| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|--|--|--|--|--|--|
| (1) Gerald Brignola Name (2) 510 woodonte cir Address (number and street) Strise FL 33326 City, State, Zip Code | OFFICE USE ONLY 16 AUG 15 PM 18 PM | | | | | |
| ☐ Check here if address has changed (4) Check appropriate box(es): ☐ Candidate Office Sought: Suntification of the control o | (3) ID Number: (3) ID Number: (4) (OMM):55:ON G10VP A 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 | | | | | |
| | Identifiers 8 / 15 / 16 Report Type: TR cial Election Report | | | | | |
| (6) Contributions This Report Cash & Checks \$,, O · OO | (7) Expenditures This Report Monetary Expenditures \$,,00 | | | | | |
| Loans \$,, | Transfers to Office Account \$, , <u>0</u> . <u>00</u> Total Monetary \$, , <u>39</u> . <u>33</u> | | | | | |
| In-Kind \$,, <u>O</u> . <u>OO</u> | (8) Other Distributions \$,,OOO | | | | | |
| (9) TOTAL Monetary Contributions To Date \$, , _50 | (10) TOTAL Monetary Expenditures To Date \$, 50 . 00 | | | | | |
| It is a first degree misdemeanor for any personal little is a first degree misdemeanor for any personal little is true, correctly that I have examined this report and it is true, correctly that I have examined this report and it is true, correctly little is true, correctly litt | on to falsify a public record (ss. 839.13, F.S.) | | | | | |

| (1) Name <u>Gerold</u> Brignola (2) I.D. Number | | | | | | | |
|---|--|------|--|------------------------------|--|--------------|--------------|
| | 6,1,16 | | gh <u>8</u> / | 15 / 16 | (4) Page | 0 | f <u> </u> |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) |
| (6) | (Last, Suffix, First, Middle) | | ! | | | | |
| Sequence Number | Street Address & City, State, Zip Code | Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 1 1 | | | | | | | |
| , , , | | | a company and a second definition of the second of the sec | us e santautru tura arabi ee | The second secon | A C P SAMPLE | |
| 1 1 | | | | | | | |
| | | | none | | | | |
| 1 1 | | | | | | | |
| | | | | | | | |
| 1 1 | | | | | | 1 | YTIC OTTC |
| | | | | | | 13 | A OF S |
| 1 1 | | | | | | | DE NER |
| | | | | | | | RISE RISE |
| 1 1 | | | | | | | |
| | | | | | | | |
| 1 1 | | | | | | | |
| | | | | | | | |

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name Ground | Brignola | (2) I.D. Number |
|--------------------|----------------------------|-----------------|
| (3) Cover Period 6 | 1 / 16 through 8 / 15 / 16 | (4) Page of |

| (5) Date | (7) Full Name | (8) Purpose | (9) | (10) | (11) | |
|---------------------------|--|--|---------------------|-----------|--------------|--|
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount | |
| 6/21/16 | Wells Forgo H woton Rood, Survise FL | monthly service fre | MON | | \$5.00 | |
| 1/21/16 | Feder office / kinkas 1548 water RD, water FC | copies for brook you letter | MON | 1 | 1.69 | |
| 7/22/16 | Wells Forgo II weston Rood Sinvine FL | monthly service fee | MON | | \$ 5.00 | |
| 8/15/16 | Garald Brighola 510 woodgate Cir sunrise FL 33326 | reimburement of 1000 | RMB | | 027.64 | |
| / / | | | | | | |
| / / | | | | | CITY OF S | |
| / / | | | | | G 15 PM 1:56 | |
| // | | | | | m | |

| (3) Cove | er Period 6/ 1/ | gnolo through | R/ 151/ 16 | (4) Page | 1 | of \ |
|------------------------------|--|--|---------------------------|----------------|------|-------------------|
| (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) | (12) Distribution |
| 1 1 | | TO AND TO AND TO A TO | | | ν ν | |
| 1 1 | | None | | | | |
| 1 1 | | | | | | 16.1 CITY |
| 1 1 | | | | | | 16 AUG 15 PM 1:57 |
| 1 1 | | | | | | 1SE |
| 1 1 | | | | | | |
| , , | | | | | | |
| 1 1 | | | | | | |

| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|--|---|--|--|--|--|--|--|
| (1) Gerald Brigholo Name (2) 510 woodgate Cir Address (number and street) Sunise FL 33326 City, State, Zip Code | OFFICE USE ONLY | | | | | | |
| Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Sunise City Commission, G1040 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 | | | | | | | |
| Cover Period: From 5 / 1 / 16 To | Identifiers | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| Cash & Checks \$,, <u>00</u> . <u>00</u> | Monetary Expenditures \$,, 9 .53 | | | | | | |
| Loans \$, <u>00</u> . <u>00</u> | Transfers to Office Account \$,, 14 | | | | | | |
| Total Monetary \$ | Total Monetary \$,, 67 | | | | | | |
| In-Kind \$,, <u>00</u> <u>00</u> | | | | | | | |
| | (8) Other Distributions \$,O | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,, 50 00 | (10) TOTAL Monetary Expenditures To Date \$,, | | | | | | |
| (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, corr | 6 .1 - | | | | | | |
| (Type name) Michael Brignolo ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.) | (Type name) Gerold Br: 90016 Candidate Chairperson (only for PC and PTY) | | | | | | |
| *AAA AAA | x A All for | | | | | | |
| Sandture | Signature | | | | | | |

| (1) Name <u>Graid Brignolo</u> (2) I.D. Number | | | | | | |
|--|--|----------------------------------|-----------------------|--------------------------------|------------------|---------|
| (3) Cover Period | 5/1/16 | through5/ | 31 / 16 | _ (4) Page | | of |
| (5) Date (6) Sequence Number | (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) | (12) |
| / / | 10nc | | | | | |
| / / | | | | | | |
| / / | | | | | ال 16 | 017 |
| / / | | | | | 16 JUN 10 PM 2:5 | Y CLERK |
| 1 1 | | | | | | SE |
| 1 1 | | | | | | |
| 1 1 | | | | | | |
| DS-DE 13 (Rev. 11/ | 13) | SEE REVERSE FOR | INSTRUCTIONS | AND CODE VAL | UES | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name <u>Sand</u> | Brianola | (2) I.D. Number |
|----------------------|---------------------------|-----------------|
| | | |
| (3) Cover Period (3) | / / / through / / 3 / / 6 | (4) Page of |

| (5) | (7) | (8) | (9) | (10) | (11) |
|---------------------------|---|---|---------------------|--------------|----------------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 5/4/16 | Stoples Pine Island Riage 8864 W state Rd 84, brie FL 13354 Fedex Ji (C | Bus ness condu | V.Cim | | \$ 9.53 |
| 5/5/16 | Fodex Sice | Advertising flyer pronfs | NC:W | | \$1.14 |
| // | | | | | 0 |
| // | | | | 16 JUN 10 PM | CITY CLERK |
| // | | | | 2:51 | RK |
| / / | | | | | |
| // | | | | | |
| // | | | | | |

| (1) Name | (1) Name Gerald Brignola (2) I.D. Number | | | | | | | |
|------------------------------|--|--|--------------------------------|----------------|-------------------|------------------------|--|--|
| (3) Cove | r Period 5 / 1 / | 16 through 5 | 131 / 16 | (4) Page | - (| of | | |
| (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) | (12) Distribution Type | | |
| / / | me | | | | | | | |
| 1 1 | | | | | | | | |
| / / | | | | | 16 JU | CITY | | |
| 1 1 | | | | | 16 JUN 10 PM 2: 5 | OF SUNRI | | |
| 1 1 | | | | | | S TT | | |
| 1 1 | | | | | | | | |
| 1 1 | | | | | | | | |
| 1 1 | | | | | | | | |

DS-DE 14A (Rev. 11/13)

| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|---|---|--|--|--|--|--|--|
| (1) Gerald Brighola Name | OFFICE USE ONLY | | | | | | |
| Address (number and street) Swise FL 3332 L | 6 AUG 15 | | | | | | |
| City, State, Zip Code | S C C | | | | | | |
| Check here if address has changed | (3) ID Number: | | | | | | |
| (4) Check appropriate box(es): ☐ Candidate Office Sought: SUNGE ☐ 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 H / 1 / 16 To | 771 | | | | | | |
| | ecial Election Report | | | | | | |
| (6) Contributions This Report Cash & Checks \$,, | (7) Expenditures This Report Monetary Expenditures \$,, | | | | | | |
| Loans \$ | Transfers to Office Account \$,, | | | | | | |
| Total Monetary \$, , In-Kind \$, , , . | Total Monetary \$, , | | | | | | |
| TIPKING TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE | (8) Other Distributions \$, | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$, _50OQ | (10) TOTAL Monetary Expenditures To Date \$,, | | | | | | |
| | tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Getald Brighole (Candidate Chairperson (only for PC and PTY) X Signature | | | | | | |

| (1) Name(| Serald Br | gnol | 0\ | (2) | I.D. Number | | |
|---------------------------|---|-------|--------------------------|----------------------|------------------------|-------------|-----------------|
| (3) Cover Period | 4/1/61 | throu | gh 4/ | 30116 | _ (4) Page | | of |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) |
| (6) Sequence Number | (Last, Suffix, First, Middle Street Address & City, State, Zip Code | Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 4,4,16 | Gerald Brighold Flowwoodgale Juniuse FL | 5 | | CAS | | DEL M4-1 | \$50 |
| 4,4,16 | Grold Brighold 510 woodgate cir sunise FL | × 5 | | CAS | | ADD | \$ 50 |
| 1 1 | | | | | | | |
| | | | | | | | 0170 |
| | | | | | | | CITY OF SUNRISE |
| / / | | | | | | | NRISE N 1:57 |
| 1 1 | | | | | | | |
| ,' / | | | | | | | |

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES Brignola (1) Name Gerald (2) I.D. Number __ (3) Cover Period 4 1 / 16 through (4) Page __ of (11) (7) (8) (9) (10) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) **Expenditure** contribution to a Street Address & Sequence Type Amount candidate) Amendment City, State, Zip Code Number NONe

| (1) Nam | (1) Name berold Brignolo (2) I.D. Number | | | | | |
|------------------------------|--|--|--------------------------------|----------------|----------|------------------------------|
| | er Period 4 / 1 / | 16 through 4 | 130,16 | (4) Page | 1 | of _ |
| (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) | (12) Distribution Type |
| 1 1 | | | | vone | | |
| 1 1 | | | | | | |
| 1 1 | | | | | | |
| 1 1 | | | | | 0 10 | CITY OF SU |
| 1 1 | | | | | 16.1 111 | CLERK |
| 1 1 | | | | | | |
| 1 1 | | | | | | |
| 1 1 | | | | | | |

| CAMPAIGN TREASURER'S REPORT SUMMARY SUNRISE | | | | | |
|---|---|--|--|--|--|
| (1) Gerald Brignola | 18FFIRF HE PAYU: 17 | | | | |
| (2) 510 woodgate cir Address (number and street) Suntie FL 33326 City, State, Zip Code | O O | | | | |
| Check here if address has changed (3) ID Number: Check appropriate box(es): Candidate Office Sought: Sunise 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 PTY has disbanded Check here if no other IE or EC reports will be filed | | | | | |
| / | Identifiers | | | | |
| Cover Period: From 4 / 1 / 16 To Original Amendment Spe | ecial Election Report Report Type: M4 | | | | |
| (6) Contributions This Report Cash & Checks \$,, 50 . 00 Loans \$,, | (7) Expenditures This Report Monetary Expenditures \$,, | | | | |
| Total Monetary \$, , In-Kind \$, , | Total Monetary \$, (8) Other Distributions | | | | |
| | \$ | | | | |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | |
| | tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Gerold Br; 900 0 Chairperson (only for PC and PTY) X Signature | | | | |
| DS-DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | |

| (1) Name <u>Geral</u> | ald Brignola | | | (2) | I.D. Number | | |
|------------------------------|--|----------------|---------------------------|-----------------------|--------------------------|------|------------|
| (3) Cover Period | 9 1 1 1 16 | throu | gh <u>4</u> / | 30, 1 | (4) Page | 10 | f [|
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | C ₁ | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | (12) |
| 4,2,16 | serald Brignoles | I | | CAS | | 9 | 5 D.C |
| 1 1 | | | | | | | 0 |
| 1 1 | | | | | | | TY OF |
| 1 1 | | | | | | | 0 PM 4: 18 |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |

DS-DE 13 (Rev. 11/13)

| Cover Period | CAMPAIGN TREASURER'S Regald Brignola 4 / 1 / 16 through 4 | 130,16 | 1) Page | 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) Expenditure Type | (10) | (11) |
| // | | | | | |
| / / | | | | | |
| // | | | | | |
| // | | | | | 16 N |
| / / | | | | | NA OI A |
| // | | | | | 4:17 |
| / / | | | | | |
| // | | | | | |

| (1) Name Grald Brigoolo (2) I.D. Number | | | | | | |
|---|--|--|--------------------------------|----------------|--------------------------------|---------------------------------------|
| (3) Cove | er Period 9/1/ | 6 through | 1301 16 | (4) Page | | of |
| (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) | (12) Distribution Type |
| 1_1_ | | the second secon | | | net aventprohumanny, on praise | |
| 1 1 | | | | | | |
| 1 1 | | | | | 161 | CITY |
| 1 1 | | | | | | TY OF SUNRIS |
| 1 1 | | | | | | N N N N N N N N N N N N N N N N N N N |
| 1 1 | | | | | | |
| 1 1 | | | | | | |
| 1 1 | | | | | | |

| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|--|--|--|--|--|--|
| OFFICE USE ONLY Name Address (number and street) SUNTISE, FI 33326 City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: Suntice City Commission of Grading Communications of Grading Communica | | | | | | |
| (5) Report Identifiers Cover Period: From 3 / 1 / 6 To 3 / 3 / 16 Report Type: M3 Original Amendment Special Election Report | | | | | | |
| (6) Contributions This Report Cash & Checks \$,, 00 . 00 Loans \$, , , 00 . 00 | (7) Expenditures This Report Monetary Expenditures \$,, | | | | | |
| Total Monetary \$ | Office Account \$ | | | | | |
| (8) Other Distributions \$, , | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$ | (10) TOTAL Monetary Expenditures To Date \$,,OO . OO | | | | | |
| (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 Brianolo (Type name) Getald Brianolo (Type name) Getald Brianolo (Type name) (Type name) (Chairperson (only for PC and PTY)) X And Signature Signature | | | | | | |

| | 3/3/16 | throu | gh <u>3</u> / | | (4) Page | | f <u>l</u> |
|------------------------------|--|-------|---------------------------|-----------------------|--------------------------|------------|------------|
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | (12) |
| , , | VA - | | | 1 | | | · = y |
| 1 1 | | | | - | | | |
| 1 1 | | | | | | 16 APR 1 I | CITY OF |
| 1 1 | | | | | | 1 PM 4: 02 | CITY CLERK |
| / / | | | | | | | |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |

DS-DE 13 (Rev. 11/13)

| (1) Nam | e Gerald Brig | nola | (2) I.I | D. Number | | |
|--|--|--|--------------------------------|----------------|--------------|------------------------|
| (3) Cover Period 3 / 6 / 16 through 3 / 3 1 / 16 (4) Page of | | | | | | |
| (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) | (12) Distribution Type |
| / 'N | Α | | | | | |
| 1 1 | | | | | | <u>O</u> |
| 1 1 | | | | ť | 16 APR II PR | CITY CLI |
| / / | | , | | | PH 4: 02 | UNRISE |
| / / | | | | | | |
| 1 1 | | | | | | |
| / / | | | | | | |
| 1 1 | | | | | | |

DS-DE 14A (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(1) Name 6000 000 (2) I.D. Number (3) Cover Period 3 / 1 / 6 through 3 / 3 / 16 (4) Page __ (7) (8) (9) (10)(11) (5)**Date Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6)Expenditure Street Address & contribution to a Sequence Type Amount City, State, Zip Code candidate) **Amendment** Number 16 APR 11 PM 4: 02

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

CITY CLERK CITY OF SUNRISE

16 APR -4 PM 4: 28

| officer before opening the | ampaign account. | OFFICE USE ONLY | | | |
|--|-------------------------------|--|--|--|--|
| CHECK APPROPRIATE B Initial Filing of Form | | Treasurer/Deputy Depository Office Party | | | |
| | | | | | |
| 2. Name of Candidate (in this | | Address (include post office box or street, city, state, zip code) | | | |
| Gerald Brignoli | | 510 woodgote cir, sunice FL 33326 | | | |
| | . E-mail address | | | | |
| | gerald.brignola@gmai | 1.00 | | | |
| 6. Office sought (include dis | trict, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | |
| survise city of | commission Group A | applicable: My intent is to run as a Write-In candidate. | | | |
| 8. If a candidate for a partis | an office, check block and f | fill in name of party as applicable: My intent is to run as a | | | |
| ☐ Write-In ☑ No Pa | arty Affiliation | Party candidate. | | | |
| 9. I have appointed the follo | wing person to act as my | Campaign Treasurer Deputy Treasurer | | | |
| 10. Name of Treasurer or De | puty Treasurer | | | | |
| michael B | rignola | | | | |
| 11. Mailing Address | | 12. Telephone | | | |
| 510 woodgate | | (954) 881 9540 | | | |
| 13. City Suntise | 14. County 15. S | State 16. Zip Code 17. E-mail address FL 33326 mikebrignola 16 6 gmoil.an | | | |
| 18. I have designated the fo | llowing bank as my | Primary Depository Secondary Depository | | | |
| 19. Name of Bank | | 20. Address | | | |
| Wells Fe | arg0 | 11 weston Rd. | | | |
| 21. City | 22. County | 23. State 24. Zip Code 33326 | | | |
| suntise | Broward | FL 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 | | 26. Signature of Candidate | | | |
| 4/4/ | 16 | X X | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | |
| I, M; chae Brigo of O , do hereby accept the appointment (Please Print or Type Name) | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | |
| Date X Signature of Campaign Treasurer or Deputy Treasurer | | | | | |
| Dute | | Signal of Danipaign Troubaist of Dopaty Troubaist | | | |

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 qualifyin officer before opening the campaign account. | 9 OFFICE USE ONLY | | | | | |
|--|---|--|--|--|--|--|
| 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party | | | | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, state, zip | | | | | |
| GERALD BRIGNOLA | code) 510 WOODGATE CIRCLE | | | | | |
| 4. Telephone 5. E-mail address | SUNAISE PL 33326 | | | | | |
| (954) 610166/ Baold Brignola & gnoil Ca | om 335 to | | | | | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a nonpartisan office, check if | | | | | |
| Suntise City commission Group A | 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 | 12. Telephone | | | | | |
| 510 woodgale circle | (954)-881-9540 | | | | | |
| | State 16. Zip Code 17. E-mail address | | | | | |
| sunrise Broward | FL 33326 mikebrigno1a46@gmail.com | | | | | |
| 18. I have designated the following bank as my | Primary Depository Secondary Depository | | | | | |
| 19. Name of Bank | 20. Address | | | | | |
| Chase Bank | 10016 w. ookland Park Blud | | | | | |
| 21. City 22. County Broward | 23. State 24. Zip Code 33332 C | | | | | |
| 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 | 26. Signature of Çandidate | | | | | |
| 3/24/16 X An Aa | | | | | | |
| 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 × Ahll 3/14 | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | |

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK CITY OF SUNRISE

16 MAR 24 AM 10: 20

candidate for the office of Sunise City commission Group A;
have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X
Signature of Candidate

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).