07-06-12A10:42 RCVD

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – AUGUST 28, 2012

RECEIPT OF DOCUMENTS

Candidate:

ELI TOURGEMAN

First Name | Middle Name | Last name

COMMISSIONER

Office Sought (Mayor or Commissioner)

Phone No.: 305-866-3463 Fax No.: _____

Cell Phone: _____

E-Mail Address: ETX MIAMI @ AOL.COM

This is to acknowledge my receipt of the following documents:

- ☑ Election Laws of the State of Florida (September 2011)
- ☑ Candidate and Campaign Treasurer Handbook (November 2011)
- ☑ Town of Surfside Ordinance Regarding Temporary Political Signs
- ☑ Miami Dade County Ordinance Regarding Political Signs
- ☑ Reporting Dates Schedule
- ☑ Town of Surfside Ordinance No. 2008-1493

Received by: _____ Date: 7/6/12

Candidate Signature

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

07-06-12A10:34 RCVD
Sandra Novoa

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): ELI TOURGEMAN

3. Address (include post office box or street, city, state, zip code): 9064 BAY DR. SURFSIDE, FL 33154

4. Telephone: (305) 866-3663

5. E-mail address: ETXMIAMI@AOL.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: ELI TOURGEMAN

11. Mailing Address: 9064 BAY DR.

12. Telephone: (305) 866-3663

13. City: SURFSIDE

14. County: MIAMI DADE

15. State: FL

16. Zip Code: 33154

17. E-mail address: ETXMIAMI@AOL.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: 7/6/12

26. Signature of Candidate: X [signature]

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

I, ELI TOURGEMAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☑ Campaign Treasurer ☐ Deputy Treasurer

7/6/12
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

07-06-12A10:34 RCVD

Sandra Nova

I, Eli Tourgeman,

candidate for the office of COMMISSIONER;

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

X Tourgeman
Signature of Candidate

7/6/12
Date

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

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – AUGUST 28, 2012

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 Eli Tourgeman, 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 9064 Bay Dr. Surfside, FL 33154, my occupation is Banker; that I have been a resident of the Town of Surfside since 1975; that I will be at least twenty-one (21) years of age by July 24, 2012 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate — Date: 7/9/12

Sworn to and subscribed before me this 9th day of July, 2012.

SANDRA NOVOA
MY COMMISSION #EE072207
EXPIRES: MAY 04, 2015
Bonded through 1st State Insurance

NOTARY PUBLIC

Sandra Novoa.
PRINTED NAME OF NOTARY

07-09-12A11:41 RCVD
SM

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

07-06-12A10:34 RCVD
Sandra Novoa
07-09-12A11:39 RCVD SKN.

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): ELI TOURGEMAN

3. Address (include post office box or street, city, state, zip code): 9064 BAY DR. SURFSIDE, FL 33154

4. Telephone: (305) 866-3663

5. E-mail address: ETXMIAMI@AOL.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

11. Mailing Address

12. Telephone ( )

13. City | 14. County | 15. State | 16. Zip Code | 17. E-mail address

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

19. Name of Bank: BANKUNITED

20. Address: 9537 HARDING AVE.

21. City: SURFSIDE

22. County: MIAMI DADE

23. State: FL

24. Zip Code: 33154

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 7/6/12

26. Signature of Candidate: X [signature]

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

I, ELI TOURGEMAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☑ Campaign Treasurer ☐ Deputy Treasurer

7/6/12
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

07-09-12A11:20 RCVD
Sandra Novoa

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ELI TOURGEMAN
(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 #),

_____ (circuit #), _____ (group or seat #); I am a qualified elector of MIAMI DADE County, Florida;

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) 866-3663 ETXMIAMI@AOL.COM

Signature of Candidate | Telephone Number | Email Address

9064 BAY DR SURFSIDE FL 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 9th **day of** July, 20 12.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: DL# T625-201-45-297-0

SANDRA NOVOA
MY COMMISSION #EE072207
EXPIRES: MAY 04, 2015
Bonded through 1st State Insurance

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

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2011

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

LAST NAME -- FIRST NAME -- MIDDLE NAME : TOURGEMAN ELI

MAILING ADDRESS : 9064 BAY DR.

CITY : SURFSIDE ZIP : 33154 COUNTY : MIAMI DADE.

NAME OF AGENCY : TOWN OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT : COMMISSIONER

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

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY 07-09-12A11:38 RCVD

ID Code

ID No.

Conf. Code

P. Req. Code

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

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

☑ DECEMBER 31, 2011 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

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

☑ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
HSBC BANK	9101 HARDING AVE	BANKING

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

9064 BAY DR. RESIDENCY
100 BAYVIEW DR. CONDO
9033 DICKENS AVE HOUSE.
9441 SW 4ST #409
13020 SW 92 AVE

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

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

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

 (Continued on reverse side)

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

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A.	

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A.		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required): [signature]

DATE SIGNED (required): 7/9/12

FILING INSTRUCTIONS:

WHAT TO FILE:

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

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

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

WHERE TO FILE:

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

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

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

Candidates file this form together with their qualifying papers.

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

Facsimiles will not be accepted.

WHEN TO FILE:

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

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

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

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

07-09-12A11:44 RCVD

DECLARATION
FOR CANDIDATES COVERED BY THE MANDATORY PROVISION OF THE ETHICAL CAMPAIGN PRACTICES ORDINANCE

The mandatory practices of Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for the Miami-Dade County and Rescue Service District Board; candidates and their respective campaign staffs for Miami-Dade Community Councils and candidates and their respective campaign staffs for any elective municipal elective office in Miami-Dade County. Furthermore, any candidate for public office in Miami-Dade County as described in the preceding sentence may at any time declare that he or she agrees to abide by the Statement of Fair Campaign Practices.

I, Eli Tourgeman, a candidate for the office of Commissioner, agree to abide by the voluntary fair campaign practices as provided in Section 2-11.1.1(D)(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 I have violated the statement of fair campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

The Statement of Fair Campaign Practices is enumerated below:

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 position 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.

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

Signature

7/9/12
Date

PLEASE FILE A COPY OF THIS FORM 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

TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, CMC, Town Clerk

July 9, 2012

Ms. Michelle G. McClain
Assistant Deputy Supervisor, Voter Services
Miami Dade County Elections
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – ELI TOURGEMAN

Dear Ms. McClain,

Enclosed are original petition forms for ELI TOURGEMAN who seeks to qualify as a candidate for Commissioner in the Town of Surfside, August 28, 2012 Special Municipal Election. The Town Charter, under section 101 requires verification of twenty-five signatures for each candidate. Mr. Tourgeman announced his candidacy on Friday, July 6, 2012.

Charter section 101 requires the Town Clerk to notify the candidate and the person who filed the petition whether or not it is found to be signed by the required number of qualified electors within five (5) days after filing petition.

Please return the original petition forms to my office with your certification of the signatures.

Sincerely,

Sandra Novoa, CMC
Town Clerk

* The addresses of the signatories have been redacted for this online version

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 Eli Tourgeman for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

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: Miguel Chailosky	Date: 07-06-2012	Voters Reg. #	
Print Name: Miguel Chailosky	Address:		
Signature: Maria Chailosky	Date: 7-6-12	Voters Reg. #	
Print Name: MARIA CHAILOSKY	Address:		
Signature: Alina Benguio	Date: 7/6/12	Voters Reg. #	
Print Name: Alina Benguio	Address		
Signature:	Date: 7/6/12	Voters Reg. #	
Print Name: Jacob Benguio	Address:		
Signature:	Date: 7/7/12	Voters Reg. #	
Print Name: Tanaye Aguilar	Address:		
Signature:	Date: 7/7/12	Voters Reg. #	
Print Name: Abraham Benguio	Address:		
Signature: William R Sullstrom	Date: 7/8/12	Voters Reg. #	
Print Name: William Roy Sullstrom	Address		
Signature: Charles W. Newton	Date: 8 July 12	Voters Reg. #	
Print Name: CHARLES W. NEWTON	Address:		
Signature: Doris Obergon	Date: 7/8/12	Voters Reg. #	
Print Name: Doris Obergon	Address:		
Signature: Elizabeth Levine	Date: 7/8/2012	Voters Reg. #	
Print Name: Elizabeth Levine	Address		
Signature: Steven Levine	Date: 7/8/2012	Voters Reg. #	
Print Name: Steven Levine	Address:		
Signature: Ruben Levine	Date: 7/8/2012	Voters Reg.	
Print Name: Ruben Levine	Address:		
Signature: Michelle Klegman	Date: 7-8-12	Voters Reg. #	
Print Name: Michelle Kligman	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: Jaymy B

Address of Circulator: 8951 Byron Ave Surfside FL 33154

Email address of Circulator: Jaymy Benguio@hotmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Tourgeman Date: 7/9/12

07-09-12A11:17 RCVD

* The addresses of the signatories have been redacted for this online version

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 Eli Tourgeman for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on August 28, 2012.

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	Print Name	Date	Voters Reg. #	Address
	MINPETTE DEL TORCO	7-6-12		
	ALAN CORREA	7/6/12		
	LOURDES ROMERO	7/6/12		
	Spyridon Skordilis	7/6/12		
	Cleopatra Skordilis	7/06/12		
	NICOLAS ELIAS	07-6-12		
	Claudia Correa	7/6/2012		
	RACHEL TOURGEMAN	7-6-2012		
	Rossela Tourgeman	7/6/12		
	Kaymy Bergio	7/6/2012		
	Isac Benmergui	7/6/2012		
	Simy Benmergui	7.6.12		
	Yudah Benmergui	7.6.12		

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: Tourgeman

Address of Circulator: 9064 BAY DR.

Email address of Circulator: ETX MIAMI @ AOL.COM.

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Tourgeman Date: 7/9/12

07-09-12A11:17 RCVD

* The addresses of the signatories have been redacted for this online version

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 Eli Tourgeman for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on August 28, 2012.

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:	Date: 07/06/12	Voters Reg. #
Print Name: DAVID HERMAN	Address:	
Signature: Pauline Kopelman	Date: 7/6/12	Voters Reg. #
Print Name: PAULINE Kopelman	Address:	
Signature:	Date: 7-06-12	Voters Reg.
Print Name: EDWARD E KOPELMAN	Address:	
Signature:	Date: 7/06/12	Voters Reg. #
Print Name: Scott J. Silverman	Address:	
Signature:	Date: 7-6-12	Voters Reg. #
Print Name: FRIDA SZLAPAK	Address:	
Signature:	Date: 7/6/12	Voters Reg. #
Print Name: ISRAEL D. SZLAPAK	Address:	
Signature:	Date: 7-6-12	Voters Reg. #
Print Name: Pamela Behar	Address:	
Signature:	Date: 7/6/12	Voters Reg. #
Print Name: William Grayson	Address:	
Signature:	Date: 7/6/12	Voters Reg. #
Print Name: Robert Grayson	Address:	
Signature:	Date: 7-6-12	Voters Reg. #
Print Name: LARRY ZARET	Address	
Signature:	Date: 7/6/12	Voters Reg. #
Print Name: Dorit B. Weintraub	Address:	
Signature:	Date: 7/6/12	Voters Reg. #
Print Name: Deana Carter	Address:	
Signature:	Date: 7/6/2012	Voters Reg. #
Print Name: Howard R Behar	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:

Address of Circulator: 9064 BAY DR. SURFSIDE, FL 33154

Email address of Circulator: ETYHIAM@AOL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Date: 7/9/12

07-09-12A11:17 RCVD

07-09-12A11:14 RCVD

Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2012 SPECIAL ELECTION QUALIFYING PACKET

Name of Candidate Eli Tourgeman

Office Sough Commissioner

Phone No.: 305-866-3663 Cell Phone No: _____

E-Mail Address: ETXmiami@aol.com

Contents	Date Received	Initials
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	7/6/2012	
Nominating Petition (3)	7/9/2012	
Statement of Candidate	7/6/2012	
Sworn Statement of Qualification	7/9/2012	
Candidate Oath	7/9/2012	
Form 1 – Statement of Financial Interest (2011)	7/9/2012	
Declaration for Candidate Automatically Covered by MDC Ordinance 98-94 or Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94	7/9/2012	
Qualifying Fee $25.00	7/9/2012	

Proof of Residency (DL)
~~& Voter Registration~~ 7/9/2012

2. Important Dates to Remember 7/9/2012

7/16/2012

07-09-12A11:14 RCVD

ELI TOURGEMAN
CAMPAIGN ACCOUNT

63-9059 / 2670 11

9997

DATE 7/9/12

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