

## 2012 CANDIDATE QUALIFYING CHECKLIST

Candidate's Name: Bruce Hannover

Office: **Dania Beach City Commission**

Date Qualified: 6-8-12 Time: 9:00 AM

1.  Appointment of Campaign Treasurer and Designation of Campaign Depository (DS-DE 9)
2.  Statement of Candidate (DS-DE 84)
3.  Loyalty Oath for Non-Partisan Office/Oath of Candidate (DS-DE 25)
4.  Notice of Candidacy for City Commission
5.  Voter's Registration Documentation (at least 1 year preceding date of election)
6.  Statement of Financial Interest (FORM 1)
7.  Broward County Statement of Ethical Campaign Practices
8.  Receipt of written notice of the provisions of Section 106.1435 - Usage and Removal of Political Campaign Advertisements
9.  \$203.82 Election Assessment Fee (Check must be from Campaign account made payable to the City of Dania Beach)
10.  \$100.00 Filing Fee (Check must be from Campaign account made payable to the City of Dania Beach)
11.  Political Sign Bond Application (\$100.00 check must be from Campaign account made payable to the City of Dania Beach)



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**RECEIVED**

JUN - 1 2012

BY: *[Signature]* 1:55PM

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)

*BRUCE ROBERT HANNOVER*

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

*617 NE 2 PL.  
DANIA BEACH, FL. 33004*

4. Telephone

*(954) 920 3563*

5. E-mail address

*BRUCEH0552@AOL.com*

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

*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

Name of Treasurer or Deputy Treasurer

*REGINA CLANCY*

11. Mailing Address

*617 NE 2 PL.*

12. Telephone

*(954) 920 3563*

13. City

*DANIA BEACH*

14. County

*BROWARD*

15. State

*FL.*

16. Zip Code

*33004*

17. E-mail address

*REGINAHAN@AOL.com*

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

19. Name of Bank

*BANK ATLANTIC*

20. Address

*372 E. DANIA BEACH BLVD.*

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

*6/1/12*

26. Signature of Candidate

*[Signature]*

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

I, *REGINA CLANCY*, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer     Deputy Treasurer.

*6/1/12*  
Date

*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**RECEIVED**

MAY 25 2012

BY: *AS* 3:29PM

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)

BRUCE ROBERT HANNOVER

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

617 NE 2ND PLACE  
DANIA BEACH, FL. 33004

4. Telephone

(954) 920 3563

5. E-mail address

BRUCEHB552@AOL.COM

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

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

REGINA CLANCY

11. Mailing Address

617 NE 2ND PLACE

12. Telephone

(954) 920-3563

13. City

DANIA BEACH

14. County

BROWARD

15. State

FL.

16. Zip Code

33004

17. E-mail address

REGINAHAN@AOL.COM

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

19. Name of Bank

CHASE BANK

20. Address

300 E. DANIA BEACH BLVD.

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

5/25/12

26. Signature of Candidate

*[Handwritten Signature]*

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

I, REGINA CLANCY, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/25/12  
Date

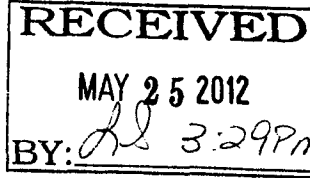
X Regina Clancy  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Broce R. Hannover,

candidate for the office of CITY COMMISSIONER;

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

[Handwritten Signature]  
Signature of Candidate

5/25/12  
Date

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

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

*Voter registration  
Confirmed by  
SOE since  
9-30-04*

IE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, BRUCE HANNOVER

(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 COMMISSIONER, \_\_\_\_\_ (office) \_\_\_\_\_ (district #)

\_\_\_\_\_; I am a qualified elector of BROWARD County, Florida;  
(circuit #) \_\_\_\_\_ (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

[Signature]  
Signature of Candidate

(954) 920 3563  
Telephone Number

BRUCEH8552@AOL.COM  
Email Address

617 VE 2PL. DANIA BEACH FL. 33004  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 102440898

\* 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):

BR O O S H A N O V U H R

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 8 day of JUNE, 2012.

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

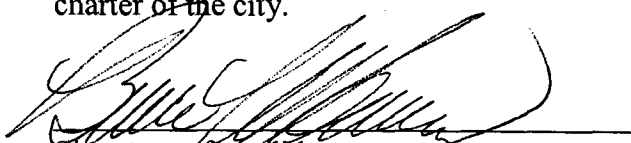


**NOTICE OF CANDIDACY FOR  
CITY COMMISSIONER**

I, BRUCE HANNOVER, residing at 617 NE 2ND PL, DANIA BEACH  
(name of candidate) (resident address of candidate)

Dania Beach, Broward County, Florida, by this document give notice of my candidacy for the office of city commissioner of the City of Dania Beach, Florida, in the election to be held in the city on November 6, 2012.

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; and that I have resided in and have been a registered voter in the City of Dania Beach, for one (1) year 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 the office, and that I have fully satisfied all conditions precedent to such candidacy, pursuant to the provisions of the charter of the city.

  
Signature of candidate

State of Florida  
County of Broward

Before me, the undersigned authority, this day personally appeared BRUCE HANNOVER  
(name of candidate)


who, upon being duly sworn, deposed and said: That he or she is the candidate referred to in the foregoing notice; that he or she is familiar with the contents of the notice, and the facts and matters stated in it are true; and that he or she did sign the notice for the purpose specified in it.

Personally Known  or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Sworn to and subscribed before me on JUNE 8, 2012.



  
Notary Public  
State of Florida

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

HANNOVER BRUCE R.

MAILING ADDRESS :

617 NE 2ND PLACE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

DANIA BEACH 33004 BROWARD

CITY: ZIP: COUNTY:

NAME OF AGENCY :

CITY OF DANIA BEACH

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

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

DISCLOSURE PERIOD:

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

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

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

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS           | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|----------------------------|---|
| DUNNE MUSIC              | 2200 NW 32 ST #200 POMPAHO | ORGANS, SOUND SYSTEMS.                                  |
|                          |                            |   |
|                          |                            |   |
|                          |                            |   |

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

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| NONE                    |   |                   |                                       |
|                         |   |                   |                                       |
|                         |   |                   |                                       |

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

|      |
|------|
| NONE |
|      |
|      |
|      |

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

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

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

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

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| NONE               |   |
|                    |   |
|                    |   |

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

| NAME OF CREDITOR      | ADDRESS OF CREDITOR                 |
|-----------------------|-------------------------------------|
| CARRINGTON MFG. SERV. | (VARIOUS) VAN NUYS, CA. (HOUSE MTA) |
|                       |                                     |
|                       |                                     |

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

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | NONE                |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   |                     |                     |                     |
| POSITION HELD WITH ENTITY                     |                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               |                     |                     |                     |

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

*[Handwritten Signature]*

6/8/12

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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

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

**NOTE:  
 MULTIPLE FILING UNNECESSARY:**

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

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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

**Candidates** file this form together with their qualifying papers.

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

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

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

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

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



## 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.

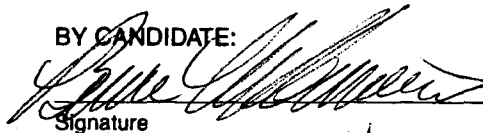
As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic 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 8 of JUNE, 2012

WITNESSES:

BY CANDIDATE:



Signature

BRUCE R. HANNOVER

(Print Name)

STATE OF FLORIDA )

) SS.

COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this 8 day of JUNE,

BRUCE HANNOVER who is personally known to me or who has produced

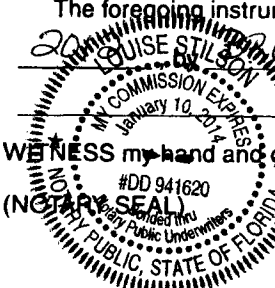
as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 8 day of JUNE, 2012.

  
Signature of person taking acknowledgment)

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

My commission expires:



**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: BRUCE R. HANNOVER

Candidate's Signature: *Bruce R. Hannover*

Date Received: 6/8/12

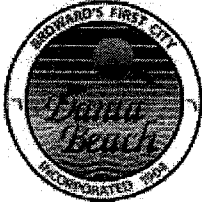
Qualifying Officer's Name: Louise Stilson, City Clerk

Qualifying Officer's Signature: *Louise Stilson*

Date: 6-8-12



|  |                                     |  |  |                 |
|--|-------------------------------------|--|--|-----------------|
| <b>CITY OF DANIA BEACH, FLORIDA</b>  |                                     |  |  |                 |
| <b>PAYMENT RECEIPT</b>   |                                     |  |  |                 |
| DATE <i>6-8-12</i>   |                                     |  |  |                 |
| <b>RECEIVED FROM:</b>  |                                     |  |  |                 |
| Campaign Account of<br>Bruce Hannover<br>617 NE 2nd Place<br>Dania Beach, FL 33004 |                                     |  |  |                 |
| <b>CODE</b>  |                                     |  |  |                 |
| MC   | Administrative Fee                  |  |  | <b>\$100.00</b> |
|  | November 6, 2012 Municipal Election |  |  |                 |
|  | Check # <i>0983</i>                 |  |  |                 |
|  | Paid <i>6-8-12</i>                  |  |  |                 |
|  |                                     |  |  |                 |
|  |                                     |  |  |                 |
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|  |                                     |  |  |                 |
|  |                                     |  |  |                 |
|  |                                     |  |  |                 |
|  | <b>TOTAL</b>                        |  |  | <b>\$100.00</b> |
| <b>CLERK</b>   | Louise Stilson                      |  |  |                 |



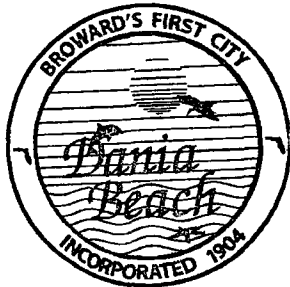
**CITY OF DANIA BEACH  
POLITICAL SIGN  
BOND AND PERMIT**

TO WHOM IT MAY CONCERN:

The bearer of this permit will be allowed to erect political signs in the City of Dania Beach upon payment of a \$100.00 bond, said bond being refundable upon removal of said signs within 7 days after election for which candidate seeks office.

Acceptance of bond by City shall constitute an agreement between City and candidate providing that City may use all or part of said bond to cover removal of said signs if they are not removed within 7 days after the election.

Candidate Name: BRUCE HANNOVER  
Campaign Headquarter Address: 617 NE 2ND PL.  
DANIA BEACH, FL.  
Person Applying For Permit: BRUCE HANNOVER  
Telephone Number: 954 920 3503  
E-mail Address: BRUCEH8552@AOL.COM  
Date of Election: NOV. 6<sup>th</sup>, 2012  
Type of Election:  City  County  State  Federal  
Permit Date: 6/8/12  
Amount of Bond: \$100.00



Authorized Signature:

Louise Stilson  
Louise Stilson, CMC, City Clerk

cc: Nicolas Lupo, Code Enforcement Manager



**PAYMENT DATE**  
06/08/2012

**COLLECTION STATION**  
City Hall Window 1

**RECEIVED FROM**  
Campaign Account of Bruce  
Hannover

**DESCRIPTION**  
617 NE 2 Place Dania Beach, FL 33004

**City of Dania Beach**  
100 W. Dania Beach Blvd.  
Dania Beach, FL 33004

**BATCH NO.**  
2012-09001166

**RECEIPT NO.**  
2012-00071373

**CASHIER**  
Finance Cashier I

| PAYMENT CODE         | RECEIPT DESCRIPTION  | TRANSACTION AMOUNT |  |  |      |        |        |       |      |          |  |
|----------------------|--|--------------------|--|--|------|--------|--------|-------|------|----------|--|
| OT                   | Other<br>1% Election Assessment Fee for Nov. 6, 2012 Municipal Election  | \$203.82           |  |  |      |        |        |       |      |          |  |
| MISC                 | Miscellaneous<br>Administrative Fee for November 6, 2012 Municipal Election  | \$100.00           |  |  |      |        |        |       |      |          |  |
| OT                   | Other<br>Political Sign Bond for November 6, 2012 Municipal Election   | \$100.00           |  |  |      |        |        |       |      |          |  |
|                      | <table border="1"> <thead> <tr> <th colspan="3" data-bbox="297 737 418 764">Payments:</th> </tr> <tr> <th data-bbox="443 743 505 770">Type</th> <th data-bbox="589 743 656 770">Detail</th> <th data-bbox="1073 743 1166 770">Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 772 505 800">Check</td> <td data-bbox="589 772 656 800">0983</td> <td data-bbox="1073 772 1166 800">\$403.82</td> </tr> </tbody> </table> | Payments:          |  |  | Type | Detail | Amount | Check | 0983 | \$403.82 |  |
| Payments:            |  |                    |  |  |      |        |        |       |      |          |  |
| Type                 | Detail   | Amount             |  |  |      |        |        |       |      |          |  |
| Check                | 0983   | \$403.82           |  |  |      |        |        |       |      |          |  |
| <b>Total Amount:</b> |  | <b>\$403.82</b>    |  |  |      |        |        |       |      |          |  |