

**CITY CLERK
CITY OF SUNRISE
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE UPH 0152
16 JUN - 8 PM 12:52

CITY CLERK
CITY OF SUNRISE
16 JUN - 8 PM 12:53

(1) Steven Brian Feren
Name
(2) 10111 NW 24th Place, Apt 309
Address (number and street)
Sunrise, FL 33322
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner - Group A
- 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: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, _____ . _____

Loans \$ 0, _____ . _____

Total Monetary \$ 0, _____ . _____

In-Kind \$ 0, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 50 , 000 . 00

Transfers to Office Account \$ _____ , _____ . _____

Total Monetary \$ _____ , 50 , 000 . 00

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

(9) TOTAL Monetary Contributions To Date
\$ _____ , 50 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
\$ _____ , 50 , 000 . 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) STEVEN B. FEREN
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Steven B. Feren
Signature

(Type name) Steven B. Feren
 Candidate Chairperson (only for PC and PTY)

X Steven B. Feren
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Steven Brian Feven

(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
5/16/16	Steven B. Feven 10111 NW 24th Place Apt 309 Sunrise, Fl. 33322	Return of Loans	Che		\$ 3000
5/25/16	"	"	"		\$ 47,000
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Felicia,
I decided against
running. Too
many other things I
have to do.
Thanks for everything,
Steve

16 JUN - 8 PM 12:52
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Steven Brian Feren (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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /		NONE					
/ /							
/ /							
/ /							
/ /							

CITY CLERK
 CITY OF SUNRISE
 16 JUN -8 PM 12:53

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE

(1) Steven Brian Feren
Name

(2) 10111 NW 24th Place, Apt. 309
Address (number and street)

Sunrise, Fl. 33322
City, State, Zip Code

OFFICE USE ONLY
16 MAY -9 PM 2:00

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner - Group A
- 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 04 / 01 / 2016 To 04 / 30 / 2016 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , _____ . _____

Loans \$ 25,000.00 . _____

Total Monetary \$ 25,000.00 . _____

In-Kind \$ 0 , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 0 , _____ . _____

Transfers to Office Account \$ 0 , _____ . _____

Total Monetary \$ 0 , _____ . _____

(8) Other Distributions

\$ 0 , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 50,000.00 . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0 , _____ . _____

(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) Steven Brian Feren

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

X Steven B. Feren

Signature

(Type name) Steven Brian Feren

Candidate Chairperson (only for PC and PTY)

X Steven B. Feren

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEVEN BRIAN FEREN (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2016 through 04 / 30 / 2016 (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		
04, 30, 16 2	Feren, Steven Brian 10111 NW 24 th place Apt. 309 Sunrise, Fl. 33322	I	Candidate	LOA			\$ 25,000
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

16 MAY -9 PM 2:01
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Steven Brian Feren
Name

(2) 10111 N.W. 24th Pl., Unit 309
Address (number and street)

Sunrise, Fl. 33322
City, State, Zip Code

OFFICE USE ONLY

16 APR 11 PM 3:04

CITY CLERK
CITY OF SUNRISE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner - Group A.

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 03/01/2016 To 03/31/2016 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, ____, ____ . ____

Loans \$ 25,000.00

Total Monetary \$ 25,000.00

In-Kind \$ 0, ____, ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 0, ____, ____ . ____

Transfers to Office Account \$ 0, ____, ____ . ____

Total Monetary \$ 0, ____, ____ . ____

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

(9) TOTAL Monetary Contributions To Date
\$ 25,000.00

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

(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) Steven Brian Feren

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

X Steven Brian Feren
Signature

(Type name) Steven Brian Feren

Candidate Chairperson (only for PC and PTY)

X Steven Brian Feren
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Steven Brian Feren (2) I.D. Number _____

(3) Cover Period 03 / 01 / 2016 through 03 / 31 / 2016 (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
03/21/16 01	Feren, Steven Brian 10111 NW 24th Pl. Unit 309 Sunrise, Fl. 33322	I	Candidate	LOA			25,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
16 APR 11 PM 3:04

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Steven Brian Feren

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 2016 through 03 / 31 / 2016

(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				
// /					
// /					
// /					
// /					
// /					

CITY CLERK
 CITY OF SUNRISE
 16 APR 11 PM 3:04

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Steven Brian Feren (2) I.D. Number _____

(3) Cover Period 03/01/2016 through 03/31/2016 (4) Page 1 of 1

(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
/ /	None					
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

CITY CLERK
 CITY OF SUNRISE
 16 APR 11 PM 3:04

**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

16 MAR 18 PM 4:02

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)

Steven Brian Feren

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

10111 NW 24th Place
Unit 309
Sunrise, FL 33322

4. Telephone

(954) 562-6767

5. E-mail address

sbferen@aol.com

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

City Commissioner - Group A

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

Steven Brian Feren

11. Mailing Address

10111 NW 24th Place, Apt 309

12. Telephone

()

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33322

17. E-mail address

sbferen@aol.com

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

19. Name of Bank

Bank of America

20. Address

9990 W. Oakland Park Blvd.

21. City

Sunrise

22. County

Broward

23. State

FL

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

March 18, 2016

26. Signature of Candidate

X Steven B Feren

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

I, Steven B. Feren, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

March 18, 2016
Date

X

Steven B Feren
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

16 MAR 18 PM 4:02

I, STEVEN BRIAN FEREN,

candidate for the office of CITY COMMISSION;

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

X

Steven B. Ferren
Signature of Candidate

3/18/16
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).