Report Type GI			
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
1	Monetary			
Cash & Checks \$ (05.00	Expenditures \$ 3328.87			
Loans \$ 3290.00	Transfers to Office			
	Account \$ Q			
Total Monetary \$ 3355.00	Total			
	Monetary \$ 2228.87			
In-Kind \$	* <u> </u>			
	(8) Other Distributions			
	\$			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$ 3355.00	\$ 33.28.87			
	Ψ <u> </u>			
(11) CERT	EICATION			
It is a first degree misdemeanor for any pers				
I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete.				
Times and Balling Farmers				
(Type name) TARICK EN HOMPSON	(Type name) ene Sullium - 1 - 5 gres on			
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY &			
	electioneering commun. organization)			
* Natrick & Mosupson	Morene Valdwin-Termin			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>IMOGENE BALDWIN FERGUSON</u> (2) I.D. Number _____

(3) Cover Period 10 101 1/2 through 01 1/8 1/3 (4) Page 1 of /

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12 12/12	PROMOTIONAL PRINTERS 3900 Commercial Blad TAMARAC, Il 33309	PRINTING	MON		\$ 51.94
01/02/13 2	City of SUNRIBE	Qualifying Lee	M	ć	9 275 <u>2:</u> 56
01 104/13	Total Ruk 1313 Commercial Blad Oakland PK, Il 33334	INK	MON		\$31.80
01/04/13 4	STAPLES 7500 COMMERCIAL BLD Loundorhell, H33319	PRINTING	MON		937.70
01/08/13	DR MLK CC INC 3627 W BROWARD Bld Canderhill, 7l 33312	PARADE Application	MON	٤	82500
01/10/13	STAPLES 7500 COMMERCIAL BID Loudenhill, H 33319	PRINTING	YON	e 7	925.97
01 110 113 7				Ş	^{\$} 2190
©[1/6/13 8	DOLLARTREE 8341 W SUNRISE BLD PLANTATION, FL 33322	Supplies	Now Now Now Now Now Now Now Now Now Now	d	[#] 14-84

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LMOGENE BACKWIN FERBUSON (2) I.D. Num	er
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(3) Cover Perio	d/ <u>0 10/1/2</u> thro	ough <u><i>Ø/ </i></u>	<u> 18 1/3</u> (4	l) Page	of _	2
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(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
OS 116113	XPRESS COLLOR. COM 3291 WSUNRISE BLD	PRINTING	N		9200.00
01/11/13	SUNRISE, FC 33311 TOTAL INK 1313 COMMERCIAL Polond Oakland PK 96 33334	INK	MON	(921,90
01/18/13 11	STAPLES 7500 COMMERCIA Bld Canderhill, Dl 33319	CARDS	N		\$145.96
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FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURER	
(1) TMOGENE BALDWIN FERGUSON Name (2) 8101 SUNRISE LKS DRW APT 30 Address (number and street) SUNRISE FL 33322 City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	SER - GROUP-C CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	
Cover Period: From 10 10/12 To	0/1/8 1/3 Report Type GI
☐ Original	Surper Company
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 65.00 Loans \$ 3290.00	(7) EXPENDITURES THIS REPORT Monetary Superindicutes \$ 3307-// Transfers to Office Account \$
Total Monetary \$ <u>3355.60</u> In-Kind \$	Total Monetary \$ 3307.//
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$ 3355.00	(10) TOTAL Monetary Expenditures To Date \$ 3307-11
	TFICATION
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete. (Type name) FARICK E THOMOSON Individual (only for electioneering commun.) X Mattick Manual Manual Signature	I certify that I have examined this report and it is true, correct, and complete. Type name Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) IMOGENE BAldwin FERGU	OFFICE USE ONLY
(2) SIDI SUNRISE LKS BIVD N DRY Address (number and street) SUNRISE FC 33322	
City, State, Zip Code	SUP SUP
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 3
☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee	DINER - SAOUP. C CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication [CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From 10 / 01 / 12 To 0	0/ 1/8 1/3 Report Type 61
Original Amendment Special Election	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 65.00	Monetary Expenditures \$3 3 @ 3 . 87
Loans \$ 3290	Transfers to Office Account \$
Total Monetary \$ 3355:00	Total Monetary \$ 3303.87
In-Kind \$	
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$ <u>3355. ゆり</u>	(10) TOTAL Monetary Expenditures To Date \$ <u>3303.87</u>
	IFICATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) PATRICK E. IHOMPSON	Impere Baldwin- Ferguson
Individual (only for electionering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Catrick & Mourpson	Xprogene Baldwin Forguson
Signature	Signature

(1) Name IMOGENE BAIDWIN FERGUSON (2) I.D. Number

(3) Cover Period	10/0/1/2	throu	igh <i>Of</i> /	18 1/3	(4) Page		of /
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	SIDI SUNRISECKS BID. SUNRISE FL 33322		Ret PEO				
	TMOGENE B.		10				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name THOSENE BALLWN FERGUSON (2) I.D. Number		SEC	
(3) Cover Period 60 / 61 / 72 through 61 / 18 / 13 (4) Page of	Ž	NEW NEW	

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(5) Date	(7)	(8)	(9)	(10)	O(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/27/12	PROMOTIONAL PRINTERS 3900 COMMERCIAL BLA TAMARACH 33322	PRINTING	MON		\$51.94
01/01/13 2	City of SUNRISE	Gunlify MG FEE	NON		275256
01/04/13	STAPLES 7500 W COMMERCIAL BLA LAUDERHILL, FC 33319	PRINTING			\$37.70
108/13	DR MCK CCINC 3627 W BROWARD BID HAUDEHUI. FC 33312	PARADE Application	YON		\$25.00
101/10/13	STAPIES 7500 W COMMERCIAL BA LAUDER WILL, 7133319	IOUITE FUNDRAISER CARDS	ey ex		y 25:97
04/04/13 6	TOTALINK 1313 E COMMERCIALBIQ OAKIANS PKBIDIFC	, INK	N ON		\$ 31-94
01/17/13 7	TOTAL INK 1313 E COMMERCIAL Bld OAK IAND PK A 33334	INK	MON		821.20
	DOLLAR TREE 8341 W SUNRISE Blub PLANTATION, FC 33322	Supplies	N		\$14.Sy

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name IMOGENE BAIDWIN FERBUSON (2) I.D. Number ______ (3) Cover Period 10 10/112 through 0/ 1/8 1/3 (4) Page (9) (10) (11) (7) (8)Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number STAPLES 7500 WCOMMERCIALB 01/18/13 145.96 LALDERITIII, FC 33319 XPRESS COLLOR. COM 3291W SUNRISE BLD 0(116/13 FT. LAUDERHILL, PS

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

CITY CLERK' CITY OF SUNRISE! 12 NOV 26 AM II: 24

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Impagene Ferauson	8101 Sunrise Lakes Dr. N., #302
4. Telephone 5. E-mail address	
()	Sunn'se, F1.33322
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
Commissioner, Group C	applicable:
7 97, 6 29	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	,
11. Mailing Address	12. Telephone
403 West 1/th St. Lehiahi	Acres 71. 3 39 12()
13. City 14. County 15. State 7/	te 16. Zip Code 17. E-mail address
18. I have designated the following bank as my	Primary Depository Secondary Depository
[20. Address
Wells Ferguson	
21 City 22 County	23 State 24. Zip Code
SUMME LONWARK	HONDE 33322
DESIGNATION OF CAMPAIGN DEPOSITORY	FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date /	26. Signature of Candidate
1100ember 21, 2012	X morene B. Fernisa
27. Treasurer's Acceptance of Appointment ((fill in the blanks and check the appropriate block)
I, ATRICK . E. THOMPSON (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
Movember 21, 2012 X	Catrick & Maryson Signature of Cambaign Treasurer of Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF SUNRISE

1, Inogene Ferguson

candidate for the office of

Commissioner

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

2/,20/2 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).



CITY CLERK' CITY OF SUNRISE

13 JAN -2 PM 12: 20

NOTICE OF CANDIDACY AND AFFIDAVIT
I, Male Ballin Fermi do hereby affirm that I am a candidate for the office of MMISSIME Law City of Sunrise, Broward County, Florida, in the Special Election to be held on March 12, 2013, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner. Man J Jols Date
STATE OF FLORIDA COUNTY OF BROWARD CITY OF SUNRISE
The foregoing instrument was sworn to (or affirmed) and subscribed before me this 2 day of January 2013, by Felicia Bravo Commission #DD848366 Expires: FEB. 11, 2013 BONDED THRU ATLANTIC BONDING CO., INC. (seal)
Personally Known OR Produced Identification Type of Identification Produced City Charter Section 3.02 Qualifications.

Any elector of the City of Sunrise who has resided continuously in the city for one (1) year prior to qualifying as a candidate for the office shall be eligible to hold the office of City Commissioner, or Mayor.

(Ord. No. 517, § 3, 8-10-10/Ref. of 11-2-10)

CANDIDATE OATH – NONPARTISAN OFFICE

CITY-CLERK' CITY OF SUNRISE!

13 JAN -2 PM 12: 20

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
A MARIE A MARI
1, La Oyene Duldwin- Ferguson
(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,
(district #)
; I am a qualified elector of Office 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.
954741-23214)
VMM and Rolling James JAN 196-(1145 (MI) improper and com
Signature of Candidate Telephone Number Email Address
All Sunnes / to No. 11. Sunso H. 33322
Address City State ZIP Code
100000101
Candidate's Florida Voter Registration Number (located on your voter information card): 102277106
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons
* 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):
with disabilities (see instructions on page 2 of this form):
with disabilities (see instructions on page 2 of this form):
with disabilities (see instructions on page 2 of this form): Nogene Baldwin - Fergus on STATE OF FLORIDA
with disabilities (see instructions on page 2 of this form): MOGENE DALAWIN - FERGUSON STATE OF FLORIDA COUNTY OF Roward
with disabilities (see instructions on page 2 of this form): Nogene Baldwin - Fergus on STATE OF FLORIDA
with disabilities (see instructions on page 2 of this form): **MOGENE Dadwin - Ferguson STATE OF FLORIDA COUNTY OF Roward Sworn to (or affirmed) and subscribed before me this 2 day of Javary, 2013. **NOTARY PUBLIC STATE OF FLORIDA **NOTAR
STATE OF FLORIDA COUNTY OF Roward Sworn to (or affirmed) and subscribed before me this day of Javary, 2013. NOTARY PUBLIC STATE OF FLORIDA Felicia Bravo Commission # DD848366
STATE OF FLORIDA COUNTY OF Roward Sworn to (or affirmed) and subscribed before me this day of Javary, 20 13. NOTARY PUBLIC STATE OF FLORIDA Felicia Bravo Commission # DD848366 Expires: FEB. 11, 2013
with disabilities (see instructions on page 2 of this form): **Personally Known: or Personally Known: Or Personall
STATE OF FLORIDA COUNTY OF Roward Sworn to (or affirmed) and subscribed before me this day of day of Felicia Bravo Felicia Bravo Commission # DD848366 Expires: FEB. 11, 2013

FORM 1	STATEN	MENT OF	2012		
Please print or type your name, mailing address, agency name, and position below	5W.	L INTEREST	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIDD Ferguson Imogene B	LE NAME : aldwin				
MAILING ADDRESS : 8101 Sunrise Lakes Dr. N, #3	02				
Sunrise FL.	33322 Kings		JAN -		
CITY:	ZIP: COUNTY:		COLET F SUN 2 Pt		
NAME OF AGENCY: City Commis	ssion		UNRISE PH 12: 20		
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT: Commission	ner Seat Group C	Ö		
You are not limited to the space on the li	nes on this form. Attach additional shee OR NEW EMPLOYEE OR				
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS (see instructions for further details).	ASE STATE BELOW WHETHER TO SPECIFOR THE INTERESTS: S THE OPTION OF USING REPORTS, OR USING COMPARATIVE THE	HE PRECEDING TAX YEAR, NOTHIS STATEMENT IS FOR THE THAT TAX YEAR IF OTHER THAT ARESHOLDS THAT ARESHOLDS, WHICH ARE USUG:	WHETHER BASED ON A CALENDAR E PRECEDING TAX YEAR ENDING		
PART A - PRIMARY SOURCES OF I	NCOME [Major sources of income to	the reporting person - See instr			
(If you have nothing to report, you must write "none" or "n/a") NAME OF SOURCE SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Social Security			THINGIT AL DOGINESO ACTIVITY		
NYC City Retiree Pension					
		:			
	OF INCOME ind other sources of income to busine port, write "none" or "n/a") NAME OF MAJOR SOURCES	• • • • • • • • • • • • • • • • • • • •	rson - See instructions] PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE		
	MONE	· ·			
-					
PART C REAL PROPERTY [Land, I (If you have nothing to rep Condominium 8101 Sunrise Lks	oort, you must write "none" or "n/a	")	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.		

	AL PROPERTY [Stocks, bonds, certifi report, you must write "none" or "	cates of deposit, etc See instructions]				
TYPE OF INTANGIB	LE .	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
_						
AION	E		6			
PART E — LIABILITIES [Major det (If you have nothing to	ots - See instructions] report, you must write "none" or "r	n/a")	CLEF CF SUN 2 PI			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR				
			ان ان			
$\mathcal{N}_{\mathcal{O}}$	sé l					
PART F — INTERESTS IN SPECIFIE (If you have nothing to n	ED BUSINESSES [Ownership or positi eport, you must write "none" or "n/a" BUSINESS ENTITY # 1	ons in certain types of businesses - See ir ") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY	A /	\mathcal{O}				
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	"					
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A T	HROUGH F ARE CONTINUE	D ON A SEPARATE SHEET, PL	EASE CHECK HERE			
MONINE Ruller		DATE SIGNED	(required): 20/3			
	FILING INS	STRUCTIONS:				
WHAT TO FILE: WHEN TO FILE:						
After completing all parts of		the form by the Commission Initial	ly, each local officer/employee,			

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.

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.

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.

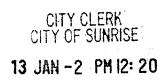
must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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

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, 2012.





LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Logic and Accuracy Test, pursuant to F.S. 101.5612. I was given written notice that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the Municipal Election to be held on March 12, 2013 will take place at the site and date listed below.

Wednesday, March 6, 2013 at 10:00 a.m.**

Supervisor of Elections' Voting Equipment Center 1501 NW 40 Avenue Lauderhill, FI (954)712-1903

**Tentative Date

Signature of Candidate

CITY CLERK? CITY OF SUNRISE

13 JAN -2 PM 12: 20



RECEIPT OF CODE OF ETHICS ACKNOWLEDGEMENT

I have received, read, and understood the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics.

Print Name

Signature

Date

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.
- 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.
- 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,

	ລ // ⁄	•		•		
Executed on this day	nd of Ja	nuary	<u>,2013.</u>	•		
WITNESSES:			BY CANDIDA	TE: 200 ())	
			More	e Baldur Te	Mys	~~
			Signature	D:11.1 7	0	
	• • • • • • • • • • • • • • • • • • • •		LADOGE	ene Baldwin- Ten	7USO.	N
			(Print Name)	/		
STATE OF FLORIDA)	/	,		
•) SS.		epine i		
COUNTY OF BCox	<u>lard</u>)				
The foregoing instru	ment was acknowl	edged before me	this Dwg	day of JANUAR		,
				ersonally known to me or who has		j .
	<u> </u>		fication and who did/	did not take an oath.	. بن ت	\subseteq
WITNESS my hand and	official seal, this _	2 29 day	of JANUARY	<u>, 2013</u> .	=	국음
(NOTARY SEAL)	- Jill	its M			2	유수
	(Signature of persor	taking acknowled	gment)	(Name of officer taking acknowledge	ment)	CLERK
My commission expires:		NOTARY PUBLIC	STATE OF FLORIDA	typed, printed, or stamped	ন্ত	
			elicia Bravo ission #DD848366		20	. m

BONDED THRU ATLANTIC BONDING CO., INC.