

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)

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

(3) ID Number: _____



(5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 6 / 30 / 2020 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$0

Loans \$0

Total Monetary \$0

In-Kind \$ \$0.00

(7) Expenditures This Report

Monetary Expenditures \$11,000

Transfers to Office Account \$ 0.00,

Total Monetary \$ 11,000

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 11,000

(10) TOTAL Monetary Expenditures To Date

\$ 11,000

(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) Joseph M. Corradino

Individual (only for IE Treasurer or electioneering comm.) 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 / 2020 through 6 / 30 / 2020 (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
/ /	NA						0
0							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 6 / 1 / 2020 through 6 / 30 / 2020

(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					
6 / 9 / 20	Village of Pinecrst	Qualifying	MON	NA	\$100.00
1					
6 / 20 / 20	Vivian Corradino 4055 NW 97th Avenue Doral Fl, 33178	Campaing Check Refund	DIS	na	\$1,000.00
2					
6 / 20 / 2020	Corradino LLC 200 S. Meridian St Suite 330 Indianapolis, IN 46225	Campaing Check Refund	DIS	NA	\$1,000.00
3					
6 / 20 / 2020	The Corradino Group 4055 NW 97th Ave Doral, FL 33178	Campaign Check Refund	DIS	NA	\$1,000.00
4					
6 / 20 / 2020	Joseph M. Corradino 6384 SW 132nd St Pinecrest, FL 33156	Loan Repayment	DIS	NA	\$7,900.00

CAMPAIGN LOANS REPORT

(Section 106.075, F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies to all candidates ELECTED to office who had loans exceeding \$500 in value, which were accepted and used for campaign purposes within the 12 months preceding the election. All such loans must be reported to the filing officer within 10 days after the candidate's election to office.

Joseph M. Corradino

Full Name of Newly Elected Official

Mayor of Pinecrest

Office

6485 SW 132nd St

Mailing Address

Pinecrest

FL

33156

City

State

Zip Code

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

Joseph M. Corradino

Type or Print Name of Newly Elected Official

X

Signature

CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

FULL NAME AND ADDRESS OF LENDER: <u>Joseph M. Corradino</u> <u>6485 SW 132nd St</u> <u>Pinecrest FL, 33156</u> OCCUPATION: <u>Urban Planner</u> AMOUNT OF LOAN: <u>\$2,000.00</u> DATE RECEIVED: <u>1/9/2020</u>	FULL NAME AND ADDRESS OF LENDER: <u>Joseph M. Corradino</u> <u>6485 SW 132nd St</u> <u>Pinecrest FL, 33156</u> OCCUPATION: <u>Urban Planner</u> AMOUNT OF LOAN: <u>\$2,000.00</u> DATE RECEIVED: <u>2/1/2020</u>
FULL NAME AND ADDRESS OF LENDER: <u>Joseph M. Corradino</u> <u>6485 SW 132nd St</u> <u>Pinecrest FL, 33156</u> OCCUPATION: <u>Urban Planner</u> AMOUNT OF LOAN: <u>\$2,000.00</u> DATE RECEIVED: <u>3/1/2020</u>	FULL NAME AND ADDRESS OF LENDER: <u>Joseph M. Corradino</u> <u>6485 SW 132nd St</u> <u>Pinecrest FL, 33156</u> OCCUPATION: <u>Urban Planner</u> AMOUNT OF LOAN: <u>\$1,000.00</u> DATE RECEIVED: <u>4/1/2020</u>
FULL NAME AND ADDRESS OF LENDER: <u>Joseph M. Corradino</u> <u>6485 SW 132nd St</u> <u>Pinecrest FL, 33156</u> OCCUPATION: <u>Urban Planner</u> AMOUNT OF LOAN: <u>\$1,000.00</u> DATE RECEIVED: <u>5/1/2020</u>	FULL NAME AND ADDRESS OF LENDER: _____ _____ _____ OCCUPATION: _____ AMOUNT OF LOAN: _____ DATE RECEIVED: _____

**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

(4) **Check appropriate box(es):**

Candidate (office sought): Mayor

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(3) ID Number: _____

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 5 / 1 / 2020 To 5 / 31 / 2020 Report Type 2020 M5

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 1,000.00

Total Monetary \$ 0.00

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**

\$ 11.00

(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) Joseph M. Corradino

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 5 / 1 / 2020 through 5 / 31 / 2020

(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
- / = / -	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 5 / 1 / 2020 through 5 / 31 / 2020 (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
5 / 1 / 2020	Joseph M. Corradino 6485 SW 132nd St Pinecrest FL 33156	S	Urban Planner	LOA	na	na	\$1000
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**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

OFFICE USE ONLY
Village of Pinecrest
Office of the Village Clerk

MAY 05 2020

Guido H. Inguanzo, Jr.
Village Clerk

(3) ID-Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Mayor

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 / 2020 To 4 / 30 / 2020 Report Type 2020 M4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 1,000.00

Total Monetary \$ 0.00

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

\$ 10.00

(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) Joseph M. Corradino
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
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

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT SUMMARY

<p>(1) Type full name of candidate, political committee, committee of continuous existence, party executive committee, or individual or organization filing an electioneering communication report.</p>	
<p>(2) Type the address (include city, state, and zip code). You may use a post office box. If the address has changed since the last report filed, check the appropriate box.</p>	
<p>(3) Type identification number assigned by the Division of Elections.</p>	
<p>(4) Check one of the appropriate boxes: Candidate (type office sought - include district, circuit, or group numbers) Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication</p> <p>If PC or CCE has disbanded and will no longer file reports, check appropriate box. If individual or organization will no longer file electioneering communication reports, check appropriate box.</p>	
<p>(5) Type the cover period dates (e.g., From <u>07/01/03</u> To <u>09/30/03</u>) Enter the report type using one of the following abbreviations (see <i>Calendar of Election and Reporting Dates</i>). If report is for a special election, add "S" in front of the report code (e.g., SG3).</p>	
<p style="text-align: center;">Quarterly Reports</p> <p>January Quarterly..... Q4 April Quarterly..... Q1 July Quarterly..... Q2 October Quarterly..... Q3</p>	<p style="text-align: center;">General Election Reports</p> <p>46th Day Prior..... G1 32nd Day Prior..... G2 18th Day Prior..... G3 4th Day Prior..... G4</p>
<p style="text-align: center;">Primary Reports</p> <p>32nd Day Prior..... F1 18th Day Prior..... F2 4th Day Prior..... F3</p>	<p style="text-align: center;">90-Day Termination Reports (Candidates Only)</p> <p>Termination Report..... TR</p>
<p>Check one of the appropriate boxes: Original (first report filed for this reporting period) Amendment (an amendment to a previously filed report) Special Election Report Independent Expenditure Report (see Section 106.071, F.S.)</p>	
<p>(6) Type the amount of all contributions this report: Cash & Checks Loans Total Monetary (sum of Cash & Checks and Loans) In-kind (a fair market value must be placed on the contribution at the time it is given)</p>	
<p>(7) Type the amount of all expenditures this report: Monetary Expenditures Transfers to Office Account (elected candidates only) Total Monetary (sum of Monetary Expenditures and Transfers to Office Account)</p>	
<p>(8) Type the amount of other distributions (goods & services contributed to a candidate or other committee by a PC, CCE or PTY).</p>	
<p>(9) Type the amount of TOTAL monetary contributions to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).</p>	
<p>(10) Type the amount of TOTAL monetary expenditures to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).</p>	
<p>(11) Type or print the required officer's name and have them sign the report: Candidate report (treasurer & candidate must sign) PC report (treasurer & chairperson must sign) CCE report (treasurer must sign) PTY report (treasurer & chairperson must sign) Electioneering Communication report (individual or organization's treasurer & chairperson must sign)</p>	

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94. The Division will summarize all reports submitted for each reporting period and for the filer to date.

CAMPAIGN TREASURER'S REPORT ITEMIZED CONTRIBUTIONS AND FUND TRANSFERS

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

(3) Cover Period 4 / 1 / 2020 through 4 / 30 / 2020 (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
4 / 1 / 2020	Joseph M. Corradino 6485 SW 132nd St Pinecrest FL 33156	S	Urban Planner	LOA	na	na	\$1000
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**Campaign Treasurer's report Itemized
Contributions and Fund Transfers**

INSTRUCTIONS

- (1) **Name:** type full name of candidate, political committee (PC), committee of continuous existence (CCE), party executive committee (PTY), or electioneering communications organization or individual.
- (2) **ID Number:** type the identification number assigned by the Division of Elections
- (3) **Cover Period:** type the dates this report covers (i.e., 7/1/03 through 9/30/03). **Important:** use the appropriate cover period dates as printed in the **Finance Reporting Dates Calendars**.
- (4) **Page:** type the current page number followed by the total number of pages of contributions **OR** fund transfers in this report (i.e., for Contributions Page 1 of 3 and for Fund Transfers Page 1 of 3).
- (5) **Date:** type the date the contribution **was received** or the date the fund transfer was made.
- (6) **Seq Number** – each individual contribution or fund transfer must contain a sequence number. This number combines with the report types and detail entries to uniquely identify a specific contribution or fund transfer (i.e., the Q1 report contains 75 contributions. Number these sequence numbers 1 through 75. If the Q1 report is amended, any **new** (previously unreported) contributions must be numbered 76, etc. Any **amended** contributions must be numbered with the same sequence number as on the original Q1 report. The Q2 report contains 40 contributions. Number these sequence numbers 1 through 40).
- (7) **Full Name and Address:** type the full name, **address**, including city, state, and zip code for each contributor or financial institution.
- (8) **Contributor Type:** type the correct code from the list below to identify each contributor type:
- | | |
|---|--|
| <u>Contributor Type Codes</u> | P – Political Party (federal, state or county) |
| I – Individual | O – Other (surplus funds to party, etc.) |
| B – Business (corporations, partnerships, p.a.'s, etc.) | S – Candidate to Themselves |
| C – Committee (PC's, CCE, or federal committees) | |
- Contributor Occupation:** type the specific occupation for each contributor giving over \$100.
- (9) **Contribution or Transfer Type:** Type the correct code from the lists below to identify each contribution or fund transfer type:
- | | |
|--|---|
| <u>Contribution Type Codes</u> | <u>Fund Transfer Type Codes</u> |
| CAS – Cash (includes cashier's checks) | F – From listed account to campaign account |
| CHE – Check | T – To listed account from campaign account |
| INK – In-Kind | |
| INT – Interest | |
| LOA – Loan | |
| DUE – Membership | |
| REF – Refunds | |
- (10) **In-kind Description or Nature of Account:** type the description of each in-kind contribution received or the nature of account for each fund transfer (i.e., certificate of deposit, money market, etc.).
- Candidates only:** if an in-kind contribution from a party executive committee is allocable toward the contribution limits, type an "A" in this box; if not type an "N."
- (11) **Amended:** on amended reports **only** type either ADD or DEL as indicated below for each amendment:
- ADD** – indicates an entry is **new** (previously unreported). The sequence number will begin with the next sequential number from the original report (i.e., the Q1 report contains 75 contributions. Number these sequence numbers 1 through 75. On the Q1 amended report, any new contributions added must be numbered 76, etc., and enter ADD in the **Amended** column).
- DEL** – indicates a previously reported entry needs to be **corrected** (i.e., sequence number 3 on the original Q1 report needs to be deleted. On the amended report enter the same sequence number, all other required data, and enter DEL in the **Amended** column. If this same entry needs to be reentered with corrections, on the next entry line type the next sequential number from the original report, all other required data, and enter ADD in the **Amended** column).
- (12) **Amount:** type the full amount of each contribution received or fund transfer made.

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 2020 through 4 / 30 / 2020

(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
- / = / -	NA	NA	NA	NA	\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Type candidate's full name or name of the political committee (PC), committee of continuous existence (CCE) or party executive committee (PTY).
- (2) Type identification number assigned by the Division of Elections.
- (3) Type cover period dates (07/01/03 through 09/30/03). (See *Calendar and Election Dates* for appropriate cover periods.)
- (4) Type page numbers (e.g., 1 of 3).
- (5) Type date of expenditure (Month/Day/Year).

- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the Division and for reporting requirements.

For example, a Q1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (Q2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended Q1 reports would begin with sequence number 41 and on amended Q2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Type full name and address of entity receiving payment (including city, state and zip code).
- (8) Type purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates), CCEs and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

DESCRIPTION	CODE
Disposition of Funds (Candidate)	DIS
Monetary	MON
Petty Cash Withdrawn	PCW
Petty Cash Spent	PCS
Transfer to Office Account	TOA
Refund	REF

- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original Q1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

- (11) Type amount of expenditure.

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

Village of Pinecrest
OFFICE USE ONLY
APR 06 2020
Guido H. Inguanzo, Jr.
Village Clerk

(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 CHECK IF PC HAS DISBANDED
- Committee of Continuous 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: From 3 / 1 / 2020 To 3 / 31 / 2020 Report Type 2020 M3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000.00

Loans \$ 2,000.00

Total Monetary \$ 3,000.00

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

\$ 9,000.00

(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.

(Type name) Joseph M. Corradino

Individual (only for Treasurer Deputy Treasurer electioneering commun.)

X Joseph M Corradino

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 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 / 2020 through 3 / 31 / 2020 (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
3 / 1 / 2020	Joseph M. Corradino 6485 SW 132nd St Pinecrest FL 33156	S	Urban Planner	LOA	na	na	\$2000
1							
3 / 1 / 2020	Vivian Corradino 4055 NW 97th Ave Doral FL, 33187	I	NA	CHE	na	na	\$1000
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 3 / 1 / 2020 through 3 / 31 / 2020

(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
- / = / -	NA	NA	NA	NA	\$0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**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

Village of Pinecrest
OFFICE USE ONLY
Office of the Village Clerk

MAR 03 2020

Guido H. Inguanzo, Jr.
Village Clerk

(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

(5) REPORT IDENTIFIERS

Cover Period: From 2 / 1 / 2020 To 2 / 29 / 2020 Report Type 2020 M2

Original Amendment Special Election Report Independent Expenditure 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 \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 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.

(Type name) Joseph M. Corradino

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 2 / 1 / 2020 through 2 / 29 / 2020 (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 / 17 / 2020	Joseph M. Corradino 6485 SW 132nd St Pinecrest FL 33156	S	Urban Planner	LOA	na	na	\$2000
1							
2 / 18 / 2020	The Corradino Group 4055 NW 97th Ave, Doral FL 33178	B	Enginee rs/Plan ners	CHE	na	na	\$1000
2							
2 / 18 / 2020	Corradino LLC 200 South Meridian St, STE 330 Indianapolis, IN 46225	B	Enginee rs/Plan ners	CHE	na	na	\$1000
3							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 2 / 1 / 2020 through 2 / 29 / 2020

(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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**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

Village of Pinecrest
OFFICE USE ONLY
Office of the Village Clerk

FEB 07 2020

Guido H. Inguanzo, Jr.
Village Clerk

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 1 / 20 To 1 / 31 / 20 Report Type 2020 M1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 0.00

Loans \$ _____ 2,000.00

Total Monetary \$ _____ 2,000.00

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

\$ _____ 2,000.00

(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.

(Type name) Joseph M. Corradino

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph M Corradino

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 2020 through 1 / 31 / 2020

(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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT ITEMIZED CONTRIBUTIONS AND FUND TRANSFERS

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

(3) Cover Period 1 / 1 / 2020 through 1 / 31 / 2020 (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)

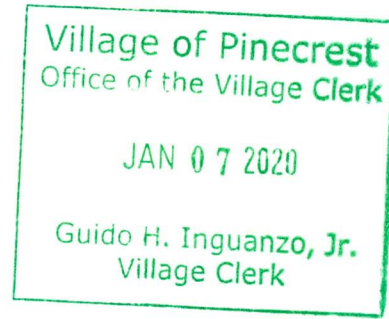
(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
1 / 9 / 2020	Joseph M. Corradino 6485 SW 132nd St Pinecrest FL 33156	I	Urban Planner	LOA	na	na	\$2000
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**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)

Joseph M. Corradino

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

6485 SW 132nd Street
Pinecrest, Florida 33156

4. Telephone

(305) 606-2364

5. E-mail address

JMCorradino@Corradino.com

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

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

Joseph M. Corradino

11. Mailing Address

6485 SW 132nd Street

12. Telephone

(305) 606-2364

13. City

Pinecrest

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33156

17. E-mail address

JMCorradino@Gmail.com

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

19. Name of Bank

Bank of America

20. Address

13595 South Dixie Highway

21. City

Pinecrest

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33156

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

1/04/20

26. Signature of Candidate

Joseph M Corradino

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

I, Joseph M. Corradino, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/04/20

Date

Joseph M Corradino

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
Village of Pinecrest
Office of the Village Clerk

JAN 07 2020

Guido H. Inguanzo, Jr.
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

Joseph M Corradino

Signature of Candidate

1/04/20

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).