

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

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

(PLEASE PRINT OR TYPE)

01-06-14 PM 9:09 RCVD

Sandra Novak

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
Surfside 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
(305) 866-8779

13. City
Surfside

14. County
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
Chase

20. Address
Harding

21. City
Surfside

22. County
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
1/6/2014

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
1/6/2014
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

01-06-14P09:10 RCVD

Sandra Novak

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

1/6/2014

Date

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



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 18, 2014

RECEIPT OF DOCUMENTS

Candidate:

Michael

First Name

Middle Name

Karukin

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: 305-866-8779

Fax No.: _____

Cell Phone: _____

E-Mail Address: mkarukin@yahoo.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: _____

Candidate Signature

Date: _____

1/6/2014



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2014 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Michael Karukin
Office Sought Commissioner
Phone No.: 305-866-8779 Cell Phone No: _____
E-Mail Address: mkarukin@yahoo.com

Contents Date Received Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>1/6/2014</u>	<u>(MK)</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>1/6/2014</u>	<u>(MK)</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2012)	_____	_____
Declaration for Candidate Automatically Covered by MDC Ordinance 98-94 or Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94	_____	_____
Qualifying Fee \$25.00	_____	_____

Proof of Residency
& Voter Registration

2. Important Dates to Remember

1/6/2014 (N)

CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

02-21-14 A10:20 RCVD
P. Kuntalas

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 02/01/2014 To 02/14/2014 Report Type: 25 Day Prior
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ 200 _____

(10) TOTAL Monetary Expenditures To Date
 \$ _____ 25 _____

(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
[Signature]
 X
 Signature

(Type name) MICHAEL KARUKIN
 Candidate Chairperson (only for PC and PTY)
[Signature]
 X
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (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
/ /	None						
/ /							
/ /							
/ /					02-21-14A10:20 RCVD		
/ /					<i>P. Kuntales</i>		
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MICHAEL KARURIN (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
(6) Sequence Number					
//					
//					
//					
//					
//					
//					
//					
//					
//					
//					

NONE

02-2 -14 A10:20 RCVD
P. Kuntz

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Karukin
 Name
 (2) 9365 Abbott Ave
 Address (number and street)
Surfside Florida 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE
 MAR7'14 01:42PM

Sandra Novoa

(3) ID Number: _____

Check here if address has changed

(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 02 / 15 / 2014 To 02 / 28 / 2014 Report Type: 11 day
 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
 \$ 200.00-----

(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) 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 02 / 15 / 2014 through 02 / 28 / 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					
/ /					None
/ /		None			
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

None



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Karukin (2) I.D. Number _____

(3) Cover Period 02 / 15 / 2014 through 02 / 28 / 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
/ /							None
/ /		None					
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

MAR 7 '14 01:42PM

Sandra Novoa

Candidate for:

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

REPORT IDENTIFIERS

Report Name *11 Day Prior* Cover Period *2/15/2014* through *2/28/2014*

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.

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 Abbott Ave

Address (number and street)

Surfside Florida 33154

City, State, Zip Code

Check here if address has changed

(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

OFFICE USE ONLY

03-14-14P02:17 RCVD

Sandra Novoa

(3) ID Number: _____

(5) Report Identifiers

Cover Period: From 03 / 01 / 2014 To 03 / 13 / 2014 Report Type: 4 Days

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, 00, 00

Loans \$ 0, 00, 00

Total Monetary \$ 0, 00, 00

In-Kind \$ 0, 00, 00

(7) Expenditures This Report

Monetary Expenditures \$ 0, 00, 00

Transfers to Office Account \$ 0, 00, 00

Total Monetary \$ 0, 00, 00

(8) Other Distributions

\$ 0, 00, 00

(9) TOTAL Monetary Contributions To Date

\$ 200.00, 00, 00

(10) TOTAL Monetary Expenditures To Date

\$ 25.00, 00, 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 / 01 / 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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							None
/ /		None					
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

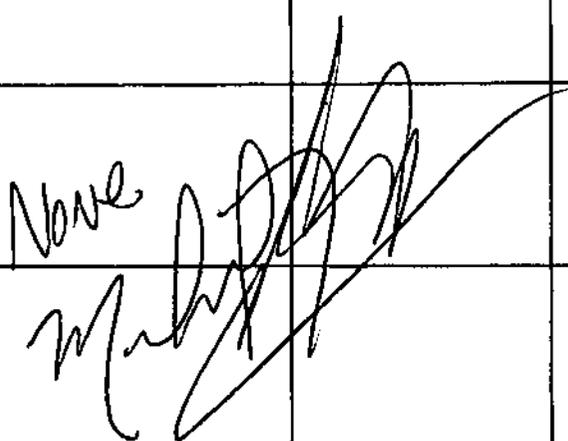
CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Karukin

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 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					
///					None
///	None 				
///					
///					
///					
///					
///					
///					
///					
///					

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)

9385 ALBON AVE

City, State, Zip Code

SUNSHINE, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-14-14P02:18 RCVD

Sandra Novoa

Candidate for:

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

REPORT IDENTIFIERS

Report Name

4235 P107

Cover Period

3/1/2014

through

3/13/2014

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.

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

