

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

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

(PLEASE PRINT OR TYPE)

2018 DEC 3 AM 9:55 TWN CLERK

RECEIVED

**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

4. Telephone

(561) 644-0892

5. E-mail address

gailconig1@aol.

Palm Beach, Fl. 33480

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

Gail Lynn Coniglio

11. Mailing Address

1139 N. Ocean Blvd. P.B. Fl. 33480

12. Telephone

(561) 644-0892

13. City

Palm Beach

14. County

Palm Beach

15. State

Fl.

16. Zip Code

33480

17. E-mail address

gailconig1@aol.

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

615 N. Dixie Highway

21. City

W.P.B.

22. County

P.B.

23. State

Fl.

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

11/27/18

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.

11/27/18

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

2018 DEC 3 AM 9:55 TWIN CLERK

RECEIVED

I, Gail Lynn Coniglio,  
candidate for the office of Mayor;

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

X Gail L. Coniglio  
Signature of Candidate

11/27/18  
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**

(Do not use this form if a Judicial or School Board Candidate)

2018 DEC 3 AM 9:55 TWN CLERK

Check box **only** if you are seeking to qualify as a write-in candidate:

RECEIVED

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Gail Lynn Coniglio

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 1122 400 43

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Gail Ka nig li o

X Gail L Coniglio (561) 644-0892  
Signature of Candidate Telephone Number Email Address

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

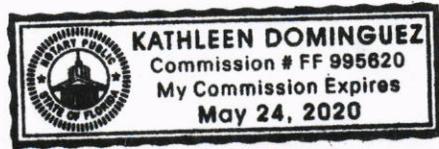
STATE OF FLORIDA  
COUNTY OF Palm Beach

Kathleen Dominguez  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 3rd  
day of December, 2018.

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

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





2019 JAN 2 AM 10:46 TOWN CLERK

RECEIVED

All qualified voters of the town are entitled to be present and to place in nomination such candidates as they desire. For a nomination to be effective, it must be seconded and all nominations and seconds thereto may be made only by qualified voters of the town. (§34-56 Town of Palm Beach Code of Ordinances. Primary nominators please use form below. **The names of all primary nominators are due to the Town Clerk by December 27, 2018 by 5:00 p.m., so that their voter's registration status may be verified.**

\*\*\*\*\*

**TOWN OF PALM BEACH CAUCUS  
PRIMARY NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Kessler, I am pleased to nominate, at this  
(name)

107<sup>th</sup> Town Caucus, in 2019, Gail Conigli,  
(name)

as Town Council Member, Group Mayor

who is a registered voter in the Town of Palm Beach, and resides at:

1139 N. Ocean Blvd. P.B.

My name is: Margi Picotte

My street address is: 220 Sanford Ave -

I confirm that I am a registered voter in the Town of Palm Beach.



RECEIVED

All qualified voters of the town are entitled to be present and to place in nomination such candidates as they desire. For a nomination to be effective, it must be seconded and all nominations and seconds thereto may be made only by qualified voters of the town. (§34-56 Town of Palm Beach Code of Ordinances. Primary nominators please use form below. **The names of all primary nominators are due to the Town Clerk by December 27, 2018 by 5:00 p.m., so that their voter's registration status may be verified.**

\*\*\*\*\*

**TOWN OF PALM BEACH CAUCUS  
SECONDER NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Kessler, I am pleased to second the nomination,  
(name)

at this 107<sup>th</sup> Town Caucus, in 2019, of Gail Coniglio,  
(name)

as Town Council Member, Group Mayer

who is a registered voter in the Town of Palm Beach, and resides at:

1139 N. Ocean Blvd. P.B.

My name is: ~~Margi Picotte~~ Roberta Horwich

My street address is: 2860 S. Ocean Blvd. P.B

I confirm that I am a registered voter in the Town of Palm Beach.



2019 JAN 2 AM 10:46 TOWN CLERK

RECEIVED

All qualified voters of the town are entitled to be present and to place in nomination such candidates as they desire. For a nomination to be effective, it must be seconded and all nominations and seconds thereto may be made only by qualified voters of the town. (§34-56 Town of Palm Beach Code of Ordinances. Primary nominators please use form below. **The names of all primary nominators are due to the Town Clerk by December 27, 2018 by 5:00 p.m., so that their voter's registration status may be verified.**

\*\*\*\*\*

**TOWN OF PALM BEACH CAUCUS  
SECONDER NOMINATOR FORM**

(Nominator addresses Caucus Chairperson)

Chairperson Kessler, I am pleased to second the nomination,  
(name)

at this 107<sup>th</sup> Town Caucus, in 2019, of Gail Coniglio,  
(name)

as Town Council Member, Group Mayor

who is a registered voter in the Town of Palm Beach, and resides at:

1139 N. Ocean Blvd. P.B.

My name is: Nicholas Coniglio

My street address is: 201 El Dorado Ln. P.B.

I confirm that I am a registered voter in the Town of Palm Beach.

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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 :

NAME OF AGENCY :

Town of Palm Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

2019 JAN 4 am 11:25 TOWN CLERK

RECEIVED

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [X] 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):

[X] DECEMBER 31, 2018 OR [ ] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

[X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include E.R. Bradleys Inc and Poincianna Capital.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains '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")

Table with 1 column for address. Rows include 1139 N. Ocean Blvd. P.B. Fl. 33480 and 261 Royal Poincianna Way P.B. 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
B B & T	Worth Ave. P.B. 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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Poinciana 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		

**PART G — TRAINING**

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:

Gail L. Conglio

Date Signed:

Jan 4, 2019

**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:**

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

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.



# Palm Beach County

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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](http://www.pbcelections.org)

## CERTIFICATION

I, SUSAN BUCHER, SUPERVISOR OF ELECTIONS, for Palm Beach County, Florida, do hereby certify that 31 signatures on the Nominating Petitions of GAIL L. CONIGLIO for MAYOR, FOR THE TOWN OF PALM BEACH are registered electors within the municipal limits of 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 9<sup>th</sup> day of January, 2019.

A handwritten signature in cursive script that reads "Susan Bucher".

---

SUSAN BUCHER  
SUPERVISOR OF ELECTIONS  
PALM BEACH COUNTY

(SEAL)

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

SUPERVISOR OF ELECTIONS

2019 JAN -9 AM 10: 26

**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  
Mayor  
(Please print name)

[Signature]  
(Please sign)

as Council Member, Group \_\_\_\_\_, regularly made at the Caucus held on January 8, 2019, 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 March 12, 2019.

RECEIVED

RECEIVED

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
✓ 1	CARISSA CONIGLIO	<u>[Signature]</u>	201 ELDORADO LN, PB	12/27/83
✓ 2	Nicholas Coniglio	<u>[Signature]</u>	201 El Dorado Ln PB	6/10/78
✓ 3	Gail L. Coniglio	<u>[Signature]</u>	1139 N. Ocean Blvd	6/11/54
✓ 4	FRANK S. CONIGLIO	<u>[Signature]</u>	1139 N. OCEAN BLVD	2/12/39
✓ 5	Renee Horvath	<u>[Signature]</u>	2860 S. Ocean Blvd <sup>401</sup>	8/29/43
✓ 6	M. MARGITA ZEISMAN	<u>[Signature]</u>	229 BARTON AVE, PB	12/4/52
✓ 7	RENE SILVIN	<u>[Signature]</u>	422 AUSTRALIAN AVE	05/16/48
✓ 8	HARVEY L. POPPER	<u>[Signature]</u>	110 E. MIRASOL	12/18/37
✓ 9	Dorothy Ann Glennen	<u>[Signature]</u>	2773 S. Ocean Blvd #303	09/17/41

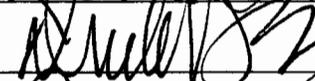
Please be advised that all petitions are considered public record and will be posted on the Town Clerk's webpage. If your address is exempt from disclosure pursuant to the provisions of F.S. Chapter 119, then it is your obligation to notify the Town Clerk's office of same so that the applicable information can be redacted from the public record. You cannot list "Exempt" or other such verbiage as your address for the purposes of this form as the County Supervisor of Elections will not be able to verify that you are a registered voter, and your signature will not count.

✓  
AD

Gail L. Coniglio

NAME OF CANDIDATE FOR TOWN COUNCIL MEMBER, GROUP

Mayor

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
✓ 10	WARREN BELMAR	Warren Belmar	130 SUNRISE AVE, 319	2019 JAN 19 MO: 39
✓ 11	Grey Sipe		2500 S. Ocean Blvd. #202	4-26-68 FL
✓ 12	Roberta Mambriano	Roberta Mambriano	2545 S. O. Blvd # 407	10-12-36
✓ 13	David Sayer		2295 S. Ocean 303	4/16/37
✓ 14	Carla Termini	Carla Termini	2860 S. Ocean BLV 305	12-27-59
✓ 15	John D. D'Amico		1490 Via Venezia	03-01-1962
✓ 16	John McDonald		44 Coconut Row A604	11-11-44
✓ 17	Barbara D. Lindsay		212 Caribbean Rd PB	3-24-53
18				
19				
20				
21				
22				
23				
24				
25				

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45

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

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

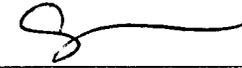
SUPERVISOR OF ELECTIONS

2019 JAN -9 AM 8:39

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

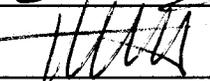
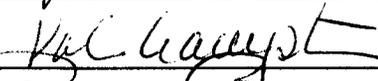
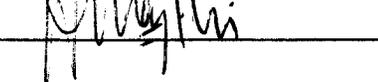
PALM BEACH COUNTY, FL

Gail L. Coniglio  
 (Please print name)



(Please sign)

as Council Member, Group Mayor, regularly made at the Caucus held on January 8, 2019, 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 March 12, 2019.

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH OR VOTER REG. #
✓ 1	ALFRED P. AZOROGUE		2295 S. OCEAN BLVD #7010	10/7/52
✓ 2	MARTIN J. Klein		1060 N. OCEAN BLVD	11/12/47
✓ 3	Kamieea R. Gaumpt		2335 S. OCEAN BLVD BE	7/28/44
✓ 4	Jill Bone		322 Pendleton Lane, PB	8/17/1958
✓ 5	Nathaniel		2275 S. OCEAN BLVD 207A	8/30/1962
✓ 6	ABRAM MAJILIS		2275 S. OCEAN BLVD 207A	7/23/1951
7				
8				
9				

Please be advised that all petitions are considered public record and will be posted on the Town Clerk's webpage. If your address is exempt from disclosure pursuant to the provisions of F.S. Chapter 119, then it is your obligation to notify the Town Clerk's office of same so that the applicable information can be redacted from the public record. You cannot list "Exempt" or other such verbiage as your address for the purposes of this form as the County Supervisor of Elections will not be able to verify that you are a registered voter, and your signature will not count.

✓  
AS

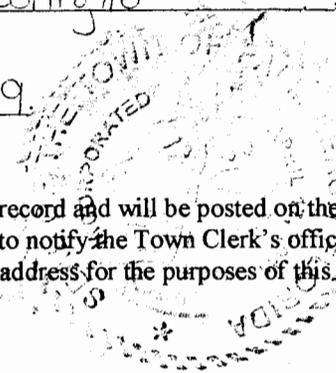
Gail L. Coniglio

NAME OF CANDIDATE FOR TOWN COUNCIL MEMBER, GROUP Mayor

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS	DATE OF BIRTH
✓ 26	J PETER LYONS	<i>J Peter Lyons</i>	100-48 Royal Palm Way	9-8-34
✓ 27	Timothy Moran	<i>Timothy Moran</i>	257 Dunbar Rd FL PB	12/30/63
✓ 28	BRIDGET MORAN	<i>Bridget Moran</i>	257 DUNBAR RD,	6-9-66
✓ 29	Kate Moran	<i>Kate L Moran</i>	257 Dunbar Rd PB	4-16-93
✓ 30	DANIELLE MOORE	<i>Danielle Moore</i>	277 Penelope Ave PB	10-20-63
✓ 31	CHARLES BARNETT	<i>Charles Barnett</i>	575 N. LAKE WAY PB	1/27/51
✓ 32	LEWIS CRAMPTON	<i>Lewis Crampton</i>	2335 SOUTH CENTRAL BLVD PB	2 Nov 38
✓ 33	Lawrence Marinino	<i>Lawrence Marinino</i>	2545 South Ocean Blvd.	30 Oct 39
34				
35				
36				
37				
38				
39				
40				

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

DATED this 9<sup>th</sup> day of January, 2019.



*Kathleen Dominguez*  
Kathleen Dominguez  
Town Clerk

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✓ AD