

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

(1) David Iannacone
 Name
 (2) 13170 NW 11 Place
 Address (number and street)
SUNRISE, FL 33323
 City, State, Zip Code

OFFICE USE ONLY

 CITY CLERK
 CITY OF SUNRISE

 13 MAY 30 PM 3:15

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): SUNRISE Commission Group C
 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 3/8/13 To 6/10/13 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 \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,407.92
 Transfers to Office Account \$ _____
 Total Monetary \$ 1,407.92

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 16,235.00

(10) TOTAL Monetary Expenditures To Date
 \$ 16,235.00

(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, correct, and complete.

(Type name) David Iannacone
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X [Signature]
 Signature

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

(Type name) David Iannacone
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID IANNAOANT (2) I.D. Number _____

(3) Cover Period 3, 8, 13 through 6, 10, 13 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /		NONE TO REPORT						
/ /								
/ /								
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID IANNAONE

(2) I.D. Number _____

(3) Cover Period 3/8/13 through 6/10/13

(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
3/8/13 1	USPS Sunrise Post Office Sunrise, FL 33345	Postage	MON		4.22
3/12/13	HAVENAS Cuban Cubines 10035 Sunset Strip Sunrise, FL 33322	Food for volunteers	MON		773.58
3/29/13	Chase Bank PO Box 659754 San Antonio, TX 78265	Service fee	MON		15.00
4/30/13	Chase Bank PO Box 659754 San Antonio, TX 78265	Service fee	MON		15.00
4/17/13	Hallmark Creations 12502 W. Sunrise Blvd Sunrise, FL 33323	CARDS/ Stationary	MON		6.89
5/26/13	USPS - Post Office Sunrise, FL 33345	Postage	MON		9.20
5/29/13	DAVID IANNAONE 13170 NW 11 Place Sunrise, FL 33323	Loan repay	MON		583.76
1/1					

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

(1) David Iannacone
Name
(2) 13170 NW 11 Place
Address (number and street)
SUNRISE, FL 33323
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
13 MAR 11 AM 11:27

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Sunrise Commission Group C
 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 2/16/13 To 3/17/13 Report Type G-4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 4,600.00
 Loans \$ _____
 Total Monetary \$ 4,600.00
 In-Kind \$ 300.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,597.34
 Transfers to Office Account \$ _____
 Total Monetary \$ 4,597.34

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 16,235.00

(10) TOTAL Monetary Expenditures To Date
 \$ 14,827.08

(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) DAVID IANNAZONE
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X [Signature]
 Signature

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

(Type name) DAVID IANNAZONE
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Iannacone (2) I.D. Number _____

(3) Cover Period 2, 16, 13 through 3, 7, 13 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
2, 16, 13 1	John Masi 7111 NW Turtlewalk BOCA RATON, FL 33487	I	Hospitality Prof.	CHE			300.00
3, 7, 13 2	Rick Case Honda 15700 Rick Case Honda way Davie, FL 33331	B	Car Dealer	CHE			500.00
3, 7, 13 3	Douglas, Atkinson et al 1177 SE 3 Ave Ft. Lauderdale, FL 33316	B	Attorney	CHE			250.00
3, 7, 13 4	Joseph Block A/C 16080 LaLota Dr Weston, FL 33326	B	A/C Contractor	CHE			350.00
3, 7, 13 5	Sharon Pich 12945 Ortega Ln N. Miami, FL 33181	I	Postal/ Package Slipper	CHE			500.00
3, 7, 13 6	Prime Time Property 12865 W. Dixie Hwy N. Miami, FL 33161	B	Real Estate Investor	CHE			500.00
3, 7, 13 7	David Iannacone 13170 NW 11 Pl Sunrise, FL 33323	I	Candidate	LOA			2,200.00
3, 7, 13 8	David Iannacone 13170 NW 11 Pl Sunrise, FL 33323	I	Contractor	INK	wood for signs		150.00

CITY CLERK

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Iannaone (2) I.D. Number _____

(3) Cover Period 2,16,13 through 3,17,13 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
3,17,13	David Hanson 381 NW 48ST Ft. Lauderdale, FL 33309	I	Carpenter	Ink	Install Signs		150.00
9							
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/ /							
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CITY CLERK
 CITY OF SUNRISE
 13 MAR 11 AM 11:27

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David Iannacone

(2) I.D. Number _____

(3) Cover Period 2,16,13 through 3,7,13

(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
2/28/13 1	Park Row Printing 6531 NW 13th Plantation, FL 33313	Printing Signs	MON		333.90
3/3/13 2	Central Sunrise Resident Assoc.	DONATION	MON		25.00
3/5/13 3	Park Row Printing 6531 NW 13th Plantation, FL 33313	Printing	MON		237.44
3/5/13 4	Think Ink 579 Sawgrass Corp Pkwy Sunrise, FL 33325	T-Shirts	MON		126.00
3/7/13 5	Dynamic Strategies 1637 NW 100 Dr Coral Springs, FL 33071	mailing	MON		3,875.00
1/1					13 MAR 11 AM 11:27 CITY CLERK CITY OF SUNRISE, FL
1/1					
1/1					

D. Tamm

13170 N

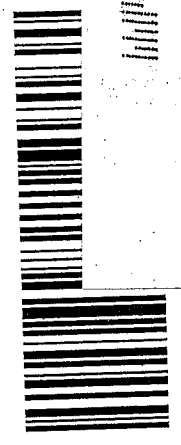
SUNRISE, FL 33323

CITY CLERK
CITY OF SUNRISE

13 MAR 11 PM 12:11

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

POSTAGE WILL BE PAID BY ADDRESSEE
CERTIFIED MAIL™



7012 3460 0002 1142 9020

ATTN: City Clerk

City of Sunrise
10770 W. Oakland Park Blvd.
Sunrise, FL 33351



1000

33351



U.S. POSTAGE
PAID
FORT LAUDERDALE
33326
MAR 08 13
RMOUNT

\$4.22
00083389-

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

(1) David Fannone
Name

(2) 13170 NW 11 Place
Address (number and street)

SUNRISE, FL 33323
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

13 FEB 22 PM 12:02
CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Sunrise Commission Group C

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 2/02/13 To 2/15/13 Report Type B-3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2,250.00

Loans \$ _____

Total Monetary \$ 2,250.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,934.62

Transfers to Office Account \$ _____

Total Monetary \$ 4,934.62

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 11,635.00

(10) TOTAL Monetary Expenditures To Date
\$ 10,229.74

(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) David Fannone

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) David Fannone

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name David A. Iannone (2) I.D. Number _____

(3) Cover Period 2, 02, 13 through 2, 15, 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		Type	Occupation	Type	Description		Amount
2, 5, 13 1	Rachael Iannone 13170 NW 11 Place SUNRISE, FL 33323	I	Teacher	CHE			500.00
2, 6, 13 2	JUST Consulting 12717 W. Sunrise Blvd #230 SUNRISE, FL 33323	B	Insurance Consultant	CHE			500.00
2, 6, 13 3	Paul Castellano 15140 SW 26 St. DAVIE, FL 33326	I	medical equipment	CHE			100.00
2, 8, 13 4	Lucy Iannone 808 Rhawn St Phila. PA 19111	I	retired	CHE			100.00
2, 8, 13 5	Sawgrass Tech LAND ASSOC 301 E. US Hwy Bld Pt Landerdale, FL 33301	B	Land Developer	CHE			250.00
2, 11, 13 6	Patricia Martyn 7924 Fox Run Ln Phila, PA 19111	I	School Secretary	CHE			200.00
2, 13, 13 7	So. Broward Board of Realtors PAC 201 Promenade Dr Pompano Beach, FL 33026	B	Realtor PAC	CHE			500.00
2, 14, 13 8	Joe Rosado 13174 NW 11 Pl SUNRISE, FL 33323	I	teacher	CHE			100.00

13 FEB 22 PM 12:02
CITY OF SUNRISE
CITY CLERK

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David Fannecon

(2) I.D. Number _____

(3) Cover Period 2,02,13 through 2,15,13

(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
2/6/13	Pay Pal 2211 N 1st St San Jose, CA 95131	Process fee	MON		3.20
1					
2/7/13	Park Row Printing 6531 NW 13 Ct Plantation, FL 33313	Printing	MON		654.02
2					
2/8/13	Dynamic Strategies 1637 NW 100th Dr. Coral Springs, FL 33071	mailer	MON		3,811.00
3					
2/11/13	Park Row Printing 6531 NW 13 Ct Plantation, FL 33313	Printing Signs	MON		466.40
4					
1/1					
1/1					
1/1					
1/1					

CITY CLERK
CITY OF SUNRISE
13 FEB 22 PM 12:02

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

(1) David Ianncone
Name
(2) 13170 NW 11 Place
Address (number and street)
SUNRISE, FL 33323
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
13 FEB -8 AM 10:52

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): SUNRISE Commission Group C
- 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 1/19/13 To 2/01/13 Report Type G-2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2,175.00

Loans \$ _____

Total Monetary \$ 2,175.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 732.56

Transfers to Office Account \$ _____

Total Monetary \$ 732.56

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 9,385.00

(10) TOTAL Monetary Expenditures To Date
\$ 5,295.12

(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) David Ianncone

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) David Ianncone

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name David Iannacone (2) I.D. Number _____

(3) Cover Period 1/19/13 through 2/01/13 (4) Page 1 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
(6) Sequence Number							
1/21/13	CK JACK & ASSOC. 7011 SW 14 ST Pembroke Pines, FL 33023	B	Public Adj	CHE			500.00
1							
1/22/13	Joseph Vitolo 4577 N. NOB Hill RD. SUNRISE, FL 33351	I	Developer	CHE			500.00
2							
1/23/13	COURTYARD BUSINESS CTR 4577 NOB Hill Rd STE 105 SUNRISE, FL 33357	B	Prop mgr	CHE			500.00
3							
1/23/13	Melissa McCutcheon 13131 NW 11 DR SUNRISE, FL 33323	I	Para legal	CHE			100.00
4							
1/25/13	JoAnne Serowsky 710 Stanwood St Phila, PA 19111	I	Logistics mgr	CHE			250.00
5							
1/29/13	Carmen Iannacone 46912 Backwater DR Sterling, VA 20164	I	IT TECH	CHE			200.00
6							
1/30/13	Cheryl Berardi 1441 NW 129 Ave SUNRISE, FL 33323	I	Accounting	CHE			100.00
7							
1/31/13	Lisa Detrich 11430 NW 29 ST SUNRISE, FL 33323	I	Legal Asst	CHE			25.00
8							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David Fannone

(2) I.D. Number _____

(3) Cover Period 1/19/13 through 2/01/13

(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
1/23/13	Pay Pal 2211 N. 1st St San Jose, CA 95131	Process Fee	MON		3.20
1					
1/23/13	Scott Fink 901 N. Federal Hwy Boca Raton, FL 33432	Artwork/ Advert.	MON		100.00
2					
1/24/13	Park Row Printing 6531 NW 13th Plantation, FL 33313	Printing	MON		517.28
3					
1/29/13	Pay Pal 2211 N 1st St San Jose, CA 95131	Process Fee	MON		6.10
4					
1/30/13	Pay Pal 2211 N 1st St San Jose, CA 95131	Process Fee	MON		3.20
5					
1/31/13	Pay Pal 2211 N 1st St San Jose, CA 95131	Process Fee	MON		1.03
6					
1/31/13	Sup. of Elections 115 S. Andrews Ave #102 Ft. Lauderdale FL 33301	Water Lit	MON		101.75
7					
1/1					

13 FEB - 8 AM 10:52
CITY CLERK
CITY OF SUNRISE

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

(1) David Iannacone
Name

(2) 13170 NW 11 Place
Address (number and street)
Sunrise, FL 33323
City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

13 FEB -1 PM 4:15

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Sunrise Commission Group C
- 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 10/01/12 To 1/18/13 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 6,210.00

Loans \$ 1,000.00

Total Monetary \$ 7,210.00

In-Kind \$ 743.94

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,562.56

Transfers to Office Account \$ _____

Total Monetary \$ 4,562.56

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 7,210.00

(10) TOTAL Monetary Expenditures To Date
\$ 4,562.56

(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) David Iannacone
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) David Iannacone
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X David I
Signature

X David I
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Iannacone (2) I.D. Number _____

(3) Cover Period 10,01,12 through 1,18,13 (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		Type	Occupation	Type	Description	Amendment	Amount
12,15,12 24	David Iannacone 13170 NW 11 Place Sunrise, FL 33323	I	Public Adjuster	TRK	Web Hosting	ADD	\$71.40
/ /							
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CITY CLERK
 CITY OF SUNRISE
 13 FEB - 1 PM 4:15

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

(1) DAVID Iannacone
Name

(2) 13170 NW 11 Place
Address (number and street)

SUNRISE, FL 33323
City, State, Zip Code

OFFICE USE ONLY

13 JAN 25 PM 2:30
CITY CLERK
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SUNRISE - Commission Group C

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 10/01/12 To 1/18/13 Report Type G-1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 6,210.00

Loans \$ 1,000.00

Total Monetary \$ 7,210.00

In-Kind \$ 672.54

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,562.56

Transfers to Office Account \$ _____

Total Monetary \$ 4,562.56

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 7,882.54

(10) TOTAL Monetary Expenditures To Date
\$ 4,562.56

(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) DAVID Iannacone

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) DAVID Iannacone

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY CLERK
CITY OF SUNRISE

(1) Name David Iannacone

(2) I.D. Number _____

(3) Cover Period 10/01/12 through 1/18/13

(4) Page 1 of 3 13 JAN 25 PM 2:30

(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, 10, 12 1	George Demello 349 NW 48ST Ft. Lauderdale, FL 33309	I	Carpenter	CHE			50.00
12, 14, 12 2	South Fla Restoration, Inc 12865 W. Dixie Hwy N. Miami, FL 33161	B	General Contractor	CHE			500.00
12, 14, 12 3	JAY Pilch 12945 Ortega Ln N. Miami, FL 33181	I	Contractor	CHE			500.00
12, 14, 12 4	Paul Iannacone 222 Harrison St Glenside, PA 19038	I	Prop. mng'r	CHE			100.00
12, 17, 12 5	Judith Smolka 621 NE 2 St. DANIA BCH, FL 33004	I	Secretary	CHE			500.00
12, 17, 12 6	Smolka & Assoc. 372 Ansin Blvd Hallandale Bch, FL 33009	B	Public Adjuster	CHE			500.00
12, 21, 12 7	George Demello 349 NW 48ST Ft. Lauderdale, FL 33309	I	carpenter	CHE			250.00
12, 21/12 8	Tile By Danny Inc 710 E Rambling Dr Wellington, FL 33414	B	Tile Installer	CHE			250.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name David Iannacone (2) I.D. Number _____

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

(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						
12, 28, 12	Julio Perfecto 13130 NW 11 Dr Sunrise, FL 33323	I Driver	INR	Campaign shirts		500.00
9						
12, 30, 12	Laura Polsky 3415 Pinewalk Dr # 103 Margate, FL 33063	I Occ Therapist	CHE			500.00
10						
1, 8, 13	DAVID IANNAZONE 13170 NW 11 PL Sunrise, FL 33323	I Public Adj	LOAN			625.00
11						
1, 4, 13	Todd Miller Realty 7777 Davie Rd Ext Suite 302 B Hollywood, FL 33024	B Realtor	CHE			500.00
12						
1, 15, 13	DAVID IANNAZONE 13170 NW 11 Place Sunrise, FL 33323	I Public Adj	LOAN			375.00
13						
1, 15, 13	JOE Cole 10392 W SR 84 Suite 108 Davie, FL 33324	I Plumber	CHE			500.00
14						
1, 16, 13	Harry Polsky 2711 S. Ocean Dr # 1101 Hollywood, FL 33019	I real estate	CHE			100.00
15						
1, 16, 13	Ruth Mabarakh 11761 NW 9 St. Plantation, FL 33325	I Office mg'r	CHE			60.00
16						

JAN 25 PM 2:30
 CITY OF SUNRISE
 CLERK

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY CLERK
CITY OF SUNRISE

(1) Name David Fannaone

(2) I.D. Number 13 JAN 25 PM 2:30

(3) Cover Period 10/01/12 through 1/18/13

(4) Page 3 of 3

(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
1, 17, 13	Emily Bennett 5 Isla Bahia Dr Ft. Lauderdale, FL 33316	I	Homeowner	CHE			100.00
17							
1, 17, 13	Ana Cordova-Lasher 12711 NW 15 St Sunrise, FL 33323	I	Insurance mg'r	CHE			500.00
18							
1, 18, 13	Joseph Rosado 13174 NW 11 Pl Sunrise, FL 33323	I	Teacher	CHE			400.00
19							
1, 18, 13	Steven Cohen 2547 Camelot Ct #104 Cooper City, FL 33026	I	realtor	CHE			100.00
20							
1, 18, 13	James Smolka 621 NE 2 St Dania Beach, FL 33004	I	Public Adjuster	CHE			500.00
21							
1, 18, 13	George Demello 349 NW 48 St Ft. Lauderdale, FL 33309	I	Carpenter	IWK	Wood for Signs		72.54
22							
1, 18, 13	David Hanson 381 NW 48 St Ft. Lauderdale, FL 33309	I	Carpenter	IWK	Labor for Sign install		100.00
23							
1, 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David Fannacore

(2) I.D. Number

(3) Cover Period 10/01/12 through 1/18/13

(4) Page 1 of 13 JAN 25 PM 2:30

(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
12/21/12 1	Scott Fink 901 N. Federal Hwy BOCA RATON, FL 33432	graphic artwork	MON		200.00
12/26/12 2	JP Morgan Chase 12590 W. Sunrise Blvd Sunrise, FL 33323	Campaign check order	MON		9.47
1/8/13 3	City of Sunrise 10770 W. Oakland Park Blvd Sunrise, FL 33357	Qualifying fee	MON		2,752.58
1/8/13 4	Scott Fink 901 N. Federal Hwy BOCA RATON, FL 33432	graphic artwork	MON		200.00
1/8/13 5	Scott Fink 901 N. Federal Hwy BOCA RATON, FL 33432	web site design	MON		125.00
1/11/13 6	Park Row Printing 6531 NW 13 Ct. PLANTATION, FL 33313	Printing	MON		291.50
1/12/13 7	Scott Fink 901 N. Federal Hwy BOCA RATON, FL 33432	web site design	MON		125.00
1/14/13 8	Park Row Printing 6531 NW 13 Ct. PLANTATION, FL 33313	Printing	MON		822.56

(1) Name David Fennelone

(2) I.D. Number

(3) Cover Period 10/01/12 through 1/18/13

(4) Page 2 of 13 JAN 25 PM 2:31

(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					
1/14/13	US Postal Service 3225 N. WINTERS Rd Sunrise, FL 33345	Stamps	MON		4.50
9					
1/15/13	PAY PAL 2211 N 1ST Street SAN JOSE, CA 95131	Processing fee	MON		14.80
10					
1/16/13	Pay Pal 2211 N. 1st Street San Jose, CA 95131	Processing fee	MON		.03
11					
1/16/13	Pay Pal 2211 N. 1st Street SAN JOSE, CA 95131	Processing fee	MON		3.20
12					
1/16/13	Pay PAL 2211 N. 1st street SAN JOSE, CA 95131	Processing fee	MON		10.74
13					
1/17/13	Pay Pal 2211 N. 1st street San Jose, CA 95131	Processing fee	MON		3.20
14					
11					
11					

**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 DEC 10 PM 12:39

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)

DAVID Iannacone

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

13170 NW 11 Place
Sunrise, FL 33323

4. Telephone

(954) 253-6783

5. E-mail address

dai.smolka@gmail.com

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

Commissioner - City of Sunrise
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

DAVID Iannacone

11. Mailing Address

13170 NW 11 Place

12. Telephone

()

13. City

SUNRISE

14. County

Broward

15. State

FL

16. Zip Code

33323

17. E-mail address

dai.smolka@gmail.com

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

19. Name of Bank

JPMorgan Chase

20. Address

12590 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

12/10/12

26. Signature of Candidate

X David Iannacone

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

I, DAVID Iannacone, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/10/12
Date

X David Iannacone
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 DEC 10 PM 12:39

I, David Lannacane,

candidate for the office of Commissioner Group "C";

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X David Lannacane

Signature of Candidate

12/10/12

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 -8 AM 10:13



NOTICE OF CANDIDACY AND AFFIDAVIT

I, DAVID Iannacone, do hereby affirm that I am a candidate for the office of Commissioner Group "C", 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.

David Iannacone
Signature

1/8/13
Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 8th day of January, 2013, by DAVID IANNAZONE.



FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

Felicia Bravo
Notary Public

(seal)

Personally Known X 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)

CITY CLERK
CITY OF SUNRISE

**CANDIDATE OATH –
NONPARTISAN OFFICE**

13 JAN -8 AM 10:13

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, David Iannacone
(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, City of Sunrise,
(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.

[Signature] (954) 253-6783 dai.smolka@gmail.com
Signature of Candidate Telephone Number Email Address

13170 NW 11 Place Sunrise FL 33323
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101557346

* 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):

Dai - vid I - ahnah - cone

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 8th day of January, 20 13.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____



FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

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 :

JANNAcone DAVID A.

MAILING ADDRESS :

13170 NW 11 Place

Sunrise, 33323 Broward

CITY: ZIP: COUNTY:

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commission Group C

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

13 JAN - 8 AM 10:13
CITY CLERK
CITY OF SUNRISE

**** 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, 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 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
Janjist Consulting Inc	12717 W. Sunrise Blvd Sunrise	Insurance + Construction Consulting

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
Smolka + Assoc.	372 Ansin Blvd	Hallandale Bch	Insurance Adjusters
South Florida Restoration	12865 W. Dixie Hwy.	N. Miami	General Contractors

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
Money Market	Fidelity Investments

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
PNC Mortgage	PO Box 53 3510 Atlanta, GA 30353

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	None		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

13 JAN - 8 AM 10:13
 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):

D. D. D.

1/7/13

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 -8 AM 10:13




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

1/7/13

Date

CITY CLERK
CITY OF SUNRISE
13 JAN -8 AM 10:13



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.

David J. Fannone
Print Name
David Fannone
Signature
1/7/13
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 8th of JANUARY, 2013.

WITNESSES:

[Signature]

[Signature]

BY CANDIDATE:

[Signature]

Signature
DAVID IANNAcone

(Print Name)

13 JAN - 8 AM 10:13

CITY CLERK
CITY OF SUNRISE

STATE OF FLORIDA)

) SS.

COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 8th day of JANUARY, 2013, by DAVID IANNAcone 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 8th day of JANUARY, 2013

(NOTARY SEAL)

[Signature]

(Signature of person taking acknowledgment)

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

My commission expires: