

FLORIDA DEPARTMENT OF STATE - DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY



(1) NAME: JERRY FADGEN FOR MAYOR (3) I.D. NUMBER: N/A

(2) ADDRESS: 21 EAST ACRE DR., PLANTATION, FL 33317

(4) CHECK APPROPRIATE BOX(ES):

XXX	CANDIDATE (OFFICE SOUGHT): PLANTATION MAYOR	
-----	-----	-----
-----	POLITICAL COMMITTEE	CHECK IF PC HAS DISBANDED
-----	COMMITTEE OF CONTINUING EXISTENCE	CHECK IF CCE HAS DISBANDED
-----	PARTY EXECUTIVE COMMITTEE	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
-----	ELECTIONEERING COMMUNICATION	-----

(5) REPORT IDENTIFIERS

COVER PERIOD: 06-01-18 THROUGH 06-30-18 REPORT TYPE: TR

XXX ORIGINAL	AMENDMENT	SPECIAL ELECTION REPORT	INDEPENDENT EXPENDITURE REPORT
-----	-----	-----	-----

(6) CONTRIBUTIONS THIS REPORT

CASH & CHECKS	\$0.00
LOANS	\$6,000.00
TOTAL MONETARY	\$6,000.00
IN-KIND	\$0.00

(7) EXPENDITURES THIS REPORT

MONETARY EXPENDITURES	\$6,000.00
TRANSFER TO OFFICE ACCOUNT	\$0.00
TOTAL MONETARY	\$6,000.00

(8) OTHER DISTRIBUTIONS \$0.00

(9) TOTAL MONETARY CONTRIBUTIONS TO DATE \$6,000.00

(10) TOTAL MONETARY EXPENDITURES TO DATE \$6,000.00

(11) CERTIFICATION

IT IS A FIRST DEGREE MISDEMEANOR FOR ANY PERSON TO FALSIFY A PUBLIC RECORD (ss. 839.13, F.S.)

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT, AND COMPLETE.

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT, AND COMPLETE.

KRISTOFOR KILKELLY
NAME OF XXX TREASURER DEPUTY TREASURER

JERRY FADGEN
NAME OF CANDIDATE XX CHAIRMAN (PC/PT ONLY)

XX
SIGNATURE

XX
SIGNATURE

Treasurer signed on behalf of deceased candidate.

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 06-01-18 THROUGH 06-30-18

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) TYPE/ OCCUPATION IF > \$100	(9) CONTRI- BUTION TYPE	(10) IN-KIND DESCRIP- TION	(11) AMEND- MENT	(12) AMOUNT
---------------------------------	---------------------------	--	----------------------------------	-------------------------------------	------------------------	----------------

NO ACTIVITY FOR THIS PERIOD

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 06-01-18 THROUGH 06-30-18

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) PURPOSE	(9) EXPEN- DITURE TYPE	(10) AMEND- MENT	(11) AMOUNT
06/07/2018 2	KATHLEEN FADGEN 7379 SW 9TH CT PLANTATION, FL 33317	RETURN OF CAMPAIGN LOAN	CHE		5,963.00

FLORIDA DEPARTMENT OF STATE - DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY



(1) NAME: JERRY FADGEN FOR MAYOR (3) I.D. NUMBER: N/A

(2) ADDRESS: 21 EAST ACRE DR., PLANTATION, FL 33317

(4) CHECK APPROPRIATE BOX(ES):

XXX	CANDIDATE (OFFICE SOUGHT): PLANTATION MAYOR	
-----	-----	-----
-----	POLITICAL COMMITTEE	CHECK IF PC HAS DISBANDED
-----	COMMITTEE OF CONTINUING EXISTENCE	CHECK IF CCE HAS DISBANDED
-----	PARTY EXECUTIVE COMMITTEE	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
-----	ELECTIONEERING COMMUNICATION	-----

(5) REPORT IDENTIFIERS

COVER PERIOD:	05-01-18 THROUGH 05-31-18	REPORT TYPE:	M5
-----	-----	-----	-----
XXX ORIGINAL	AMENDMENT	SPECIAL ELECTION REPORT	INDEPENDENT EXPENDITURE REPORT
-----	-----	-----	-----

(6) CONTRIBUTIONS THIS REPORT

CASH & CHECKS	\$0.00
LOANS	\$6,000.00
TOTAL MONETARY	\$6,000.00
IN-KIND	\$0.00

(7) EXPENDITURES THIS REPORT

MONETARY EXPENDITURES	\$37.00
TRANSFER TO OFFICE ACCOUNT	\$0.00
TOTAL MONETARY	\$37.00
(8) OTHER DISTRIBUTIONS	\$0.00

(9) TOTAL MONETARY CONTRIBUTIONS TO DATE
\$6,000.00

(10) TOTAL MONETARY EXPENDITURES TO DATE
\$37.00

(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.

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT, AND COMPLETE.

KRISTOFOR KILKELLY

JERRY FADGEN

NAME OF XXX TREASURER DEPUTY TREASURER

NAME OF CANDIDATE XX) CHAIRMAN (PC/PT ONLY)

XX. SIGNATURE

XX. SIGNATURE

Treasurer signed on behalf of deceased candidate.

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 05-01-18 THROUGH 05-31-18

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) TYPE/ OCCUPATION IF > \$100	(9) CONTRI- BUTION TYPE	(10) IN-KIND DESCRIP- TION	(11) AMEND- MENT	(12) AMOUNT
---------------------------------	---------------------------	--	----------------------------------	-------------------------------------	------------------------	----------------

NO ACTIVITY FOR THIS PERIOD

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 05-01-18 THROUGH 05-31-18

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) PURPOSE	(9) EXPEN- DITURE TYPE	(10) AMEND- MENT	(11) AMOUNT
05/03/2018 1	BANK OF AMERICA 7001 W BROWARD BLVD PLANTATION, FL 33317	CAMPAIGN CHECKS	CHE		37.00

**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.

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)

JERRY FADGEN

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

21 EAST ACRE DRIVE

4. Telephone

(954) 584-9786

5. E-mail address

JERRYFAD@AOL.COM

PLANTATION, FL 33317-2640

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

PLANTATION MAYOR

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

KRISTOFOR M. KILKELLY

11. Mailing Address

21 EAST ACRE DRIVE

12. Telephone

(954) 584-9786

13. City

PLANTATION

14. County

BROWARD

15. State

FL

16. Zip Code

33317-2640

17. E-mail address

KRIS.KILKELLY@FADGEN-CPA.COM

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

19. Name of Bank

BANK OF AMERICA

20. Address

7001 W BROWARD BLVD

21. City

PLANTATION

22. County

BROWARD

23. State

FL

24. Zip Code

33317-2640

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

04-20-2018

26. Signature of Candidate

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

I, KRISTOFOR M. KILKELLY, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04-20-2018

Date

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 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)

JERRY FADGEN

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

21 EAST ACRE DRIVE

4. Telephone

(954) 584-9786

5. E-mail address

JERRYFAD@AOL.COM

PLANTATION, FL 33317-2640

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

PLANTATION MAYOR

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JERRY FADGEN

11. Mailing Address

21 EAST ACRE DRIVE

12. Telephone

(954) 584-9786

13. City

PLANTATION

14. County

BROWARD

15. State

FL

16. Zip Code

33317-2640

17. E-mail address

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

BANK OF AMERICA

20. Address

7001 W BROWARD BLVD

21. City

PLANTATION

22. County

BROWARD

23. State

FL

24. Zip Code

33317-2640

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

04-20-2018

26. Signature of Candidate

X

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

I, JERRY FADGEN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04-20-2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

FLORIDA DEPARTMENT OF STATE - DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED
MAY 10 2018
CITY CLERK'S OFFICE

(1) NAME: JERRY FADGEN FOR MAYOR (3) I.D. NUMBER: N/A

(2) ADDRESS: 21 EAST ACRE DR., PLANTATION, FL 33317

(4) CHECK APPROPRIATE BOX(ES):

XXX	CANDIDATE (OFFICE SOUGHT): PLANTATION MAYOR	
-----	-----	-----
-----	POLITICAL COMMITTEE	CHECK IF PC HAS DISBANDED
-----	COMMITTEE OF CONTINUING EXISTENCE	CHECK IF CCE HAS DISBANDED
-----	PARTY EXECUTIVE COMMITTEE	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
-----	ELECTIONEERING COMMUNICATION	-----

(5) REPORT IDENTIFIERS

COVER PERIOD:	04-01-18 THROUGH 04-30-18	REPORT TYPE:	M4
-----	-----	-----	-----
XXX ORIGINAL	AMENDMENT	SPECIAL ELECTION REPORT	INDEPENDENT EXPENDITURE REPORT
-----	-----	-----	-----

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
CASH & CHECKS	\$0.00	MONETARY EXPENDITURES	\$0.00
LOANS	\$6,000.00	TRANSFER TO OFFICE ACCOUNT	\$0.00
TOTAL MONETARY	\$6,000.00	TOTAL MONETARY	\$0.00
IN-KIND	\$0.00	(8) OTHER DISTRIBUTIONS	\$0.00
-----	-----	-----	-----
(9) TOTAL MONETARY CONTRIBUTIONS TO DATE	\$6,000.00	(10) TOTAL MONETARY EXPENDITURES TO DATE	\$0.00
-----	-----	-----	-----

(11) CERTIFICATION

IT IS A FIRST DEGREE MISDEMEANOR FOR ANY PERSON TO FALSIFY A PUBLIC RECORD (ss. 839.13, F.S.)

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT, AND COMPLETE.

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT, AND COMPLETE.

KRISTOFOR KILKELLY

JERRY FADGEN

NAME OF XXX TREASURER DEPUTY TREASURER

NAME OF CANDIDATE XX CHAIRMAN (PC/PT ONLY)

XX 
SIGNATURE

XX 
SIGNATURE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 04-01-18 THROUGH 04-30-18

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) TYPE/ OCCUPATION IF > \$100	(9) CONTRI- BUTION TYPE	(10) IN-KIND DESCRIP- TION	(11) AMEND- MENT	(12) AMOUNT
---------------------------------	---------------------------	--	----------------------------------	-------------------------------------	------------------------	----------------

NO ACTIVITY FOR THIS PERIOD

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NAME: JERRY FADGEN FOR MAYOR

(2) I.D. NUMBER: N/A

(3) COVER PERIOD: 04-01-18 THROUGH 04-30-18

(4) PAGE: 1 OF 1

(5) DATE/ (6) SEQ. NO.	(7) NAME, ADDRESS, ZIP	(8) PURPOSE	(9) EXPEN- DITURE TYPE	(10) AMEND- MENT	(11) AMOUNT
---------------------------------	---------------------------	----------------	---------------------------------	------------------------	----------------

NO ACTIVITY FOR THIS PERIOD.

CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER: JERRY FADGEN _____ 21 EAST ACRE DRIVE _____ PLANTATION, FL 33317 _____ OCCUPATION: <u>CPA</u> _____ AMOUNT OF LOAN: <u>\$6,000</u> _____ DATE RECEIVED: <u>04/24/2018</u> _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____ _____ OCCUPATION: _____ _____ AMOUNT OF LOAN: _____ _____ DATE RECEIVED: _____ _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____ _____ OCCUPATION: _____ _____ AMOUNT OF LOAN: _____ _____ DATE RECEIVED: _____ _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____ _____ OCCUPATION: _____ _____ AMOUNT OF LOAN: _____ _____ DATE RECEIVED: _____ _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____ _____ OCCUPATION: _____ _____ AMOUNT OF LOAN: _____ _____ DATE RECEIVED: _____ _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____ _____ OCCUPATION: _____ _____ AMOUNT OF LOAN: _____ _____ DATE RECEIVED: _____ _____</p>

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, JERRY FADGEN,

candidate for the office of PLANTATION MAYOR;

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

X 
Signature of Candidate

04-20-2018
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).