

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE

OFFICE USE ONLY
16 NOV 10 PM 4:46

(1) Mike Ryan
Name

(2) 12491 NW 32 Manor
Address (number and street)

Sunrise, Florida 33323
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor, City of Sunrise

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 01 / 16 To 11 / 10 / 16 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ .00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ .00

In-Kind \$ _____ , _____ , 30 .00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 5,087 .05

Transfers to Office Account \$ _____ , _____ , _____ .00

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , 0 .00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 13 , 011 .00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 13 , 011 .00

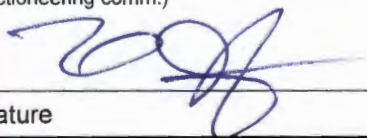
(11) Certification

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) Mike Ryan

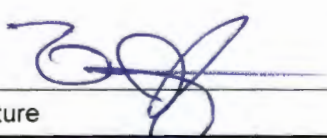
Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 

Signature

(Type name) Mike Ryan

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16

(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 / 03 / 16 1	Shirlie McGuckien Ryan 250 New River Circle Sunrise, Florida 33322	Reimbursement for purchase of Campaign Shirts	MON		199.55
08 / 13 / 16 2	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	Reimbursement postage stamps for post-campaign mailer	MON		94.00
08 / 22 / 16 3	BB&T 3401 N. Pine Island Road Sunrise, Florida 33351	Bank Charges	MON		7.50
11 / 07 / 16	BB&T 3401 N. Pine Island Road Sunrise, Florida 33351	Bank Charge - Stop Payment	MON		35.00
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
 CITY OF SUNRISE
 16 NOV 10 PM 4:47

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 1 of 6

(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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
08 13 16 / / 1	Iannacone, David 13170 NW 11 Place Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 13 16 / / 2	McCutcheon, Melissa 13121 NW 11th Drive Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 13 16 / / 3	Chambers, Melissa 4420 NW 9th Street Coconut Creek, Florida 33066	Reimburse Contribution			50.00	RMB
08 13 16 / / 4	Royer, Christopher 1435 Mayor Street Hollywood, Florida 33020	Reimburse Contribution			200.00	RMB
08 13 16 / / 5	Albert, Lottie 9261 Sunrise Lakes Blvd. Apt. 201 Sunrise, Florida 33322	Reimburse Contribution			10.00	RMB
08 13 16 / / 6	Wiesend, Elizabeth 6531 NW 34 Avenue Fort Lauderdale, Florida 33309	Reimburse Contribution			25.00	RMB
08 13 16 / / 7	Davitian, Noreek 3061 NW 125th Avenue Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 13 16 / / 8	Davitian, Devin 3061 NW 125th Avenue Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB

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CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 2 of 6

(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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
08 13 16 / / 9	Davitian, Brandon 3061 NW 125th Avenue Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 13 16 / / 10	Davitian, Caden 3061 NW 125th Avenue Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 13 16 / / 11	Spatafora, Joseph XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt per Florida law)	Reimburse Contribution			25.00	RMB
08 13 16 / / 12	Spatafora, Olivia XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt per Florida law)	Reimburse Contribution			25.00	RMB
08 13 16 / / 13	Spatafora, Michele XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt per Florida law)	Reimburse Contribution			25.00	RMB
08 13 16 / / 14	Spatafora, Adrienne XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt per Florida law)	Reimburse Contribution			25.00	RMB
08 13 16 / / 15	Krulik, Holly 9081 NW 68th Court Parkland, Florida 33067	Reimburse Contribution			200.00	RMB
08 13 16 / / 16	Schreiner, Louise 8600 Sunrise Lakes Blvd. #208 Sunrise, Florida 33322	Reimburse Contribution			25.00	RMB

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CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 3 of 6

(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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
08 13 16 / / 17	Ginsberg-Cohen, Toby 9081 Sunrise Lakes Blvd. #116 Sunrise, Florida 33322	Reimburse Contribution			20.00	RMB
08 13 16 / / 18	Smith, E.A. 2602 NW 103 Avenue Apt. #204 Sunrise, Florida 33322	Reimburse Contribution			25.00	RMB
08 13 16 / / 19	Passarelli, Robert 1550 NW 128 Drive #238 Sunrise, Florida 33322	Reimburse Contribution			25.00	RMB
08 13 16 / / 20	Filla, Sandra 10211 NW 24th Street Sunrise, Florida 33322	Reimburse Contribution			25.00	RMB
08 13 16 / / 21	Lewenberg, Shirley 9501 Sunrise Lakes Blvd. #208 Sunrise, Florida 33322	Reimburse Contribution			25.00	RMB
08 13 16 / / 22	Soufrine, Harvey 9501 Nob Hill Road #106 Sunrise, Florida 33322	Reimburse Contribution			36.00	RMB
08 13 16 / / 23	Fortman, Philip 8711 S.W. 30 Street #103 Davie, Florida 33323	Reimburse Contribution			25.00	RMB
08 13 16 / / 24	Effman, Barbara 13150 N.W. 11th Street Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB

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CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 4 of 6

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
08 / 13 / 16	25	DeFerrari, Jacqueline 1115 N.W. 133 Avenue Sunrise, Florida 33322	Reimburse Contribution			100.00	RMB
08 / 13 / 16	26	Harvin, J.B. 10701 N.W. 26 Street Sunrise, Florida 33322	Reimburse Contribution			50.00	RMB
08 / 13 / 16	27	DeGrazia, Trudi 9700 Sunrise Lakes Blvd. #204 Sunrise, Florida 33322	Reimburse Contribution			10.00	RMB
08 / 13 / 16	28	Block, Roberta 10315 N.W. 24th Place #201 Sunrise, Florida 33322	Reimburse Contribution			50.00	RMB
08 / 13 / 16	29	Ripley, John 13528 N.W. 8 Court Sunrise, Florida 33325	Reimburse Contribution			25.00	RMB
08 / 13 / 16	30	Berardi, Cheryl 1441 N.W. 129 Avenue Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 / 13 / 16	31	Berardi, Rich 1441 N.W. 129 Avenue Sunrise, Florida 33323	Reimburse Contribution			25.00	RMB
08 / 13 / 16	32	Norris, Robert 8957 N.W. 44 Court Sunrise, Florida 33351	Reimburse Contribution			100.00	RMB

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CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 5 of 6

(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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
08 13 16 / / 33	Rohold, Ezra 10208 N.W. 24 Place #402 Sunrise, Florida 33322	Reimburse Contribution			25.00	RMB
08 13 16 / / 34	Forrest, Marjorie 1081 N.W. 74 Way Plantation, Florida 33313	Reimburse Contribution			25.00	RMB
08 13 16 / / 35	Bergsohn, Kenneth 2601 N. Nob Hill Road #108 Sunrise, Florida 33322	Reimburse Contribution CHECK VOIDED LOST			25.00	RMB
08 13 16 / / 36	Ireland, Martin 12545 N.W. 5 Court Plantation, Florida 33325	Reimburse Contribution			25.00	RMB
08 13 16 / / 37	Amaro, Debra 6441 N.W. 24 Place Sunrise, Florida 33313	Reimburse Contribution			25.00	RMB
08 13 16 / / 38	Amaro, Hipolito 6441 N.W. 24 Place Sunrise, Florida 33312	Reimburse Contribution			25.00	RMB
08 13 16 / / 39	Rogazione, Jacqueline 5951 N.W. 15 Court Sunrise, Florida 33313	Reimburse Contribution			50.00	RMB
08 13 16 / / 40	Dolman, Blake 3210 N.E. 56 Court Fort Lauderdale, Florida 33308	Reimburse Contribution			100.00	RMB

16 NOV 10 PM 4:47

DS-DE 14A (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 6 of 6

(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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
09 19 16 / / 41	Ryan, Mike 12491 NW 32 Manor Sunrise, Florida 33323	Reimburse Loan			3,100.00	RMB
11 09 16 / / 42	LCpl Janos V. Lutz Live to Tell Foundation 6551 Orange Drive Davie, Florida 33314	Disposal Of Funds			500.00	
11 09 16 / / 43	Project Vet Relief P.O. Box 547859 Orlando, Florida 32859	Disposal of Funds			500.00	
11 09 16 / / 44	National Scholastic Chess Foundation 171 E. Post Road #206 White Plains, NY 10601	Disposal of Funds			608.01	
/ / 37						
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16 NOV 10 AM 3:17
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 08 / 01 / 16 through 11 / 10 / 16 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation				
08 / 31 / 16	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	B	Law Firm	INK	Cell Phone		30.00
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CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE
16 NOV 10 PM 4:46

(1) Mike Ryan
Name

(2) 12491 NW 32 Manor
Address (number and street)

Sunrise, Florida 33323
City, State, Zip Code

OFFICE USE ONLY

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor, City of Sunrise
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 01 / 16 To 06 / 30 / 16 Report Type: M06

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 4 , 161 . 00

Loans \$, , .

Total Monetary \$, 4 , 161 . 00

In-Kind \$, , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 3 , 603 . 93

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 3 , 603 . 93

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 7 , 261 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 603 . 93

(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) Mike Ryan

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Mike Ryan

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 1 of 6

(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
6 / 26 / 16 / / 6	Broward County Police Benevolent Assoc. 2650 W. State Road 84 Ft. Lauderdale, Fl. 33312	I	Student	Che		DEL	25.00
06 / 26 / 16 / / 42	Broward County Police Benevolent Assoc. 2650 W. State Road 84 Ft. Lauderdale, Fl. 33312	I	Union	Che		ADD	250.00
6 / 29 / 16 / / 3	Lewenberg, Shirley 9501 Sunrise Lakes Blvd. #208 Sunrise, Florida 33322	I	Retired	Che		DEL	25.00
6 / 29 / 16 / / 43	Lewenberg, Shirley 9501 Sunrise Lakes Blvd. #208 Sunrise, Florida 33322	I	Retired	Che		ADD	20.00
/ /							
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16 NOV 10 PM 4:46
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Ryan
 Name
 (2) 12491 NW 32 Manor
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 NOV 10 PM 4:46

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor, City of Sunrise
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 07 / 01 / 16 To 07 / 31 / 16 Report Type: M07

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 5 , 750 . 00

Loans \$, , .

Total Monetary \$, 5 , 750 . 00

In-Kind \$, , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 712 . 01

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 712 . 01

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 13 , 011 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 6 , 315 . 94

(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) Mike Ryan

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name) Mike Ryan

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 16 through 07 / 31 / 16

(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					
07 / 01 / 16 1	Atlantic Litho P.O. Box 11677 Fort Lauderdale, Florida 33339	Campaign Signs	MON	DEL	455.08
07 / 01 / 16 5	Atlantic Litho P.O. Box 11677 Fort Lauderdale, Florida 33339	Campaign Signs	MON	ADD	455.80
07 / 13 / 16 6	BB&T 3401 N Pine Island Road Sunrise Fl 33351	Bank Charges	MON	ADD	61.49
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CITY CLERK
 CITY OF SUNRISE
 16 NOV 10 PM 4:46

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 07 / 01 / 16 through 07 / 31 / 16 (4) Page 01 of 01

(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
07 / 08 / 16 / /	Albert, Lottie 9261 Sunrise Lakes Blvd Apt. 201 Sunrise, Florida 33322	I	Retired	CHE		DEL	10.00
09							
07 / 08 / 16 / /	Albert, Lottie 9261 Sunrise Lakes Blvd Apt. 201 Sunrise, Florida 33322	I	Retired	CHE		ADD	25.00
16							
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CITY CLERK
 CITY OF SUNRISE
 16 NOV 10 PM 4:47

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Ryan
 Name
 (2) 12491 NW 32 Manor
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 AUG -9 PM 4:06

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Mayor, City of Sunrise
 Political Committee (PC)
 Electioneering Communications Org. (ECO)
 Party Executive Committee (PTY)
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded
 Check here if PTY has disbanded
 Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 07 / 01 / 16 To 07 / 31 / 16 Report Type: M07
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ 5 , 735 . 00
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ 5 , 735 . 00
 In-Kind \$ _____ , _____ , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ 2 , 649 . 80
 Transfers to Office Account \$ _____ , _____ , 0 . 00
 Total Monetary \$ _____ , _____ 2 , 649 . 80

(8) Other Distributions
 \$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ 12 , 776 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ 6 , 253 . 73

(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) Mike Ryan
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Mike Ryan
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____
 (3) Cover Period 07 / 01 / 16 through 07 / 30 / 16 (4) Page 01 of 03

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
07 / 01 / 16 1	Iannacone, David 13170 NW 11th Place Sunrise, Florida 33323	I	Contractor	CHE			25.00
07 / 01 / 16 2	McCutcheon, Melissa 13131 NW 11th Drive Sunrise, Florida 33323	I	Paralegal	CHE			25.00
07 / 01 / 16 3	GM Citizens for A Smarter Fl 200 E. Broward Blvd. Suite 1800 Fort Lauderdale, Fl. 33301	F	Pol. Comm.	CHE			500.00
07 / 01 / 16 4	Ronald Book P.A. 18851 NE 29th Avenue Suite 1010 Aventura, Florida 33180	B	Law Firm	CHE			1,000.00
07 / 01 / 16 5	Kevin Malone 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	I	Attorney	CHE			500.00
07 / 01 / 16 6	GM Trial Lawyers for A Better & Smarter Florida 200 E. Broward Blvd. Fort Lauderdale, Florida 33301	F	Pol. Comm.	CHE			500.00
07 / 07 / 16 7	Chambers, Melissa 4420 NW 9th Street Coconut Creek, Florida 33066	I	Paralegal	CHE			50.00

16 AUG -9 PM 4:06
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____
 (3) Cover Period 07 / 01 / 16 through 07 / 31 / 16 (4) Page 02 of 03

(5) Date	(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
(6) Sequence Number		Type	Occupation				
07 / 07 / 16 08	Royer, Christopher 1435 Mayo Street Hollywood, Florida 33020	I	Attorney	CHE			100.00
07 / 08 / 16 09	Albert, Lottie 9261 Sunrise Lakes Blvd Apt. 201 Sunrise, Florida 33322	I	Retired	CHE			10.00
07 / 11 / 16 10	Wiesend, Elizabeth 6531 NW 34 Avenue Fort Lauderdale, Fl. 33309	I	Paralegal	CHE			25.00
07 / 13 / 16 11	Metro Broward Professional Firefighters 304 NW 1st Street Pompano Beach, Fl. 33060	B	Union	CHE			1,000.00
07 / 19 / 16 12	Samuel & Company 3301 NE 1st Avenue Suite 109 Miami, Florida 33137	B	Real Estate	CHE			1,000.00
07 / 19 / 16 13	Broward Teachers Union 6000 N. University Drive Tamarac, Florida 33321	B	Union	CHE			500.00
07 / 25 / 16 14	City of Sunrise FOP Lodge 80A Assoc, Inc. P.O. Box 450581 Sunrise, Florida 33345	B	Union	CHE			500.00

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

16 AUG - 9 PM 4:07
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 07 / 01 / 16 through 07 / 31 / 16 (4) Page 03 of 03

(5) Date	(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
(6) Sequence Number		Type	Occupation				
07 / 31 / 16	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	B	Law Firm	INK	Cell Phone		30.00
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**CITY CLERK
CITY OF SUNRISE
16 AUG -9 PM 4:07**

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 16 through 07 / 31 / 16

(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
07 / 01 / 16	Atlantic Litho P.O. Box 11677 Fort Lauderdale, Florida 33339	Campaign Signs	MON		455.08
1					
07 / 03 / 16	Shirlie McGuckien Ryan 250 New River Circle Sunrise, Florida 33322	Reimbursement of 7/4 Parade and Campaign Supplies	MON		593.28
2					
07 / 03 / 16	Shirlie McGuckien Ryan 250 New River Circle Sunrise, Florida 33322	Reimbursement for purchase of Campaign Shirts	MON		410.00
3					
07 / 08 / 16	Atlantic Litho P.O. Box 11677 Fort Lauderdale, Florida 33339	Campaign signs and post cards	MON		1,191.44
4					

16 AUG -9 PM 4:07
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 07 / 01 / 16 through 07 / 31 / 16 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	None this Reporting Period					0.00
/ /						
/ /						
/ /						
/ /						
/ /						
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/ /						
/ /						

16 AUG -9 PM 4:07
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Ryan
 Name
 (2) 12491 NW 32 Manor
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 JUL 1 PM 3:32

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Mayor, City of Sunrise

- | | |
|--|--|
| <input type="checkbox"/> Political Committee (PC)
<input type="checkbox"/> Electioneering Communications Org. (ECO)
<input type="checkbox"/> Party Executive Committee (PTY)
<input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | <input type="checkbox"/> Check here if PC or ECO has disbanded
<input type="checkbox"/> Check here if PTY has disbanded
<input type="checkbox"/> Check here if no other IE or EC reports will be filed |
|--|--|

(5) Report Identifiers

Cover Period: From 06 / 01 / 16 To 06 / 30 / 16 Report Type: M06

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <u> </u> , <u> </u> 3 , <u> </u> 941 . <u> </u> 00
Loans	\$ <u> </u> , <u> </u> , <u> </u> . <u> </u>
Total Monetary	\$ <u> </u> , <u> </u> 3 , <u> </u> 941 . <u> </u> 00
In-Kind	\$ <u> </u> , <u> </u> , <u> </u> 30 . <u> </u> 00

(7) Expenditures This Report

Monetary Expenditures	\$ <u> </u> , <u> </u> 3 , <u> </u> 603 . <u> </u> 93
Transfers to Office Account	\$ <u> </u> , <u> </u> , <u> </u> 0 . <u> </u> 00
Total Monetary	\$ <u> </u> , <u> </u> 3 , <u> </u> 603 . <u> </u> 93

(8) Other Distributions
 \$, , 0 . 00

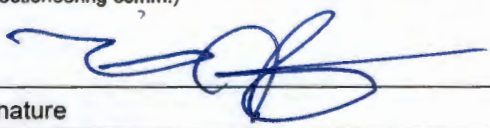
(9) TOTAL Monetary Contributions To Date
 \$, 7 , 041 . 00


(10) TOTAL Monetary Expenditures To Date
 \$, 3 , 603 . 93

(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) Mike Ryan
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
 X 
 Signature

(Type name) Mike Ryan
 Candidate Chairperson (only for PC and PTY)
 X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16

(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					
06 / 20 / 16	City of Sunrise 10770 W. Oakland Park Blvd. Sunrise, Florida 33351	Qualifying Fee	MON		3,014.04
1					
06 / 29 / 16	Scuotto's Pizza & Pasta 3455 N Hiatus Road Sunrise, FL 33351	Purchase of food for Meet and Greet	MON		589.89
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	None this Reporting Period					0.00
/ /						
/ /						
/ /						
/ /						
/ /						

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 1 of 6

(5) Date	(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
(6) Sequence Number		Type	Occupation				
6 / 22 / 16 1	Royer, Christopher 1435 Mayo Street Hollywood, Florida	I	Attorney	Che			100.00
6 / 25 / 16 2	Davitian, Noreek 3061 NW 125th Avenue Sunrise, Florida 33323	I	Attorney	Che			25.00
6 / 25 / 16 3	Davitian, Devin 3061 NW 125th Avenue Sunrise, Florida 33323	I	Student	Che			25.00
6 / 25 / 16 4	Davitian, Brandon 3061 NW 125th Avenue Sunrise, Florida 33323	I	Student	Che			25.00
6 / 25 / 16 5	Davitian, Caden 3061 NW 125th Avenue Sunrise, Florida 33323	I	Student	Che			25.00
6 / 26 / 16 6	Broward County Police Benevolent Assoc. 2650 W. State Road 84 Ft. Lauderdale, Fl. 33312	I	Student	Che			25.00
6 / 26 / 16 7	Joseph Spatafora XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt Per Florida Law)	I	Police Off.	Che			25.00

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 2 of 6

(5) Date	(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
(6) Sequence Number		Type	Occupation				
6 / 27 / 16 8	Greenberg Traurig 8400 N.W. 35th Street Suite 400 Miami, Florida	B	Law Firm	Che			500.00
6 / 29 / 16 9	Krulik, Holly 9081 NW 68th Court Parkland, Florida 33067	I	Attorney	Che			200.00
6 / 29 / 16 10	Schreiner, Louise 8600 Sunrise Lakes Blvd, #208 Sunrise, Florida 33322	I	Retired	Che			25.00
6 / 29 / 16 11	Ginsberg-Cohen, Toby 9081 Sunrise Lakes Blvd, #116 Sunrise, Florida 33322	I	Retired	CAS			20.00
6 / 29 / 16 12	Spatafora, Olivia XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt per Florida Law)	I		CHE			25.00
6 / 29 / 16 13	Spatafora, Michele XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (exempt per Florida Law)	I		CHE			25.00
6 / 29 / 16 14	Smith, E.A. 2602 NW 103 Avenue Apt. 204 Sunrise, Florida 33322	I	Retired	CHE			25.00

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 3 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
6 / 29 / 16 / / 15	Spatafora, Adrienne XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX (Exempt per Florida Law)	I		CHE			25.00
6 / 29 / 16 / / 16	Passarelli, Robert 1550 N.W. 128 Drive #238 Sunrise, Florida 33322	I	Retired	CHE			25.00
6 / 29 / 16 / / 17	Filla, Sandra 10211 N.W. 24th Street Sunrise, Florida 33322	I	Hair Dresser	CHE			25.00
6 / 29 / 16 / / 18	Lewenberg, Shirley 9501 Sunrise Lakes Blvd. #208 Sunrise, Florida 33322	I	Retired	CHE			25.00
6 / 29 / 16 / / 19	Soufrine, Harvey 9501 Nob Hill Road #106 Sunrise, Florida 33322	I	Retired	CHE			36.00
6 / 29 / 16 / / 20	Fortman, Philip 8711 S.W. 30 Street #103 Davie, Florida 33323	I	Retired	CHE			25.00
6 / 29 / 16 / / 21	Effman, Barbara 13150 N.W. 11th Street Sunrise, Florida 33323	I		CHE			25.00

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 4 of 6

(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							
6 / 29 / 16 / /	DeFerrari, Jacqueline 1115 N.W. 133 Avenue Sunrise, Florida 33322	I	Teacher	CHE			100.00
22							
6 / 29 / 16 / /	Harvin, J.B. 10701 N.W. 26 Street Sunrise, Florida 33322	I	Retired	CHE			50.00
23							
6 / 29 / 16 / /	DeGrazia, Trudi 9700 Sunrise Lakes Blvd. #204 Sunrise, Florida 33322	I	Retired	CHE			10.00
24							
6 / 29 / 16 / /	Fraternal Order Of Police Sunrise Lodge 80 P.O. Box 450086 Sunrise, Florida 33345	B	Union	CHE			500.00
25							
6 / 29 / 16 / /	Block, Roberta 10315 N.W. 24 Place #201 Sunrise, Florida 33322	I	Retired	CHE			50.00
26							
6 / 29 / 16 / /	Ripley, John 13528 N.W. 8th Court Sunrise, Florida 33325	I	Insurance	CHE			25.00
27							
6 / 29 / 16 / /	Berardi, Cheryl 1441 N.W. 129 Avenue Sunrise, Florida 33323	I	Fin. Advis.	CHE			25.00
28							

16 JUL 11 PM 3:32
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 5 of 6

(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							
6 / 29 / 16 29	Berardi, Rich 1441 N.W. 129 Avenue Sunrise, Florida 33323	I	Accountant	CHE			25.00
6 / 29 / 16 30	Norris, Robert 8957 N.W. 44 Court Sunrise, Florida 33351	I	Retired	CHE			100.00
6 / 29 / 16 31	Rohold, Ezra 10208 N.W. 24 Place #402 Sunrise, Florida 33322	I	Retired	CHE			25.00
6 / 29 / 16 32	Matthew Morrall, P.A. 2850 N. Andrews Avenue Fort Lauderdale, Fl. 33311	B	Law Firm	CHE			500.00
6 / 29 / 16 33	Forrest, Marjorie 1081 N.W. 74 Way Plantation, Florida 33313	I	Pest Contr.	CHE			25.00
6 / 29 / 16 34	Bergsohn, Kenneth 2601 N. Nob Hill Road #108 Sunrise, Florida 33322	I	Retired	CHE			25.00
6 / 29 / 16 35	Ireland, Martin 12545 N.W. 5 Court Plantation, Florida 33325	I	Retired	CHE			25.00

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (4) Page 6 of 6

(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							
6 / 29 / 16 36	Amaro, Debra 6441 N.W. 24 Place Sunrise, Florida 33313	I		CHE			25.00
6 / 29 / 16 37	Amaro, Hipolito 6441 N.W. 24 Place Sunrise, Florida 33312	I	Prop. Mgr.	CHE			25.00
6 / 29 / 16 38	Rogazione, Jacqueline 5951 N.W. 15 Court Sunrise, Florida 33313	I	Retired	CHE			50.00
6 / 29 / 16 39	Kaufman Lynn Construction, Inc. 4850 T-Rex Avenue Suite 300 Boca Raton, Florida 33431	B	Construction	CHE			1000.00
6 / 30 / 16 40	Dolman, Blake 3210 N.E. 56 Court Fort Lauderdale, Florida 33308	I	Attorney	CHE			100.00
6 / 30 / 16 41	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	B	Law Firm	INK	Cell-phone		30.00
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

16 JUL 11 PM 3:32

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Ryan
 Name
 (2) 12491 NW 32 Manor
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 JUN -9 PM 4: 12

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Mayor, City of Sunrise

- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05 / 01 / 16 To 05 / 31 / 16 Report Type: M05

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions
 \$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 3 , 100 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 0 . 00

(11) Certification

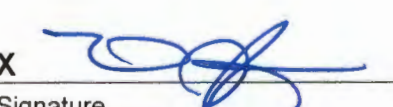
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Mike Ryan
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Mike Ryan
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 16 through 05 / 31 / 16

(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					
/ /	NONE THIS REPORTING PERIOD				0.00
/ /					
/ /					
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/ /					

16 JUN -9 PM 4:13
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 05 / 01 / 16 through 05 / 31 / 16 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	None this Reporting Period					0.00
/ /						
/ /						
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/ /						
/ /						

CITY CLERK
CITY OF SUNRISE
16 JUN -9 PM 4:13

CAMPAIGN TREASURER'S REPORT SUMMARY
CITY OF SUNRISE

OFFICE USE ONLY
16 MAY 10 AM 9:46

(1) Mike Ryan
 Name
 (2) 13121 NW 11th Drive
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Mayor, City of Sunrise
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 16 To 04 / 30 / 16 Report Type: M04

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions
 \$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 3 , 100 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 0 . 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) Mike Ryan
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Mike Ryan
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 16 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation				
04 / 30 / 16 1	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	B	Law Firm	INK	Cell Phone		30.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

16 MAY 10 AM 9:46
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 16 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	None this Reporting Period					0.00
/ /						
/ /						
/ /						
/ /						
/ /						

16 MAY 10 AM 9:46
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 16 through 04 / 30 / 16

(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					
/ /	NONE THIS REPORTING PERIOD				0.00
/ /					
/ /					
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/ /					
/ /					
/ /					

16 MAY 10 AM 9:46
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Ryan
 Name
 (2) 13121 NW 11th Drive
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 APR - 7 PM 4:38

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Mayor, City of Sunrise

- | | |
|--|--|
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Party Executive Committee (PTY) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 03 / 01 / 16 To 03 / 31 / 16 Report Type: M3
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ _____, _____, <u>0</u> . <u>00</u>
Loans	\$ _____, <u>2</u> , <u>100</u> . <u>00</u>
Total Monetary	\$ _____, <u>2</u> , <u>100</u> . <u>00</u>
In-Kind	\$ _____, _____, <u>30</u> . <u>00</u>

(7) Expenditures This Report

Monetary Expenditures	\$ _____, _____, <u>0</u> . <u>00</u>
Transfers to Office Account	\$ _____, _____, <u>0</u> . <u>00</u>
Total Monetary	\$ _____, _____, <u>0</u> . <u>00</u>

(8) Other Distributions
 \$ _____, _____, 0 . 00

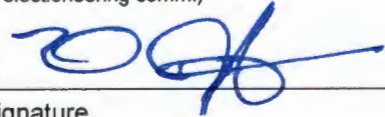
(9) TOTAL Monetary Contributions To Date
 \$ _____, 3, 100 . 00


(10) TOTAL Monetary Expenditures To Date
 \$ _____, _____, 0 . 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) Mike Ryan
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
 X 
 Signature

(Type name) Mike Ryan
 Candidate Chairperson (only for PC and PTY)
 X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 03 / 01 / 16 through 03 / 31 / 16 (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							
03 / 28 / 16 1	Michael Ryan 13121 N.W. 11th Drive Sunrise, Florida 33323	I	Attorney	LOA			2,100.00
03 / 31 / 16 2	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	B	Law Firm	INK	Cell Phone		30.00
/ /							
/ /							
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16 APR -7 PM 4:38
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 16 through 03 / 31 / 16

(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					
/ /	NONE THIS REPORTING PERIOD				0.00
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
 CITY OF SUNRISE
 16 APR - 7 PM 4: 38

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 03 / 01 / 16 through 03 / 31 / 16 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	None this Reporting Period					0.00
/ /						
/ /						
/ /						
/ /						
/ /						

16 APR -7 PM 4:38
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Ryan
 Name
 (2) 13121 NW 11th Drive
 Address (number and street)
Sunrise, Florida 33323
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
 CITY OF SUNRISE
 16 MAR - 8 PM 4:08

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor, City of Sunrise

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 16 To 02 / 29 / 16 Report Type: M2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00
 Loans \$ _____ , 1,000 . 00
 Total Monetary \$ _____ , 1,000 . 00
 In-Kind \$ _____ , _____ , 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00
 Transfers to Office Account \$ _____ , _____ , 0 . 00
 Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0 . 00

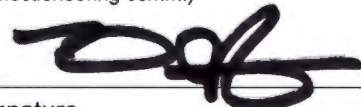
(11) Certification

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) Mike Ryan


Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 

Signature

(Type name) Mike Ryan

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 02 / 01 / 16 through 02 / 29 / 16 (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							
02 / 04 / 16 1	Michael Ryan 13121 N.W. 11th Drive Sunrise, Florida 33323	I	Attorney	LOA			1,000.00
02 / 29 / 16 2	Krupnick Campbell Malone et al 12 S.E. 7th Street Suite 801 Fort Lauderdale, Florida 33301	B	Law Firm	INK	Cell Phone		30.00
/ /							
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/ /							
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/ /							
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16 MAR - 8 PM 4:08
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Ryan

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 16 through 02 / 29 / 16

(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					
/ /	NONE THIS REPORTING PERIOD				0.00
/ /					
/ /					
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/ /					

CITY CLERK
 CITY OF SUNRISE
 16 MAR - 8 PM 4: 08

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 02 / 01 / 16 through 02 / 29 / 16 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	None this Reporting Period					0.00
/ /						
/ /						
/ /						
/ /						
/ /						

16 MAR - 8 PM 4:08
 CITY CLERK
 CITY OF SUNRISE

'16 FEB 4 PM 4:04

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Sunrise, Florida 33351-6899

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)
Mike Ryan

3. Address (include post office box or street, city, state, zip code)
13121 NW 11th Drive
Sunrise, Florida 33323

4. Telephone
(954) 881-6995

5. E-mail address
myan@krupnicklaw.com

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

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
Mike Ryan

11. Mailing Address
13121 NW 11th Drive

12. Telephone
(954) 881-6995

13. City
Sunrise

14. County
Broward

15. State
Florida

16. Zip Code
33323

17. E-mail address
mryan@krupnicklaw.com

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

19. Name of Bank
BB&T

20. Address
3401 North Pine Island Road

21. City
Sunrise

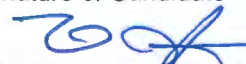
22. County
Broward

23. State
Florida

24. Zip Code
33351

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
2/4/16

26. Signature of Candidate
X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Mike Ryan, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/4/16
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

'16 FEB 1 PM 3:09

Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Sunrise, Florida 33351-6899

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)

Mike Ryan

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

13121 NW 11th Drive
Sunrise, Florida 33323

4. Telephone

(954) 881-6995

5. E-mail address

myan@krupnicklaw.com

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

Mayor

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

Mike Ryan

11. Mailing Address

13121 NW 11th Drive

12. Telephone

(954) 881-6995

13. City

Sunrise

14. County

Broward

15. State

Florida

16. Zip Code

33323

17. E-mail address

mryan@krupnicklaw.com

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

19. Name of Bank

Chase

20. Address

12590 West Sunrise Boulevard

21. City

Sunrise

22. County

Broward

23. State

Florida

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

2/1/16

26. Signature of Candidate

X 

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

I, Mike Ryan, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/1/16
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

'16 FEB 1 PM 3:08

Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Sunrise, Florida 33351-6899

I, Mike Ryan ,

candidate for the office of Mayor ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

2/1/16

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

16 JUN 20 PM 4:52



NOTICE OF CANDIDACY AND AFFIDAVIT

I, Mike Ryan, do hereby affirm that I am a candidate for the office of MAYOR, City of Sunrise, m Broward County, Florida, in the General Election to be held on November 8, 2016, 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.

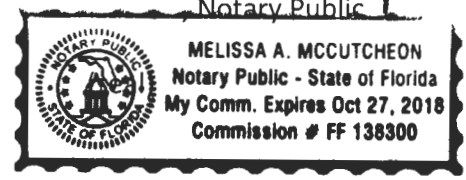
[Signature]
Signature

6/20/16
Date

STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 20 day of June, 2016 by Mike Ryan.

[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

16 JUN 20 PM 4:52

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, MIKE RYAN
(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 MAYOR, CITY OF SUNRISE, _____,
(office) (district #)

_____ ; I am a qualified elector of BROWARD County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X

[Signature]
Signature of Candidate

(954) 801 6995

Telephone Number

mryan@krupnicklaw.com

Email Address

12491 NW 32 MANOR SUNRISE FL 33323
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101 356 355

* 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):

MIKE RYAN

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2016.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



MELISSA A. MCCUTCHEON
Notary Public - State of Florida
My Comm. Expires Oct 27, 2018
Commission # FF 138300

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KYAN MICHAEL JOSEPH

MAILING ADDRESS :

12491 NW 32 MANOR

CITY :

SUNRISE

ZIP :

33323

COUNTY :

BROWARD

NAME OF AGENCY :

CITY OF SUNRISE, FLORIDA

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

CITY CLERK
 CITY OF SUNRISE
 16 JUN 20 PM 4:52

**** **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, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
KRUPNICK CAMPBELL MALONE et al.	12 SE 7th STREET SUITE 801 FORT LAUDERDALE FL 33301	LAW Firm

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
N/A			

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

(If you have nothing to report, write "none" or "n/a")

13121 NW 11th DRIVE SUNRISE FL 33323

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
INTEREST IN PARTNERSHIP / PROFIT SHARING	KEOWNICK CAMPBELL ARNONE et al
Checking Savings	CHASE BANK

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
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		


15 JUN 20 PM 4:53
 CITY CLERK
 CITY OF SUNRISE

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: 

Date Signed: 6/20/16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><u>Facsimiles will not be accepted.</u></p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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 must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
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CITY CLERK
CITY OF SUNRISE

16 JUN 20 PM 4: 53



NOTICE OF LOGIC AND ACCURACY TEST

F.S. 101.5612 Testing of tabulating equipment.

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the 2016 Primary and General Elections will take place as listed below. Attendance at this test of the equipment is strictly optional. You are welcome to observe.

VOTING EQUIPMENT CENTER
1501 NW 40 AVENUE
LAUDERHILL, FL
(954)712-1903

For Primary Election	Wednesday, August 10, 2016	10:00 a.m.
For General Election	Wednesday, October 19, 2016	10:00 a.m.

Signature of Candidate

6/20/16

Date

CITY CLERK
CITY OF SUNRISE

16 JUN 20 PM 4:53



**Receipt of
Sunrise Code of Ethics and
Sunshine Amendment and Code of Ethics for Public Officers
and Employees
Acknowledgement**

I have received, read and understand the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics and the Sunshine Amendment and Code of Ethics for Public Officers and Employees.

Michael J. Ryan

Print Name

Signature

6/20/16

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 20th of JUNE, 2016.

WITNESSES:

BY CANDIDATE:

Signature

MICHAEL J. RYAN

(Print Name)

CITY CLERK
 CITY OF SUNRISE
 16 JUN 20 PM 4:53

STATE OF FLORIDA)
) SS.
 COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 20 day of June, 2016, by Michael J. Ryan 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 20 day of June, 2016

(NOTARY SEAL) [Signature]
 (Signature of person taking acknowledgment)



My commission expires: