	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Juseph Granins	OFFICE USE ONLY				
(2)	Name (530 SU 72 AVE	HEOLIVES				
(2)	Address (number and street)_	AUG 1 3 2018				
	Plantator FL 37717	CITY CUERK'S OFFICE				
	City, State, Zip Code	postmarked 8/10/18				
	Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):					
	☐ 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)	_ oneok here if no other in or no reports will be filed				
	(5) Report	Identifiers				
Cov		1/3 Report Type: $1/8$				
	riginal Amendment Spe	cial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Cas	h & Checks \$,	Monetary SExpenditures \$,				
Loar	ns \$,	Transfers to Office Account \$ , , .				
Tota	Il Monetary \$ , ,	Total Monetary \$ , /200 XY				
In-K	ind \$,,					
		(8) Other Distributions				
		\$,,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,,,	\$,,,				
	(11) Cert					
١,	It is a first degree misdemeanor for any pers	, , , , , , , , , , , , , , , , , , , ,				
1	certify that I have examined this report and it is true, corr					
	Type name) (hANC) STANIN Deputy Treasurer Deputy Treasurer	(Type name) Joseph Gramin				
OI	electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
х	(1/20/ 1/20	x boseph Granino				
S	ignature	Signature				

(1) Name 5	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	EXPENDIT 2) I.D. Number	URES	
	d <u> </u>	. 0	4) Page		
(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
6/18/11	1530 Sw72 But plantation FL 3331)		L-Ar RipAID		100°
/ /					
/ /			×		
/ /					
/ /					
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//					
DS-DE 14 (Rev. 1	1/13) SEE REVERSE FOR INS	TRUCTIONS AND CODE	VALUES		

## **WAIVER OF REPORT**

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

(PLEASE TYPE)

MAY 1 0 2018

CITY CLERK'S OFFICE OFFICE USE ONLY

Joseph Gignin		Councilman So	4 井工			
Name		Off	ice Sought			
1530 SW 72 A	Ve	Plantation				
Address		City	State Zip Code			
Candidate Politic	cal Committee		ative Committee			
waiver) that no reportable contributi	ons or expenditures v	vere made during the reporting p	period (s. 106.0703(6), F.S.).			
Check here if address has changed	since last report.	Check here if PC has DIS reports.	SBANDED and will no longer file			
TYPE OF REPORT (Check	Appropriate Bo	x and Complete Applical	ble Line beneath Box)			
MONTHLY REPORT PR	IMARY ELECTION	GENERAL ELECTION	☐ OTHER REPORT TYPE			
Indicate report # Indicate	e report #	Indicate report #	Indicate report type and #			
M		G	as applicable:			
NOTIFICATION OF NO ACT	RMINATION REPORT		PORTING PERIOD OF			
14-1-18		OUGH 4/-30-	18			
x //rml	2	4	-30-18			
Signatur	е		Date			
X Joseph Flamino	(					
Signatur	е		Date			
Candidates: Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)  Political Committees: Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)  Party Executive Committees: Treasurer and Chairman (s. 106.29(2), F.S.)						
Except as noted above for an ECO, in any received) the filing of the required repor	reporting period when	there has been no activity in the	e account (no funds expended or			

reporting date that no report is being filed.

## **WAIVER OF REPORT**

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

(PLEASE TYPE)

RECEIVED

APR 1 0 2018

CITY CLERK'S OFFICE

OFFICE USE ONLY

	191111	Cospalnon					
Name		Office	Sought				
1530 CW	72 AVE	Plantation	F/ 3331)				
Addres		City	State Zip Code				
Candidate Political Committee Party Executive Committee  NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).  Check here if address has changed since last report.  Check here if PC has DISBANDED and will no longer file reports.							
TYPE OF BEDORT (	Check Appropriate Box	and Complete Applicable	Line beneath Box)				
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	☐ <u>OTHER REPORT TYPE</u>				
Indicate report # M_2018 3	Indicate report #	Indicate report #	Indicate report type and # as applicable:				
	☐ TERMINATION REPORT	☐ SPECIAL ELECTION					
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF  THROUGH  4-1-18  4-9-18							
x lozych	ignature Lawwio	4-1	Date				
S	ignature		Date				
Candidates: Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)  Political Committees: Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)  Party Executive Committees: Treasurer and Chairman (s. 106.29(2), F.S.)  Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed							
,	reporting date that no	report is being filed.					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Joseph Gignino	OFFICE USE ONLY
(2)	Name 1530 SW 72 AVE	MAR - 9 2018
()	Address (number and street)	
	Plantation F/ 333/7 City, State, Zip Code	GITY CLERK'S OFFICE
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
		TION CITY COUNCIL GANOP I
	☐ 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)	
	· (5) Report	Identifiers
Cov	er Period: From $\frac{2}{1}$ $\frac{1}{1}$ $\frac{18}{1}$ To	2 / 28 / 18 Report Type:
	Priginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$,	Monetary Expenditures \$,,
Loar	s , , , , , , , , , , , , , , , , , , ,	Transfers to Office Account \$ , , ,
Tota	Il Monetary \$ , ,	
In K	ind \$	Total Monetary \$,,
In-K	mu , , , , , , , , , , , , , , , , , , ,	(8) Other Distributions
		\$,,
(9)	TOTAL Monetary Contributions To Date 50 \$,,	(10) TOTAL Monetary Expenditures To Date
	(11) Cert It is a first degree misdemeanor for any pers	tification
I	certify that I have examined this report and it is true, corr	and the second s
	ype name) Chaples Gignins	(Type name) Joseph Gignino
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
X		* Joseph Glanino
-	ignature	Signature
DS-D	E 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name (2) I.D. Number							
(3) Cover Period	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	through	gh/	281 1	(4) Page		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) Amendment	(12)
<i>1</i> 1							
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1 1							

**DS-DE 13 (Rev. 11/13)** 

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY				
Name  (2)				
' (5) Report Identifiers				
Cover Period: From _ / / / // // To _ / / 3/ / / Report Type:				
Original Amendment Special Election Report				
(6) Contributions This Report (7) Expenditures This Report				
Cash & Checks \$,,   Monetary   Expenditures \$,,				
Loans \$, Transfers to Office Account \$, O				
Total Monetary \$,, Total Monetary \$,,				
In-Kind \$,,				
(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions 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) (hA/e) GIGNING (Type name) JUSEPH GIGNING (Type name) JUSEPH GIGNING (Only for PC and PTV)	_			
☐ Individual (only for IE or election ering comm.)  ☐ Treasurer ☐ Deputy Treasurer ☐ Candidate ☐ Chairperson (only for PC and PTY)				
x Joseph Gianino	-			
Signature Signature Signature Signature SEE REVERSE FOR INSTRUCTION	MIC			

SEE REVERSE FOR INSTRUCTIONS

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	I.D. Number						
(3) Cover Period	1 1 1 1 18	throu	gh//	31 1 18	(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)
3,7,18	Joseph Gianins			LOAN			1200.
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<i>I I</i>							,
DS-DE 13 (Rev. 11/13	s) s	EE REV	ERSE FOR IN	STRUCTIONS	AND CODE VALU	Ee	

### 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

RECEIVED JAN 18 2018 CITY CLERK'S OFFICE

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) 3. Address (include post office box or street, city, state, zip 1530 SW 72 AVE (786)312-3124 Joe4cityCowled Brown Plantation FL 3331) 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: LOUNCIL Member Scot # 1 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 Charles Gignino 11. Mailing Address 12. Telephone (786) 3/2 - 3/24/
16. Zip Code | 17. E-mail address City 14. County 15. State Plantation BROWGND FL 33317 JOE 4CITYCOUNCIL @ 904, COM Primary Depository □ Secondary Depository Wells Fargo
22. County
BROWARD 19. Name of Bank 23. State 24. Zip Code 273. 21. City 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print of Type Name) , do hereby accept the appointment Deputy Treasurer. Campaign Treasurer designated above as: Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

**OFFICE USE ONLY** 

RECEIVED

JAN 18 2013

CITY CLERK'S OFFICE

1, JOE GIANINO	,
candidate for the office of PLANTATION CITY COUNCIL	,
have been provided access to read and understand the requirements of	
Chapter 106, Florida Statutes.	
e. ,	
X Jaroph Llanine 1-18-18 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).