

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

09-18-15 09:45 RCVD *SKN.*

I, MICHAEL KARUKIN,

candidate for the office of Commissioner;

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

X



Signature of Candidate

9/18/2015

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).

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

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

(PLEASE PRINT OR TYPE)

09-18-15 09:46 RCVD *sun*

**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)

*MICHAEL KARUKIN*

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

*9365 Abbott Ave  
Sunrise FL 33154*

**4. Telephone**

*(305) 866-8779*

**5. E-mail address**

*mkarukin@yahoo.com*

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

*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**

*MICHAEL KARUKIN*

**11. Mailing Address**

*9365 Abbott Ave*

**12. Telephone**

( )

**13. City**

*Sunrise*

**14. County**

*Miami-Dade*

**15. State**

*FL*

**16. Zip Code**

*33154*

**17. E-mail address**

*mkarukin@yahoo.com*

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

**19. Name of Bank**

**20. 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**

*9/18/2015*

**26. Signature of Candidate**

*[Signature]*

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

I, *MICHAEL KARUKIN*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer

*9/18/2015*

*[Signature]*

Date

Signature of Campaign Treasurer or Deputy Treasurer



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 ABBOTT AVE  
 Address (number and street)  
SUNSID, FL 33154  
 City, State, Zip Code

OFFICE USE ONLY

10-13-15 10:31 RCVD SKN

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 09/01/2015 To 09/30/2015 Report Type: Sept 2015

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ 0

Loans      \$ \$100.00

Total Monetary      \$ 0

In-Kind      \$ 0

(7) Expenditures This Report

Monetary Expenditures      \$ 0

Transfers to Office Account      \$ 0

Total Monetary      \$ 0

(8) Other Distributions  
 \$ 0

(9) TOTAL Monetary Contributions To Date  
 \$ \$100.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 0

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

(Type name) MICHAEL KARUKIN

Candidate       Chairperson (only for PC and PTY)

X [Signature]  
 Signature

X [Signature]  
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 09/01/2015 through 09/30/2015 (4) Page 1 of 1

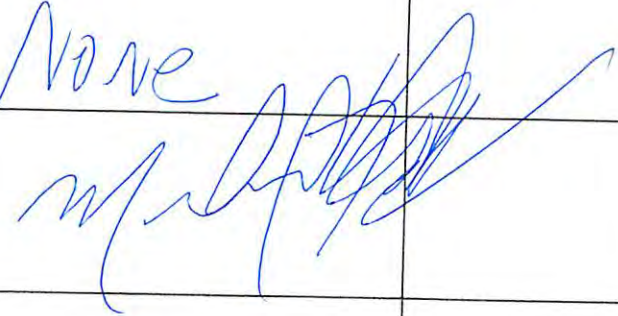
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
09/25/2015	MICHAEL KARUKIN 9365 Alcott Ave Suff, 01933154	I		LOA			100.00
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*[Handwritten signature]*



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 09.01.2015 through 09.30.2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1 / 1	None				
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Abbott Ave

City, State, Zip Code Sunnyvale, FL 33154

CHECK IF ADDRESS HAS CHANGED

10-13-15 10:35 RCVD SKN

10-13-15 10:34 RCVD

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name Sept 2015 Cover Period 09/01/2015 through 09/30/2015

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN

(Type name)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN

(Type name)  Candidate

**X** [Signature]  
Signature



**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



*This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.*

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name Sept 2015 (4) Cover Period 9/1/2015 through 9/30/2015  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	None			

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 Abbott Ave  
 Address (number and street)  
Swytski, WI 53154  
 City, State, Zip Code

OFFICE USE ONLY

11-10-15 4:24 RCVD *SKN*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 01 / 2015 To 10 / 31 / 2015 Report Type: October 2015

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ 100.00

Loans      \$ 0.00

Total Monetary      \$ 100.00

In-Kind      \$ 0.00

(7) Expenditures This Report

Monetary Expenditures      \$ 0.00

Transfers to Office Account      \$ 0.00

Total Monetary      \$ 0.00

(8) Other Distributions  
 \$ 0.00

(9) TOTAL Monetary Contributions To Date  
 \$ 200.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 0.00

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

X *[Signature]*  
 Signature

(Type name) MICHAEL KARUKIN

Candidate       Chairperson (only for PC and PTY)

X *[Signature]*  
 Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 2015 through 10 / 31 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10 / 13 / 2015	Cohen 2000 Joint Revocable Trust, Barbara Louis Cohen, Trustee 9341 Collins Ave #1008 Sunrise, FL 33154	I	N/A	CHE	N/A	N/A	100.00
1							
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*Michael Karukin*

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARLIKIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10, 01 2015 through 10, 31 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1 / 1	<i>None</i>				
1 / 1	<i>M. Karlikin</i>				
1 / 1	<i>M. Karlikin</i>				
1 / 1	<i>M. Karlikin</i>				
1 / 1	<i>M. Karlikin</i>				
1 / 1	<i>M. Karlikin</i>				
1 / 1	<i>M. Karlikin</i>				



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Abbot Ave

City, State, Zip Code Suwanee, FL 33154

CHECK IF ADDRESS HAS CHANGED

11-10-15 4:25 RCVD *SKN*

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name October 2015 Cover Period 10/1/2015 through 10/31/2015

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Treasurer  Deputy Treasurer

*[Signature]*  
Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Candidate

*[Signature]*  
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



*This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.*

(1) Name MICHAEL KARCUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name October 2015 (4) Cover Period 10/1/2015 through 10/31/2015  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>None</u>			





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION - MARCH 15, 2016

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

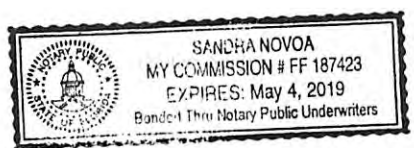
COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is MICHAEL KARUKIN, that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, Florida; that my address is 9365 ALBOTT AVE, SURFSIDE FL 33154, my occupation is Medical Research Scientist; that I have been a resident of the Town of Surfside since 1999; that I will be at least twenty-one (21) years of age by December 7, 2015 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate: [Handwritten Signature] Date: 11/18/2015

Sworn to and subscribed before me this 18th day of November, 2016.



[Handwritten Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

**DECLARATION  
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE  
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, MICHAEL KARUKIN, a candidate for the office of Commissioner, agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and shall not:

- a) with actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule, or causes said person to be shunned or avoided, or injured in his or her business or occupation; or
- b) with actual malice publish or cause to be published by writing, printing, picture, effigy, sign or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to be shunned or avoided, or injured in his or her business or occupation; or
- c) willfully injure, deface or damage or cause to be injured, defaced or damaged by any means any campaign poster, sign, leaflet, handbill, literature or other campaign material of another candidate; or
- d) knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
- e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- f) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- g) knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.



Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

  
-----  
Signature

11/18/2015  
-----  
Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. 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 I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. 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 that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

I, MICHAEL KAUKIN, a candidate for the office of Commissioner, agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

  
-----  
Signature

11/18/2015  
-----  
Date

PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics  
19 West Flagler Street  
Suite 220  
Miami, FL 33130

Miami-Dade Supervisor of Elections  
2700 N.W. 87th Avenue  
Doral, Florida 33172

New P.O. Box #:  
P.O.Box 521550  
Miami, Florida 33152-1550

For further information contact Miami Dade Elections Department, Public Services at 305-499-8400



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

11-18-15A10:26 RCVD

11-18-15A10:26 RCVD *SKN*

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, MICHAEL KARUKIN

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

\_\_\_\_\_ ; I am a qualified elector of Miami-Dade 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.

X [Signature] 305 866-8779 mkarukin@yahoo.com  
Signature of Candidate Telephone Number Email Address

9365 Abbott Ave S.W., Ft. 33154  
Address City State ZIP Code

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

\* 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

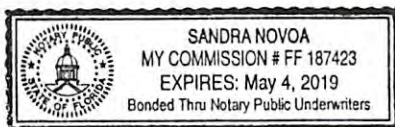
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of November, 20 15.

Personally Known:  or

Produced Identification: \_\_\_\_\_

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



[Signature] Sandra Novoa  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER  
TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate MICHAEL KARUKIN for  
the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 15,  
2016.

between November 17, 2015 and December 7, 15.  
This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>Marta Olchyk</u>	Date: <u>10/8/15</u>	Voters Reg. #
Print Name: <u>MARTA OLCHYK</u>	Address:	
Signature: <u>Cica Blachar</u>	Date:	Voters Reg. #
Print Name: <u>ANA BLACHAR</u>	Address:	
Signature: <u>Sandra Argow</u>	Date: <u>10/08/15</u>	Voters Reg. #
Print Name: <u>SANDRA ARGOW</u>	Address:	
Signature: <u>Jessica Flax</u>	Date: <u>10-8-15</u>	Voters Reg. #
Print Name: <u>JESSICA FLAX</u>	Address:	
Signature: <u>Jessica Flax</u>	Date: <u>10-8-15</u>	Voters Reg. #
Print Name: <u>JESSICA FLAX</u>	Address:	
Signature: <u>Delphine M. Tripponi</u>	Date: <u>10-8-15</u>	Voters Reg. #
Print Name: <u>Delphine M. Tripponi</u>	Address:	
Signature: <u>James Hernandez</u>	Date: <u>10-8-15</u>	Voters Reg. #
Print Name: <u>JAMES HERNANDEZ</u>	Address:	
Signature: <u>Cynthia A. Lepoutre</u>	Date: <u>10-10-15</u>	Voters Reg. #
Print Name: <u>CYNTHIA A. LEPOUTRE</u>	Address:	
Signature: <u>Arthur Bagman</u>	Date: <u>12-10-15</u>	Voters Reg. #
Print Name: <u>ARTHUR BAGMAN</u>	Address:	
Signature: <u>STEVEN HOOD</u>	Date: <u>10-10-15</u>	Voters Reg. #
Print Name: <u>STEVEN HOOD</u>	Address:	
Signature: <u>Jessica Blachar</u>	Date: <u>10/13/15</u>	Voters Reg. #
Print Name: <u>JESSICA BLACHAR</u>	Address:	
Signature: <u>JACOB BLACHAR</u>	Date: <u>10/13/15</u>	Voters Reg. #
Print Name: <u>JACOB BLACHAR</u>	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Stephanie Cohen  
Address of Circulator: 9341 COLLINS AVENUE #1008 Surfside, FL 33154  
Email address of Circulator: louber1008@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of \_\_\_\_\_ (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 11/2/2015



YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate MICHAEL KARUKIN for  
the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 15,  
2016

This petition must be filed with the Town Clerk between November 17, 2015 and December 7, 2015  
~~not more than fifty-five and not less than thirty-five days prior to the election.~~

Signature: <u>[Signature]</u>	Date: <u>10/8/15</u>	Voters Reg. # <u>109490045</u>
Print Name: <u>WILLIAM A. COHEN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/3/15</u>	Voters Reg. # <u>109490046</u>
Print Name: <u>BARBARA COHEN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-6-15</u>	Voters Reg. # _____
Print Name: <u>JONI STANISKEY</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/06/15</u>	Voters Reg. # _____
Print Name: <u>BARBARA V. McLAUGHAN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>Dorothy M. Keber</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>Miguel Fernandez</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>Brian Fernandez</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>LEOPOLDO E. LADAGA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>ARIELAIDA P. LADAGA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>NUR RA SUMORA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/6/15</u>	Voters Reg. # _____
Print Name: <u>NUR RA SUMORA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-7-15</u>	Voters Reg. # _____
Print Name: <u>BERNARDO LEDERMAN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-7-15</u>	Voters Reg. # _____
Print Name: <u>BASIA LEDERMAN</u>	Address: _____	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be

Signature of Circulator: [Signature]  
Address of Circulator: 9341 Collins Avenue, Surfside, FL 33154  
Email address of Circulator: louper008@gmail.com

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of \_\_\_\_\_ (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 10/15/15

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate MICHAEL KARUKIN for  
the office of Commissioner (Mayor or Commissioner) at an election to be held on March 15,  
2016.

between November 17, 2015 and December 7, 2015.  
This petition must be filed with the Town Clerk ~~not more than fifty five and not less than thirty five days prior to the election.~~

Signature: <u>[Signature]</u>	Date: <u>Sep 25, 2015</u>	Voters Reg. #
Print Name: <u>George Koussouas</u>	Address: <u>[Address]</u>	
Signature: <u>[Signature]</u>	Date: _____	Voters Reg. #
Print Name: <u>Victoria Diaz</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/25/15</u>	Voters Reg. #
Print Name: <u>BRAM J GEERTMAN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>09/27/15</u>	Voters Reg. #
Print Name: <u>ROSEMARY KARUKIN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/27/15</u>	Voters Reg. #
Print Name: <u>BELKIS ALSINA (BOSCH)</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>09/27/15</u>	Voters Reg. #
Print Name: <u>Rosalinda Hackett</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/1/15</u>	Voters Reg. #
Print Name: <u>PETER GUY</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/1/15</u>	Voters Reg. #
Print Name: <u>Polta Ghann</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/1/15</u>	Voters Reg. #
Print Name: <u>[Signature]</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/1/15</u>	Voters Reg. #
Print Name: <u>Alexandro Ramirez</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/1/15</u>	Voters Reg. #
Print Name: <u>Joyo Gato</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/1/15</u>	Voters Reg. #
Print Name: <u>DAVID CANO</u>	Address: <u>6158 W 44th St</u>	
Signature: <u>[Signature]</u>	Date: <u>10-10-15</u>	Voters Reg. #
Print Name: <u>LISA LAN</u>	Address: <u>74 - - - - -</u>	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9365 Robert Ave. Surfside, FL 33154  
Email address of Circulator: nikouk@comcast.net

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of \_\_\_\_\_ (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 10/1/15



YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

#### TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate MICHAEL KARCIKIN for  
the office of Commissioner (Mayor or Commissioner) at an election to be held on March 15,  
2016.

This petition must be filed with the Town Clerk between November 17, 2015 and December 7, 2015.  
not more than fifty five and not less than thirty five days prior to the election.

Signature: <u>Elaine R Killen</u>	Date: <u>10/3/15</u>	Voters Reg. # _____
Print Name: <u>ELAINE R KILLEN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/3/15</u>	Voters Reg. # _____
Print Name: <u>EDWARD VANOURA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-9-15</u>	Voters Reg. # _____
Print Name: <u>Eduardo M Borges</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-9-15</u>	Voters Reg. # _____
Print Name: <u>Maria f. Borges</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/15/15</u>	Voters Reg. # _____
Print Name: <u>[Name]</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/15</u>	Voters Reg. # _____
Print Name: <u>[Name]</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/16/15</u>	Voters Reg. # _____
Print Name: <u>FACIL GALIA</u>	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 7 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9805 Redwood Lane  
Email address of Circulator: mkarckin@surfside.com

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of \_\_\_\_\_ (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 10/15/2015



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 23, 2015

Mr. Michael Karukin  
9365 Abbott Avenue  
Surfside, FL 33154

Dear Mr. Karukin:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of Commissioner for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2016 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra Novoa, MMC  
Town Clerk



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 Abbott Ave  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip/Code

**OFFICE USE ONLY**

*SEN* TOWN OF SURFSIDE  
 DEC10'15 01:29PM

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 01 / 2015 To 11 / 30 / 2015 Report Type: November 2015

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

### (7) Expenditures This Report

Monetary Expenditures \$ \$25.00

Transfers to Office Account \$ 0

Total Monetary \$ \$25.00

### (8) Other Distributions

\$ 0

### (9) TOTAL Monetary Contributions To Date

\$ \$200

### (10) TOTAL Monetary Expenditures To Date

\$ \$25.00

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X [Signature]  
 Signature

(Type name) MICHAEL KARUKIN

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature





## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 11, 01, 2015 through 11, 30, 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/18/2015	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Filing Fee	CAN	N/A	\$25.00
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Abbott Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

DEC10'15 01:29PM

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name November 2015 Cover Period 11/01/2015 through 11/30/2015

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Treasurer  Deputy Treasurer

Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Candidate

Signature





# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 Abbott Ave  
 Address (number and street)  
Suffolk F1 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

01-08-16 P01:31 RCVD *gn*

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 12/01/2015 To 12/31/2015 Report Type: December 2015

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

**(7) Expenditures This Report**

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

**(8) Other Distributions**

\$ 0

**(9) TOTAL Monetary Contributions To Date**

\$ \$ 200

**(10) TOTAL Monetary Expenditures To Date**

\$ \$ 25.00

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *[Signature]*  
 Signature

(Type name) MICHAEL KARUKIN

Candidate  Chairperson (only for PC and PTY)

X *[Signature]*  
 Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Michael Karukin (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12, 01, 2015 through 12, 31, 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	<i>None</i>						
/ /	<del><i>[scribble]</i></del>						
/ /	<del><i>[scribble]</i></del>						
/ /	<del><i>[scribble]</i></del>						
/ /	<del><i>[scribble]</i></del>						
/ /	<del><i>[scribble]</i></del>						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 12, 01 2015 through 12, 31, 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1 / 1	None				
1 / 1	<del>Michael Karukin</del>				
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Alboott Ave

City, State, Zip Code Sunnyvale, FL 33154

CHECK IF ADDRESS HAS CHANGED

01-08-16 P01:31 RCVD *gln*

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name DECEMBER 2015 Cover Period 12/01/2015 through 12/31/2015

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Treasurer  Deputy Treasurer

**X** *[Signature]*  
Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Candidate

**X** *[Signature]*  
Signature





## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 Albooth Ave  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

OFFICE USE ONLY

02-09-16 A10:04 RCVD *SM*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 01 / 01 / 2016 To 01 / 31 / 2016 Report Type: JAN 2016

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 0 , 0 , 00

Loans \$ 0 , 0 , 00

Total Monetary \$ 0 , 0 , 00

In-Kind \$ 0 , 0 , 00

### (7) Expenditures This Report

Monetary Expenditures \$ 32.18

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 32.18

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \$200

### (10) TOTAL Monetary Expenditures To Date

\$ \$57.18

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X [Signature]

Signature

(Type name) MICHAEL KARUKIN

Candidate  Chairperson (only for PC and PTY)

X [Signature]

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 01 2016 through 01 31 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 01/01/2016 through 01/31/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/2/2016	Godaddy.com	Website	CAN		12.18
1					
1/8/2016	Miami-Dade Elections	Voter List	CAN		20.00
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Alhambra Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-09-10A10:04 RCVD *gen*

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name JANUARY 2016 Cover Period 01/01/2016 through 01/31/2016

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Treasurer  Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Candidate

X

Signature



**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



*This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.*

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name JANUARY 2016 (4) Cover Period 01/01/2016 through 01/31/2016  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>None</u>			

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 Abbott Ave  
 Address (number and street)  
Surfside FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**  
 TOWN OF SURFSIDE  
 FEB 19 '16 10:21AM

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

**(5) Report Identifiers**

Cover Period: From 02 / 01 2016 To 02 / 12 2016 Report Type: 25 Days Prior

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$ 186

Loans      \$ 100

Total Monetary      \$ 286

In-Kind      \$ 100

**(7) Expenditures This Report**

Monetary Expenditures      \$ 364.02

Transfers to Office Account      \$ \_\_\_\_\_

Total Monetary      \$ 364.02

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 586

**(10) TOTAL Monetary Expenditures To Date**

\$ 421.02

**(11) Certification**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

X [Signature]  
 Signature

(Type name) MICHAEL KARUKIN

Candidate       Chairperson (only for PC and PTY)

X [Signature]  
 Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02, 01 2016 through 02, 12 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
2, 2 2016	Rose Karukin 9365 Abbott Ave Surfside, FL 33154	I		INK	T-shirts & Banner		\$100. ✓
1							
2, 2 2016	MICHAEL Karukin 9365 Abbott Ave Surfside, FL 33154	I		LOA			\$100. ✓
2							
2, 3 2016	Richard Incobacci 9432 Carlyle Ave Surfside, FL 33154	I		CNE			\$50. ✓
3							
2, 9 2016	Kerth London 613 Okeechobee Dr Hallandale, FL 33009	I		CNE			\$136. ✓
4							
1 1							
1 1							
1 1							
1 1							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/01/2016 through 02/12/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/3/2016 1	Fast Signs 15405 West Dixie Hwy N Miami Bch, FL 33162	LAWN SIGNS	CAN		\$93.74
2/4/2016 2	Fast Signs 15405 West Dixie Hwy N Miami Bch, FL 33162	LAWN SIGNS	CAN		\$93.73
2/10/2016 3	Fast Signs 15405 West Dixie Hwy N Miami Bch, FL 33162	LAWN SIGNS	CAN		\$176.55
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Abbott Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 25 Days Prior Cover Period 02/01/2016 through 02/12/2016

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Treasurer  Deputy Treasurer

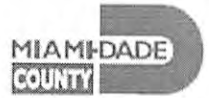
X   
Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Candidate

X   
Signature

PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 25 Days Prior (4) Cover Period 02/01/2016 through 02/12/2016  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	NONE			



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name  
 (2) 9365 Abbott Ave  
 Address (number and street)  
Sunside, FL 33154  
 City, State, Zip Code

OFFICE USE ONLY

03-04-16P12:19 RCVD

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

**(5) Report Identifiers**

Cover Period: From 02 / 13 / 2016 To 02 / 26 / 2016 Report Type: 11 Days Prior

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ 100 \_\_\_\_\_

Loans \$ \_\_\_\_\_ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 100 \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ 686 \_\_\_\_\_

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ 421.02 \_\_\_\_\_

**(11) Certification**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X [Signature]

Signature

(Type name) MICHAEL KARUKIN

Candidate  Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 13 / 2016 through 02 / 26 / 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
2, 13, 2016	Jonathan Ternooos 9172 Collins Ave #303 Sulphur, FL 33154	I		CHE			\$75.00
1							
2, 24, 2016	Barbara McLaughlin 9341 Collins Ave #406 Sulphur, FL 33154	I		CHE			\$25.00
2							
/ /							
/ /							
/ /							
/ /							
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/ /							

*[Handwritten signature]*



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 13 / 2016 through 02 / 26 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /	<i>None</i>				
/ /					
/ /					
/ /					
/ /					
/ /					
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/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

*MICHAEL KARUKIN*

I.D. Number

Address (number and street)

*9365 Abbott Ave*

City, State, Zip Code

*Surfside, FL 33154*

03-04-16P12:20 RCVD

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name

*11 Days Prior*

Cover Period

*02/13/2016*

through

*02/26/2016*

Report Type

Original

Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

*MICHAEL KARUKIN*

(Type name)

Treasurer

Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

*MICHAEL KARUKIN*

(Type name)

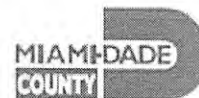
Candidate

X

Signature



**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



*This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.*

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 11 Days Prior (4) Cover Period 2/13/2016 through 2/26/2016  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>NONE</u>			

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
Name

(2) 9365 Alboff Ave  
Address (number and street)

Surfside, FL 33154  
City, State, Zip Code

OFFICE USE ONLY

03-11-16 P01:30 RCVD

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 02 / 27 / 2016 To 03 / 10 / 2016 Report Type: 4 Days Prior

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ 250.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 250.00

In-Kind \$ \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 936.00

(10) TOTAL Monetary Expenditures To Date  
\$ 421.02

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X [Signature]  
Signature

(Type name) MICHAEL KARUKIN

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARULKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 27 2016 through 03 / 10 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
03, 09 2016	Berlow Endell & Fernandez 200 South Biscayne Suite 850 Miami, FL 33131	B	Law office	CNE			\$250.00
1							
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/ /							

03-11-16P01:31 RCVD

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARLIRIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/27/2016 through 03/10/2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /	<i>None</i>				
/ /					
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/ /					



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

MICHAEL KARUKIN

I.D. Number

Address (number and street)

9365 Alcott Ave

City, State, Zip Code

Sunnyvale, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-11-16P01:31 RCVD

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 4 Days Prior Cover Period 02/27/2016 through 03/10/2016

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN

(Type name)  Treasurer  Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN

(Type name)  Candidate

X

Signature

PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name MICHAEL KAEUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 4 Days Prior (4) Cover Period 02/27/2016 through 03/10/2016  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>None</u>			



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
Name

(2) 9365 Alboff Ave  
Address (number and street)

Southside, FL 33154  
City, State, Zip Code

OFFICE USE ONLY

03-11-16 P01:30 RCVD

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate    Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 02 / 27 / 2016 To 03 / 10 / 2016 Report Type: 4 Days Prior

Original     Amendment     Special Election Report

(6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ 250.

Loans    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_ 250.

In-Kind    \$ \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

(8) Other Distributions    \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ \$ 936.

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ 421.02

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X [Signature]  
Signature

(Type name) MICHAEL KARUKIN

Candidate     Chairperson (only for PC and PTY)

X [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MICHAEL KARULKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 27 2016 through 03 / 10 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
03 / 09 2016	Barlow Endell & J. NANCY	B	Law office	CNE			\$250.00
1	200 SOUTH BISCAYNE SUITE 850 MIAMI, FL 33131						
/ /							
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03-11-16P01:31 RCVD



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/27/2016 through 03/10/2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /	<i>None</i>				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Alcott Ave

City, State, Zip Code Sunnyvale, FL 33154

03-11-16P01:31 RCVD

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 4 Days Pilot Cover Period 02/27/2016 through 03/10/2016

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN  
(Type name)  Candidate

**X** [Signature]  
Signature



PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name MICHAEL KRAEKLIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 4 Days Prior (4) Cover Period 02/27/2016 through 03/10/2016  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>None</u>			

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN  
 Name

(2) 9365 Alcott Ave  
 Address (number and street)

Suffolk FL 33154  
 City, State, Zip Code

OFFICE USE ONLY

06-07-16A11:34 RCVD

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 03 / 11 / 2016 To 06 / 13 / 2016 Report Type: General *90 Days After*

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_

Loans      \$ \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_

In-Kind      \$ \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures      \$ 414.79

Transfers to Office Account      \$ \_\_\_\_\_

Total Monetary      \$ 414.79

(8) Other Distributions

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ \$ 836

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ \$ 836.00

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) MICHAEL KARUKIN

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X [Signature]

Signature

(Type name) MICHAEL KARUKIN

Candidate     Chairperson (only for PC and PTY)

X [Signature]

Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 11 / 2016 through 06 / 13 / 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
/ /	<i>None</i>						
/ /							
/ /	<i>[scribble]</i>						
/ /							
/ /	<i>[scribble]</i>						
/ /							
/ /	<i>[scribble]</i>						
/ /							
/ /	<i>[scribble]</i>						
/ /							

06-07-16A11:34 RCVD

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 11 / 2016 through 06 / 13 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
3 / 14 / 2016 1	OFFICE DEPOT 12255 Biscayne Blvd N.M.B., FL 33181	Supplies	CAN	-	\$80.02
3 / 15 / 2016 2	FLANIGAN'S Surfside 9516 Harding Ave Surfside, FL 33154	MEALS	CAN	-	\$310.77
6 / 4 / 2016 3	MICHAEL KARUKIN 9365 Alford Ave Surfside FL 33154	Reimbursement	RMB	-	\$24.00
/ /					
/ /					
/ /					
/ /					
/ /					

*[Large blue scribble/signature across the bottom half of the table]*



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number \_\_\_\_\_

Address (number and street) 9365 Alford Ave

City, State, Zip Code Suwanee, FL 33154

CHECK IF ADDRESS HAS CHANGED

06-07-16A11:34 RCVD

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 90 Days After General Cover Period 3/11/2016 through 6/13/2016

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN

(Type name)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

MICHAEL KARUKIN

(Type name)  Candidate

**X** [Signature]  
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



*This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.*

(1) Name MICHAEL KARUKIN (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 90 Days After General (4) Cover Period 3/11/2016 through 6/13/2016  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>None</u>			