STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

09-22-15 11:18 RCVD

Sundra Novoa

1, Barry Cohen,
candidate for the office of;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x 9/22/15
Signature of Candidate 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)

landra 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: T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last) Barry Richard Cohen 4. Telephone 5. E-mail address (305) 790-1381 Ramy Barry Cohen Law firm. Company Cohen Law firm. Coh	3. Address (include post office box or street, city, state, zip code) 9056 Bay Drive Surfside, FC 33154
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> 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 fil	I 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	2 ohen
11. Mailing Address 9056 Bay Drive	12. Telephone (305) 790-1381
13. City Surfside 14. County 15. St. Hiari-Dade FL	ate 16. Zip Code 17. E-mail address 33154 Range Barry cohenlaw firm.com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank Citibank	20. Address 9525 Harding Avenue
21. City 22. County Miani-Dad	e Florida 24. Zip Code 33154
	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date 9/18/15	26. Signature of Candidate
27. Treasurer's Acceptance of Appointment I, (Please Print or Type Name)	t (fill in the blanks and check the appropriate block) , do hereby accept the appointment
designated above as: Campaign Treasure 9/8//5 X	
/ / Date	Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Barry Cohen	OFFICE USE ONLY
Name	
(2) 9056 Bay Drive Address (number and street) Surfside, Florida 33154	10-13-15 16:48 RCVD SH
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es): ☑ Candidate Office Sought: Commission ☐ 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
	4 1-1
Cover Period: From 09 / 01 / 2015 To	t Identifiers 9 09 / 30 / 2015 Report Type: TR
Original Amendment Sp	pecial Election Report
Cash & Checks \$ 0 , , ,	(7) Expenditures This Report Monetary Expenditures \$ 0 , ,
Loans \$,,	Transfers to Office Account \$,,
Total Monetary \$,,	Total Monetary \$, ,
In-Kind \$,,	(8) Other Distributions \$ 0 , ,
(9) TOTAL Monetary Contributions To Date \$ _0 _ , ,	(10) TOTAL Monetary Expenditures To Date \$ _0 , ,
It is a first degree misdemeanor for any per I certify that I have examined this report and it is true, co (Type name) Barry Cohen Individual (only for IE or electioneering comm.)	(Type name) Barry Cohen ☑ Candidate ☐ Chairperson (only for PC and PTY)
X Signature	X Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

10.0						
09 / 01 / 2015	throu	gh / _	30 / 2015	(4) Page	o	f
(7) Full Name (Last, Suffix, First, Middle) Street Address & City State Zip Code			(9) Contribution	(10) In-kind Description	(11)	(12)
Oity, Otatio, 2:ip oods	Турс	Cocapation	.,,,,,			
		A				
	U					
	Full Name (Last, Suffix, First, Middle)	Full Name (Last, Suffix, First, Middle) Street Address & Co	Full Name (Last, Suffix, First, Middle) Street Address & Contributor	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Contribution	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Contribution In-kind	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Contribution In-kind



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

Cover Perio	d/_01 _/_2015 _ through	/	1) Page	of _	
(5) Date (6) Sequence Number	(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)
/ /					7
/ ·/				_	
/ /			V		
/ /					
/ /					
/ /					
/. /					
//					

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	10-13-15 16:48 RCVD 3KN			
City, State, Zip Code SURFSIDE, FLORIDA 33154				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:	•			
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Surperson Name 30 DAYS Cover Period	ENTIFIERS			
Report Name Cover Perio	d09/01/2015through09/30/2016			
	FICATION			
	son to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true,			
I certify that I have examined this report and it is true, correct, and complete.	correct, and complete.			
BARRY COHEN	BARRY COHEN			
(Type name)	(Type name)			
Signature	Signature			

10-13-15 16:48 RCVD 501

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Miami-Dade County Charter positions: Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name	*	BAI	RRY COHEN		(2) I.D. Number	
(3) Report	Name30	DAYS	(4) Cover Period	09/01/2015	through0	9/30/2016
(5) Report	Type Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(8) Full Na (Last, Suffix, F	ame	(9) Employed By	Name of Organiza	10) ation Employed By red by campaign)	(11) Amendment Type
•	NONE					
			H			
		-				
				A		
					V	J
·						
		/				
				1		
,		1	.			
						,

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Barry Cohen	OFFICE USE ONLY
	Name	
(2)	9056 Bay Drive	11-09-15 17:58 RCVD %
	Address (number and street) Surfside, Florida 33154	11-09-15 17:58 KCVD
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	 ✓ Candidate Office Sought: ☐ 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	t Identifiers
Cov	er Period: From 10 / 01 / 2015 To	10 / 31 / 2015 Report Type:
▼ c	Driginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report Monetary
Cas	h & Checks \$, , <u>750</u> . <u>00</u>	Expenditures \$, ,
Loai	ns \$,	Transfers to Office Account \$, ,
Tota	al Monetary \$, , ·	Total Monetary \$, ,
In-K	ind \$,,	
		(8) Other Distributions \$,
(9)	TOTAL Monetary Contributions To Date \$, , 750 00	(10) TOTAL Monetary Expenditures To Date
<u>(</u>	It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, contrype name) Barry Cohen Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	rtification son to falsify a public record (ss. 839.13, F.S.) rrect, and complete: (Type name) Barry Cohen (Candidate Chairperson (only for PC and PTY) X Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

Cohen			(2)	I.D. Number		
i / / /	throu	gh / _	³¹ / ²⁰¹⁵	(4) Page	1	of
(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
Daniel Shapiro 9595 Collins Avneue #705 Surfside, FL 33154	I					250.00
David Lichter 1932 N.E. 119th Road North Miami, FL 33181	I	Mediator	СНЕ			500.00
	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Daniel Shapiro 9595 Collins Avneue #705 Surfside, FL 33154 David Lichter 1932 N.E. 119th Road	(7) Full Name (Last, Suffix, First, Middle) Street Address & Concept Content of Street Address & Content of Street	10 / 01 / 2015 through /	(2) 10	(2) I.D. Number 10	(2) I.D. Number 10

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

) Name Barry Cohen			(2) I.D. Number			
Cover Period _	10 / 01 / 2015 through10	0 / 31 / 2015	l) Page	of		
(5) Date (6) Sequence Number	(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)	(11)	
//					/	
//						
//	0 /					
//		1				
//						
/ /					/	
//			1/			
11						

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 Dr. City, State, Zip Code Surfside, FC33154 CHECK IF ADDRESS HAS CHANGED	11-09-15 17:58 RCVD SKN
Candidate for:	
 ☐ Mayor ☐ Commissioner, District	– b-Area
REPORT IDE	NTIFIERS
2	1 10-1-15 through 10-31-15
Report Type Original Amendment	
CERTIF	ICATION
	son 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. BAYY COMP (Type name) Treasurer Deputy Treasurer	I certify that I have examined this report and it is true, correct, and complete. Column
X Signature	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	Barry Cohen			(2) I.D. Number	
	Name	(4) Cover Period	10-1-15	through	31-15
	Type Doriginal D Amendment	(6) Page	1	of/	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organi	(10) ization Employed By hired by campaign)	(11)
			1	/	
			1/1	_/	
		114			
	V				
				\wedge	
	1				
		0			
					7
				1///	
		L	1		
			11 20 1	- 15	



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

11-23-15 A11:19 RCVD SUN

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
I solemnly swear (or affirm) under oath, that my name is, 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 $9056 Bay Dr. Srfsipe Fl, 33154$ occupation is $auger$; that I have been a
occupation is; that I have been a
resident of the Town of Surfside since; 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.
11/23/15
Signature of Candidate Date
Sworn to and subscribed before me this 23 day of November, 2018. 2015
SANDRA NOVOA SIOTARY PUBLIC
MY COMMISSION # FF 187423 EXPIRES: May 4, 2019 Bonded Thru Notary Public Underwriters Sanctiva Notary Public Underwriters
PRINTED NAME OF NOTARY

CANDIDATE OATH – NONPARTISAN OFFICE

11-23-15 A11:19 RCVD SUN

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

	ATH OF CANDI Section 99.021, Florida S		
1, Barry Cohen			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR O	ON THE BALLOT * - NAME	MAY NOT BE CHANGED AFTER THE E	ND OF QUALIFYING)
am a candidate for the nonpartisan office of	Comm	issioner	, ,
		(office)	(district #)
(circuit#) (group or seat#)	ualified elector of	Miami - Dade	County, Florida;
digitative de Candidate	office in the state, esigned from any off pport the Constitution (205) 790 - 136 releptions Number	the term of which office or a	ny part thereof runs to resign pursuant to e Constitution of the
Candidate's Florida Voter Registration Number			
* Please print name phonetically on the line believith disabilities (see instructions on page 2 of the	ow as you wish it to his form): COHEN	be pronounced on the audio b	allot for persons
STATE OF FLORIDA COUNTY OF MidHi - Dade			
Sworn to (or affirmed) and subscribed before	e me this	day of Lovember	, 20 <u>/5</u> .
Personally Known: or	ANGELALORES	Signature of Notary Public	2
I WIY C	ANGELA LOPEZ Try Public - State of Florida omm. Expires Nov 21, 2021 ommission # FF 164111	Frint, Type, or Stamp Commissioned	Name of Notary Public

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, BASTY	R.Cohen	, a candidate for the office of
Suffice !	commissiones, a	gree to abide by the mandatory fair campaign practices as
provided in Sect	ion 2-11.1.1(C)(1) of the	e Code of Miami-Dade County and recognize as
compulsory the j	jurisdiction of the Ethics	Commission. I further agree that the Ethics
Commission wil	I have the authority to de	ecide whether said candidate has violated the mandatory
campaign praction	ces and, if a violation is	found, the Ethics Commission has the authority to
impose the appro	opriate 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
- willfully injury, 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

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.
- I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 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.
- 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, Cole , a candidate for the office of Court Stier 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

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

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.

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.

Signature

COE, revised 4/2010

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Sithe office of		nate <u>Barry Cohen</u> fo er) at an election to be held on March 15,
This petition must be filed with the Town Clerk no.	t more than fifty-five and not les	ss than thirty five days prior to the election.
A		
Signature:	Date:	Voters Reg. # 305 \$882449
Print Name: AAKON LIPSKAL	Address: _	- The second sec
Signature: Muniform	Date:	Voters Reg. # 3のでをチェファック
Print Name: Menachem	Address:	
Signature:	Date:	Voters Reg. #_ <u> </u>
Print Name: ADSIPL ZELMANON	litch Address:	- A.
Signature:	Date:	Voters Reg. # 1506 17/2
Print Name:	Address:	
Signature: Lem S	Date:	Voters Reg. # 305 866-6115
Print Name: Leun JACOBS	Andress: 94	50,
Signature:	\ Date:	Voters Reg. # 786 999 9385
Print Name: DANN Shapiro	Address:	
Signature:	Date:	Voters Reg. # 954588 2565
nt Name: EDWARD O HAYON	Address:	, , , , , , , , , , , , , , , , , , , ,
oignature: Gwl Men	Date: 10 11	15 Voters Reg. # 91) - 455-7051
Print Name: Vehicla Marrys	Address:	
Signature: DW 3. SJW470	Date: <u>(⊘////</u>	Voters Reg. # 305-790-8294
Print Name: Doy Schochet	Address:	7 1 A 0
Signature: 8. M. Common Signat	Date: /ɔ/ ///	Voters Reg. # 912 - 969 - 969
Print Name: Shlomy Damust	Address:	
Signature:	Date: 10/11/15	Voters Reg. # 200 4(27892
Print Name: 1954 & Grysne	Address:	
Signature: PCC	Date: 10 - 11 -	S Voters Reg. #718-5945472
Print Name: BEZALE (ANISCAR	Address:	1000000 11 11 11 11 11 11
Signature:	Date: 10-11-	-15 Voters Reg. # 7865125099
Print Name: SENGIO GURVITSCH		Voters (1997)
	Address:	(104
he undersigned is the circulator of the foregoing pa		natures. Each signature appended thereto
as made in my presence and is the genuine signature	ire of the person whose nam	ne it purports to be.
X		
signature of Circulator:	1 RAD TO	
address of Circulator:	BANGE OF NOMINATION	sn Flan. 60
nereby accept the nomination of	Chin	(Mayor or Commissioner) and agree to
Signature of Candidate:		Date: 12/58/15
	11-29-1	15 A 1 1:20 R C V D CN/

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

	We the undersigned electors of the Town of Surfside	e, Florida, here	by nominate	Parcia Coper) fo
	the office of(Dmmissioner(Mayor or Comi	missioner) at an	election to be held o	n March 15,
	This petition must be filed with the Town Clerk not more	than fifty-five ar	nd not less than th	nirty five days prior to the	ne election.
10	Signature:	Date:		√oters Reg. # ೨ø	T/11/200
13	Print Name: Material with a	Address:		_ waters reg. # _ <u>4a</u>	= ~14 ~ 210
14	Signature:	Date:	10/11	Voters Reg. # 30	T P/ / 2 2
'/	Print Name: Ofolia Os in Color	Address:		, voicio rieg. #	06/22
10	Signature:	Date:		Votes REI (# V) 9:	102/
1.2	Print Name: AMONGOWE12	Address:		305 7	903144
16	Signature: Af PIV	Date:	10/12/2015	Yoters Reg. # 7	70 1/1-12
B	Print Name: And And Chinan	Address:		/ - / - / - · / - · / / - · / / / / / /	
5	Signature: (P) 377 1PL	Date: _	7	Voters Reg. # 305	Y/06/13/0
/	Print Name: SHMUEL TEVARDOVI72	Address:			NO WIE
10		Date: /	10-13-15	Voters Reg. #301	867-023
0	Print Name: EDW AMD E. KOPEZMAN	Address:			?/
19	Signature: Lower & Commer.	Date: _/	10/13/15	Voters Reg. # <u>عرج</u>	1867-0330
,	t Name: PAULINE K Kalolman	Address:	-	. • ===	1
0	oignature:	Date: _		Vot ers Reg. # _3 <> 5	750 (381)
v	Print Name: KASSYT, Colu	Address: _	_		1437
./	Signature: Vallybas	Date: _	10.13-15 V	/ √oters Reg. #	
1	Print Name: VALENE BOROCHOFF	Address:			27
22	Signature:	Date: _/	0/6/15	/oters Reg . # <u>786-2</u>	285-6553
	Print Name: 16HAL ELIAY	Address:			
23		Date:	10/14/15 V	/oters Reg. # <u>305</u> -	710-1791
	Print Name: HBE SULTES	Address:			
2 4	Signature: 200 Dania		07.14/15 V	oters Reg. # 3058	645158
}	Print Name: SEPON ZISMAN	Address:		1,000	
2	Signature:	Date: _/	<u>10/27/15</u> v	oters Reg. # <i>[54 6</i> .	55 7910
L	Print Name: MOSHE EUR INSUSTA	Address:	/ * 	^	
	STATEMENT	OF CIRCULA	TOR		
•	The undersigned is the circulator of the#oregoing paper con	taining / 2) signatures	Each signature appe	nded thereto
'	was made in my presence and is the demuine signature of the	ne person who	se name it purpo	orts to be.	
•	Signature of Circulator:	•			
	Address of Circulator:	6 133	nAC		
E	mail address of Circulator: Owiye bar	7 Chive	(or 1.1	n. Can	_
ı	nereby accept the nomination of	OF NOMINAT		or Commissioner) a	nd agree to
5	Signature of Candidate:		Date	10/28/11	
			11-23-15 A 1		~

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

This petition must	he filed with the Town Clad	not more than Etc. Ever and the	41 · · · · · · · · · · · · · · · · · ·	
The polition must	be med with the TOWN CIER	not more than ππy-πνe and not i	ess than thirty five days prior to	the election.
Signature:		Date: /b/2.0	Voters Reg. # <u>9</u>	CS 158 P
Print Name:	emil Ruza-Rubin		1010 110g. 11	1091002
Signature: 1			√ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √	5 331961
Print Name: 🗷 🗸 👍	Jos G. Darting		•	
Signature:	Shreike	Date: //	28-15 Voters Reg. #91	7-239-300
Print Name: MAR	FASCHNEWER	Address:	71,	" SINE F.
Signature:		Date: 10 ~	28-200 Fig. Reg. # 1	^
Print Name: MA/C(A Perez-	1500 M Address:		AN
Signature:		Date:	Voters Reg. #	
Print Name:		Address:		
Signature:		Date:	Voters Reg. #	
Print Name:		Address:		
Signature:		Date:	Voters Reg. #	
nt Name:		Address:		
ngnature:		Date:	Voters Reg. #	
Print Name:		Address:		
ignature:		Date:	Voters Reg. #	
rint Name:		Address:		
ignature:	*	Date:	Voters Reg. #	
rint Name:		Address:		
ignature:		Date:	Voters Reg. #	
rint Name:		Address:		
ignature:		Date:	Voters Reg. #	
rint Name:		Address:		
ignature:		Date:	Voters Reg. #	
rint Name:		Address:		
	CTA ⁻	TEMENT OF CIRCUIT ATOR		
ne undersigned is the s		TEMENT OF CIRCULATOR		
as made in my presenc	ce and is the genuin e sien :	eature of the person whose nar	gnatures. Each signature app	pended thereto
			ne it purports to be.	
gnature of Circulator: _	- Committee of the comm	3 0=		
ldress of Circulator: nail address of Circula	9056	way Di		
riali address of Circulat		PTANCE OF NOMINATION	s finite	
ereby accept the nomi		7 Poly	(Mayor or Commissioner)	and agree to

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the the office of 2016.	undersigned electors of the Conmit S5100	ne Town of Surfside, Florida, h	ereby nominate _ ommissioner) at	an election to be I	held on March 15,
This pe	tition must be filed with the	Town Clerk not more than fifty-fiv	e and not less than	n thirty five days pri	or to the election.
Signature:	Elani Mac	Da Da	te: /2/2/4	ა⁻Voters Reg. #	786 747818
Print Name:	ElAINE HARDA			- Markey. W	At all
Signature:	today	Da		Voters Reg. #	
Print Name:	TACKY UE	Preshalmy Addres			·
Signature:	10	Da		Voters Reg #	3057638708
Print Name:	Daniel Siela	chinsky Addres			<u> </u>
Signature:	of Bolling	Dat		Voters Reg. #	305 484-604
Print Name:	Keith Brian Ke	olle- Addres			7
Signature:	Caralola	Dat	e: 12/6/14	Voters Reg. #	305-542-9099
Print Name:	Cara Rolle	Addres Addres			
Signature:		Dat	e:	Voters Reg. #	
Print Name:		Addres	s:		
Signature:		Date	e:	Voters Reg. #	
nt Name:		'Addres	s:		
ાgnature: _		Date	e:	Voters Reg. # _	
Print Name:		Address	S:		
Signature:		Date) :	Voters Reg. # _	
Print Name:		Address	S:		
Signature: _		Date	9:	Voters Reg. # _	
Print Name:		Address). 		
Signature: _		Date):	_ Voters Reg. # _	
Print Name: _		Address),		
Signature: _		Date	ı	_Voters Reg. # _	
Print Name:		Address	1.		
Signature: _		Date		_ Voters Reg. # _	
Print Name:		Address	· -		
		STATEMENT OF CIRCU			
The undersign was made in m	ed is the circulator of the factoring presence and is the ger	foregoing paper containing nuine signature of the person v	signature whose name it pu	es. Each signature urports to be.	e appended thereto
Signature of Ci	irculator:	DILY COHEN			
Address of Circ		& BAY Dr.	Surfs	ios	
		ACCEPTANCE OF HOMI		ayor or Commission	- oner) and agree to
Signature of Ca	andidate:	3		Date: / 2 / 7/	15



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863 Sandra Novoa, MMC, Town Clerk

December 10, 2015

Mr. Barry Cohen 9056 Bay Drive Surfside, Fl 33154

Dear Mr. Cohen:

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 TREASURE	R'S REPORT SUMMARY
(1)	Barry Cohen	OFFICE USE ONLY
	Name	
(2)	9056 Bay Drive	12 5P12:33 RC\
	Address (number and street) Surfside, Florida 33154	12-10 12:32 P pt
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es): ☑ Candidate Office Sought: ☐ 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	t Identifiers
Cov	9.0	11 / 30 / 2015 Report Type: TR
	[Managara] 	ecial Election Report
(6) Cas	Contributions This Report sh & Checks \$,, 200. 00	(7) Expenditures This Report Monetary Expenditures \$, , _2500
Loa	s,,	Transfers to Office Account \$, ,
	al Monetary \$, ,	Total Monetary \$, ,
In-ł	Kind \$,,	(8) Other Distributions \$,
(9)	TOTAL Monetary Contributions To Date \$,,00	(10) TOTAL Monetary Expenditures To Date \$,,
_ <u>(</u>	(11) Cell It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, constitution (Type name) Individual (only for IE or electioneering comm.) Deputy Treasurer Deputy	rtification son to falsify a public record (ss. 839.13, F.S.) rrect, and complete: (Type name) Candidate Chairperson (only for PC and PTY) X Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	RY COHEN	-		(2)	I.D. Number		
	/	throug	gh / _	³⁰ / ²⁰¹⁵	(4) Page	1 (of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
11 24 2015 / / 🗗	Edward E. Kopelman 8925 Collins Avenue #6 Surfside, FL 33154	I	Business ma				\$50.00
11 13 2015	Charles Citrin 300 71st Street Miami Beach, FL 33141	I	Lawyer	СНЕ			\$100.00
11 18 2015	Edward E. Kopelman 8925 Collins Avenue #6 Surfside, FL 33154	I	Business ma				\$50.00
1 1							
1 1							
, ,							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

1) Name Barry Cohen (2) I.D. Number					
	d	/	4) Page	of	1
(5) Date (6) Sequence Number	(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)
11 / 23/2015	Town Of Surfside 9293 Harding Avenue Surfside, Florida 33154	Qualifying Fee	CAN		\$25.00
/ /					
/ /					
/_/					
/ /					
/ /					
//					
//					

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



Name Barry Cohen I.D. Number	OFFICE USE ONLY
Address (number and street) 9056 Bay Drive	12-10-15P12:33 ₹
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, Su	
REPORT IDE	
Report Name Cover Perior	d
Report Type	
	CICATION
It is a first degree misdemeanor for any personal little correct, and complete. Correct, and complete. Correct Correct	I certify that I have examined this report and it is true, correct, and complete. (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 _	Barry Cohen		(2) I.D. Number	1 1
3) Report N	lame	(4) Cover Period	<u> </u>	130/15
5) Report T	ype Original Amendment		of	, , , , , , , , , , , , , , , , , , , ,
(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

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Barry Cohen	OFFICE USE ONLY
	Name	
(2)	9056 Bay Drive	12-10-15P04:17 RCVD SEA
	Address (number and street) Surfside, Florida 33154	12-10-15704:17 KCVD
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	Candidate Office Sought: Commissione	er
	☐ 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
-	The state of the s	
	44 04 0045	Identifiers
Cov		11 / 30 / 2015 Report Type:
	Original ☑ Amendment ☐ Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , <u>200</u> . <u>00</u>	Monetary
Loai	s,,	Transfers to Office Account \$, , .
Tota	al Monetary \$, , _20000	Total Monetary \$,,
In-K	ind \$,,	
		(8) Other Distributions
		\$, , ·
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$
-	(11) Cer	tification
	It is a first degree misdemeanor for any pers	son to falsify a public record (ss. 839.13, F.S.)
- 1	certify that I have examined this report and it is true, cor	rect, and complete:
(Type name) BARRY COHEN	(Type name) BARRY COHEN
È	Individual (only for IE Treasurer Deputy Treasurer relectioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
0	Tolocal flooring committee	
)		x
5	Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	RRY COHEN		(2)	I.D. Number		
(3) Cover Perio	d / / /	through /	30 / 2015	_ (4) Page	<u> </u>	of
(5) Date (6) Sequence Number	(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)	(12) Amount
11 24 201	Edward E. Kopelman 8925 Collins Avenue #6 Surfside, FL 33154	I Business m				\$50.00
	Charles Citrin 5 300 71st Street Miami Beach, FL 33141	I Lawyer	CHE			\$100.00
11 18 201	Edward E. Kopelman 5 8925 Collins Avenue #6 Surfside, FL 33154	I Business	næ CHE			\$50.00
1 1						
1 1						
I I						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BARRY COHEN (2) I.D. Number						
) Cover Perio	d					
(5) Date (6) Sequence Number	(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 /23 /2015	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Qualifying Fee	CAN	Yes	\$25.00	
//						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

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	12-10-15P04:18 RCVD
City, State, Zip Code Surfside, FC 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	ıb-Area
REPORT IDE	
Report Name Cover Perior	d 11/1/15 through 11/30/15
Report Name Oover Feno	
Report Type Original Amendment	
CERTIF	FICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
Barry Cohen	Barry Cohen
(Type name)	(Type name) Candidate
	V
X	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.

Name _	Maria Cord		(2) I.D. Number /////5 through///	130/15
		(4) Cover Period	/////// through _////	007
	ype ☐ Original ☐ Amendment		(10)	(11)
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organization Employed By (if not directly hired by campaign)	Amendmen Type
		A		
/				
/			12-10-15P04:19 R0	

CAMPAIGN TREASU	RER'S REPORT SUMMARY
(1) Barry Cohen	OFFICE USE ONLY
Name	
(2) 9056 Bay Drive	//N
Address (number and street)	01-11-16P04:42 RCVDC
Surfside, Florida 33154	
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
 ✓ Candidate Office Sought: Commission ✓ 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) Re	port Identifiers
Cover Period: From 12 / 01 / 2015	To 12 / 31 / 2015 Report Type: 20
✓ Original Amendment	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, 5 , <u>500</u> . <u>00</u>	Monetary
Loans \$, ,	Transfers to Office Account \$, ,
Total Monetary \$, ,	Total Monetary \$, ,
In-Kind \$, ,	(a) Other Bistelbutions
	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date \$, 6 , _45000	(10) TOTAL Monetary Expenditures To Date \$,,
(11) It is a first degree misdemeanor for any	Certification person to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true	
(Type name) Barry Cohen	(Type name) Barry Cohen
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasure	
or electioneering comm.)	
x	X
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTION

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name				(2)	(2) I.D. Number			
(3) Cover Period / / through 12 /								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
12 09 15	McDowell, Carter N. 1450 Brickell Avenue Suite 2300 Miami, FL 33131	I	Lawyer	CHE			\$150.00	
12 09 15	Bilzin, Brian L. 1450 Bricekll Avenue Suite 2300 Miami, FL 33131	I	Lawyer	CHE			\$150.00	

CHE

CHE

CHE

CHE

CHE

Goldstein, Richard M.

1450 Brickell Avenue

Mora, Minday A. 1450 Brickell Avenue Suite 2300 Miami, FL 33131

Price, Stanley B 6000 Island Blvd. #807 Aventura, FL 33160

1450 Brickell Avenue

Lear, Steven

Miami, FL 33131

Green, Shaya B

1286 President Street Brooklyn, NY 11213

Suite 2300

I

I

I

Lawyer

Lawyer

Lawyer

Lawyer

Lawyer

Suite 2300

Miami, FL 33131

DS-DE 13 (Rev. 11/13)

12 / 09

3

12 09

5

29

12

12

09

15

_/ 15

15

15

15

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

\$150.00

\$100.00

\$300.00

\$150.00

1000.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number					
3) Cover Period	d / / /	throu	gh/_	³¹ / ¹⁵	(4) Page	2	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
12 29 15 / /	Kasdin, Neisen One SE Third Avenue 25th Floor Miami, Florida 33131	I	Lawyer	СНЕ			\$500.00	
9	9316 Collins Ave LLC 3921 Alton Road Suite 138 Miami Beach, FL 33140	В	Real Estate	СНЕ			\$1,000.00	
12 29 15	Boymelgreen, Mendy 535 Dean Street #130 Brooklyn, NY 11217	I	Real Estate	СНЕ			\$1,000.00	
12 29 15	Caton Owner, LLC 3921 Alton Road Suite 138 Miami Beach, FL 33140	В	Real Estate	СНЕ			\$1,000.00	
l l								
_11								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

) Name Barry C	¹² / ⁰¹ / ¹⁵ through ¹²		i) Page		
(5) Date (6) Sequence Number	(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)	(11) Amount
//					
/ /					
/ /					
/ /		1 Pr			
//					
//					
//					
//					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



Name Barry Cohen	OFFICE USE ONLY			
I.D. Number				
Address (number and street) 9056 Bay Drive	01-11-16P04:43 RCVD			
City, State, Zip Code Surfside, Florida 33154 CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
 ☐ Mayor ☑ Commissioner, District				
REPORT IDE Report Type M Original Amendment				
Report Type				
	son 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.	I certify that I have examined this report and it is true, correct, and complete.			
Barry Cohen Barry Cohen				
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate Signature			



(1) Name	Barry Cohen		(2) I.D. Numbe	er	
	Name	(4) Cover Period	12/01/2015	through	12/31/2	2015
(5) Report	Type ☑ Original ☐ Amendment	(6) Page	1	of	1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(1 Name of Organiza (if not directly hir	0) tion Employe ed by campa	d By Am	(11) nendment Type
			!			:
				/		
		The state of the s				
			-			
					_	

CAMPAIGN TREASUR	ER'S REPORT SUMMARY				
(1) Barry Cohen	OFFICE USE ONLY				
Name					
9056 Bay Drive	TOWN OF SURFSIDE				
Address (number and street) Surfside, FL 33154	FEB976 03:56PM				
City, State, Zip Code					
☐ 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) Repo	ort Identifiers				
Cover Period: From 01 / 01 / 2016 T	To 01 / 31 / 2016 Report Type: 01/2016				
Original Amendment S	Special Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$, , _10000	Monetary				
Loans \$,,	Transfers to Office Account \$, ,				
Total Monetary \$,,	Total Monetary \$, , _00 . 00				
In-Kind \$, ,	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date \$, 6 , _55000	(10) TOTAL Monetary Expenditures To Date \$,,				
(11) C It is a first degree misdemeanor for any per I certify that I have examined this report and it is true, co (Type name) Barry Cohen Individual (only for IE or electioneering comm.) Deputy Treasurer	ertification erson to falsify a public record (ss. 839.13, F.S.) correct, and complete: (Type name) Barry Cohen Candidate Chairperson (only for PC and PTY)				
x	x				
Signature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number							
(3) Cover Period	O1 / O1 / 2016	throu	gh / _	31 / 2016	_ (4) Page	1	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code Louis Cohen	Туре	Occupation	Туре	Description	Amendment	Amount
01 29 16 / #	9341 Collins Avenue #1008						
1	Surfside, FL 33154	I	Business Ma	Check			100.00
		#		1			
1 1							
						·	
1 1							
, ,							
·							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NameBat	rry Cohen		2) I.D. Number		
	d ⁰¹ / ⁰¹ / ²⁰¹⁶ through ⁰¹	_/_31/_2016(4	l) Page	of	1
(5) Date (6) Sequence Number	(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)	(11)
/ /					
/ /					
/ /					
/ /					
/ /		D			
//					
/_/					
//					

DS-DE 14 (Rev. 11/13)



Name Barry Cohen	OFFICE USE ONLY				
I.D. Number	TOWN OF SURFSIDE				
Address (number and street) 9056 Bay Drive	FEB916 03:57PM				
City, State, Zip CodeSurfside, FL 33154					
☐ CHECK IF ADDRESS HAS CHANGED					
Candidate for:					
□ Mayor □ Commissioner, District □ Property Appraiser □ Clerk of the Circuit Courts □ Community Council, Area _ , Summer States					
REPORT IDE	ENTIFIERS				
Report Name January 2016 Cover Perio	d <u>01/01/2016</u> through <u>01/31/2016</u>				
CERTIF	FICATION				
	son 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.	I certify that I have examined this report and it is true, correct, and complete.				
(Type name)	(Type name)				
Signature	Signature				



Barry Cohen			(2) I.D. Number	
Name _ January 2016	(4) Cover Period	01/01/2016	through <u>01/3</u>	1/2016
Type ☑ Original ☐ Amendment	(6) Page	1	of1	
(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	ation Employed By	(11) Amendment Type

	0			
	W.			_
	\D.			
	Name January 2016 Type	Name January 2016 (4) Cover Period Type Original Amendment (6) Page (8) Full Name (Last, Suffix, First, Middle) (9) Employed By	Name January 2016 Type Amendment (6) Page 1 (8) Full Name (Last, Suffix, First, Middle) (9) Employed By Name of Organiz (if not directly h	Name January 2016 (4) Cover Period 01/01/2016 through 01/3 Type 12 Original Amendment (6) Page 1 of 1 (8) Full Name (Last, Suffix, First, Middle) Employed By (if not directly hired by campaign)

	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Barry Cohen	OFFICE USE ONLY			
(2)	Name 9056 Bay Drive	TOWN OF SURFSIDE			
(2)	Address (number and street)				
	Surfside, Florida 33154	F681976 12:29PM			
i	City, State, Zip Code				
	Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es): Candidate Office Sought: Commissione	er			
	☐ Political Committee (PC)				
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded			
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed			
	individual making electioneering communications)				
	• • •	Identifiers			
Cov	er Period: From 12 / 01 / 2015 To	12 / 31 / 2015 Report Type: DEC 15			
	riginal	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Casi	n & Checks \$, 7 , 49000	Monetary Expenditures \$, , 00 . 00			
Loar	s , ,	Transfers to Office Account \$, ,			
Tota	I Monetary \$, ,	Total Monetary \$, , .			
In-Ki	ind \$, ,				
		(8) Other Distributions \$, ,			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$,8 , 41500	\$, , , 2500			
	(11) Cert	ification			
	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:					
	ype name) Barry Cohen	(Type name) Barry Cohen			
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Champerson (only for PC and PTY)			
х		\mathbf{x}			
	gnature	Signature			
DS-D	E 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	rry Cohen			(2)	I.D. Number		
(3) Cover Perio	od / / /	_ thro	ough/	, / <u></u>	_ (4) Page	1	of 2
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12 09 15	McDowell, Carter N. 1450 Brickell Avenue Suite 2300 Miami, FL 33131	1	Lawyer	СНЕ			\$150.00
12 09 15 2	Bilzin, Brian L. 1450 Bricekll Avenue Suite 2300 Miami, FL 33131	I	Lawyer	СНЕ			\$150.00
12 / 09 / 15 3	Goldstein, Richard M. 1450 Brickell Avenue Suite 2300 Miami, FL 33131	I	Lawyer	СНЕ			\$150.00
12 / 09 / 15	Mora, Minday A. 1450 Brickell Avenue Suite 2300 Miami, FL 33131	I	Lawyer	СНЕ			\$100.00
12 09 15 / / 5	Price, Stanley B 6000 Island Blvd. #807 Aventura, FL 33160	I	Lawyer	СНЕ			\$300.00
12 09 15	Lear, Steven 1450 Brickell Avenue Suite 2300 Miami, FL 33131	I I	Lawyer	СНЕ			\$150.00
-4 29 15	Green, Shaya B 1286 President Street Brooklyn, NY 11213	ı L	awyer	СНЕ		1	.000.00

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number							
(3) Cover Period	//	throu	gh/_	³¹ / ¹⁵	_ (4) Page	2	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12 29 15 / / 8	Kasdin, Neisen One SE Third Avenue 25th Floor Miami, Florida 33131	I	Lawyer	СНЕ			\$500.00
12 29 15 9	9316 Collins Ave LLC 3921 Alton Road Suite 138 Miami Beach, FL 33140	В	Real Estate	СНЕ			\$1,000.00
12 / 29 / 15	Boymelgreen, Mendy 535 Dean Street #130 Brooklyn, NY 11217	I	Real Estate	СНЕ			\$1,000.00
12 29 15 / / 11	Caton Owner, LLC 3921 Alton Road Suite 138 Miami Beach, FL 33140	В	Real Estate	СНЕ			\$1,000.00
12 16 15 / / 12	Mitch Permuy 400 Beach Drive St. Petersburg, FL 33701	I	Business ma		ADD		\$995.00
12 16 15 / / 13	Roberto Jimenez 565 Solando Prado Coral Gables, FL 33156	I	Craftsman	СНЕ	ADD		\$995.00
1 1							

DS-DE 13 (Rev. 11/13)



Name Barry Cohen	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9056 Bay Drive	
City, State, Zip Code Surfside, Florida 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	ıb-Area
REPORT IDE	NTIFIERS
Report Name DECEMBER 2015 Cover Perio	d12/01/2015 through12/31/2015
Report Type Original	
	FICATION
It is a first degree misdemeanor for any per-	I certify that I have examined this report and it is true, correct, and complete.
Barry Cohen (Type name)	Barry Cohen (Type name) Candidate
Signature	Signature



(1) Name		Barry Col	nen			2) I.D. Numbe	er		
(3) Report	Name December 2015			(4) Cover Period	12/01/2015	through	12/31	12/31/2015	
(5) Report	Туре	☐ Original	□ XAmendment	(6) Page	1	of	1		
(7) Row Number	(L	(8) Full N ast, Suffix, F) ame First, Middle)	(9) Employed By	(1 Name of Organiza (if not directly hir	0) tion Employe red by campa	d By A	(11) mendment Type	
							$\overline{}$		
						-/-			
								<u> </u>	
		/_						· · · · · · · · · · · · · · · · · · ·	
		-V							

CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Barry Cohen	OFFICE USE ONLY
Name	
9056 Bay Drive	TOWN OF SURFSIDE
Address (number and street) Surfside, FL 33154	FEB976 03:56PM
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es): Candidate Office Sought: Commission	ner
 ☐ 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) Repo	ort Identifiers
Cover Period: From 01 / 01 / 2016 T	To 01 / 31 / 2016 Report Type: 01/2016
Original Amendment S	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , _10000	Monetary
Loans \$,,	Transfers to Office Account \$, ,
Total Monetary \$,,	Total Monetary \$, , _00 . 00
In-Kind \$, ,	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$, 6 , _55000	(10) TOTAL Monetary Expenditures To Date \$,,
(11) C It is a first degree misdemeanor for any per I certify that I have examined this report and it is true, co (Type name) Barry Cohen Individual (only for IE or electioneering comm.) Deputy Treasurer	ertification erson to falsify a public record (ss. 839.13, F.S.) correct, and complete: (Type name) Barry Cohen Candidate Chairperson (only for PC and PTY)
x	x
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Conen			(2)	I.D. Number		
(3) Cover Period	O1 / O1 / 2016	throu	gh / _	31 / 2016	_ (4) Page	1	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code Louis Cohen	Туре	Occupation	Туре	Description	Amendment	Amount
01 29 16 / #	9341 Collins Avenue #1008						
1	Surfside, FL 33154	I	Business Ma	Check			100.00
		#		1			
1 1							
						·	
1 1							
, ,							
·							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Barry Cohen (2) I.D. Number								
	d ⁰¹ / ⁰¹ / ²⁰¹⁶ through ⁰¹	_/_31/_2016(4	l) Page	of	1			
(5) Date (6) Sequence Number	(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)	(11)			
/ /								
/ /								
/ /								
/ /								
/ /		D						
//								
/_/								
//								

DS-DE 14 (Rev. 11/13)



Name Barry Cohen	OFFICE USE ONLY
I.D. Number	TOWN OF SURFSIDE
Address (number and street) 9056 Bay Drive	FEB916 03:57PM
City, State, Zip CodeSurfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
□ Mayor □ Commissioner, District □ Property Appraiser □ Clerk of the Circuit Courts □ Community Council, Area _ , Summer States	
REPORT IDE	ENTIFIERS
Report Name January 2016 Cover Perio	d <u>01/01/2016</u> through <u>01/31/2016</u>
CERTIF	FICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name)	(Type name)
Signature	Signature



Barry Cohen	(2) I.D. Number				
Name _ January 2016	(4) Cover Period	01/01/2016	through <u>01/3</u>	1/2016	
Type ☑ Original ☐ Amendment	(6) Page	1	of1		
(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	ation Employed By	(11) Amendment Type	

	0				
	W.			_	
	\D.				
	Name January 2016 Type	Name January 2016 (4) Cover Period Type Original Amendment (6) Page (8) Full Name (Last, Suffix, First, Middle) (9) Employed By	Name January 2016 Type Amendment (6) Page 1 (8) Full Name (Last, Suffix, First, Middle) (9) Employed By Name of Organiz (if not directly h	Name January 2016 (4) Cover Period 01/01/2016 through 01/3 Type 12 Original Amendment (6) Page 1 of 1 (8) Full Name (Last, Suffix, First, Middle) Employed By (if not directly hired by campaign)	

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Barry Cohen	OFFICE USE ONLY
	Name	
(2)	9056 Bay Drive	FSS1976 12:31PM
	Address (number and street) Surfside, FL 33154	TOWN OF SURFSIDE
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
(- ,	✓ Candidate Office Sought: Commissione	r
	Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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
	individual making electioneering communications)	
	(5) Report	Identifiers
Cov	er Period: From 02 / 01 / 2016 To	02 / 12 / 2016 Report Type: 02/2016
Z C	original ☐ Amendment ☐ Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
(· /	•	Monetary
Cas	h & Checks \$, , 496. 00	Expenditures \$, 1, 343 . 50
	•	
Loa	ns \$,,	Transfers to Office Account \$
Tota	al Monetary \$, , .	,,,
i Ota	in Morietary +,,	Total Monetary \$, 1 , 343. 50
In-K	ind \$,	, ,, ,, ,,
	·····	(8) Other Distributions
		\$, ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$,8 , _91100	\$, <u>1</u> , <u>368</u> . <u>00</u>
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
- 1	certify that I have examined this report and it is true, corr	ect, and complete:
C	Type name) Barry Cohen	(Type name) Barry Cohen
Ē	Individual (only for IE / Treasurer Deputy Treasurer	✓ Candidate
0	r electioneering comm.)	
×		x //
-	signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cohen			(2)	I.D. Number		
(3) Cover Period	02 / 01 / 2016	throu	gh/	12 / 2016	_ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02 9 16	Steven Dunn, PA 1135 Kane Concourse Bay Harbor Isl, FL 33154	I	Lawyer	Check			360.00
02 02 16	Keith London, Inc. 613 Oleander Dr. Hallandale, FL 33009	I	Business ma				136.00
					1		
1 1							
1 1							
1 1							
						i	
1 1		4					
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Barry	Cohen						(2) I.D. Nur	nber _		
(3) Cover Peri	od	02 /	01	/ ²⁰¹⁶ m through	02	/ 12	/ ²⁰¹⁶	(4) Page	1	of	1

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02/01/2016	Blue Print Consulting P.O. Box 310561 Miami, FL 33231	Campaign Consulting	CAN		\$1,000.00
02 /02 / 2016	Miami Dade Elections Department 2700 NW 87th Avenue Miami, Florida 33172	Campaign Research	CAN		43.00
02 08 2016	Mitchel Worley 1123 sw 1st ave, apt #3 Gainesville, FL, 32601	Campaign Photos	CAN		\$300.00
//					
//					
//					
//					
//					



	OFFICE USE ONLY
Name	
BARRY COHEN	
18.4	
I.D. Number	
The state of the s	-
Address (number and street)	
9056 BAY DRIVE	
City, State, Zip Code	
SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
E ONEON II ADDRESO NAS ONANGED	
Candidate for:	
5 M	
☐ Mayor —	
☑ Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name FEBRUARY 2016 Cover Period	d 02/01/2016 through 02/12/2016
Report Name 1 LBROART 2010 Cover Peno	through OZ/12/2010
Report Type 🗵 Original 🗆 Amendment	
CERTIE	ICATION
	son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
BARRY COHEN	BARRY COHEN
(Type name)	(Type name) 2 Qandidate
/ / 8	
x (/	X/
Signature	Signature
Signature	Signature



(1) Name	BA	RRY COH	EN			(2) I.D. Numbe	er
(3) Report	Name	FEBRUA	RY 2016	(4) Cover Period	02/01/2016	through _	02/12/2016
(5) Report	Туре	☐ Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(L	(8 Full N ast, Suffix, F) ame First, Middle)	(9) Employed By	Name of Organ (if not directly	(10) ization Employe hired by campa	ed By Amendment lign) Type
		w					
						#	
_							· · · · · · · · · · · · · · · · · · ·
						· · · · · · · · · · · · · · · · · · ·	
-							
		···					
						·	

		· · · · · · · · · · · · · · · · · · ·					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Barry Cohen	OFFICE USE ONLY						
	Name							
(2)	9056 Bay Drive							
	Address (number and street) Surfside, Florida 33154	03-04-16P12:42 RCVD						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	 ✓ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 							
	(5) Report	Identifiers						
Cov	er Period: From <u>02</u> / <u>13</u> / <u>2016</u> To	02 / 26 / 2016 Report Type: Feb 2016						
V C	Original Amendment Sp	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$, , <u>500</u> . <u>00</u>	Monetary Expenditures \$, _7 , 543 . 45						
Loai	ns \$,,	Transfers to Office Account \$, , .						
Tota	al Monetary \$, ,	Total Monetary \$,						
In-K	ind \$,,							
		(8) Other Distributions \$, ,						
(9)	TOTAL Monetary Contributions To Date \$, 9 , _41100	(10) TOTAL Monetary Expenditures To Date \$, 8 , _911 _ 95						
		tification son to falsify a public record (ss. 839.13, F.S.)						
10	certify that I have examined this report and it is true, cor	rect, and complete:						
-	_{ype name)} Barry Cohen	(Type name) Barry Cohen						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)						
Х	(71)	x						
S	ignature 2	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number							
(3) Cover Period	//	throu	gh / _	26 / 2016	_ (4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
02 16 2016	Elias Sussman		Business Man				\$500.00
1 1				=			
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barry Co	hen		(2) I.D. Numbe	er		_	
(3) Cover Period	02 / 13	/ ²⁰¹⁶ through	02 / 26 / 2016	(4) Page	1 of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
	Physical Advertising Works P.O. Box 370366 Miami, FL 33137-0366	Yard Signs	Mon		\$619.00
02 / 18 / 2016 +	Physical Advertising Works P.O. Box 370366 Miami, FL 33137-0366	Yard Sign Stands	Mon		\$52.97
02 18 2016 •	OUI N.W. OZIIG AVEIIGE	Campaign Literature	Mon		\$2,000.00
02 18 2016 4	Blueprint Consulting LLC P.O. Box 310561 Miami, FL 33231	Consulting Website Hosting Website Domain	Mon & RMB		\$1,041.00
02 22 2016 #	MDW Communications LLC 601 N.W. 82nd Avenue Plantation, FL 33324	Direct Mail & Consulting	Mon		\$2,800.00
02 22 2016	Blueprint Consulting LLC P.O. Box 310561 Miami, FL 33231	Consulting Data Management	Mon		\$1,030.00
//					
//					



Name _	OFFICE USE ONLY
Barry Cohen	
I.D. Number	
Address (number and street) 9056 Bay Drive	03-04-16P12:42 RCVD
City, State, Zip Code Surfside, Florida 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District _ Surfside	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	ıb-Area
REPORT IDE	NTIFIERS
Report Name Feb 13-26 2016 Cover Period	d 02/13/2016 through 02/26/2016
Report Type	
	FICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
Barry Cohen	Barry Cohen
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X //	X ///
Signature	Signature



(1) Name _		(2) I.D. Number					
(3) Report N	lame	(4) Cover Period	through				
(5) Report T	ype Original Amendment	(6) Page	of				
(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)	y Amendment Type			
			,				
			/				
		1					
		N					
	7.						

CAMPAIGN TREASURE	R'S REPORT SUMMARY						
Barry Cohen	OFFICE USE ONLY						
Name							
9056 Bay Drive	03-11-16P02:36 RCVD						
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
 ✓ Candidate Office Sought: Commissioner ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an 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							
	t Identifiers						
Original Amendment Sp	pecial Election Report						
Contributions This Report sh & Checks \$,2,130 . 00	(7) Expenditures This Report Monetary Expenditures \$,, 563 . 48						
	Transfers to Office Account \$,,						
al Monetary \$, ,	Total Monetary \$						
(ind \$, , .							
	(8) Other Distributions						
TOTAL Monetary Contributions To Date \$, 11 , _54100	(10) TOTAL Monetary Expenditures To Date \$,9 , _475 43						
It is a first degree misdemeanor for any percertify that I have examined this report and it is true, contry that I have examined this report and it is true, contry that I have examined this report and it is true, contry that I have examined this report and it is true, contry that I have examined this report and it is true, contry that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined this report and it is true, controlled the latest that I have examined the latest that I have	rtification son to falsify a public record (ss. 839.13, F.S.) rrect, and complete: (Type name) Barry Cohen Candidate Chairperson (only for PC and PTY)						
	Barry Cohen Name 9056 Bay Drive Address (number and street) Surfside, Florida, 33154 City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Original Amendment Sp Contributions This Report Sh & Checks \$ _ , _ 2 , 130 . 00 Ins \$ _ , _ ,						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	ry Cohen			(2)	I.D. Number	<u></u>	·
(3) Cover Period	//	throu	gh/_	10 / 2016	_ (4) Page	1 (of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
03 01 2016	Robin Banks 209 N. Birch Road Unit 501 Ft. Lauderdale FL 33301	I	Marketing	Che			\$1,000.00
03 07 2016 2	Karyn Cunningham 13985 S.W. 72nd Ct. Palmetto Bay, FL 33158	I	Councilwoman	Che			\$250.00
03 / 08 / 2016	Jeffrey Bercow 200 South Biscayne Blvd. Suite 850 Miami, FL 33131	I	Attorney	Che			\$500.00
03 / 08 / 2016	9460 Restaurant Partners, LLC 9462 Harding Avenue Surfside, FL 33154	В	Restaurant	Che			\$180.00
03 09 2016 / / 5	Mark Sheridan 1108 Kane Concourse #307 Bay Harbor Isl, FL 33154	I	Financial Ad				\$100.00
03 10 2016 / / 6	Surfside Legacy LLC 1691 Michigan Avenue, Ste 360 Miami Beach, FL 33139	В	Financial	Che			\$100.00
1 1							

DS-DE 13 (Rev. 11/13)

(1) Name Ba	CAMPAIGN TREASURER'S REPORT — ITEMIZED EXPENDITURES Name Barry Cohen (2) I.D. Number								
(3) Cover Period	d	/	4) Page ¹	of _	1				
(5) Date (6) Sequence Number	(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)	(11)				
03 / 01 / 2016	Vital Graphics 2131 W. 60th Street Hialeah, FL 33016		Signs		444.05				
03 / 03 / 2016			RMB		\$119.43				
//									
/ /									
/ /									
/ /									
//									
//									



	OFFICE USE ONLY
Name	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Barry Cohen	<u></u>
I.D. Number	
Address (number and street) _ 9056 Bay Drive	03-11-16P02:36 RCVD
City, State, Zip Code Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
CkCommissioner, District Surfside	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	
# DAYS PRIOR REPORT IDE Report Name March 2016 Cover Period	NTIFIERS d02/27/2016through03/10/2016
The port Name Over 1 choose	amough _03/10/2010
Report Type 🖾 Original 🔲 Amendment	
CFRTIF	ICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
Barry Cohen	Barry Cohen
(Type name)	(Type name)
(Type Hamb)	
	V/ //
A ///	X
Signature	Signature



(1) Name	Barry Cohen	(2) I.D. Number						
(3) Report I	Name <u>March 2016</u>	(4) Cover Period _	02/27/2016	through <u>03/1</u>	0/2016			
(5) Report	Type 🛛 Original 🔲 Amendment	(6) Page	1	of1				
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organia	(10) zation Employed By nired by campaign)	(11) Amendment Type			
								
	A 200 A	47144						

				•				
				···········				
		 						