

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald Brignola
 Name

(2) 510 woodgate cir
 Address (number and street)

sunrise FL 33326
 City, State, Zip Code

OFFICE USE ONLY

16 AUG 15 PM 1:56

CITY CLERK
CITY OF SUNRISE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: sunrise city commission 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 6 / 1 / 16 To 8 / 15 / 16 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 39.33

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 50.00

(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) Michael Brignola

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

X [Signature]
 Signature

(Type name) Gerald Brignola

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerold Bignola (2) I.D. Number _____

(3) Cover Period 6, 1, 16 through 8, 15, 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
/ /							
/ /			None				
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16 AUG 15 PM 1:56
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gerald Brignola

(2) I.D. Number _____

(3) Cover Period 6 / 1 / 16 through 8 / 15 / 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
6/21/16	Wells Fargo 11 Weston Road, Sunrise FL	monthly service fee	MON		\$5.00
1					
7/21/16	Fedex office /kinkos 1548 Weston RD, Weston FL	Copies for thank you letter	MON		\$1.69
2					
7/28/16	Wells Fargo 11 Weston Road Sunrise FL	monthly service fee	MON		\$5.00
3					
8/15/16	Gerald Brignola 510 Woodgate Cir Sunrise FL 33326	reimbursement of loan	RMB		\$27.64
4					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
16 AUG 15 PM 1:56

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 6 / 1 / 16 through 8 / 15 / 16 (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				
/ /						
/ /						
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/ /						
/ /						
/ /						

16 AUG 15 PM 1:57
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald Brignola
Name

(2) 510 woodgate cir
Address (number and street)

sunrise FL 33326
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: _____

CITY CLERK
 CITY OF SUNRISE
 16 JUN 10 PM 2:50

(4) Check appropriate box(es):

Candidate Office Sought: Sunrise city Commission, 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 5 / 1 / 16 To 5 / 31 / 16 Report Type: M5

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 00 . 00

Total Monetary \$ _____ , _____ , 00 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 9 . 53

Transfers to Office Account \$ _____ , _____ , 1 . 14

Total Monetary \$ _____ , _____ , 10 . 67

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 10 . 67

(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) Michael Brignola

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

[Signature]
Signature

(Type name) Gerald Brignola

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 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
/ /	None						
/ /							
/ /							
/ /							
/ /							
/ /							

16 JUN 10 PM 2:51
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gaule Brigola

(2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 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
5/4/16	staples Pine Island Ridge 8864 W State Rd 89, Lake FL 33324	Business cards, fliers	M.O.V		\$9.53
1					
5/5/16	Fedex office	Advertising flyer proofs	M.O.V		\$1.14
2					
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16 JUN 10 PM 2:51
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 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					
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16 JUN 10 PM 2:51
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald Brignola
 Name
 (2) 510 woodgate cir
 Address (number and street)
sunrise FL 33326
 City, State, Zip Code

OFFICE USE ONLY

16 AUG 15 PM 1:57
 CITY CLERK
 CITY OF SUNRISE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: sunrise city commission 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 4 / 1 / 16 To 4 / 30 / 16 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____ 50 . 00

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 00

Transfers to Office Account \$ _____ 00

Total Monetary \$ _____ 00

(8) Other Distributions

\$ _____ 00

(9) TOTAL Monetary Contributions To Date

\$ _____ 50 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 00 . 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) Michael Brignola

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

X [Signature]
 Signature

(Type name) Gerald Brignola

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 4 / 1 / 16 through 4 / 30 / 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
4, 4, 16	Gerald Brignola 510 woodgate cir sunrise FL	S		CAS		DEL M4-1	\$50
1							
4, 4, 16	Gerald Brignola 510 woodgate cir sunrise FL	S		CAS		ADD	\$50
2							
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16 AUG 15 PM 1:57
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 4 / 1 / 16 through 4 / 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
/ /				None		
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16 AUG 15 PM 1:57
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY SUNRISE

(1) Gerald Brignola
Name

(2) 510 woodgate cir
Address (number and street)

Sunrise FL 33326
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Sunrise City commission, 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 4 / 1 / 16 To 4 / 30 / 16 Report Type: M4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 50 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , 00 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 00 . 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) Michael Brignola

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

X [Signature]
Signature

(Type name) Gerald Brignola

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

OFFICE USE ONLY: 16 MAY 10 PM 4:17

CITY CLERK
CITY OF SUNRISE
16 MAY 10 PM 4:17

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 4 / 1 / 16 through 4 / 30 / 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		Amount
4, 2, 16	Gerald Brignola	I		CAS			\$50.00
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Handwritten:
5-12-16

**CITY CLERK
CITY OF SUNRISE
16 MAY 10 PM 4:18**

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Gerald Brignola

(2) I.D. Number _____

(3) Cover Period 4, 1, 16 through 4, 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					
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CITY CLERK
 CITY OF SUNRISE
 16 MAY 10 PM 4:17

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 9/1/16 through 9/30/16 (4) Page _____ of _____

(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						
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16 MAY 10 PM 4: 17
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald Brignola
Name

(2) 510 woodgate cir
Address (number and street)

sunrise, FL 33326
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 APR 11 PM 4:02

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: sunrise city commission, 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 3 / 1 / 16 To 3 / 31 / 16 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 00 . 00

Total Monetary \$ _____ , _____ , 00 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00 . 00

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

Total Monetary \$ _____ , _____ , 00 . 00

(8) Other Distributions

\$ _____ , _____ , 00 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 00 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 00 . 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) Michael Brignola

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

X [Signature]
Signature

(Type name) Gerald Brignola

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 3 / 31 / 16 through 3 / 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
/ /							
1	NA						2
/ /							
/ /							
/ /						16 APR 11 PM 4:02	CITY CLERK CITY OF SUNRISE
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Gerald Brignola (2) I.D. Number _____

(3) Cover Period 3 / 6 / 16 through 3 / 31 / 16 (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
/ / NA						
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16 APR 11 PM 4:02
 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gerald Brignolo (2) I.D. Number _____
 (3) Cover Period 3 / 15 / 16 through 3 / 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					
/ /					
NA	<hr style="border: 0.5px solid black;"/>				
/ /					
/ /				16 APR 11 PM 4:02	CITY CLERK CITY OF SUNRISE
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**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 APR -4 PM 4: 28

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)

Gerald Brignola

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

510 woodgate cir, sunrise FL 33326

4. Telephone

(954) 881 9540

5. E-mail address

gerald.brignola@gmail.com

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

sunrise city commisson 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

Michael Brignola

11. Mailing Address

510 woodgate cir

12. Telephone

(954) 881 9540

13. City

sunrise

14. County

Broward

15. State

FL

16. Zip Code

33326

17. E-mail address

mikebrignola96@gmail.com

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

19. Name of Bank

Wells Fargo

20. Address

11 weston Rd,

21. City

sunrise

22. County

Broward

23. State

FL

24. Zip Code

33326

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

4/4/16

26. Signature of Candidate

X

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

I, Michael Brignola, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/4/16

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)

CITY CLERK
CITY OF SUNRISE

16 MAR 24 AM 10:49

**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)

GERALD BRIGNOLA

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

510 WOODGATE CIRCLE
SUNRISE FL 33326

4. Telephone

(954) 6101661

5. E-mail address

gerald.brignola@gmail.com

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

Sunrise City Commission 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

Michael Brignola

11. Mailing Address

510 woodgate circle

12. Telephone

(954) 1-881-9540

13. City

Sunrise

14. County

Broward

15. State

FL

16. Zip Code

33326

17. E-mail address

mikebrignola96@gmail.com

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

19. Name of Bank

Chase Bank

20. Address

10016 W. Oakland Park Blvd

21. City

Sunrise

22. County

Broward

23. State

FL

24. Zip Code

33326

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

3/24/16

26. Signature of Candidate

X 

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

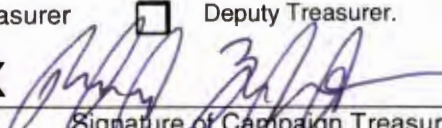
I, Michael Brignola, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/24/16

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE

16 MAR 24 AM 10:20

I, GERALD BRIGNOLA,

candidate for the office of sunrise city commission Group A;

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

X


Signature of Candidate

3/24/16
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).