

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) KRISTOPHER A. HOBBS
Name
(2) 12210 NW 29 ST
Address (number and street)
SUNRISE, FL 33323
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

13 JUN -7 PM 2:43

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COMMISSIONER GROUP C SUNRISE, FL.

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

Cover Period: From 03 10 8 113 To 6 11 0 113 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0
Loans \$ 0
Total Monetary \$ 0
In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 388.19
Transfers to Office Account \$ _____
Total Monetary \$ 388.19

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 4151.80

(10) TOTAL Monetary Expenditures To Date
\$ 4151.80

(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) Kristen L. Hobbs

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Signature Kristen L. Hobbs

I certify that I have examined this report and it is true, correct, and complete.

(Type name) KRISTOPHER A HOBBS

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Signature Kristopher A Hobbs

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristopher A Hobbs (2) I.D. Number _____

(3) Cover Period 3 18 113 through 6 110 113 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KRISTOPHER A. HOBBS

(2) I.D. Number _____

(3) Cover Period 03 108 13 through 4 30 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03/11/13	Vici Dial Group 8601 4 ST N Suite 304 SAINT PETERSBURG, FL 33702	ROBO calls	MON		336.00
1					
3/29/13	BANK UNITED 13705 W SUNRISE BLVD Sunrise, FL 33323	BANK Fee	MON		10.00
2					
4/16/13	CSRA 9214 NW 48 ST Sunrise, FL 33351	Meeting	MON		25.00
3					
4/30/13	KRISTOPHER HOBBS 12210 NW 29 ST Sunrise, FL 33323	REPAY OF LOT TO CANDIDATE	DIS		17.19
1/1					
1/1					
1/1					
1/1					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Kristopher A. Hobbs
Name
 (2) 12210 NW 29 St
Address (number and street)
Sunrise, FL. 33323
City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 CITY OF SUNRISE
 13 MAR -8 AM 11:23

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Commissioner Group C Sunrise, Fl.
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 16 / 13 To 03 / 07 / 13 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 270.00
 Loans \$ _____
 Total Monetary \$ 270.00
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 60.00
 Transfers to Office Account \$ _____
 Total Monetary \$ 60.0

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 4151.80

(10) TOTAL Monetary Expenditures To Date
 \$ 3763.61

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kristen Hobbs
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Kristopher A. Hobbs
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Kristen Hobbs
 Signature

Kristopher A. Hobbs
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 02 , 16 , 13 through 03 , 07 , 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
03 01 13 1	JOSEPH NASIB 5718 NW 64 WAY TAMARAC, FL 33321	I	alarm tech	check			\$45.00
03 07 13 2	Kristopher Hobbs 12210 NW 29st Sunrise FL 33323	I	Candidate	LOA			\$225.00
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CITY CLERK
 CITY OF SUNRISE
 13 MAR - 8 AM 11:23

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 02 , 16 , 13 through 03 , 07 , 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02/25/13	Denny's 12100 W Sunrise Blvd Plantation FL, 33323	Campaign meeting	MON		\$21.00
1					
02/28/13	Bankunited 13705 w Sunrisde Blvd Sunrise, Fl. 33323	Bank FEE	Mon		\$10.00
2					
03/01/13	Campaign Partner 16 Dudley St Fitchburg, MA 01420	website	Mon		\$29.00
3					
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13 MAR -8
 AM 11:23
 CITY CLERK
 CITY OF SUNRISE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Kristopher A. Hobbs
Name
 (2) 12210 NW 29 St
Address (number and street)
Sunrise, FL. 33323
City, State, Zip Code

OFFICE USE ONLY

13 FEB 22 AM 10:30
 CITY CLERK
 CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Commissioner Group C Sunrise, Fl.
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 02 / 13 To 02 / 13 / 13 Report Type G3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50.00
 Loans \$ _____
 Total Monetary \$ 50.00
 In-Kind \$ 210.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 10.25
 Transfers to Office Account \$ _____
 Total Monetary \$ 10.25

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 4091.80 3081.80 KAH
KAH 2/22/13

(10) TOTAL Monetary Expenditures To Date
 \$ 3703.61

(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) Kristen Hobbs
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
 Kristen Hobbs
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kristopher A. Hobbs
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
 Kristopher A. Hobbs
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristopher Adam Hobbs (2) I.D. Number _____

(3) Cover Period 02 / 02 / 13 through 02 / 13 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
01, 22, 13	Rene Lopez 2701 nw 107 ter sunrise, Fl. 33322	I	Electrician	check			\$50.00
1							
01, 23, 13	Perfect Creations Inc. 12772 nw 15 st Coral Springs, FL. 33071	B		INK	T-shirts		\$210.00
2							
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CITY CLERK
 CITY OF SUNRISE
 13 FEB 22 AM 10:30

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 02 / 02 / 13 through 02 / 13 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02/11/13	Broward SOE 115 S Andrews ave rm 102				
1	Ft. Lauderdale Fl. 33301	website	Mon		\$10.25
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13 FEB 22 AM 10:30
 CITY CLERK
 CITY OF SUNRISE

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Kristopher A. Hobbs
Name
 (2) 12210 NW 29 St
Address (number and street)
Sunrise, FL. 33323
City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 CITY OF SUNRISE
 13 FEB -8 AM 10:09

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Commissioner Group C Sunrise, Fl.
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 19 / 13 To 02 / 01 / 13 Report Type SG2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 525.00
 Loans \$ _____
 Total Monetary \$ 525.00
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 550.00
 Transfers to Office Account \$ _____
 Total Monetary \$ 550.00

(8) Other Distributions
 \$ _____

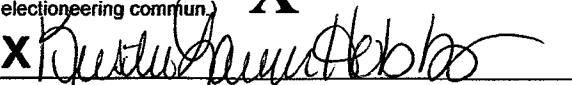
(9) TOTAL Monetary Contributions To Date
 \$ 3831.80

(10) TOTAL Monetary Expenditures To Date
 \$ 3693.36

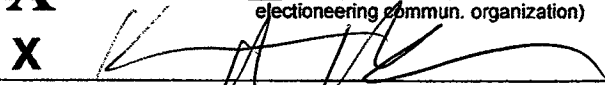
(11) CERTIFICATION

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) Kristen Hobbs
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kristopher A. Hobbs
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristopher Adam Hobbs (2) I.D. Number _____

(3) Cover Period 01 , 19 , 13 through 02 , 01 , 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
01 , 22 , 13	Aldophine Keith Lazowick 8400 trotters Ln parkland, Fl. 33067	I	President	check			\$200.00
1							
01 , 23 , 13	Margret Manalio 19983 sw 3 pl Pembroke Pines, FL. 33029	I	house wife	check			\$25.00
2							
01 , 24 , 13	Elizabeth Ziegler 12772 nw 15 st Coral Springs, FL. 33071	I	house wife	check			\$300.00
3							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 01 / 19 / 13 through 02 / 01 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
01/30/13	Campaign Partner 16 Dudley St Fitchburg, MA 01420	website	Mon		\$29.00
1					
1 / 31 / 13	office depot 12751 w Sunrise Blvd Sunrise, Fl. 33323	office Supplies	Mon		\$10.15
2					
1 / 31 / 13	Bankunited 13705 w Sunrisde Blvd Sunrise, Fl. 33323	Bank FEE	Mon		\$10.00
3					
02 / 01 / 13	ASAP Graphix 15895 93 st N west palm bch, fl. 33412	Signs	Mon		\$500.85
4					
//					
//					
//					
//					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Kristopher A Hobbs
Name

(2) 12210 NW29th St.
Address (number and street)

Sunrise, FL 33323
City, State, Zip Code

OFFICE USE ONLY

13 JAN 25 AM 11:47
CITY CLERK
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Group C Sunrise, FL.

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

Cover Period: From 10 / 1 / 12 To 1 / 18 / 13 Report Type SB1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1956.80

Loans \$ 1350

Total Monetary \$ 3306.80

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3143.36

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ 3143.36

(9) TOTAL Monetary Contributions To Date

\$ 3,306.80

(10) TOTAL Monetary Expenditures To Date

\$ 3143.36

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kristen Hobbs

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) _____

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Kristopher A Hobbs
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 12 through 01 / 18 / 13 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11 / 13 / 12	Axelrod, lisa 8175 nw 6 st Coral springs, Fl. 33071	I	office manager	CHE			\$25.00
11 / 21 / 12	Ken Hobbs 12755 nw 15st coral springs, fl. 33071	I	Sales	CHE			\$500.00
11 / 28 / 12	Jan Scher 767 S. ST. Rd 7 Suite 20H Margate, Fl. 33068	I	Sales	CHE			\$100.00
11 / 29 / 12	Kenny Hobbs II 7378 w atlantic blvs margate, Fl. 33063	I	Sales	CHE			\$500.00
12 / 07 / 12	Lauren Ransom 236 nw 48 ave Deerfield Beach, Fl. 33442	I	office Manager	CHE			\$25.00
12 / 10 / 12	Keith Hobbs 1511 nw 108 way coral springs, FL. 33071	I	worker construction	on line			\$96.80
12 / 17 / 12	James milss 9613 sw 118 ave miami, Fl. 33186	I	Retired	CHE			\$50.00
12 / 17 / 12	Oscar Sol 10221 sw 137 pl Miami, FL. 33186	I	Builder	CHE			\$100.00

13 JAN 25 AM 11:47
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 12 through 01 / 18 / 13 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12, 17, 12	Kevin Hobbs 10247 Cypress lks preserve Dr. Lake Worth, FL. 33349	I Financial Sales	CHE			\$250.00
9						
12, 17, 12	Joey Hammett 1900 nw 105 ave Pembroke Pines, FL. 33026	I Warehouse Manager	CHE			\$100.00
10						
12, 17, 12	Margret Manalio 19983 sw 3 pl Pembroke Pines, FL. 33029	I Housewife	CHE			\$ 50.00
11						
12, 17, 12	Fred Macdonald 816 nw 42 pl Pompano Bch, FL. 33064	I Financial sales	CHE			\$50.00
12						
12, 21, 12	Ryan Olkowski 2900 NW 122 AVE Sunrise, FL. 33323	I Manager	CHE			\$60.00
13						
12, 31, 12	Kieth Manalio 19983 SW 3 Pl Pembroke Pines, FL. 33029	I Cable worker	CHE			\$50.00
14						
01, 03, 13	Kristopher Hobbs 12210 NW 29 St Sunrise, Fl. 33323	I candidate	LOA			\$1000.00
15						
01, 10, 13	Kristopher Hobbs 12210 NW 29 St Sunrise, Fl. 33323	I candidate	LOA			\$350.00
16						

13 JAN 25 AM 11:47
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Kristopher Adam Hobbs

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 12 through 01 / 18 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12/18/12	Sunrise wings & things 9060 W Commercial blvd Sunrise, FL. 33351	Fundraiser	mon		\$96.80
1					
12/31/12	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Website	Mon		\$29.00
2					
01/04/13	City of Sunrise 10770 W oakland Park Blvd Sunrise, FL. 33351	Qualifying Fee	Mon		\$2752.56
3					
01/11/13	Sign A Rama 5307 N Nobhill Rd Sunrise, Fl. 33351	rack cards	Mon		\$265.00
4					
/ /					
/ /					
/ /					
/ /					

13 JAN 25 AM 11:47
 CITY CLERK
 CITY OF SUNRISE

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

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

(PLEASE PRINT OR TYPE)

CITY CLERK
CITY OF SUNRISE

12 NOV -9 AM 9:33

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

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)

KRISTOPHER ADAM HOBBS

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

12210 NW 2957

4. Telephone

(954) 394-8149

5. E-mail address

KRIS.HOBBS@Bellsouth.net

SUNRISE, FL 33323

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

CITY COMMISSIONER GROUP C

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

KRISTEN L. HOBBS

11. Mailing Address

12210 NW 2957

12. Telephone

(954) 445-7598

13. City

SUNRISE

14. County

Broward

15. State

FL

16. Zip Code

33323

17. E-mail address

THEKRISPERS@Bellsouth.net

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

19. Name of Bank

BANKUNITED

20. Address

13705 W. SUNRISE BLVD

21. City

SUNRISE

22. County

Broward

23. State

FL

24. Zip Code

33323

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

11/5/2012

26. Signature of Candidate

KRISTOPHER ADAM HOBBS

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

I, Kristen L. Hobbs, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/05/2012

Date

KRISTEN L. HOBBS

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

CITY CLERK
CITY OF SUNRISE
12 NOV -9 AM 9:33

(PLEASE PRINT OR TYPE)

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

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)

KRISTOPHER ADAM HOBBS

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

12210 NW 29 ST

4. Telephone

(954) 394-8149

5. E-mail address

KRIS.HOBBS@Bellsouth.net

SUNRISE, FL: 33323

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

CITY COMMISSIONER GROUP C

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

CATHY A. PORRAZZO

11. Mailing Address

12211 NW 29 ST

12. Telephone

(954) 1973-8335

13. City

SUNRISE

14. County

BROWARD

15. State

FL

16. Zip Code

33323

17. E-mail address

CATINWPB@YAHOO.COM

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

19. Name of Bank

BANKUNITED

20. Address

13705 W. SUNRISE BLVD

21. City

SUNRISE

22. County

BROWARD

23. State

FL

24. Zip Code

33323

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

11/5/2012

26. Signature of Candidate



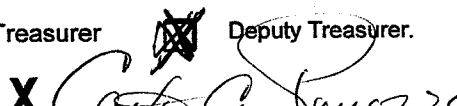
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Cathy A. Porrazzo, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/05/2012

Date



Signature of Campaign Treasurer or Deputy Treasurer

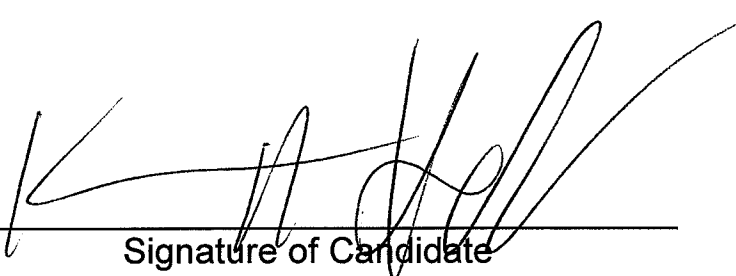
**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
CITY CLERK
CITY OF SUNRISE
12 NOV -9 AM 9:33

I, KRISTOPHER ADAM HOBBS,
candidate for the office of CITY COMMISSIONER GROUP C;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X  11/5/12
Signature of Candidate 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 -4 AM 10:13



NOTICE OF CANDIDACY AND AFFIDAVIT

I, KRISTOPHER A. HOBBS, do hereby affirm that I am a candidate for the office of Commissioner Group C, City of Sunrise, Broward County, Florida, in the Municipal Election to be held on November 6, 2012, 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 or Mayor.

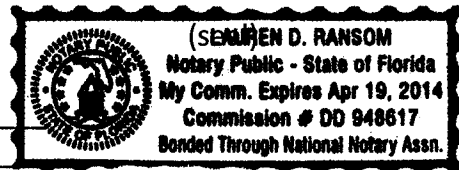
[Handwritten Signature]
Signature

1/3/13
Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 3 day of January, 2013, by Kristopher A. Hobbs.

[Handwritten Signature]
, Notary Public



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**

(Not for use by Judicial or
School Board Candidates)

CITY CLERK
CITY OF SUNRISE

13 JAN -4 AM 10:14

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, KRIS HOBBS
(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, X
(office) (district #)
C; 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] (954) 394-8149 KRISHOBBS@BELLSOUTH.NET
Signature of Candidate Telephone Number Email Address

12210 NW 29 ST SUNRISE FL 33323
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 102290036

* 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):
KRIS HOBBS

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 3 day of January, 2013.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary **AURENDE RANSOM**
Notary Public in and for the State of Florida
My Comm. Expires Apr 19, 2014
Commission # DD 948617
Bonded Through National Notary Assn.

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

HOBBS KRISTOPHER ADAM

MAILING ADDRESS :

12210 NW 29 ST

CITY :

SUNRISE

ZIP :

33323

COUNTY :

Broward

NAME OF AGENCY :

CITY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner Group C

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

CITY CLERK
CITY OF SUNRISE
13 JAN - 4 AM 10:14

**** 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):

[X] DECEMBER 31, 2012 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). CHECK THE ONE YOU ARE USING:

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [X] 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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PRIMERICA	3120 BRECKINRIDGE BLVD DUNWOODY GA. 30099	SALES

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
	NONE		

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (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.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NONE	

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

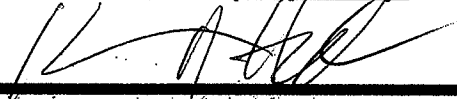
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	NONE		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

13 JAN - 1 AM IC: 1 L
 CITY CLERK
 CITY OF SUNRISE

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

SIGNATURE (required):

DATE SIGNED (required):



1/3/13

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.

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, 2012.

CITY CLERK
CITY OF SUNRISE

13 JAN -4 AM 10:14




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, FL
(954)712-1903

****Tentative Date**



Signature of Candidate

1/3/13

Date

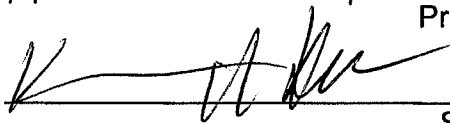
CITY CLERK
CITY OF SUNRISE
13 JAN -4 AM 10:14



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.

KRISTOPHER A. HOBBS
Print Name


Signature

1/3/13
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.
6. 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.

Executed on this day 3 of January, 2013.

WITNESSES:

BY CANDIDATE:

[Signature]
[Signature]

Signature

Kris A. Hobbs

(Print Name)

13 JAN -4 AM 10:14

CITY CLERK
CITY OF SUNRISE

STATE OF FLORIDA)

) SS.

COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 3rd day of January, 2013, by Kristopher A. Hobbs who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 3rd day of January, 2013

(NOTARY SEAL)

[Signature]
(Signature of person taking acknowledgment)

(Name of officer taking acknowledgment)
typed, printed, or stamped

My commission expires

