

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

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

(PLEASE PRINT OR TYPE)

02-10-14P12:19 RCVD

Jana Novoa

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)

Barry Richard Cohen

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

*9056 Bay Dr.
Surfside, FL 33154*

4. Telephone

(305) 861-7255

5. E-mail address

barry@barrycohenlawfirm.com

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

Commission

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 Democrat Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Barry Richard Cohen

11. Mailing Address

1166 Kane Concourse

12. Telephone

()

13. City

Bay Harbor Island

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

barry@barrycohenlawfirm.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

City National Bank

20. Address

3300 71st St

21. City

Miami Beach

22. County

Miami Dade

23. State

FL

24. Zip Code

33141

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

2/10/14

26. Signature of Candidate

[Signature]

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

I, *Barry R. Cohen*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/10/14
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

02-10-14 P12:19 RCVD

Landra Novoa

I, *BARRY R. Cohen*,
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

2/10/14
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).



02-10-14P12:23 RCVD *cyh*

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 18, 2014

RECEIPT OF DOCUMENTS

Candidate:

Barry

Cohen.

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: *305 861 7755* Fax No.: *305.861.7738*

Cell Phone: *305 790-1381*

E-Mail Address: *barry@barrycohenlawfirm.com*

This is to acknowledge my receipt of the following documents:

- Election Laws of the State of Florida (August 2013) – Digital Format (CD)
- Candidate and Campaign Treasurer Handbook (November 2013) – Digital Format (CD)
- Guide to the Sunshine Amendment and Code of Ethics (2012) – Digital Format (CD)
- Town of Surfside Ordinance Regarding Temporary Political Signs
- Miami Dade County Ordinance Regarding Political Signs
- Reporting Dates Schedule (Election Date: March 18, 2014)
- Town of Surfside Ordinance No. 2008-1493

Received by:

[Handwritten Signature]
Candidate Signature

Date:

2/10/14



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2014 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Barry Cohen
Office Sought Commissioner
Phone No.: _____ Cell Phone No: _____
E-Mail Address: _____

Contents Date Received Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>2/10/2014</u>	<u>[Signature]</u>
Nominating Petition	<u>2/11/2014</u>	<u>[Signature]</u>
Statement of Candidate	<u>2/10/2014</u>	<u>[Signature]</u>
Sworn Statement of Qualification	<u>2/11/2014</u>	<u>[Signature]</u>
Candidate Oath	<u>2/11/2014</u>	<u>[Signature]</u>
Form 1 – Statement of Financial Interest (2012)	<u>2/11/2014</u>	<u>[Signature]</u>
Declaration for Candidate Automatically Covered by MDC Ordinance 98-94 or Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94	<u>2/11/2014</u>	<u>[Signature]</u>
Qualifying Fee \$25.00	<u>2/11/2014</u>	<u>[Signature]</u>

Proof of Residency
& Voter Registration

2. Important Dates to Remember

2/11/2014



2/10/2014





02-11-14A09:49 RCVD

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 18, 2014

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 Barry Richard Cohen

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 9056 Bay Drive

my occupation is Attorney; that I have been

a resident of the Town of Surfside since 1985; that I will be at least twenty-one (21) years of

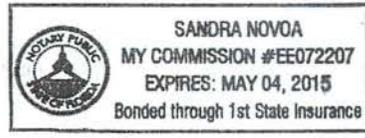
age by February 11, 2014 and that if elected, I will willingly serve as Commissioner

(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

2/11/14
Date

Sworn to and subscribed before me this 11 day of February, 2014.



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Cohen, Barry Richard

MAILING ADDRESS :

9056 Bay Drive

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

02-11-14A09:48 RCVD

Sandra L. Bova

****** 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, 2012 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). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Barry Cohen Law Firm	1166 Kane Concourse, Bay Harbor Isl, FL 33154	Law Firm

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

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

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

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

9056 Bay Drive, Surfside, FL 33154

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

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Home Mortgage	P.O. Box 1820, Newark, NJ 07101-1820
Bank of America	P.O. Box 21848, Greensboro, NC 27420-1848

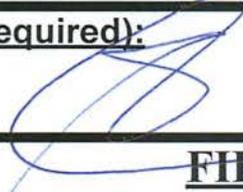
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Barry Cohen Law Firm		
ADDRESS OF BUSINESS ENTITY	1166 Kane Concourse, #200,		
PRINCIPAL BUSINESS ACTIVITY	Law Firm		
POSITION HELD WITH ENTITY	Owner/Lawyer		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Sole proprietor		

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

SIGNATURE (required):

DATE SIGNED (required):



February 10, 2014

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.

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, 2012.

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

0211-14A09:57 RCVD

Sandra Novoa

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Barry R. Cohen
(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 Surfside 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

[Handwritten Signature]

305
() 861-7755

barry@barrycohenlaw.com
.com

Signature of Candidate

Telephone Number

Email Address

9056 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

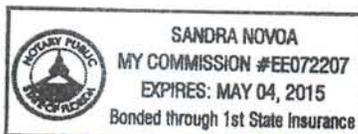
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 11 day of February, 20 14.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: C500-076-58-053-0



[Handwritten Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate 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 that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (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 that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (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;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Barry R. Cole, a candidate for the office of
please print your name
Commissioner in Southside Miami Dade FL
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x  2/11/14
Signature **Date**

Barry Coker Campaign Account

no. 63-436/660

DATE 2/11/14

PAY TO THE ORDER OF

TOWN OF SURFSIDE
TWENTY FIVE ^{XX}/_{XX}

\$ 25. ^{XX}/_{XX}

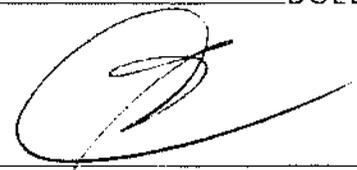
DOLLARS  Security Features. Details on Back.

 City National Bank

www.citynational.com

FOR

Qualifying fee



⑆066004367⑆ 3004400004⑆



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

February 11, 2014

Ms. Rosy Pastrana
Miami-Dade Elections Department
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – BARRY COHEN

Dear Ms. Pastrana:

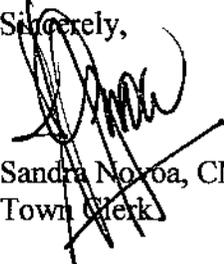
Enclosed are the original petition forms for BARRY COHEN. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

BARRY COHEN: Filed intent to run for office on February 10, 2014.

The Town Charter, under section 101 requires the Town Clerk to notify the candidate within five days whether the required number of electors signed the petition.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,



Sandra Novoa, CMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barry Cohen
Name

(2) 9056 Bay Drive
Address (number and street)

Surfside, Florida 33154
City, State, Zip Code

OFFICE USE ONLY

02-21-14 P02:27 RCVD

Andra Nova

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 / 2014 To 02 / 14 / 2014 Report Type: 25 days prior

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 150. 00

Total Monetary \$ _____ , _____ , 150. 00

In-Kind \$ _____ , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 25. 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) **Other Distributions**

\$ _____ , _____ , _____ . 00

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

\$ _____ , _____ , 150. 00

(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) BARRY COHEN

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

X

Signature

(Type name) BARRY COHEN

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BARRY COHEN (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2014 through 02 / 14 / 2014 (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	Contribution Type	In-kind Description	Amendment	Amount
02 / 10 / 2014 1	COHEN, BARRY 9056 Bay Drive Surfside, Florida 33154	S	Candidate	LOA			\$150.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

02-21-14P02:28 RCVD *sen*

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY COHEN

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2014 through 02 / 14 / 2014

(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
02 / 11 / 2014 +	Town of Surfside 9293 Harding Avenue Surfside, Florida 33154	Qualifying Fee	MON		\$25.00
1					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY COHEN

(2) I.D. Number _____

(3) Cover Period 03 / 03 / 2014 through 03 / 13 / 2014

(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					
03 / 07 / 2014 1	A & B Bulk Mailers, Inc. 4412 NW 74th Ave, Miami, FL 33166	Mailer	MON		\$486.00
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REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



OFFICE USE ONLY

Name

BARRY COHEN

I.D. Number

Address (number and street)

9056 BAY DRIVE

City, State, Zip Code

SURFSIDE, FLORIDA 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
MAR14'14 01:03PM

P. Kuntala

Candidate for:

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

REPORT IDENTIFIERS

Report Name 5 DAYS Cover Period 03/01/2014 through 03/13/2014

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.

BARRY COHEN

(Type name) Treasurer Deputy Treasurer

X

Signature

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

BARRY COHEN

(Type name) Candidate

X

Signature

