

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2014 NOV 6 12:55 TWN CLERK

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)

Gail Lynn Coniglio

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

1139 N. Ocean Blvd.
Palm Beach, Florida
33480

4. Telephone

(561) 644-0892

5. E-mail address

Mayor@townofpalmbeach.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

Mark W. Cook

11. Mailing Address

1919 N. Flagler Drive STE 300

12. Telephone

(561) 537-5600

13. City

West Palm Beach

14. County

Palm Beach

15. State

FL

16. Zip Code

33407

17. E-mail address

mwc@cookint.com

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

19. Name of Bank

First Bank of the Palm Beaches

20. Address

415 5th Street

21. City

West Palm Beach

22. County

Palm Beach Co.

23. State

Florida

24. Zip Code

33401

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

Nov. 6. 2014

26. Signature of Candidate

Gail L. Coniglio

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

I, Mark W. Cook, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-4-2014

Date

M W Cook

Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
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Gail Lynn Coniglio

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1139 No. Ocean Blvd.
Palm Beach, Fl. 33480

4. Telephone

(561) 644-0892

5. E-mail address

Mayor@townofpalmbeach.com

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

Mayor

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

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10. Name of Treasurer or Deputy Treasurer

Gail L. Coniglio

11. Mailing Address

1139 N. Ocean Blvd.

12. Telephone

(561) 848-3308

13. City

Palm Beach

14. County

Palm Bch.

15. State

Fl.

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25. Date

Nov. 6, 2014

26. Signature of Candidate

X Gail L. Coniglio

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

I, Gail L. Coniglio, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Nov. 6, 2014
Date

X Gail L. Coniglio
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

RECEIVED
2014 NOV 6 12:55 TWA CLERK

I, Gail L. Coniglio,
candidate for the office of Mayor of the Town of Palm Beach

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

X Gail L. Coniglio
Signature of Candidate

11/6/2014
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

RECEIVED
2015 JAN 7 12:03 TWN CLERK

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Gail L. Conglio
(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 #)
_____ ; I am a qualified elector of Palm Beach 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.

Gail L. Conglio (561) 644-0892 mayor@townofpalmbeach.ca
Signature of Candidate Telephone Number Email Address

1139 N. Ocean Blvd Palm Beach Fl. 33480
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 112240043

* 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 Palm Beach

Sworn to (or affirmed) and subscribed before me this 7 day of JANUARY, 20 15.

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____

Susan A. Owens
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public
SUSAN A. OWENS
MY COMMISSION #FF074704
EXPIRES December 5, 2017
(407) 398-0153 FloridaNotaryService.com

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

Coniglio Gail Lynn

MAILING ADDRESS :

1139 N. Ocean Blvd.

Palm Beach 33480 Palm Beach

CITY: ZIP: COUNTY:

Town of Palm Beach

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

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2015 JAN 7 12:12 TWH CLERK

**** 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, 2014 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:

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
E.R. Bradleys Inc	104 Clematis St. WPB Fl.	restaurant
Poincianna Capital	Royal Poincianna Way P.B.	building

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
none			

PART C - REAL PROPERTY (Land, buildings owned by the reporting person - See instructions)

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

1139 N. Ocean Blvd. Palm Beach Fl. 33480
Royal Poincianna Way P.B. Fl 33480

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
personal property	none

PART E — LIABILITIES (Major debts - See instructions)

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
BBIT	Worth Avenue Palm Beach 33480

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Poincanna Capital	
ADDRESS OF BUSINESS ENTITY	Palm Beach Fl.	
PRINCIPAL BUSINESS ACTIVITY	Real estate	
POSITION HELD WITH ENTITY	Vice president	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	
NATURE OF MY OWNERSHIP INTEREST		

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

SIGNATURE OF FILER:

Signature:

Gail L. Coniglio

Date Signed:

Jan. 7, 2015

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 at least file a copy of his or her original 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.

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 the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

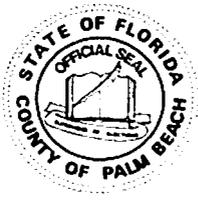
WHEN TO FILE:

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, 2014.



Palm Beach County

SUSAN BUCHER
Supervisor of Elections

240 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415
POST OFFICE BOX 22309
WEST PALM BEACH, FL 33416

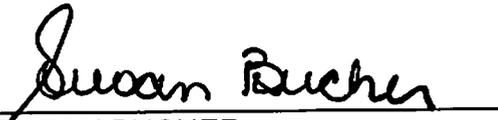
TELEPHONE: (561) 656-6200
FAX NUMBER: (561) 656-6287
WEBSITE: www.pbcelections.org

CERTIFICATION

I, SUSAN BUCHER, SUPERVISOR OF ELECTIONS, for Palm Beach County, Florida, do hereby certify that 26 signatures on the Petition for the office of Mayor, of GAIL L. CONIGLIO, are registered electors in the Town of Palm Beach, according to the registration records on file in this office.

This is to further certify that GAIL L. CONIGLIO is a registered voter in Precinct 1390, in the Town of Palm Beach, Florida.

Signed, this the 2nd, day of January, 2015.



SUSAN BUCHER
SUPERVISOR OF ELECTIONS
PALM BEACH COUNTY

(SEAL)

LR

Candidates: Please be sure that your name is on each sheet

TO THE TOWN COUNCIL OF
THE TOWN OF PALM BEACH, FLORIDA:

The undersigned qualified voters of the Town of Palm Beach, Florida, do hereby confirm the nomination of:

Gail L. Coniglio
(Please print name)

[Signature]
(Please sign)

As MAYOR, regularly made at the Caucus held on January 6, 2015, at Town Hall, Town Council Chambers, 360 S. County Rd., Palm Beach, FL 33480, and do hereby petition your honorable body to place his/her name on the official ballot to be used in the General Election, to be held on February 3, 2015.

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS
1	Roberta (Bobbi) Horwich	Bobbi Horwich	2860 S. Ocea Blvd #401 ✓
2	DANIEL McDONNELL	[Signature]	2784 S. Ocean Blvd 206N ✓
3	WILLIAM Wray	[Signature]	3456 S. Ocean Blvd #204 ✓
4	Sylvia Singer	Sylvia Singer	2296 S. Ocean Blvd. Apt 1003 ✓
5	WILLIAM T. DIAMOND	[Signature]	220 Wells Rd. Palm Beach, FL 33480 ✓
6	Paul Singer	[Signature]	2255 S. Ocean Blvd #101 ✓
7	FRANK M. KLEIN	[Signature]	2660 SOCEAN BLVD, 4035 ✓
8	HAROLD EPSTEIN	[Signature]	3200 S. OCEAN " ✓
9	WILLIAM O'NEIL	[Signature]	3440 S " " ✓
10	SYLVIA K. EPSTEIN	Sylvia K. Epstein	3200 S. OCEAN D-502 ✓

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Gail L. Coniglio

Mayor Caucus 1/6/2015

LR

Signature

Print name

Address

11		Alena Galbano	2500 So. Ocean Blvd	✓
12		NANCY L. AMATO	2580 So. Ocean Blvd	✓
13		BRUCE M. HEYMAN	3140 S Ocean Blvd	✓
14		SEAN REENAN	236 ESPLANADE WAY	✓
15		Andy ARMSTRONG	425 WORTH AVE, APT 3B, PB 33480	✓
16		FRANK CONIGLIO	1139 N. OCEAN BLVD PB	✓
17		Gabriella Coniglio	1139 N. Ocean Blvd P.B.	✓ Sig Dif. SD
18		CARISSA CONIGLIO	201 ELDORADO LN P.B.	✓
19		Bernard H. Cherry	1601 Forum Pl WPB	Invalid Dist.
20		Nicholas Coniglio	201 Et Dando Ln PB A 33480	Sig Dif.
21		Denis P. Coleman	662 Island Dr PB 33480	✓
22		SUSANNE BLACK	2730 Ocean Blvd PB. A133480	✓
23		Michael B. PICOTTE	220 Sanford Ave PB 33480	✓
24		Margaret L. PICOTTE	220 SANFORD AVE PB 33480	✓
25		Michelle Picotte	220 Sanford Ave PB 33480	✓
26		Nicole Picotte	220 Sanford Ave. PB. 33480	✓
27		Gail L. Coniglio	1139 N. Ocean Blvd	✓
28		DANIELLE H. MOORE	277 Pendleton Ave	✓

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2014 DEC 30 12:57 TWN CLERK

Gail L. Coniglio

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I DO HEREBY CERTIFY that there are at least twenty-five (25) qualified electors' signatures herein contained for Candidate Gail L. Coniglio, according to the requirements of law, and as verified by the Palm Beach County Supervisor of Elections.

DATED this 7th day of January, 2015.


Susan A. Owens, MPA, MMC
Town Clerk

