

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

(1) Mike Ryan
Name

(2) [REDACTED]
Address (number and street)
Sunrise Fl 33323
City, State, Zip Code

OFFICE USE ONLY

12 JUN 12 PM 4:09
CITY CLERK
CITY OF SUNRISE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): Mayor, City of Sunrise Florida
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4 / 1 / 12 To 6 / 12 / 12 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ - 0 -

Loans \$ 3,150.00

Total Monetary \$ 3,150.00

In-Kind \$ 120.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3,150.00

Transfers to Office Account \$ _____

Total Monetary \$ 3,150.00

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 3,150.00

(10) TOTAL Monetary Expenditures To Date
\$ 3,150.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MICHAEL J. RYAN

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MICHAEL J. RYAN

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mike Ryan (2) I.D. Number _____

(3) Cover Period 4, 1, 12 through 6, 12, 12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
4, 16, 12	Michael Ryan [REDACTED] Sunrise, FL 33323	I	Attorney	LOAN			250.00
1							
4, 30, 12	Krupnick Campbell 12 S.E. 7th Street # 801 Ft. Lauderdale, FL 33301	B	LAW Firm	INK	Cell phone use-April		30.00
2							
5, 30, 12	Michael Ryan [REDACTED] Sunrise FL 33323	I	Attorney	LOAN			2900.00
3							
5, 31, 12	Krupnick Campbell 12 S.E. 7th Street # 801 Ft. Lauderdale, FL 33301	B	LAW Firm	INK	Cell phone use-May		60.00
4							
6, 12, 12	Krupnick, Campbell 12 SE 7th Street # 801 Ft. Lauderdale, FL 33301	B	LAW Firm	INK	Cell phone use-June		30.00
5							
1							
1							
1							
1							
1							

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 CITY CLERK
 CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Ryan (2) I.D. Number _____
 (3) Cover Period 4 / 1 / 12 through 6 / 12 / 12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
5/31/12	Chase Bank 12590 W. Sunrise Blvd Sunrise FL 33323	Account Service Fee	MON		25.00
1					
6/4/12	City of Sunrise 10770 W. Oakland Park Blvd Sunrise, FL 33323	Qualifying Fee	MON		2,896.56
2					
6/11/12	Michael Ryan [REDACTED] Sunrise FL 33323	Repay Loan (Panna 1)	DIS		228.44
3					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
12 JUN 12 PM 4:09

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

CITY CLERK
CITY OF SUNRISE
12 APR 16 AM 9:37

(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)

MICHAEL J. RYAN

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

SUNRISE, FL 33323

4. Telephone

5. E-mail address

mryan@krupnicklaw.com

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

MAYOR, CITY OF SUNRISE

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

MICHAEL J. RYAN

11. Mailing Address

12. Telephone

13. City

SUNRISE

14. County

BROWARD

15. State

FL

16. Zip Code

33323

17. E-mail address

mryan@krupnicklaw.com

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

19. Name of Bank

CHASE

20. Address

12590 WEST SUNRISE BOULEVARD

21. City

SUNRISE

22. County

BROWARD

23. State

FL

24. Zip Code

33323

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

APRIL 16, 2012

26. Signature of Candidate

X 

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


I, MICHAEL J. RYAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

APRIL 16, 2012

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

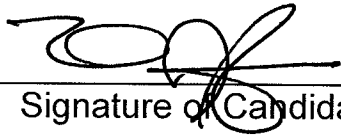
(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
12 APR 16 AM 9:37

I, Mike Ryan
candidate for the office of Mayor, City of Sunrise
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

4-3-12

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).

12 JUN -4 PM 4: 38



NOTICE OF CANDIDACY AND AFFIDAVIT

I, Mike Ryan, do hereby affirm that I am a candidate for the office of Mayor, City of Sunrise, Broward County, Florida, in the Municipal Election to be held on November 6, 2012, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner. or Mayor

[Signature]
Signature

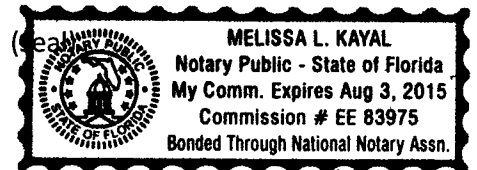
5.31.12
Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was sworn to (or affirmed) and subscribed before me this 31st day of May, 2012 by Michael (Mike) Ryan.

Melissa L. Kayal
, 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 one (1) year prior to 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)

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

CITY CLERK
CITY OF SUNRISE

12 JUN -4 PM 4:38

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Mike Ryan
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR, CITY OF SUNRISE,
(office) (district #)
; I am a qualified elector of BROWARD County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of 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 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.

X

[Signature]
Signature of Candidate

[Redacted]
Telephone Number

mryan@krypricklaw.com
Email Address

[Redacted]
Address

Sunrise
City

FL
State

33523
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101356355

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Mike Ryan

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 31st day of May, 20 12.

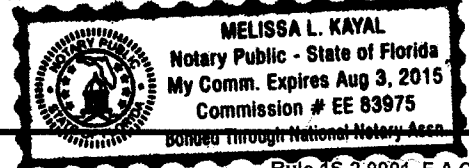
Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Melissa L. Kayal
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME :

Ryan Michael Joseph

MAILING ADDRESS :

[REDACTED]

CITY: SUNRISE ZIP: 33323 COUNTY: BROWARD

NAME OF AGENCY: CITY OF SUNRISE, FLORIDA

NAME OF OFFICE OR POSITION HELD OR SOUGHT: MAYOR

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12 JUN -4 PM 4:38
CITY CLERK
CITY OF SUNRISE

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Krupnick Campbell Malone et al	12 S.E. 7th Street Suite 801 FORT LAUDERDALE FL 33301	LAW FIRM

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

13121 NW 11th Drive Sunrise FL 33323

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Interest in Partnership	Krupnick Campbell Malone Buser Slama Hancock Liberman & Miller
Profit Sharing Plan	Krupnick Campbell Malone Buser Slama Hancock Liberman & Miller
Checks & Savings	Chase Bank

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

6/4/12

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

CITY CLERK
CITY OF SUNRISE

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LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Logic and Accuracy Test, pursuant to F.S. 101.5612. I was given written notice that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the Municipal Election to be held on November 6, 2012 will take place at the date and location listed below.

October 17, 2012 at 10:00 a.m.

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



Signature of Candidate

5/30/12

Date

CITY CLERK
CITY OF SUNRISE

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RECEIPT OF CODE OF ETHICS ACKNOWLEDGEMENT

I have received, read, and understood the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics.

Michael J. Ryan

Print Name

[Handwritten Signature]

Signature

5-28-12

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 campaign.
2. 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.
3. 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 concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. 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.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 31st of May, 2012.

WITNESSES:

BY CANDIDATE:

[Signature]
Suzanne Guinea

[Signature]
Signature
Michael J. Ryan
 (Print Name)

12 JUN -4 PM 4:38

CITY CLERK
CITY OF SUNRISE

STATE OF FLORIDA)
) SS.
 COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 31st day of May, 2012, by Michael Ryan who is personally known to me or who has produced as identification and who did not take an oath.

WITNESS my hand and official seal, this 31st day of May, 2012
 (NOTARY SEAL) Melissa L. Kayal
 (Signature of person taking acknowledgment) (Name of officer taking acknowledgment typed, printed, or stamped)

My commission expires:

