

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph M. Corradino
 Name
6485 SW 132nd St
 Address (number and street)
Pinecrest, FL 33156
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
VILLAGE OF PINECREST

AUG 10 2016

 Office of the Village Clerk
 Guido Inguanzo, Village Clerk

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if address has changed
- 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 7 / 1 / 16 To 7 / 30 / 16 Report Type: 2016 M7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$0	_____	_____	_____
Loans	\$500	_____	_____	_____
Total Monetary	\$500	_____	_____	_____
In-Kind	\$ \$0.00	_____	_____	_____

(7) Expenditures This Report

Monetary Expenditures	\$0.00	_____	_____	_____
Transfers to Office Account	\$ 0.00,	_____	_____	_____
Total Monetary	\$ 0.00	_____	_____	_____

(8) Other Distributions

\$ 0 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 30,500 _____

(10) TOTAL Monetary Expenditures To Date

\$ 3,067.83 _____

(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) Paul Sasso

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Joseph M. Corradino

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino

(2) I.D. Number _____

(3) Cover Period 7 / 01 / 16 through 7 / 30 / 16

(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
- / - / - 00	-NA	-NA	-NA	-NA	\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					



CAMPAIGN TREASURER'S REPORT ITEMIZED CONTRIBUTIONS AND FUND TRANSFERS

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 7 / 1 / 16 through 7 / 30 / 16 (4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
7 / 20 / 16 01	Joseph Corradino 6485 SW 132nd St, Pinecrest Fl, 331565	S	Urban Planner	LOA	N		500
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph M. Corradino

Name

(2) 6485 SW 132nd St

Address (number and street)

Pinecrest, FL 33156

City, State, Zip Code

Check here if address has changed

(4) Check appropriate box(es):

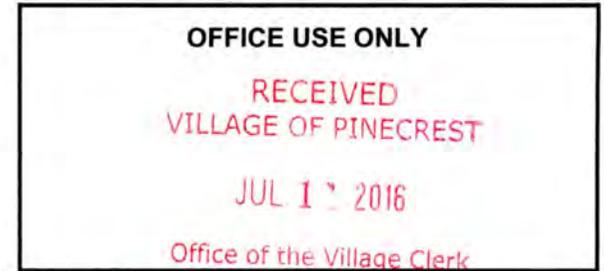
Candidate Office Sought: Mayor

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 6 / 1 / 16 To 6 / 30 / 16 Report Type: 2016 M6

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$1,350

Loans \$400

Total Monetary \$1,750

In-Kind \$ \$0.00

(7) Expenditures This Report

Monetary Expenditures \$0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 30,000

(10) TOTAL Monetary Expenditures To Date

\$ 3067.83

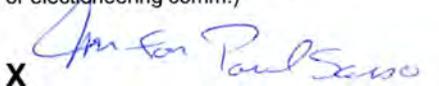
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I certify that I have examined this report and it is true, correct, and complete:

(Type name) Paul Sasso

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 

Signature

(Type name) Joseph M. Corradino

Candidate Chairperson (only for PC and PTY)

X 

Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 6 / 1 / 16 through 6 / 30 / 16 (4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
6 / 1 / 16 01	Floridians First	C	Committ ee	CHE	N		\$250
6 / 1 / 16 02	Municipal Claims Management Services Inc 7700 N Kendall Dr Miami FL 33156	B	Realest ate	CHE	N		\$500
6 / 2 / 16 03	Michelle Difilippi 7381 SW 117 Ter Pinecrest FL 33156	I	Retired	CHE	N		\$100
6 / 6 / 16 04	Salman Rathore 8111 NW 53rd St Doral Fl 33166	I	Enginee r	CHE	N		\$500
6 / 20 / 16 05	Joseph Corradino 6485 SW 132nd St Pinecrest FL 33156	S	Urban Planner	LOA	N		\$400
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino

(2) I.D. Number _____

(3) Cover Period 6 / 01 / 16 through 6 / 30 / 16

(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
- / - / -	-	-	-	-	\$0.00
00					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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 JUN 10 2016
 Office of the Village Clerk
 Guido Inguanzo, Village Clerk

Check here if address has changed

(3) ID Number: _____

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- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5 / 1 / 16 To 5 / 31 / 16 Report Type: 2016 M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$15,125.00 14,875 *q*

Loans \$0

Total Monetary \$15,125.00 14,875 *q*

In-Kind \$ \$0.00

(7) Expenditures This Report

Monetary Expenditures \$1617.83

Transfers to Office Account \$ 0.00

Total Monetary \$ 1617.83

(8) Other Distributions

\$ 0.00 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 28,500 23,250 *q*

(10) TOTAL Monetary Expenditures To Date

\$ 3067.83

(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) Paul Sasso

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Joseph M. Corradino

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

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Name

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City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports

(5) Report Identifiers

Cover Period: From 5 / 1 / 16 To 5 / 31 / 16 Report Type

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$14,875.00 _____

Loans \$0 _____

Total Monetary \$14,875.00 _____

In-Kind \$ \$0.00 _____

(7) Expenditures This Report

Monetary Expenditures \$1617.83 _____

Transfers to Office Account \$ 0.00, _____

Total Monetary \$ 1617.83 _____

(8) Other Distributions

\$ 0.00 , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ 28,250 _____

(10) TOTAL Monetary Expenditure

\$ 3067.83 _____

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 1 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
5 / 1 / 16	Debora Nolan 6190 SW 102nd St Pinecrest, Fl 33156	I	Health Care	CHE	N		\$100
01							
5 / 11 / 16	Linq Group Benefits LLC 2100 Ponce De Leon Bl, 6th Fl Coral Gables, 3313	B	Insuran ce	CHE	N		\$1000
02							
5 / 12 / 16	Law Offices of Michael F. Guildord P.A.	B	Legal	CHE	N		\$250
03							
5 / 12 / 16	Elizabeth McMaster 10700 SW 69th Ave, Pinecrest, FL 33156	I	Public Relatio ns	CHE	N		\$150
04							
5 / 12 / 16	Kenneth Fairman 10901 SW 60th Ave, Pinecrest, FL 33156	I	Busines s	CHE	N		100
05							
5 / 13 / 16	John Stanham 60th Avenue, Pinecrest, FL	I	Business	CHE	N		500
06							
5 / 16 / 16	Cynthia Blanck 6400 SW 123rd Terr, Pinecrest, FL 33156	I	Busines s	CHE	N		200
07							

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 2 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
5 / 18 / 16 08	Stewart Grant 6991 SW 66th St Pinecrest, FL 33156	I	Educati on	CHE	N		\$150
5 / 20 / 16 09	Jeffery Greenberg 11107 SW 78th Ave, Pinecrest FL 33156	I	Real Estate	CHE	N		\$500
5 / 23 / 16 10	Wilfredo Montenegro 11190 SW 69th Ct Pinecrest FL 33156	I	Busines s	CHE	N		\$50
5 / 23 / 16 11	Nelson Tracido 8700 W Flagler St Miami FL 33174	I	Finance	CHE	N		\$100
5 / 12 / 16 12	Kenneth Fairman 10901 SW 60th Ave, Pinecrest, FL 33156	I	Busines s	CHE	N		100
5 / 23 / 16 13	Portuondo, Perotti, Archatects 5717 SW 8th St Mia, FL 33144	B	Architec ture	CHE	N		750
5 / 24 / 16 14	Jefferey Schneider 11120 Killian Park Rd Pinecrest FL 33156	I	Busines s	CHE	N		50

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 3 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution or Transfer Type	(10) In-kind Descrip or Nature of Acct.	(11) Amended	(12) Amount
(6) Seq Num		Type	Occupation				
5 / 24 / 16	300 Engineering Group 3850 Bird Rd Miami Fl 33146	B	Enginee ring	CHE	N		\$1000
15							
5 / 24 / 16	Paul Sasso 12384 SW 82nd Ave, Pinecrest FL 33156	B	Legal	CHE	N		\$750
16							
5 / 24 / 16	Attorneys Mortgage Plus 1373 San Ignacio Ave Coral Gables FL 33146	B	Banking	CHE	N		\$750
17							
5 / 24 / 16	JW Renfrow PE LLC 1426 Mercado Ave Coral Gables FL 33146	B	Enginee ring	CHE	N		\$500
18							
5 / 24 / 16	Cindy Lerner 5901 Moss Ranch Rd, Pinecrest, FL 33156	I	Legal	CHE	N		\$100
19							
5 / 24 / 16	Judy Parker 5845 SW 98th St Pinecrest Fl 33156	I	Retired	CHE	N		\$100
20							
5 / 24 / 16	Jose Carillo 6860 SW 128th Pinecrest Fl 33156	I	Busines s	CHE	N		\$100
21							

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 4 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
5 / 24 / 16 22	Christian Caravelli 3850 7721 SW 62nd Ave Fl 33143	I	Real Estate	CHE	N		\$250
5 / 24 / 16 23	Nancy Lawther 9140 SW 59th Ave, Pinecrest FL 33156	I	Educati on	CHE	N		\$25
5 / 24 / 16 24	Lynn Fichman 6050 SW 114th St Pinecrest FL	I	Retired	CHE	N		\$250
5 / 24 / 16 25	Steven Beiley 12710 SW 72nd Ave Pinecrest Fl 33156	I	Banking	CHE	N		\$250
5 / 24 / 16 26	Joseph Ruiz 6200 SW 116th St Pinecrest, FL 33156	I	Enginee ring	CHE	N		\$500
5 / 24 / 16 27	Linda Dwyer 7781 Palmetto Ct Pinecrest Fl 33156	I	NA	CHE	N		\$50
5 / 24 / 16 28	James Doddo 8760 SW 64th Pinecrest Fl 33156	I	Busines s	CHE	N		\$200

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 5 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
5 / 24 / 16 29	Edward Wenger 6970SW 112th St Pinecrest FL 33156	I	NA	CHE	N		\$50
5 / 24 / 16 30	Nancy Harter Pinecrest FL 33156	I	Busines s	CHE	N		\$100
5 / 24 / 16 31	Gary Matzner 5875 97th Ave Pinecrest FL	I	Legal	CHE	N		\$100
5 / 24 / 16 32	MDC Real Estate Holdings 12384, SW 82nd Ave Pinecrest Fl 33156	B	Real Estate	CHE	N		\$750
5 / 24 / 16 33	Clasby and Meyer Real Estate Inc 12384, SW 82nd Ave Pinecrest Fl 33156	B	Real Estate	CHE	N		\$750
5 / 24 / 16 34	Media Relations Group 18001 Old Cutler Road, Plametto Bay, FL 33157	B	Public Relation s	CHE	N		\$200
5 / 24 / 16 35	5701 Eighth LLC 7721 SW 62nd Ave South Miami Florida	B	Real Estate	CHE	N		\$750

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 6 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
5 / 25 / 16	Fariba Buttafuoco 11260 SW 74th St Pinecrest FL 33156	I	NA	CHE	N		\$50
36							
5 / 25 / 16	Edward MacDougall 7955 SW 201 Tr Cutler Bay FL 33189	I	Insuran ce	CHE	N		\$1000
37							
5 / 25 / 16	Barbara MacDougall 7955 SW 201 Tr Cutler Bay FL 33189	I	Insuran ce	CHE	N		\$1000
38							
/ /							
5 / 26 / 16	Alliance Marketing Network LLC 6200 SW 112th St Pinecrest Fl 33156	B	Marketi ng	CHE	N		\$250
39							
5 / 26 / 16	The Yacht Collection Inc 13611 Deering Bay Drive Coral Gables FL 33158	B	Business	CHE	N		\$200
40							
5 / 26 / 16	Barron & Herskowitz - PA 9100 S Dadeland Blvd, Miami Fl 33156	B	Legal	CHE	N		\$500
41							

CAMPAIGN TREASURER'S REPORT ITEMIZED CONTRIBUTIONS AND FUND TRANSFERS

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 5 / 1 / 16 through 5 / 31 / 16 (4) Page 7 of 7

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution or Transfer Type	(10) In-kind Descrip or Nature of Acct.	(11) Amended	(12) Amount
(6) Seq Num		Type	Occupation				
5 / 27 / 16	Gallaher and Birch 7400 SW 59th Terrace Miami FL 33155	B	Real Estate	CHE	N		\$200
42							
5 / 28 / 16	Andrew Wenger PHD PA 7301 SW 57th Ave South Miami FL 33143	B	Medical	CHE	N		\$150
43							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino

(2) I.D. Number _____

(3) Cover Period 4 / 01 / 16 through 4 / 30 / 16

(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 / 25 / 16	EVERGREEN VENTURE GROUP, INC. 10925 SW 116 Street Miami, FL 33176	Printed Material	MON		\$925.00
01					
5 / 25 / 16	The Cheese Course 11355 South Dixie Highway, Pinecrest FL, 33156	Food	MON		\$667.83
02					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph M. Corradino

Name

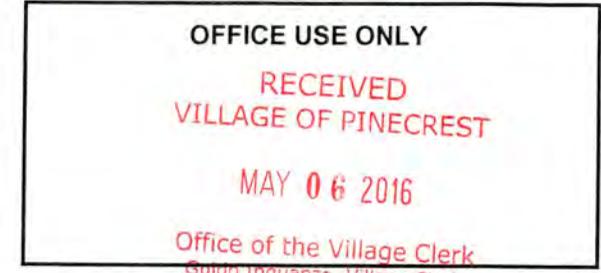
(2) 6485 SW 132nd St

Address (number and street)

Pinecrest, FL 33156

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 4 / 1 / 16 To 4 / 30 / 16 Report Type: 2016 M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$2,000.00

Loans \$2,000.00

Total Monetary \$4,000.00

In-Kind \$ \$0.00

(7) Expenditures This Report

Monetary Expenditures \$ 925.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,450.00

(8) Other Distributions

\$ 0.00 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 13,375

(10) TOTAL Monetary Expenditures To Date

\$ 525.

(11) Certification

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

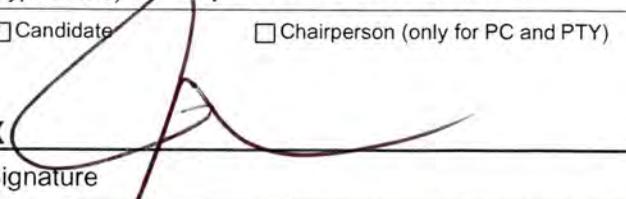
(Type name) Paul Sasso

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Joseph M. Corradino

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT ITEMIZED CONTRIBUTIONS AND FUND TRANSFERS

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 4 / 1 / 16 through 4 / 30 / 16 (4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8)		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Contributor		Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
		Type	Occupation				
4 / 1 / 16 01	Anthony Garcia	I	Urbanb Planner	CHE	N		\$500
4 / 2 / 16 02	Joseph M. Corradino 6485 SW 132nd St Pinecrest, FL 33156	S	Urban Planner	LOA	N		\$2000
4 / 11 / 16 03	TY Lin International 345 California St st 2300 San Francisco, CA 9410	B	Planner s, Enginee rs	CHE	N		\$1000
4 / 11 / 16 04	Carnahan Proctor & Cross 814 South Military Trail Deerfield Beach 33442	B	Planner s, Engineer s	CHE	N		\$500
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino

(2) I.D. Number _____

(3) Cover Period 4 / 01 / 16 through 4 / 30 / 16

(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					
4 / 15 / 16	EVERGREEN VENTURE GROUP, INC. 10925 SW 116 Street Miami, FL 33176	Printed Material	MON		\$925.00
01					
// /					
// /					
// /					
// /					
// /					
// /					
// /					
// /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph M. Corradino

Name

(2) 6485 SW 132nd St

Address (number and street)

Pinecrest, FL 33156

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
VILLAGE OF PINECREST

APR 11 2016

 Office of the Village Clerk
 Guido Inguanzo, Village Clerk

(5) Report Identifiers

Cover Period: From 3 / 1 / 16 To 3 / 31 / 16 Report Type: 2016 M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,300.00

Loans \$ 1,000.00

Total Monetary \$ 2,300.00

In-Kind \$ \$0.00

(7) Expenditures This Report

Monetary Expenditures \$ 525.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 525.00

(8) Other Distributions

\$ 0.00 , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ 9,375

(10) TOTAL Monetary Expenditures To Date

\$ 525.00

(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) Paul Sasso

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Paul Sasso
 Signature

(Type name) Joseph M. Corradino

Candidate Chairperson (only for PC and PTY)

Joseph M. Corradino
 Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 3 / 1 / 16 through 3 / 31 / 16 (4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
3 / 18 / 16	Richard Garcia 13117 NW 107 Ave, STE 4 Hialeah Gardens, FL 331018	I	Engineer	CHE	N		\$1000
01							
3 / 24 / 16	Robert K Levinson 6001 SW 108 th St Pinecrest, FL 33156	I	Retire d	CHE	N		\$300
02							
3 / 29 / 16	Joseph M. Corradino 6485 SW 132nd St Pinecrest, FL 33156	I	Urban Planner	LOA	N		\$1000
03							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino (2) I.D. Number _____
 (3) Cover Period 3 / 01 / 16 through 3 / 31 / 16 (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
3 / 31 / 16	EVERGREEN VENTURE GROUP, INC. 10925 SW 116 Street Miami, FL 33176	Photographs	MON		\$525.00
01					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph M. Corradino
 Name
6485 SW 132nd St
 Address (number and street)
Pinecrest, FL 33156
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
VILLAGE OF PINECREST
MAR 10 2016
 Office of the Village Clerk
 Guido Inguanzo, Village Clerk

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Mayor
 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 electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 1 / 16 To 2 / 29 / 16 Report Type: 2016 M2
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 725.00 , ____ . ____
 Loans \$ 1000.00 , ____ . ____
 Total Monetary \$ 1725.00 , ____ . ____
 In-Kind \$ 0.00 , ____ . ____

(7) **Expenditures This Report**

Monetary Expenditures \$ 0.00 , ____ . ____
 Transfers to Office Account \$ 0.00 , ____ . ____
 Total Monetary \$ 0.00 , ____ . ____

(8) **Other Distributions**
 \$ 0.00 , ____ . ____

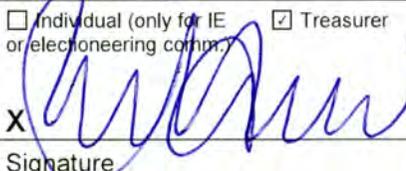
(9) **TOTAL Monetary Contributions To Date**
 \$ 7075.00 , ____ . ____

(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:

(Type name) Paul Sasso
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

 X _____
 Signature

(Type name) Joseph M. Corradino
 Candidate Chairperson (only for PC and PTY)

 X _____
 Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino (2) I.D. Number _____

(3) Cover Period 2 / 1 / 16 through 2 / 29 / 16 (4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8)		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
2 / 1 / 16 01		Sandra Delgado 9684 SW 156th Ct Miami, FL 33196	I	Financi al Planner	CHE	N	
2 / 2 / 16 02	Joseph M. Corradino 6485 SW 132nd St Pinecrest, FL 33156	I	Urban Planner	LOA	N		\$1000
2 / 7 / 16 03	Eduardo Suarez 1003 SW 60th Ave Miami, FL 33156	I	Surveyo r	CHE	N		\$500
2 / 22 / 16 04	Phillip Lyons 7765 SW 86th St Miami, FL 33143	I	Insuran ce Agent	CHE	N		\$100
2 / 28 / 16 05	Stephen Silverman 9900 SW 72 Ct Pinecrest, FL 33156	I	Attorne y	CHE	N		\$100
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino

(2) I.D. Number _____

(3) Cover Period 2 / 01 / 16 through 2 / 29 / 16

(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					
NA / /	NA	NA	NA		\$0.00
NA					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) Joseph M. Corradino
Name

(2) 6485 SW 132 St
Address (number and street)

Pinecrest FL, 33156
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Mayor

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

RECEIVED
OFFICE USE ONLY
VILLAGE OF PINECREST

FEB 10 2016

Office of the Village Clerk
Guido Inguanzo, Village Clerk

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 1 / 16 To 1 / 31 / 16 Report Type 2016 M1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 4,350.00

Loans \$ 1,000.00

Total Monetary \$ 5,350.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 5,350.00

(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.

(Type name) Paul Sasso
 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) Joseph M. Corradino
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 16 through 1 / 31 / 16

(4) Page 1 of 1

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num		Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
1 / 7 / 16	Joseph M. Corradino	I	Urban Planner	LOA	N		\$1000
01							
1 / 15 / 16	Vivian Corradino	I	Homemak er	CHE	N		\$1000
02							
1 / 15 / 16	Joseph C. Corradino	I	Civil Enginee r	CHE	N		\$1000
03							
1 / 21 / 16	Frederick C P'Pool	I	Consult ant	CHE	N		\$1000
03							
1 / 27 / 16	Bell David Planning Group	B	Urban Plannin g Firm	CHE	N		\$250
04							
1 / 28 / 16	Alex A. David	I	Urban Planner	CHE	N		\$100
05							
1 / 29 / 16	The Corradino Group	B	Plannin g/Engin eering Consult a	CHE	N		\$1000
06							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M. Corradino

(2) I.D. Number _____

(3) Cover Period 1 / 01 / 16 through 1 / 31 / 16

(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					
NA / /	NA	NA	NA		\$0.00
NA					
/ /					
/ /					
/ /					
/ /					
/ /					



Guido H. Inguanzo, Jr., CMC
Village Clerk
clerk@pinecrest-fl.gov

VILLAGE OF PINECREST
Office of the Village Clerk

August 1, 2016

Mr. Joseph M. Corradino
6485 Southwest 132 Street
Pinecrest, Florida 33156

Dear Mr. Corradino:

It is my pleasure to inform you that you have successfully qualified as a candidate for the office of Mayor.

Your name will appear on the November 8, 2016 ballot as follows:

Joseph M. Corradino

If this is not correct, please contact my office prior to 12:00 noon on Friday, August 12th.

If you have any questions, or you need any additional assistance, please contact me via e-mail inguanzo@pinecrest-fl.gov or at 305.234.2121.

Sincerely,

A handwritten signature in blue ink, appearing to read "Guido", with a stylized flourish extending to the left.

Guido H. Inguanzo, Jr., CMC
Village Clerk



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
RECEIVED
VILLAGE OF PINECREST

JAN 07 2016

Office of the Village Clerk
Guido Inguanzo, Village Clerk

I, Joseph M. Corradino ,

candidate for the office of Mayor of Pinecrest ;

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

X



Signature of Candidate

1/7/16

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).



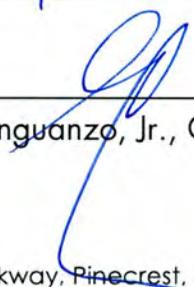
Guido H. Inguanzo, Jr., CMC
Village Clerk
clerk@pinecrest-fl.gov

VILLAGE OF PINECREST
Office of the Village Clerk

QUALIFYING CHECKLIST 2016 MUNICIPAL ELECTION

- FORM DS-DE9 (Appointment of Campaign Treasurer)
- STATEMENT OF CANDIDATE
- FORM 1 (Financial Interest)
- FORM 3 (Disclosure of Specified Business Interest) *N/A*
- QUALIFYING FEE (\$100.00 payable from campaign account)
- OATH OF CANDIDATE
- NOTICE OF CANDIDACY/RESIDENCY
- COPY OF VOTER INFORMATION CARD
- DECLARATION OF ETHICAL CAMPAIGN PRACTICES
- OTHER _____

DATE/TIME QUALIFIED: 8/1/16 12:30 pm

QUALIFYING OFFICIAL: 
Guido H. Inguanzo, Jr., CMC, Village Clerk

12645 Pinecrest Parkway, Pinecrest, Florida 33156
T: 305.234.2121 | F: 305.234.2131
www.pinecrest-fl.gov



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Corradino Joseph MICHAEL

MAILING ADDRESS :

6485 SW 132nd St

Pinecrest 33156 MIAMI DADA

CITY : ZIP : COUNTY :

Village of Pinecrest

NAME OF AGENCY :

MAYOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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 INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>The Corradino Group</i>	<i>4055 NW 97 Ave Doral FL 33156</i>	<i>CONSULTING PLANNERS/ENGINEERS</i>

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	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>The Corradino Group</i>	<i>FLORIDA DEPT. OF TRANSP.</i>	<i>1000 NW 11TH AVE MIAMI FL 33172</i>	<i>TRANSPORTATION PLANNING/ENGINEERING/CONSTRUCTION</i>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

4055 NW 97 Ave Doral FL 33156

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.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NA	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NA	NA
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		

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

8/1/16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

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

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Joseph M. Corradino

(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, _____, _____,
(office) (district #)
_____ County, Florida;
(circuit #) (group or seat #)
I am a qualified elector of Miami Dade County, Florida;

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

(306) 667-6387
Telephone Number

jmcarradino@corrardino.om
Email Address

6485 SW 132nd St
Address

Proccrest
City

FL
State

33156
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110128902

* 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):

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 20 day of JULY, 20 .

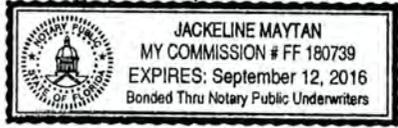
Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





Guido H. Inguanzo, Jr., CMC
Village Clerk
clerk@pinecrest-fl.gov

VILLAGE OF PINECREST
Office of the Village Clerk

AFFIDAVIT NOTICE OF CANDIDACY AND RESIDENCY

I, Joseph M. Corradino, hereby file this Notice of Candidacy this 1st day of August, 2016 for the Village Council of the Village of Pinecrest, Florida in Seat Mayor at the general election to be held November 8, 2016. I affirm that I have resided in the Village of Pinecrest and in the Residential Area for which I propose to represent on the Village Council continuously for at least one year prior to the date of qualifying for the office indicated above as required by Section 2.4(a) of the Village Charter.

[Signature]
Signature

Joseph M. Corradino
Print Name

6485 SW 132 ST
Address

305 667 6387
Telephone Number

JMCCORRADIO@CORRADIO.COM
E-mail Address

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
VILLAGE OF PINECREST)

BEFORE ME personally appeared Joseph M. Corradino who executed this Notice of Candidacy and Residency this 1st day of August, 2016.

[Signature]
GUIDO H. INGUANZO, JR.
NOTARY PUBLIC - STATE OF FLORIDA

SEAL/COMMISSION EXPIRES:

PERSONALLY KNOWN TO ME
 PRODUCED THE FOLLOWING IDENTIFICATION:



**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES**

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade 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, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that 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 that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. 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 that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, JOSEPH M. CORRADIWO, a candidate for the office of
please print your name
MAYOR of DUNEDON in MIAMI-DADE CO / DUNEDON,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x  _____
Signature

8/1/16 _____
Date