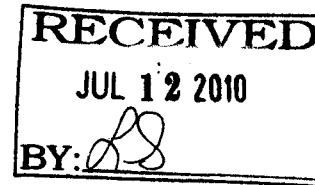


STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY



1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Chickie Brandimarte

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

101 S.E. 3rd Ave
604

4. Telephone (optional)

(954) 665-3500

5. E-mail address (optional)

CB319@AOL.COM

DANIA BEACH, FL 33004

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

COMMISSIONER DANIA

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

Charles McElyea

11. Mailing Address (If post office box or drawer, also include street address)

229 SE 2ND TERR

12. Telephone

(954) 931-5871

13. City

DANIA BEACH

14. County

BROWARD

15. State

FL

16. Zip Code

33004

17. E-mail address (optional)

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

19. Name of Bank

COMMUNITY BANK OF BROWARD

20. Street Address

1991 STIRLING RD

21. City

DANIA BEACH

22. County

BROWARD

23. State

FL

24. Zip Code

33004

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

7-12-10

26. Signature of Candidate

[Signature: Chickie Brandimarte]

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

I, Charles K McElyea, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7-12-10

Date

[Signature: Charles K McElyea]

Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED

SEP 8 2010

BY: *LD*

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Chickie Brandimonte

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

*101 SE 3rd Ave # 604
 Dania Beach FL 33004*

4. Telephone (optional)

(954) 665-3500

5. E-mail address (optional)

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

Dania Beach City Commissioner

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

Robert Adams

11. Mailing Address (If post office box or drawer, also include street address)

330 SE 3rd Ter ~~Dr~~

12. Telephone

(954) 925-3958

13. City

Dania Beach

14. County

Broward

15. State

FL

16. Zip Code

33004

17. E-mail address (optional)

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

19. Name of Bank

20. Street Address

21. City

22. County

23. State

24. Zip Code

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

09-07-10

26. Signature of Candidate

X Chickie Brandimonte

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

I, *Robert Adams*, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

09-07-10

Date

X

Robert Adams

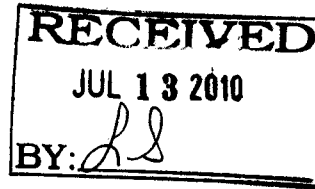
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY



I, Chickie Brandimonte,
candidate for the office of Commissioner Denise Beach
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Leberta Chickie Brandimonte July 13, 2010
Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



**NOTICE OF CANDIDACY FOR
CITY COMMISSIONER**

I, Leberta Brandimarte, residing at 101 S.E. 3rd Ave #604
Dania Beach, Broward County, Florida, do hereby give notice of my candidacy for the office of
city commissioner of the City of Dania Beach, Florida, in the forthcoming general election to be
held in said city on March 8, 2011.

I do further state that I am a bona fide citizen of the United States of America, and a resident of
the City of Dania Beach; that I have resided in the City of Dania Beach for six (6) months
immediately preceding the date of the election to be held; that I am over the age of twenty-one
(21) years; that I have paid the qualifying fee for said office, and that I have fully satisfied all
conditions precedent to such candidacy, pursuant to the provisions of the charter of said city.

Leberta Brandimarte
Signature of candidate

State of Florida
County of Broward

Before me, the undersigned authority, this day personally appeared LEBERTA BRANDIMARTE
who, upon being duly sworn, deposed and said: That he/she is the candidate referred to in the
foregoing notice; that he/she is familiar with the contents of said notice, and the facts and matters
therein stated are true; and that he/she did sign said notice for the purpose therein specified.

Personally Known X or Produced Identification _____

Type of Identification Produced _____

Sworn to and subscribed before me this 5 day of January, 2011.

Louise Stilson
Notary Public
State of Florida



LOYALTY OATH
 (Sections 876.05-876.10, Florida Statutes)
NONPARTISAN OFFICE

OFFICE USE ONLY

I, LEBERTA ROSE BRANDIMARTE
 First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE
 (Section 99.021, Florida Statutes)

I, CHICKIE BRANDIMARTE
 (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 CITY COMMISSION, _____ (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; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

Chickie Brandimarte (954) 665-0292 CB319@aol.com
 Signature of Candidate Telephone Number Email Address
101 SE. 3rd Ave DAWN BEACH FL 33004
 Address City State ZIP Code

* 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):

CHIK-ee BRAN-dee-MAR-tai

STATE OF FLORIDA

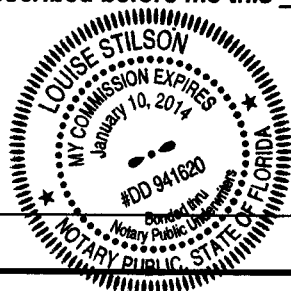
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 5 day of JANUARY, 2011.

Personally Known: X or _____

Produced Identification: _____

Type of Identification Produced: _____



Louise Stilson
 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:

BRANDIMARTE, LEBERTA Rose

MAILING ADDRESS:

101 S.E. 3rd Ave #604

Dania Beach 33004 Broward

CITY: ZIP: COUNTY:

FL

NAME OF AGENCY:

Dania Beach City Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

City Commissioner

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

****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, 2010 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]
(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
McROBERTS Security	Federal Hwy Dania Beach	Security Guard
Social Security		

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]
(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]
(If you have nothing to report, you must write "none" or "n/a")

N/A

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts]
 (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]
 (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):

Lehuta R. Brundmonte

DATE SIGNED (required):

Jan 5, 2011

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).

Facsimiles will not be accepted.

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.

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.

NOTICE OF LOGIC AND ACCURACY TEST
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the February 8, 2011 Municipal Primary Election will take place at **10:00 a.m., Wednesday, February 2, 2011*** at the site listed below. Attendance at this test of the equipment is strictly optional and you are welcome to observe.

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

* Tentative date/time assuming that Early Voting is not offered.

ACKNOWLEDGEMENT OF RECEIPT

I, Chicki Brandimarte, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the February 8, 2011 Municipal Primary Election, pursuant to F.S. 101.5612.

Signature of Candidate: Chicki Brandimarte

Date: Jan 5, 2011

Municipal Clerk: Lorin Helson

NOTICE OF LOGIC AND ACCURACY TEST
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the March 8, 2011 Municipal Special Election will take place at **10:00 a.m., Wednesday, March 2, 2011*** at the site listed below. Attendance at this test of the equipment is strictly optional and you are welcome to observe.

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

* Tentative date/time assuming that Early Voting is not offered.

ACKNOWLEDGEMENT OF RECEIPT

I, Chickie BRANDIMARTE, Candidate for Dania Beach City Commission, acknowledge receipt of the Notice of Logic and Accuracy Test for the March 8, 2011 Municipal Special Election, pursuant to F.S. 101.5612.

Signature of Candidate: Chickie Brandimarte

Date: Jan 5, 2011

Municipal Clerk: Lorin Stilson

106.1435 Usage and removal of political campaign advertisements.--

(1) Each candidate, whether for a federal, state, county, or district office, shall make a good faith effort to remove all of his or her political campaign advertisements within 30 days after:

- (a) Withdrawal of his or her candidacy;
- (b) Having been eliminated as a candidate; or
- (c) Being elected to office.

However, a candidate is not expected to remove those political campaign advertisements which are in the form of signs used by an outdoor advertising business as provided in chapter 479. The provisions herein do not apply to political campaign advertisements placed on motor vehicles or to campaign messages designed to be worn by persons.

(2) If political campaign advertisements are not removed within the specified period, the political subdivision or governmental entity has the authority to remove such advertisements and may charge the candidate the actual cost for such removal. Funds collected for removing such advertisements shall be deposited to the general revenue of the political subdivision.

(3) Pursuant to chapter 479, no political campaign advertisements shall be erected, posted, painted, tacked, nailed, or otherwise displayed, placed, or located on or above any state or county road right-of-way.

(4) The officer before whom a candidate qualifies for office shall notify the candidate, in writing, of the provisions in this section.

(5) This provision does not preclude municipalities from imposing additional or more stringent requirements on the usage and removal of political campaign advertisements.

History.--s. 1, ch. 84-221; s. 20, ch. 84-302; s. 14, ch. 87-224; s. 647, ch. 95-147.

Candidate's Name: Chickie Brandimarte
Candidate's Signature: Chickie Brandimarte
Date Received: Jan 5, 2011
Qualifying Officer's Name: Louise Stilson, CMC, City Clerk
Qualifying Officer's Signature: Louise Stilson
Date: 1-5-11

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 5 of JANUARY, 2011.

WITNESSES:

BY CANDIDATE:

Chickie Brandimarte

Signature

CHICKIE BRANDIMARTE

(Print Name)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 5 day of JANUARY, 2011.

2011 CHICKIE BRANDIMARTE who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 5 day of JANUARY, 2011.

Louise Stilson

(Signature of person taking acknowledgment)

LOUISE STILSON
(Name of officer taking acknowledgment)
typed, printed, or stamped

My commission expires:



