	CAMPAIGN TREASURER'S REPORT SUMMARY					
(2) N	NICCOLE PAZOS ame 3107 NW 107 DLIVE	OFFICE USE ONLY				
C	ddress (number and street) SONGE FIA 33351 ity, State, Zip Code Check here if address has changed	(3) ID Number:				
(4) C	heck appropriate box(es):	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 I		cial Election Report				
Cash & Loans Total M	Contributions This Report Checks \$	(7) Expenditures This Report Monetary Expenditures \$, , , , , , , , , , , , , , , , , ,				
In-Kind	\$	(8) Other Distributions				
(9) T	OTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(Type or ele		tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name)				

(1) Name CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES
(2) I.D. Number (2) I.D. Number ____ (3) Cover Period // / 4 /2022 through 2 // /2023 (4) Page ____ of ____ (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 |30 | 2013 | Niccole 74205 3107 NW 107 DR. 31 | SUDRICE Fla 33351 RMB REPAYMENT of LOAN RMB

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	OFFICE USE ONLY 2007 OF SUNDAN (3) ID Number: (3) ID Number: 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						
_	// / 3 / 2022 Report Type: 66					
	cial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, ,	Monetary Expenditures \$,,,					
Loans \$,,	Transfers to Office Account \$, ,					
Total Monetary \$	Total Monetary \$, , <u>44</u> .					
In-Kind \$	(8) Other Distributions					
	\$, ,					
(9) TOTAL Monetary Contributions To Date \$,	(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, correct, and complete:						
(Type name) RANON PAZOS ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	(Type name) NICCole PAZOS Candidate □ Chairperson (only for PC and PTY)					
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Chairperson (only for PC and PTY)					
X Romo Cozao.	x eccele and					
Signature	Signature SEE REVERSE FOR INSTRUCTIONS					
DS-DE 12 (Rev. 11/13)	SEE KEVERSE FOR INSTRUCTIONS					

(5) Date	(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
10/25/22	Wester Gas 6000 & cakland Park Bld Sunnise, FL 33313	Campaign Gus Travel	MON		4001
10/27/22 30	Publix 18155 Wookland Park Blid Sunn'se, FL 33351	Refreshments for volunteers	MON		2464
//					
//					CITY OF
/ /					Y CLERK OF SUNRISI
//					Sm
//					
//					

(1) Name Niccole Pazos				(2)	I.D. Number		
(3) Cover Period	10 122 122	throug	gh <u>//</u> /.	3 1 22	(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	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10,25,22	Project Mantsus of FL LLC 11220 NW 2nd Mar Gral Springs, E	3	Project Mont Svo	INK	Printing		22469
41	Coral Springs, FZ	D	5~7		' /		
11							
1 1							CITY
							CITY OF
1 1							CITY CLERK CITY OF SUNRIS
							RISE RISE
. 1 1							
1 1							
						,	
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
Name (2) 3107 NN 107 DR VE Address (number and street) SURISE FID 33351 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: CITY OF SU Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	(3) ID Number: Check here if PTY has disbanded Check here if PTY has					
 Independent Expenditure (IE) (also covers an individual making electioneering communications) 	☐ Check here if no other IE or EC reports will be filed					
Cover Period: From 10 8 2012 To	t Identifiers 10 21 2022 Report Type: 65 ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 50000	Monetary Expenditures \$, , , , 655. 09					
Loans \$,,	Transfers to Office Account \$, , ,					
Total Monetary \$, , In-Kind \$, ,	Total Monetary \$					
	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$					
	rect, and complete: (Type name) Viccole Pazos Candidate Chairperson (only for PC and PTY) X Signature					
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS					

(1) Name	eccole Paros			(2)	I.D. Number		
(3) Cover Period	10 8 12022	through	gh <u>/</u> 0 /	21 / 20%	(4) Page		f _/_
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	l	Туре	Description	Amendment	Amount
10 1 20 12022	SUNRISE LODGE Nº 80 4) 4104808 P.O. BOX 450086 SUNRISE FIN 33348	F	FOP	CHec K			500.°
1 1							
1 1							0
						2022	- 10
/ /						2022 OCT 24 AM II: 05	CITY OF SUN
1 1						1: 05	RISE
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Niccole PAZOS	(2) I.D. Number	
(3) Cover Pe	eriod 10 8 2007 through 10 21	7027 (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) Expenditure Type	(10)	(11)
10/11/22	SONSHINC 10961 W. DOKLOUD PK.	CAMPAIGN GAS TRAVEL	MON		80.00
10/13/22	FED EN OFFICE 3396 N UNIVERSITY SUDRISE F/A 33351	PLIOTING	MON		24.69
10/20/22	FED EX OFFRE 3396 N VAINERSITY SUNRISE F/A 33351	PRINTING	MON		224.69
10/21/22	TALGET. 12801 W. SUNRISC Bloo SUNRISE Fla 33333	EVENT WATER BAILDONS give aways.	MON		125.71
//					C1T
//					OCT 24 AMI
//					NRISE
//					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY LERK
(1)	Niccole PAZOS	OFFICE USE ONLY
. ,	Name	2022 OCT 13 PM 1: 43
(2)	3107 NW 107 DRIVE	
	Address (number and street)	
	SLURISE FLA 33351	
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	Candidate Office Sought: CITY OF SUME	ISE CONNISIONER SCAT P
	☐ Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	_ Check here it no other in or no reports will be med
	(E) Powert	Identifiere
Cov		Identifiers A A A A Report Type: Call
	er Period: From 9 1 / 12022 To	
		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cas	h & Checks \$, <u>300</u> · <u>60</u>	Expenditures \$
1	s s	Transfers to
Loa	ns \$,,	Office Account \$, , .
Tota	al Monetary \$, , .	
100		Total Monetary \$, 410 . 76
In-K	Sind \$. 2,600.00	1 710
		(8) Other Distributions
		\$,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>9</u> , <u>190</u> . <u>00</u>	\$
		tification
		son to falsify a public record (ss. 839.13, F.S.)
1	certify that I have examined this report and it is true, corr	rect, and complete:
(Type name) RAMON PAZOS	(Type name) Niccole Pazos
	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)
	\circ	Anna Co. Day
2	Stemon Sago	x July
	Signature	Signature
DS-	DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Niccole Perros	(2) I.D. Number	_
(3) Cover Period	9 / 1 /22 through 10 / 7 / 72	(4) Page of	

(5) Dotto	(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
9/6/22	Walkert #2151 12555 W Sunnise BIVd Sunnish FL 33323	Eventuater, balbons, givea way	MON		6089
9/7/22	Design Print Banner 595 old Novcross Rd Lawren & ville, GA 30046	Handouts/ Banners	MON		11474
9/19/22	Publix#239 101 55 wookland PKBlid Sunnish Fly 33351	Icatop - Campaign Event	MON		32°3
9/19/22	Dollartree 10153W Oddand Park Blod Sunnisa FZ 33351	Water - Campaign Event	Mon		200
9/9/12	Marathon Petro 10901 W Oakland PKBlud Sunvise FZ	Campaign Gas Fravel	MON		9400
9 /30/22	Marathon Petro 10901 Woodcland PK Blud Sunniss FZ	Campaign Gas Travel	MON		8904
//					
/ /			N 1: t3 INBIGE EBK	10 40 Y	

(1) Name Niccole Pazos	(2) I.D. Number
(3) Cover Period 9 / 1 / 22 through 10 /	7 / 22 (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	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9,2,22	Vivi Electronics 824 NW 1304ATER Sunnise FL	В	Electronic Services	CHK			2000-
9,20 72	Stotlen Allen 3114 NW107 Dr SunnisgFL	I	Law Extersement	CHK			1000
9 126 122	Hardy Herardra 15560 Doverct Davie, FL 33330	I	Nurse Practitioner	INK	Signage		9000
9 124 122	Rivera, Emma 2724 Johnson St Hellywood, CA 33020	工	Acets Mgr	INK	Signage		Sto
38	Williams, Christy 1253 NW 110th Ac Plantation, FL 33322	I	- Mgr		Signage		500
9 130 122	Elite Tradicaption 3107 NW 1074101 Sunnise, FZ 33351	В	Export	INK	Town Hall Event Venue		700=
1 1							
DO DE 42 /B 44					S AND CODE VAL	1150	

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER	R'S REPORT SUMMARYTY CLERK
(1) Niecole Pazos	OFFICE USE ONLY
Name	2022 SEP 12 AM 10: 45
(2) 3107 NW 107 DRIVE	
Address (number and street)	
SUNPISE FLA 33351	
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
Candidate Office Sought: CITY OF	SUNRISE COMMISIONER SEAT D
☐ 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	Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Report	Identifiers
Cover Period: From & / / / 2022 To	
	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, 100	Monetary Expenditures \$, 725.
Cash & Checks \$,, [0.0]	,,
Loans \$, , .	Transfers to
	Office Account \$, , .
Total Monetary \$, , .	70
	Total Monetary \$, , 725.
In-Kind \$,, 200	
	(8) Other Distributions
	\$,,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
(9) TOTAL Monetary Contributions To Date \$,	\$,6 ,
, <u>p</u>	· , ,
	tification
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	ect, and complete:
(Type name) RAMON PAZOS	(Type name) Niccole Pazos
☐ Individual (only for IE 🂢 Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)
or electioneering comm.)	
V Range Paro.	x Clearle and
Signature Vays.	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

(1) Name	Niccole Pazos	(2) I.D. Number

(3) Cover Period	8		2022 through	8	131	12022	(4) Page	/_ of _/
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(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
8 1 3 12014 30.	Block Roberta W 10315 NW 24 Pl Sunnise FZ 33322	工	Petived	CHE			500
8,5,20W	Stotler, Alen 3114 NW 107H Dr Junnise, FL 33351	I	Law Entorcement	QHE			5000
32	Rose, Megan 11840 NW 34th on Sunnise FL 33323	I	Food Service	INK	Food : Beverage		1000
33	thomas, Angela 12348 NW 26th St Coral Springs, FZ 33065	I	Food Service	INK	Food E! Buerage		10000
1 1						2022 023	CITY OF
1 1						200	SUNRISE
1 1							

DS-DE 13 (Rev. 11/13)

1) Name/	CAMPAIGN TREASURER'S REI		2) I.D. Number		
3) Cover Period	<u> </u>	3/ 12022 (1) 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) Expenditure Type	(10)	(11)
8 130 12022 16	SIGNS ON The Cheap 11525A STONEHOLOW DR. SUITE 100 AUSTIN, TX 78758	CUSTOM SIGNS	HON		639,95
8 /31/2022	STAPLES DIRECT. 1500 W. COMMERCONL LAUDERHAL, FLA 33319	ADVENTISIONS LABELS	MON		83.45
8 1,4 /201V 18	ANCOOT 340 POYDRASS SUITE 1770 NEW ORJEANS LA 701/2	TRANSATION Fee	MON		2,30
/ /					
/ /	·				2022 SEP
/ /					P 12 AM 10: 45
/ /					Si o
/ /					

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) NICCOLE PAZOS	OFFICE USE ONLY				
Name					
(2) 3107 NW 107 DKINE	20 C				
Address (number and street)	DZZ AUG I				
SUNRISE FIR 33 351	G 07				
City, State, Zip Code	_ n~				
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):	9 ZR				
Candidate Office Sought: CITY of Subject 1 Candidate Office	eise COMMISSIONER SENT D NO TO				
☐ Political Committee (PC)	m				
☐ 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				
maining closic risking communications,					
(5) Report	Identifiers				
Cover Period: From <u>7</u> / / /2022 To	7 / 31 / 2022 Report Type: M7				
☑ Original ☐ Amendment ☐ Special	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
	Monetary				
Cash & Checks \$	Expenditures \$,, 643 · 58				
Loans \$, ,	Transfers to				
	Office Account \$, ,				
Total Monetary \$, ,					
	Total Monetary \$,, 64/3 · 58				
In-Kind \$, , 250. 00					
	(8) Other Distributions				
	\$,				
(9) TOTAL Monotony Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(9) TOTAL Monetary Contributions To Date					
\$, _6, 890.00	\$				
(11) Certification					
	on to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, corr	ect, and complete:				
(Type name) Rayon Pazos	(Type name) Niccole Paras				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	☐ Chairperson (only for PC and PTY)				
or electioneering comm.)	1				
00	1 A a a a l of Soit				
X Gamon Vago	x vecoci fecy				
Signature	Signature				

(1) Name Ni	ccole Paros			(2)	I.D. Number		
(3) Cover Period	07/01/202	throu	gh <u>07</u> /	31 / 2022	(4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
07,05,2012	Perez, Sean 3609 Polk St, 12 Holly ward, FZ 33021		Social				20°°
28	Mclerster, Matthew 1821 Lyons Rd, \$201 Cocont Creek Fr 33063		Casino				4500
07/31 12022	Project Mant Sus of FL- R. Pazos 11220 Nw 2nd More Coral springs F2	В	Boject Mgmt SVS	INK	Paper Fans		2502
1 1							
1 1						2022 AUG	CITY
1 1						10 AM 9: 29	OF SUNRISE
/ /							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Niccole Paros	(2) I.D. Number
(3) Cover Period 07 101 12022 through 07 131 12022	(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) Expenditure Type	(10)	(11)
11	eBay 2145 Hamilton Avenue 5an Jose, CA 95125	RACK FOR BANDES	MoN		7489
07/05/2012	Anedot 1340 Poydrassste, #1770 New Orleans, UA 70112	Transaction Fees	MON		10
07/14/2022	Anedot 1340 Poydiass St, # 1770 New Orleans, LA 70112	Transaction Fees	MON		210
07/15/2012	DRI-48 Hour Paint 800 Haskell Are Van Nuys, CA 91406	Flyers/ Postcards	MON		53/28
07/21/2021	Truist Bank 214 N. Tryon &r Charlotte, MC 28202	Service Charge	MON		33 <u>51</u>
//				2022	CITY OF
//				2022 AUG 10 AM 9:	OF SUNRISE
/ /				: 29	Z G E

CAMPAIGN TREASURER	R'S REPORT SUMMARY
Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: 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	
_/	
☐ Original ☐ Amendment ☐ Spe	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, 575. 00	Monetary Expenditures \$, 3_,939 . OU
Loans \$, 3 , 000 . 00	Transfers to
	Office Account \$,,
Total Monetary \$,,	
Total Monetary \$,, In-Kind \$, 800 . 00	Office Account \$,
	Office Account \$, ,
In-Kind \$,, 800 ·	Office Account \$, , , , Total Monetary \$, 3 ,939 . 04 (8) Other Distributions \$, , , , , , , , , , , , , , , , , ,
In-Kind \$, <u>800</u> · <u>oO</u>	Office Account \$,
In-Kind \$,	Office Account \$ Total Monetary \$, 3 ,939 . 04 (8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$, 5 , 155 . 23 iffication on to falsify a public record (ss. 839.13, F.S.)
In-Kind \$,,800 · 00 (9) TOTAL Monetary Contributions To Date \$,6,_835 · 00 (11) Cert	Office Account \$ Total Monetary \$, 3 ,939 . 04 (8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$, 5 , 155 . 25 iffication on to falsify a public record (ss. 839.13, F.S.) ect, and complete:
In-Kind \$,	Office Account \$ Total Monetary \$, 3 ,939 . 04 (8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$, 5 , 155 . 23 iffication on to falsify a public record (ss. 839.13, F.S.)
(9) TOTAL Monetary Contributions To Date \$	Office Account \$ Total Monetary \$, 3 ,939 . 04 (8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$, 5 , 155 . 23 iffication on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Diccole Puzos

(1) Name Nicole Pazo (2) ID Number (3) Cover Period 6 / 0/ / 2003 through 6 / 30 / 2023 (4) Page 2 of 2 (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 City, State, Zip Code candidate) Amendment Amount Number City of Sunrise Qualifying fee #3,409.5± Add NON O

CAMPAIGN TREASURED	R'S REPORT SUMMARY			
(1) Niccole M Pazos Name	OFFICE USE ONLY			
(2) 3107 NW 107 DR.	28 C1			
Address (number and street)	2022 JUL			
SUNRISE FIA 33351				
City, State, Zip Code	(0()			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):	등 숙꽃			
Candidate Office Sought: City of Sun	RISE COMISSIONER SCAT D 55			
☐ 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 election eering communications)	Check here if no other IE or EC reports will be filed			
individual making electioneering communications)				
(5) Report	Identifiers			
Cover Period: From 6 / 1 / 2022 To	6 30 2022 Report Type: M6			
Original Amendment Spe	cial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
	Monetary			
Cash & Checks \$,	Expenditures \$, , <u>529</u> . <u>37</u>			
Loans \$, 3 , 000 · 00	Transfers to Office Account \$, ,			
Total Monetary \$, 3 ,575 00				
	Total Monetary \$,			
In-Kind \$,, 800 · 60				
	(8) Other Distributions			
	\$, ,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$ 6,825.00	\$, _1 , 745 . 56			
	1			
(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, core	rect, and complete:			
(Type name) RAMON PAZOS	(Type name) Niccole M. Pazos			
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)			
or electioneering comm.)				
X & Jan Cago	x Charak			
Signature	Signature			

(1) Name Nicco	le M Pazos	(2) I.D. Number	VII. 11. 1
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(3) Cover Period	06	01	2022 through	060	130	12022	(4) Page		of _	2
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(=)			(2)	(2)			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name						
Sequence	(Last, Suffix, First, Middle) Street Address &	C.	ontributor	Contribution	In kind		
Number	City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
Namber	Dity, otate, zip code		Occupation	Туре	Description		Amount
6 8 22	Pazos, MariaV	I					
	1.000		Frantis	OHC			3500
10	Coval Spg5, FL		EXECUTIVE.	CHC			
18	33071		C. 3. 3				
1.8.22	Pazos, Niccole M 3107 NW 107 Dive						
610 100	3107 NW 107 Dike	5			1 01		3,0000
10	5/07	5			LOA		5,000
19	Sunise 12 33351						
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619 100	Gentry, Taylor			000			50°
2 -	9670NW 24hst	II	Publix	CHE			50
20	Sunnise, FZ						
	33322						
1 0 12	Gesta, Maliena						
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2 1	9670 NW 249 ST	T	Customer Service	CHE			2500
21	Sunvise FL		0.11.00				
	33322						
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4 142 144	Rowles, Andrea		losal				50°
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*	Margat, FZ 33063						
1 27 22	0 6						
6/01/23	Perez, Sean		Social				00)
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90	Herez, Jean 3609 BIKST#2 Hollywood FZ 1330ZI						
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6130122	Project Mant SVS		Troject	INK	raper		25000
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DS-DE 13 (Rev. 11/13)

(1) Name	Niccole M. F	aro	5	(2)	I.D. Number		
(3) Cover Period	06/01/22	throu	gh <u>66</u> /	30 122	_ (4) Page	_2 0	of 2
(5) Date	(7) Fuil Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6,30,22 25	CC from Plus 197 W McNab Rd Pompano, FL 33069	В	Pro notions	INK	Banner		250°
	CC PromoPlus 197 W Mc Nabld Pomparo, Fi 33069	В	Prano Hors	INK	T-Shirts		30000
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1 1						707.30	CITY
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TVIC	DIE M	PUZOS		(2) I.D. Number		
(3) Cover Period 06	G1 122	through	06/30 127	(4) Page	1 05 /	

(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
de/11/22	Aredof 1340 Poydras St, Ste 1770 New Orleans, LA 70112	Transaction Fee S	MON		360
6/31/22	GIZ Cede Gene nator 1 Yoshike kusagi Agui-cho Aichi 470-2297, Japan	612 Code	MON		19764
6/24/22 7	Tun Inc 111 Sutter St, #1300 San Francisco, CA	Jeep Rental- YHAJIY Parade	MON		32/ ⁵³
4/25/22	Arredot 1340 Poydras Ste, Ste 1770 New Orleans, LA 70112	Transaction Fees	MON		230
6/29/22 9	Anedot 1340 Roydras St, Ste 1770 New Orleans, LA 70112	Transaction	MON		430
//					CITY OF
//					CLERK SUNRISE I AMII:56
//					

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Niccole M. Pazos Name (2) 3107 NW 101 Deive Address (number and street) Suveise Fla 33351 City, State, Zip Code	OFFICE USE ONLY
Party Executive Committee (PTY)	(3) ID Number:
(5) Report	
	5 31 2022 Report Type: M5
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$,,
	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$, 3_, 250	(10) TOTAL Monetary Expenditures To Date \$, / , / , / 19
(11) Cert It is a first degree misdemeanor for any person I certify that I have examined this report and it is true, correctly (Type name) Ranon Pazos Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.) X Signature	on to falsify a public record (ss. 839.13, F.S.)

(1) Name	Niccole M. Pazos	(2) I.D. Number	
(1) Name	Niccole M. Pazos	(2) I.D. Number	

(3) Cover Period 05 101 12022 through 55 131 12022 (4) Page 1 of 2

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	Krege, Peggy 9670 nw 24th st Sunrise, fl 33322		Besiness	CHE			250°
05/21/2022 10	Corcovan Fred 3109 nw 107 brive sunrise, fl 33351	エ	firelighte	CHE			1000
OS 122 12022	Delcid, Carlos 6761 nw 182nd sts apt 101 hialah, fl 33015	工	Sales	CHE			1000
05, 22, 12022	Mcloester, Aex 1821 Lyons Rd, 201 Coconut Creek, F1 33063	工	Spervisor	CHE			20°°
05,27 DO12	Yoling, Elaine 13761 N. Garden Grow Civile Davig F133325	I	Bookkaper	CHE			50°
05/21/2022	Cucchiano, Alexande 3214 nos 13ta ave, sunniss fl 33323	I	Busines	CAS			30
05/21 1702	Bohorguez Mary 12658 nw 3200 cart sunnise ff 33323	エ	Baker	МО			150°

2022 JUN (BANA); 63-50

(1) Name 0	Viccole M. raz	205	•	(2)	I.D. Number		
(3) Cover Period	05/01/2020	through	gh <u>OS</u> 1	31 1202	(4) Page	2 0	f <u>2</u> _
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number 05 2 12022	City, State, Zip Code Rosen, Aileen 837 Lavender Gr Wiston, FZ 33327		Occupation	Type CAS	Description		5000
05/21 R022	Fam Brenda 2350 Sw 106 Day Davie FL 33324	I	Albray	CAS			36°
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DS-DE 13 (Rev. 11/13) Et :01 WY 6- NOT THE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Niccole M. Pazos (2) I.D. Number (3) Cover Period 05 101 / 2022 through 05 131 / 2022 (4) Page (11) (8) (9) (10)(5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6)Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number Dollar Tree 10158 w Cakland Park Blud 05/14/2022 Mailating Supplies PCS Sunnisg \$ 33351 05/14/2012 11110 W Calcland Park 4173 Printing PCS Blvd Sunrise FL 33351 05/31/2012 Anedot 1340 Paydras St, Ste1170 4 New Orleans, LA 70112 Transaction Fees 7022 JUN -9 AM 10: 44

CILL CLERK

CAMPAIGN TREASURE	R'S REPORT SUMMARY
Name (2) 3157 NW 157 DRIVE Address (number and street) SUNCISE Fla 33351 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: City of Sunciperate Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	OFFICE USE ONLY 2022 HAY OF SURE (3) ID Number:
(5) Report	Identifiers
Cover Period: From 4 / / / 22 To	Helport Type: 14 30 22 Report Type: 14 MH
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$, , , Transfers to Office Account \$, , , . Total Monetary \$, , (8) Other Distributions \$, , ,
(9) TOTAL Monetary Contributions To Date \$,, OO	(10) TOTAL Monetary Expenditures To Date \$, / , _/OOOO_
	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name)

(1) Name	Niccole M.	Faz	205	(2)	I.D. Number	with 1	
(3) Cover Period	4 1 1 122	throu	gh <u>4</u> /	30 122	(4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
7	33351	S		CHE			20°2-
4,15,22	Pazos Maria 11220 NW 2rd Mar Coral Springs, FZ	I	(,0,0,	CHE			10000
1 1							
. 1 1							2022 MAY I
1 1							O AMII: 35
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1- 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

R'S REPORT SUMMARY
(3) ID Number: Check here if PC or ECO has disbanded Check here if no other IE or EC reports will be filed
Identifiers
3 / 31 / 2027 Report Type: M3
ecial Election Report
Monetary Expenditures \$,, Transfers to Office Account \$,
Total Monetary \$, ,
(8) Other Distributions \$,
(10) TOTAL Monetary Expenditures To Date
rect, and complete: (Type name)

DS-DE 12 (Rev. 11/13)

(1) Name <u>Niccole M Pazos</u> (2) I.D. Number							
(3) Cover Period	3 1 1 1 2022	- throu	gh <u>3</u> /	31 1 202	2 (4) Page	c	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
9	COUDTY LINE CHIROPESCTIC CENTRE 21389 NW Z AVE MIGHT FLA 33168		ChropageTje	CHE			500.0
313/122	Accument Diagnostics 21307 UN 2 AVE MIAMI Fla 33169	В	DIAGNOSTIC CENTER	CHE			500.20
1 1							
1 1						2022 AFK	CITY OF
1 1						V -0 IN C-1	Y CLERK DF SUNRISE
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY					
Name (2) 3107 NW 1074 Drive Address (number and street) Sunvise, F2 3335) City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: City of Sunvise Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: 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 62 / 01 / 2022 To	0Z / 28 / 2022 Report Type: M2				
☑ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,	Monetary Expenditures \$, 1 , 100 .				
Loans \$,,	Transfers to Office Account \$, , .				
Total Monetary \$,,	Total Monetary \$,				
In-Kind \$, ,	(8) Other Distributions				
(9) FOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$				
	tification on to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correctly that I have examined the report and it is true, correctly that I have examined the report and it is true, correctly that I have examined the report and it is true, correctly that I have examined the report a					
Signature Vage	Signature				
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS				

*	. Allin Alon Treador	(LIV C	IKEI OKT	II LIMIZED	CONTRIBO	110110	
(1) Name	iccole M. Paz	.05		(2)	I.D. Number		
(3) Cover Period	62 1 01 12020	L throu	gh <u>02</u> / .	28 12022	2 (4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
	Cantyline Chiropractic Conte 21309 NW 2nd Are Miami, FL 33169	>	Chinopraga		Bossiphon		500 m
62,07 12022 d 3	Accu-Med Diagnoti Centers 21307 NW 2nd Are Miami, FL 33169	В	DIAGNATIC CENTEL	CHE			500/24-
02108 2022 A 4	Pazos Maria V 11220 NW ZAH Morr Coral Springs FL 33071	エ	C.0.0.	CHE			250%
1 1						2022 MAR	CITY
1 1						AR -8 AM II: 44	TY CLERK OF SUNRISE
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (2) I.D. Number					
,	d 02/01/2022through 02/				
(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) Amendment	(11) Amount
02/15/202 I	2 Washburn, Rich 8260 SW 24th St Unit 6103, North Lauderdale 1233068	Website	MON		1,100
/ /					
/ /					CITY OF
/ /					CLERK SUNRISE 9 PM 3: 08
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (3) Cover Period 62 / 61 / 2022 through 62 / 28 / 2022 of (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 City, State, Zip Code candidate) Amount Amendment Number Washburn, Rich 154-368-7424 Wee sice 1,100% MON SUNRIS

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Niecole Marie Pazos Name (2) 3107 NW 10746 Drive Address (number and street) Sunrise For 33351 City, State, Zip Code	OFFICE USE ONLY 2022 FEB -9 PM					
☐ Check here if address has changed (4) Check appropriate box(es):	(3) ID Number: Clase Commissioner Sear D 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 ○ 1 / ○ 1 / 2022 To ○ 1 / 31 / 2022 Report Type:						
(6) Contributions This Report Cash & Checks \$,	(7) Expenditures This Report Monetary Expenditures \$, , , Transfers to Office Account \$, , Total Monetary \$, (8) Other Distributions \$,, (10) TOTAL Monetary Expenditures To Date					
\$, , , , , , , , , , , , , , , , , , ,						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Niccole Marie Pazos (2) I.D. Number							
(3) Cover Period <u>61 / 61 / 2022</u> through <u>61 / 31 / 2022</u> (4) Page <u>1</u> of <u>1</u>							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
01,25,22 1	Pazos, Niccole M 3107 NW 107 Dr Sunvise, FZ 33351	5		Cash			1000
1 1							
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1 1						2022 FEB -9	CITY
1 1						PH 2:	OF SUNRISE
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK CITY OF SUNRISE

2022 JAN -7 PM 3: 48

OFFICE USE ONLY

Niccole Ma,		City of Sunnise Co Office	mmissione e Sought	r Sout D
IIIo W. Oakland	Park 21 da Sto 26	od Sunnise	5	33351
Addr		City	State	Zip Code
	contributions or expenditures w	Party Executive cations organization (ECO). An Exerce made during the reporting per Check here if PC has DISB	ECO must file a repriod (s. 106.0703(6), F.S.).
TYPE OF REPORT	(Check Appropriate Box	x and Complete Applicabl	_	Box)
Indicate report # M-12/ 1/1/22	Indicate report #	Indicate report #	Indicate report as applicable:	type and #
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG	SPECIAL ELECTION GN ACCOUNT FOR THE REP	ORTING PERIO	D OF
1	2021 THR	OUGH 12/31/20	7/2022 Date	
X Samm Gaz	P . Signature	/	7/2022 Date	
REQUIRED SIGNATURES FOR:	Political Committees:			
	O, in any reporting period when	there has been no activity in the a		

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 officer before opening the campaign account.

CITY CLERK CITY OF SUNRISE

2022 JAN 25 AM 9: 50

officer before opening the campaign account.	OFFICE USE ONLY			
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)	3. Address (include post office box or street, city, state, zip			
NICCOLE Marie Pazos	5 code) 3107 NW 1074h			
4. Telephone 5. E-mail address 954) 557483 niccole Paroso	Dr. Sunrise FC,			
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:			
City Commisioner seat.	My intent is to run as a Write-In candidate.			
8. If a candidate for a <u>partisan</u> office, check block and fil	I 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				
11. Mailing Address	12. Telephone			
11220 NW 2nd Manor 954,445-0776				
13. City 14. County 15. St Coral Springs Broward FC	ate 16. Zip Code 17. E-mail address - 3307 CPMUP940.001.COM			
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank BB & T	450 N. Pine Island RD.			
Plantation Brown	23. State 24. Zip Code 33332U			
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			
1/25/2022	x Vivale cert			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, Ramon PazaS (Please Print or Type Name)	, do hereby accept the appointment			
designated above as:				
1/25/2022 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)

NOTE: This form must be on file with the qualifying

CITY CLERK CITY OF SUNRISE

2021 DEC -6 AM 9: 22

officer before opening the campaign account.	OFFICE USE ONLY		
1. CHECK APPROPRIATE BOX(ES):			
☐ Initial Filing of Form Re-filing to Change:	Treasurer/Deputy		
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip		
Niccole Marie Pazos	code) 11110 W. Oakland Park Blvd		
4. Telephone 5. E-mail address	Suite 262		
4. Telephone (994) 557-4953 Preedom. com	Sunrise, FL 33351		
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if		
City of Sunnise Commissioner	applicable:		
Sea+ D	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 Wo 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			
Ramon Pazos			
11. Mailing Address	12. Telephone		
11220 NW 2nd Mng	(954) 445-0776		
0 1 3 2 2 2 3	State 16. Zip Code 17. E-mail address 7 33071 ramone pazos 4 Freedom, com		
18. I have designated the following bank as my	Primary Depository Secondary Depository		
19. Name of Bank	20. Address		
Bank of America	12381 W. Sunrise Blud.		
21. City 22. County	23. State 24. Zip Code		
SUNFIDE Brown	100 FL. 3335		
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		
12/5/21	x Viceeta Leit		
27. Treasurer's Acceptance of Appointme	ent (fill in the blanks and check the appropriate block)		
I. Ramon Pazos , do hereby accept the appointment			
(Please Print or Type Name)			
designated above as: 🔀 Campaign Treasu	urer Deputy Treasurer.		
12/5/21 X	Gamon Jayos.		
Date	Signature of Campaign Treasurer or Deputy Treasurer		

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

CITY CLERK
COFFICE GSE ONLEISE

2021 DEC -6 AM 9: 46

1, Niccole Pazos

candidate for the office of Sincise City Commision;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

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).



2022 JUN 13 PM 1: 12



NOTICE OF CANDIDACY AND AFFIDAVIT

	1. Niccole M. Pazos	, do hereby affirm that I am a candidate
	for the office of City Commissioner Seat	, City of Sunrise, in Broward County, Florida, in the
		2, that I am qualified to serve in said office and will
		ty of Sunrise who has resided continuously within the
	City of Sunrise, Broward County, Florida, for 547 da	ays prior to the beginning of the time for qualifying as
	a candidate for the office of City Commissioner or I	Mayor.
	11	0
	Under penalties of perjury I,	e M, Pazos declare that the
	foregoing document and that the facts stated in it	are true. Florida Statutes §117.215(1).
		Signature
		Signature
		6/11/2022
		Date
	STATE OF FLORIDA	
	COUNTY OF BROWARD	
	++	me by means of 🕱 physical presence or 🗆 online
	notarization, this 11 day of June, 2	2022 by (name of person-making statement).
	,	1-12/01/2-740
	+	In March The
	€i _E	gnat\ure of\Notary Public – State of Florida
		sou Wahabir-Zine
		comments of
		Notary Public State of Florida
		int, type or stamp commissioned a line My Commission GG 917384
		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 547 days prior to the beginning of the time for 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; Ord. No. 659, § 3, 5-26-20/Ref. of 11-3-20)

CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

CITY CLERK CITY OF SUNRISE

2022 JUN 13 PM 1:12

White-in candidate.				
Write-in candidate	OFFICE USE ONLY			
Candidate Oath				
	(a), Florida Statutes)			
1, Niccole Pazos	1			
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)				
am a candidate for the nonpartisan office of City of Sun	(District #)			
D	Connet w			
(Circuit #), (Group or Seat #); I am a qualified elector of	County, 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	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.			
Candidate's Florida Voter Registration Number (located on your voter information card): 102157284				
Phonetic spelling for audio ballot : Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]				
nee-Kol pah-zhos				
X - LULLO Cett (954) 557 Signature of Candidate Telephone Number	-4953 niccole pazos Egmail. com			
3107 NW 107th Drive Sunnis	se FL 33351			
Address City	State ZIP Code			
STATE OF FLORIDA	Signatura of Notary Dublic			
COUNTY OF Droward	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:			
Sworn to (or affirmed) and subscribed before me by means of	***************************************			
online notarization OR physical presence	Notary Public State of Florida Joy Mahabir-Zine			
this II day of Jul , 2022.	My Commission GG 917384 Expires 10/30/2023			
Personally Known OR Produced Identification				
Type of Identification Produced:				

FORM 1	STATEME	ENT OF	2021			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR OFFICE USE ONL	FOR OFFICE USE ONLY:		
	NAME: le M					
MAILING ADDRESS: 3107 NW LOTTE Drive			207			
Sunrise 33351, Broward CITY: ZIP: COUNTY: City of Sunrise NAME OF AGENCY: City Commissioner Seat D			2022 JUN 13 PM 1: 12	CITY CLERK		
NAME OF OFFICE OR POSITION HEL			72 SE	^		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	PPOINTEE				
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021. 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 INC (If you have nothing to repo		reporting person - See instruct	tions]			
			DESCRIPTION OF THE SOURCE PRINCIPAL BUSINESS ACTIVITIES			
Purple Communications 11900 N Sullyville Rd #201209, Australiang Sign Language Interpretation of Hearing 3107 NW 107 Dr. Sun is first 33351 Vocational Rehab			chia			
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			PRINCIPAL BUSINES ACTIVITY OF SOURCE			
Rizos Sign language Interpret	2005 Sign language Interpreting of Hearing Chients private-H		paa privak-Hipna			
the Bridge for he Dout		11	H	10		
PART C REAL PROPERTY [Land, but (If you have nothing to repo			You are not limited to the space or lines on this form. Attach additions sheets, if necessary.			
Home- 3107	NW 107th Dr.S.	nn 生 元 3331	FILING INSTRUCTIONS for whe and where to file this form are located at the bottom of page 2			
			INSTRUCTIONS on who must fi this form and how to fill it out begin on page 3.	ile		

TYPE OF INTANGIBLE	ks, bonds, certificates of deposit, etc See inst ' or "n/a") BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES
	BOOMEOU ENVIL VOIL	UN OT
none		- 77
		0
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"	or "n/a")	NR.
NAME OF CREDITOR		S OF CREDITOR
ravient- us Dept of Education	P.O. Box 9635, willes	-Barry PA 18773 TT
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" or		nesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	7,4	144
ADDRESS OF BUSINESS ENTITY	Na	n/a
PRINCIPAL BUSINESS ACTIVITY	nja	nja
POSITION HELD WITH ENTITY	NA	nja Na
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	nja	7/2
NATURE OF MY OWNERSHIP INTEREST	na	nja
PART G — TRAINING For elected municipal officers, a agency created under Part III, Chapter 163 required to con	appointed school superintendents, and commis	ssioners of a community redevelopment n 112.3142, F.S.
agency created under Part III, Chapter 163 required to co	appointed school superintendents, and commismplete annual ethics training pursuant to section	ssioners of a community redevelopment n 112.3142, F.S. JIRED TRAINING.
PART G — TRAINING For elected municipal officers, a agency created under Part III, Chapter 163 required to con I CERTIFY THAT I H	appointed school superintendents, and commismplete annual ethics training pursuant to section HAVE COMPLETED THE REQUIRED THE REQUIRED ON A SEPARATE SHE CPA or ATTO If a certified public accooin good standing with the she must complete the life. Form 1 in accordance we see the school of the s	DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement: , prepared the Chapter 473, or attorney e Florida Statutes, and the Upon my reasonable knowledge and belief, the

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

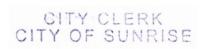
MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

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, 2021.



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NOTICE OF LOGIC AND ACCURACY TEST ACKNOWLEDGMENT

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 2022 General Election will take place as listed below. *Attendance at this test of the equipment is strictly optional.* You are welcome to observe.

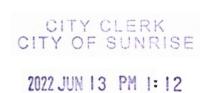
VOTING EQUIPMENT CENTER 1501 NW 40 AVENUE LAUDERHILL, FL 33313 (954)712-1903

Thursday, September 29, 2022

9:30 a.m.

Signature of Candidate

Date





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.

Print Name

Signature

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
- 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.
- 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 conterns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions
- 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.
- I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 11th of day of June 2022		w	SUCCE
	BY CANDIDATE:	PM	NR.
Dailemont	Signature Signature	2	S
haz	Niccole M. Pazo	S	
STATE OF FLORIDA ()	(Print Name)		
COUNTY OF BIRWARD		1	+
The foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged before me by means of the foregoing instrument was acknowledged by the foregoing instrument	ohysical presence or □ online notarization,	this 1	day of

Notary Public State of Florida

Notary Public State of Florida

Joy Mahabir-Zine

My Commission GG 917384

Print Type or stamp co

type or stamp commissioned name of Notary Public

Personally Known PR Produced Identification
Type of Identification Produced