STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

109-10-15 13:18 RCVD Sandra Novoa

, Eli TOURGEMAN	
candidate for the office of MAYOR	
have been provided access to read and understa	and the requirements of
Chapter 106, Florida Statutes.	
X Alexeenan	9/10/15
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)

NOTE: This form must be on file with the qualifying

09-16-15 11:46 RCVD 500

Landra Norva

officer before opening the campaign account.					OFFICE USE ONLY
1. CHECK APPROPRIATE B	OX(ES):				
☑ Initial Filing of Form	Re-filing to Change	: Treas	surer/Deputy	Depository	Office Party
2. Name of Candidate (in this order: First, Middle, Last) Eli TOURGEMAN				de post office box or FBAY DL.	street, city, state, zip
	. E-mail address		SURFS	Tibe, FC 33	154
305 1866:3663 E	× == =================================	. /		130/10 33	
6. Office sought (include dist	trict, circuit, group num	ber)			tisan office, check if
MAYOR	2		applica		1869 1 211
					as a Write-In candidate.
8. If a candidate for a partis	an office, check block	k and fill in r	ame of party as	applicable: My in	tent is to run as a
Write-In No Pa	rty Affiliation			P	arty candidate.
9. I have appointed the follo	wing person to act as	s my	Campaign Trea	surer Depu	ity Treasurer
10. Name of Treasurer or Dep	outy Treasurer				
11. Mailing Address				12. Tele	phone
9064 BAY	DR.			(305	1866:3663
13. City	14. County	15. State	16. Zip Code	17. E-mail address	
SURFSIDE	MIANI-DADE	FL	33114	ETXMIAMI 2	401.604
18. I have designated the fol	llowing bank as my		Primary Deposito	ry Seconda	ary Depository
19. Name of Bank		20.	Address	0.0	
BANKUNITED		10	1290 BIS	CAJNE BLVd.	
21. City	22. County	N	23. State	TI	24. Zip Code
N. MIAMI	MISMI	DADR			33/8/
UNDER PENALTIES OF PERJURY, DESIGN	I DECLARE THAT I HAVE ATION OF CAMPAIGN DEF	READ THE FOR POSITORY AND	REGOING FORM FO	R APPOINTMENT OF CA STATED IN IT ARE TRUE	AMPAIGN TREASURER AND
25. Date		26.	Signature of Can	didate	
9/10/15		X	Down	(Sexare)	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
1, Eli TOUR	6EMAN			, do hereby accep	ot the appointment
	(Please Print or Type N	lame)	\bigcirc		
designated above as:	Campaign T	reasurer	Deputy Tre	asurer.	
9/10/15		x	Oles genou		
Date		Sign	ature of Campaig	n Treasurer or Depu	ity Treasurer

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Eli Tourgeman	OFFICE USE ONLY
(0)	Name	
(2)	9064 Bay Dr Address (number and street)	TOWN OF SURFSIDE
	Surfside, FL 33154	OCT575 11:24AM
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es): ✓ Candidate Office Sought: Mayor	
	☐ 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
Cov	er Period: From <u>09</u> / <u>01</u> / <u>15</u> To	09 / 30 / 15 Report Type: 2015 M9
☑ C	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$,,	Monetary Expenditures \$, , 0 . 00
Loa	s,,	Transfers to Office Account \$, , .
Tota	al Monetary \$, , 0 . <u>00</u>	Total Monetary \$, , 000
In-K	ind \$,	
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date \$, , 000	(10) TOTAL Monetary Expenditures To Date \$
		tification son to falsify a public record (ss. 839.13, F.S.)
10	certify that I have examined this report and it is true, con	
(1	ype name) Eli Tourgeman	_(Type name) Eli Tourgeman
	Individual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)
<u> </u>		x four ceman
S	ignature O	Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//			/		
//					
//	IA				
//					
//					
//					
//					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

	ourgeman			(2)	I.D. Number		
(3) Cover Period	09/01/2015	throu	gh/	15 /	(4) Page	1 0	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)
I I						/	
1 1			A				
I I							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



Name ELi TOURGEHAN	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9064 BAY Dr.	
City, State, Zip Code SURSIDE, FO 33KY	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
☐ Commissioner, District	
	-
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
Report Name CAMPAIGN TVEASURE Logal Cover Period Report Type Poriginal Amendment	
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.	I certify that I have examined this report and it is true, correct, and complete.
Eli Tourgeyea	Eli TOURGEHAN
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate X Quipuan
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	Eli Tourgensu	/	(2) I.D. Number	
(3) Report N	Jame Carpagn tree Report	(4) Cover Period	(2) I.D. Number through _9/3	9/15
	Type Doriginal Amendment			
(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
	NON	E		

	CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1)	ELI TOURGEMAN	OFFICE USE ONLY		
	Name			
(2)	9064 BAY DR	11-02-15 11:52 RCVD SUN		
	Address (number and street) SURFSIDE, FL 33154			
	City, State, Zip Code			
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es): Grandidate Office Sought: MAYOR			
 □ 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	ver Period: From 10 / 01 / 2015 To	10 / 31 / 2015 Report Type: 2015 M10		
V	Original Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	sh & Checks \$,1 , 630 . 00	Monetary Expenditures \$, , _60 . 00		
Loa	s,,	Transfers to Office Account \$,,		
Tot	al Monetary \$,1 , 630 . 00	Total Monetary \$, , _60 . 00		
In-k	Kind \$, ,			
		(8) Other Distributions \$, ,		
(9)	TOTAL Monetary Contributions To Date \$, 1 , 630 00	(10) TOTAL Monetary Expenditures To Date \$, , 60 00		
	(11) Cer It is a first degree misdemeanor for any pers	tification son to falsify a public record (ss. 839.13, F.S.)		
110	I certify that I have examined this report and it is true, cor			
	(Type name) ELI TOURGEMAN	(Type name) ELI TOURGEMAN		
	☐ Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)		
-	x Doursaidu	X Dellaurane		
	Signature	Signature		

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	ELI TOURGEM	AN				(2) 1.	D. Number		
(3) Cover Pe	eriod 10	/ 01	/ 2015	hrough 10	/ 31	2015	(4) Page	1	of 1

	(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
10	08 2015 / /	BENGIO, JAYMY 8951 BYRON AVENUE SURFSIDE, FL 33154	I	BANKER	CAS	N/A	N/A	\$50.00
.0	/ 08 / 2015	ALBERTO AGUIRRE 9416 ABBOTT AVENUE SURFSIDE, FL 33154	I	Retired MGR	CAS	N/A	N/A	\$100.00
0	/ ²⁶ / ²⁰¹⁵	GRAY & SONS SOUTH FLORIDA GOLD & SILVER EXCHANGE INC 9595 HARDING AVENUE SURFSIDE, FL 33154	В	JEWELRY EXCH		N/A	N/A	\$1,000.00
0	26 _/ 2015	BNK STORES LLC 1403 N OCEAN DR HOLLYWOOD, FL 33019	В	SUBWAY STORE		N/A	N/A	\$100.00
0	26 2015	M. KOTLER REALTY, INC. 9585 HARDING AVENUE SURFSIDE, FL 33154	В	REA-ESTATE	СНЕ	N/A	N/A	\$180.00
0	26 2015 /	HARDING SALON INC 9564 HARDING AVENUE SURFSIDE, FL 33154	В	BEAUTY SALON	СНЕ	N/A	N/A	\$200.00
	I I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES 1) Name ELI TOURGEMAN (2) I.D. Number							
(3) Cover Perio	d 10 / 01 / 2015 through 10	/ 31 / 2015	4) Page	of _	1		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
10 /15 / 15	MIAMI-DADE COUNTY 2700 NW 87 AVE MIAMI, FL 33172	VOTER'S LIST	CAN	N/A	\$60.00		
1							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
//							
//							
				:			
//							
//							

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



	OFFICE USE ONLY			
Name Eli Tovegevan	— OFFICE USE UNLT			
I.D. Number	11-02-15 11:52 RCVD			
Address (number and street)	_			
City, State, Zip Code SURFSINE, For 3315P				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	– b-Area			
REPORT IDE	Company to the Company of the Compan			
Report Name 2015 110 Cover Period 10/1/15 through 10/51/15 Report Type Original Amendment				
	CICATION			
	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.			
Eli Tourgens				
(Type name) Treasurer Deputy Treasurer	(Type name)			
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 _	Eli Tourgeure)	(2) I.D. Number	
(3) Report N	ame 2015 MID	(4) Cover Period	(2) I.D. Number 10/1 / 15 through	31/15
	Type 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)	(11) Amendment Type
	1			
		V/		
		1		
		/		
	/			



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154 11/17/15 SUD

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 }	TOURGEMAN that I
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 Dad	le County and the Town of Surfside,
Florida; that my address is 9064 BAY Dr.	, my
occupation is Retued	; that I have been a
resident of the Town of Surfside since; that I will be the comber 1,2015 by December 17, 2016 and that if elected, I will willingly serve as	
(Mayor or Commissioner) of the Town of Surfside, if elected.	
Signature of C	
Sworn to and subscribed before me this	<u>ember</u> , 2016.
SANDRA NOVOA MY COMMISSION # FF 187423 EXPIRES: May 4, 2019 Bonded Thru Notary Public Underwriters	ANOTARY PUBLIC Sandra NOVOG PRINTED NAME OF NOTARY
	PRINTED NAME OF NOTARY

CANDIDATE OATH – NONPARTISAN OFFICE

11-17-15 A10:46 RCVD SLN

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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 $MAYOL$, ,
(district #) (circuit #) (group or seat #) (office) (All All All All All County, Florida;
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. X April (Quae) X April (Quae)
Signature of Candidate Telephone Number Email Address
9064 Byly D. Confride & 33/154 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 <u>Miami Dade</u>
Sworn to (or affirmed) and subscribed before me this 17th day of November, 2015. Personally Known: or SANDRA NOVOA MY COMMISSION # FF 187423 EXPIRES: May 4, 2019 Signature of Notary Public
Produced Identification: Bonded Thru Notary Public Underwriters Print Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SU	RFSIDE, FLORIDA
We the undersigned electors of the Town of Surfside,	Florida hereby nominate FLI TOURGEMAN 60
	ayor or Commissioner) at an election to be held on March 15,
2016. <i>I</i>	· · · · · · · · · · · · · · · · · · ·
This petition must be filed with the Town Clerk n et more th	een 11/17/2015 and 12/7/2015. Ten fifty five and not lose than thirty five days prior to the election.
Signature: _ from front	Date: 9/2 º / /5 Voters Reg. #
Print Name: Sherri Lebiodh	Address:
Signature:	Date: YEY/C Voters Reg. #
Print Name: Agto CFG alor	Address:
Signature:	Date: 12015 Voters Reg. #
Print Name: Jaymy Bengil	Address: 17Ve
Signature: (Date: 9 20 15 Voters Reg. #
Print Name: Landa Hlanso	Address: 4
Signature: XXL	Date: 9/w//5 Voters Reg. #
Print Name: Alejaulato/Rourivez	Address
Signature: Whath (I meduly,	Date: <u>9/20/15</u> Voters Reg. #
Print Name: Depreh Cimadevilla	Address
Signature: Korles	Date: <u>9/21/15</u> Voters Reg. #
nt Name: <u>Alegua</u> M. Cortes	Address
oignature:	Date: <u>9/2//</u> /5 Voters Reg. #
Print Name: TORGE CORTES	Address
Signature: Wall	Date: 9 2 1 16 Voters Ren #
Print Name: 1000 Print Name:	Address:
Signature:	Date: <u>(1/21/15</u> Voters Reg. #
Print Name: Spund R. Behan	Address
Signature:	Date: 09/22/15 Voters Reg. #
Print Name: TSAAC TOURGEMAN	Address.
Signature: Rosalta Totalmin	Date: 9/23/2015/oters Reg. #
Print Name: ROSSEta TOUTGEMAN	Address:
Signature: Kalal Tourgeran	Date: 9/21/201 (Voters Reg. #
Print Name: Kachel 10 orgenan	Address:
C STATEMENT (OF CIRCULATOR
1)	aining 13 signatures. Each signature appended thereto
was made in my presence and is the genuine signature of the	signatures. Each signature appended thereto e person whose name it purports to be.
1	,
Signature of Circulator: Ulu (euna)	
inddress of Circulator: POU SAL Drail address of Circulator:	
	OF NOMINATION
nereby accept the nomination of MAT	OF NOMINATION (Mayor or Commissioner) and agree to
ignature of Candidate:	
	17-15 410:45 PCV0

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the the office of 2016.	undersigne — MA	d electors of t	he Town of Su	rfside, Florida, (Mayor or (ELI /	O be held on	for March 15,
This pe	etition must b	e filed with the	Town Clerk net	TWEEN 11	\17)2. re and not	D)5 C less than	and 12 thirty five day	2)7)20)5 ys prior to tho	election.
Signature:	11-0K	est Co	Dester M	11/2 D	ate 1 Sept	19900	∑ Voters R	ea #	
Print Name:	ROBEL	CT CON	DENESS	Addre		11,20	VOICIS IN	ey. #	
Signature:	Do	ND_	_		ite: 0%	iale	Voters Re	en #	
Print Name:	Donit	- We in	Frank	Addre	-1	-//8.)	_ 101013111	·	
Signature:		Jak	/			19/15	_√oters Re	en #	
Print Name:	Tock) weint	rach	Addre			= *************************************	-y. #	
Signature:	Jaine	L H. J	ntalak			9/15	_ Voters Re		
Print Name:		(L) 52	LAPAK	Addre	/ SS.		_ 10,0,0,10	· · · · · · · · · · · · · · · · · · ·	
Signature:	Oli Da	klal			te: 9-19		Voters Re	eo #	-
Print Name:	FRUM	STEAPAK		Addres		-1	_	·9· "	
Signature:	1stolen	My	1	Da		1113	_Voters Re	o #	
Print Name:	Willi	am (9)	ray501	Addres	K.				
Signature:	(a	rapol	el	Dat	e: 9//	9/15	Voters Re	a.#	144
t Name:	<u>('a</u> (a Rol	les	Addres	<u></u>		- 1	-1_	
Signature:	L	Helle-		Dat	e: 9/10	9/15	Voters Reg	o.#	
Print Name:	Bria	n Rol	1ex	Addres	s:			7 3+	
Signature: _	il	e Ma	12	Dat	e: 9//	9/15	Voters Rec	a. #	
Print Name: _	- A/	lex h	Pata.	Addres	5:	7 /	n rell		
Signature: _				Dat	= 9/1	9/15	Voters Reg). #	
Print Name: _	<u> </u>	FID	MATI	Address	- 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	
Signature: _	Ju	4		Date	: 9/19	1/15	Voters Reg	1. #	
Print Name: _	UJas	on Nerc	der	Address					
Signature: _	1001	MUL		_ Date	9.30	115	Voters Reg	. #	
Print Name:	Siny	COONIN	enlly	Addre		~	· · ·		
Signature: _	1			Date	: 1/20	111-	Voters Reg	. #	
Print Name:	AM	BENMER	CVI	Address	1	7,,	,	A	
			074771						
The undersians	adio tha aire			ENT OF CIRCU	2				
The undersigne was made in m	v presence	culator of the f and is the ger	oregoing papei Juine signature	r containing <u>I</u>	signal signal	gnatures.	Each sign	ature append	ed thereto
				or the person (wiose nai	me it purt	ports to be.		
Signature of Cir		Jul	Selucion						
Address of Circ		9064	BBY IR						
address o	of Circulator	:	ACCEDTA	NCE OF MONO	NATION		·		
hereby accept	the nomina	tion of	MAY	NCE OF NOMI	MOITAN	(Mayo	or or Comm	issioner) and	agree to
ignature of Ca	ndidate:	7 Dec	Count	11-17-13/	1 :45	Da	te: <u>///</u> //	/11	

(Mayor or Commissioner) and agree to

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA We the undersigned electors of the Town of Surfside, Florida, hereby nominate the office of (Mayor or Commissioner) at an election to be held on 2016. between 11/17/2015 and 12/1/2015. This petition must be filed with the Jown Clerk not more than fifty-five and not loss than thirty five days prior to the election. Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: 9/25/10 Voters Reg. # Print Name: Direa Address: Signature: Voters Reg. # Print Name: Address Signature: Date: Voters/Reg. #_ Print Name: Address. Signature: Date: Print Name: Address ·M: Laugus Signature: Date: 10/05/15 BARBHER MCLAUGILLIN Print Name: Address Signature: Voters Reg. # nt Name: Addres: RICARDO DE ADMABATE: 10 :gnature) Voters Reg. # Print Name: Addre Signature: ユのVoters Reg. # _ Date: Print Name: Addre Signature: Date: Voters Ren # Print Name: Address Signature: Date: 10/12 Voters Reg. # Print Name: Address Signature: Date: 10/15/15 Voters Reg. # Print Name: Address Signature: Date: 10.16.15 Voters Reg. # Print Name: Address: STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the benuine signature of the person whose name it purports to be. Signature of Circulator: Address of Circulator: mail address of Circulator: ACCEPTANCE OF NOMINATION

1 - 13-30 SERBAR R 701

1 Cullie

I nereby accept the nomination of

Signature of Candidate:

(Mayor or Commissioner) and agree to

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA We the undersigned electors of the Town of Surfside, Florida, hereby nominate $\succeq U$ the office of ____ (Mayor or Commissioner) at an election to be held on March 15. 2016. between 11/17/2015 and 12/7/2015.
This petition must be filed with the Town Clerk net more than fifty-five and net less than thirty five days prior to the election. Signature: Maria Marine Date: 10-13-2015 Voters Reg. MARIA Print Name: Address Signature: Date: Voters Reg. # Print Name: Addres Signature: Print Name: Address. Signature: Date: 11 Voters Reg. # Print Name: Address: 9132 Box Deive Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: _ Voters Reg. # _ nt Name: Address: oignature: Date: Voters Reg. # Print Name: Address: Signature: Date: ___Voters Reg. # Print Name: Address: Signature: Date: ___ Voters Reg. # Print Name: Address: Signature: ____ Voters Reg. # __ Date: Print Name: Address: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Print Name: Address: STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be. Signature of Circulator: Address of Circulator: mail address of Circulator:

ACCEPTANCE OF NOMINATION

I nereby accept the nomination of

Signature of Candidate:

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town	of Surfside, Florida, hereby nominate Eli Tour Rmgn
the office of $Mator$ 2016.	(Mayor or Commissioner) at an election to be held on March 1
	between 11/17/2015 and 12/7/2015.
This petition must be fried with the Town Ch	erk not more than fifty five and not less than thirty five days prior to the election.
Signature Stura Police P	Date: 9/3//15 Voters Reg. #
Print Name: Alina Bengio	The state of the s
Signature:	Date: 9/24/15 Voters Reg. #
Print Name: MIGUS CHALLOS	Address: 8943 BYRON AUC
Signature: main whatlow	Date: 9-34-15 Voters Reg. #
Print Name: MARIA CHAILES	
Signature:	Date: Noters Reg. #
Print Name: George WQ 1	Address: 9773 Collins Ave.
Signature:	Date: 11/2/15 Voters Reg. #
Print Name: ROBELT AUDRI	Address: \$87-> Coloros AV.
Signature:	Date: 113 /3 Voters Reg. #
Print Name: FLORY BORDEN	Address: 385 WILL AVE 27
Signature: J. Scoulitis	Date: 11/3/11 Voters Reg. #
nt Name: SPYRIDON SKORD	
bignature:	Date: <u>パリ</u> リノい Voters Reg. #
Print Name: DAVID WYN WAN	Address: 9595 WINN AVE #209
Signature:	
Print Name:	Address:
Signature:	
Print Name:	Address:
Signature:	
rint Name:	Address:
ignature:	
rint Name:	Address:
ignature:	
rint Name:	Address:
ST	ATEMENT OF CIRCULATOR
ne undersigned is the circulator of the foregoing	
as made in my presence and is the genuine sig	paper containing signatures. Each signature appended thereto nature of the person whose name it purports to be.
gnature of Circulator:	, , , , , , , , , , , , , , , , , , , ,
Idress of Circulator: 895 By	on Ar Sulfside FL 33154
nail address of Circulator:	211 AV 36193100 1 L 3 - L3 /
/ AGG	EPTANCE OF NOMINATION
ereby accept the nomination of	(Mayor or Commissioner) and agree to
gnature of Candidate: ####################################	Date: 1/17/15
	79-17-77-47-78-70-70-70



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

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

November 23, 2015

Mr. Eli Tourgamen 9064 Bay Drive Surfside, FL 33154

Dear Mr. Tourgeman:

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 Mayor 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	ER'S REPORT SUMMARY
(1)	ELI TOURGEMAN	OFFICE USE ONLY
	Name	
(2)	9064 BAY DR Address (number and street) SURFSIDE, FL 33154	11-30-15 A 1 1:12 RCVD SW
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es): ✓ Candidate Office Sought: MAYOR ☐ 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
	individual making electioneering communications)	
	(5) Repor	t Identifiers
Cov	er Period: From 11 / 01 / 2015 To	11 / 30 / 2015 Report Type: 2015 M11
☑ C	Original Amendment Sp	pecial Election Report
(6) Cas	Contributions This Report h & Checks \$, _2, _03000	(7) Expenditures This Report Monetary Expenditures \$,, 484 . 08
Loar Tota	\$,, al Monetary \$, _2 , 030 . 00	Transfers to Office Account \$, ,
In-K	ind \$, , .	Total Monetary \$, , 484 . 08
		(8) Other Distributions
(9)	TOTAL Monetary Contributions To Date \$, 3 , _66000	(10) TOTAL Monetary Expenditures To Date \$, 544 . 08
(T	It is a first degree misdemeanor for any percentify that I have examined this report and it is true, concept to the second secon	rtification son to falsify a public record (ss. 839.13, F.S.) rrect, and complete: (Type name) ELI TOURGEMAN (Type name) Chairperson (only for PC and PTY) X Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	TOURGEMAN		. 11	30 , 201) I.D. Numbe	r	1
(3) Cover Perio	od 11 / 01 / 2015	throu	igh /	/	_ (4) Page	e	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
03 2015	Ricardo de Armas 9381 Byron Ave Surfside, FL 33154	I	Retired - Re		N/A	N/A	\$20.00
03 2015	Oberle Opticians Inc 9552 Harding Ave Surfside, FL 33154	В	Optician	CHE	N/A	N/A	\$500.00
, 05 , 2015	Cine Cita Cafe 9544 Harding Ave Surfside, FL 33154	В	Restaurant	CHE	N/A	N/A	\$150.00
05 2015	Harding Realty Inc 9509 Harding Ave Surfside, FL 33154	В	Real-Estate	CHE	N/A	N/A	\$360.00
27 / ²⁰¹⁵	1108 Concourse LC 1124 Kane Concourse Bay Harbor Islands, FL 33154	В	Investments	CHE	N/A	N/A	\$1,000.00

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEM	AN					(2) I.D. Number	
(3) Cover Period 11	/ ⁰¹	/ ²⁰¹⁵	through 11	/ 30	/ ²⁰¹⁵	(4) Page	of ¹

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
11 /05 / 15	Postmaster 250 95 St Surfside, FL 33154	Postage	CAN	N/A	\$196.00
11 /17 / 15	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Qualifying Fee	CAN	N/A	\$25.00
11 /25 / 15	FedEx Office 12395 Biscayne Blvd North Miami, FL 33181	Printing	CAN	N/A	\$224.44
11 27 15	Costco 14585 Biscayne Blvd North Miami Beach, FL 33181	Supplies	CAN	N/A	\$32.64
11 /30 / 15	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Pictures	CAN	N/A	\$6.00
//					
/ /					
/ /					

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	
ELI TOURGEMAN	
I.D. Number	
Address (number and street) 9064 BAY DR	11-30-15 A17:12 RCVD SWN
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
[7] Marian	
☑ Mayor	
☐ Commissioner, District)
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, So	ub-Area
REPORT IDE	ENTIFIERS
Report Name2015 M11 Cover Perio	od11/01/2015 through11/30/2015
The port Hame	
Report Type Original Amendment	
	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.
ELI TOURGEMAN	ELI TOURGEMAN
(Type name) Treasurer Deputy Treasurer X Oun public	(Type name)
Signature	Signature

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			ELI TOL	(2) I.D. Number			
(3) Report	Name 2015 M11		(4) Cover Period	11/01/2015	through1	1/30/2015	
(5) Report	Type	☑ Original	Amendment	(6) Page	1	of	1
(7) Row Number	(La	(8) Full Na est, Suffix, F	ame irst, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
		,					

CAMPAIGN	TREASURER'S REPORT SUMMARY
(1) ELI TOURGEMAN	OFFICE USE ONLY
Name	
(2) 9064 BAY DR Address (number and street) SURFSIDE, FL 33154	01-04-16P02:45 RCVD SKN
City, State, Zip Code	
Check here if address has char	ged (3) ID Number:
☐ Political Committee (PC)	IAYOR
 ☐ Electioneering Communications C ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (als individual making electioneering com 	 ☐ Check here if PTY has disbanded ○ covers an ☐ Check here if no other IE or EC reports will be filed
	(5) Report Identifiers
Cover Period: From 12 / 01	/ 2015 To 12 / 31 / 2015 Report Type: 2015 M12
✓ Original	Special Election Report
(6) Contributions This Report Cash & Checks \$,1 ,	(7) Expenditures This Report Monetary Expenditures \$,, 23280
Loans \$,,	Transfers to Office Account \$, , .
Total Monetary \$	Total Monetary \$, , 232 . 80
	(8) Other Distributions
(9) TOTAL Monetary Contributions \$, 5 , _1100	네이어 보다 하다 살에서 그는 그 그게 불통하다 하셨다. 그 사람이 아이라면 하나 아이가 되어 가장 하는 그리겠습니다. 아이는 이 가슴이 가는 이 가장이다. 그 그 사람이 없는 사람이 없는 것이다.
It is a first degree misdemea	(11) Certification mor for any person to falsify a public record (ss. 839.13, F.S.) and it is true, correct, and complete:
(Type name) ELI TOURGEMAN	(Type name) ELI TOURGEMAN
Individual (only for IE or electioneering comm.) X Signature	Deputy Treasurer Candidate Chairperson (only for PC and PTY) X Pel (Seucose) Signature Chairperson (only for PC and PTY)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(7) Full Name (Last Suffix First Middle)	(8) Contributor Type Occupation		(9)	(10)	(11)	(12)
Street Address & City, State, Zip Code			Contribution Type	In-kind Description	Amendment	
Robert Condenzio 9064 Bay Dr Surfside, FL 33154	I	Travel Agent	СНЕ	N/A	N/A	\$1,000.00
Boris Rosen 1399 Biscaya Dr Surfside, FL 33154	I	Accountant	СНЕ	N/A	N/A	\$250.00
Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154	В			N/A	N/A	\$200.00
	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Robert Condenzio 9064 Bay Dr Surfside, FL 33154 Boris Rosen 1399 Biscaya Dr Surfside, FL 33154 Condotti Co. Inc. 9486 Harding Ave	Full Name (Last, Suffix, First, Middle) Street Address & C City, State, Zip Code Robert Condenzio 9064 Bay Dr Surfside, FL 33154 Boris Rosen 1399 Biscaya Dr Surfside, FL 33154 I Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation Robert Condenzio 9064 Bay Dr Surfside, FL 33154 Boris Rosen 1399 Biscaya Dr Surfside, FL 33154 Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154 B Retail Appar	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Robert Condenzio 9064 Bay Dr Surfside, FL 33154 Boris Rosen 1399 Biscaya Dr Surfside, FL 33154 I Accountant CHE Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Robert Condenzio 9064 Bay Dr Surfside, FL 33154 I Travel Agent CHE Boris Rosen 1399 Biscaya Dr Surfside, FL 33154 I Accountant CHE N/A Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154 B Retail Appar CHE N/A	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Robert Condenzio 9064 Bay Dr Surfside, FL 33154 Boris Rosen 1399 Biscaya Dr Surfside, FL 33154 I Accountant CHE N/A N/A Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154 B Retail Appar CHE N/A N/A

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

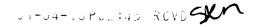


3) Cover Perio	d 12 / 01 / 2015 through 12		4) Page	of _	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
1	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Reimbursement for advertising - "Bolt Printing"	CAN	N/A	\$232.80
/ /					
/ /					
//					
/ /					
/ /					

//	:		

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



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
01-04-16P02:45 RCVD SL
<u> </u>
Sub-Area
DENTIFIERS
iod12/01/2015through12/31/2015
IFICATION erson 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.
ELI TOURGEMAN
(Type name) Candidate X Qui (evauc Signature
i

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			ELI TO	JRGEMAN	(2) I.D. Number			
(3) Report	Name	20	15 M12	(4) Cover Period	12/01/2015	through1	2/31/2015	
(5) Report	Туре	☑ Original	☐ Amendment	(6) Page	1	of	1	
(7) Row Number	(L	(8) Full Na ast, Suffix, F	ame irst, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type	
					/	<u> </u>		
					<u> </u>			
				N/				
				1/		<u></u>		
						_		
			/					
		_/						
	6							

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	ELI TOURGEMAN	OFFICE USE ONLY
	Name	
(2)	9064 BAY DR Address (number and street)	02-04-16P03:15 RCVD Cyl
	SURFSIDE, FL 33154	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number: 42
(4)	Check appropriate box(es): Clandidate Office Sought: MAYOR	
	 ✓ 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) Repor	t Identifiers
Cov	er Period: From <u>01</u> / <u>01</u> / <u>2016</u> To	01 / 31 / 2016 Report Type: 2016 M1
☑ C	Original Amendment Sp	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , ,0 . 00	Monetary
Loar	s,,	Transfers to Office Account \$, , .
	I Monetary \$, , 0 . 00	Total Monetary \$,,800 . 79
In-K	ind \$,,	
		(8) Other Distributions \$, ,
(9)	\$, 5 , _11000	(10) TOTAL Monetary Expenditures To Date \$,1,577 67
		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) ELI TOURGEMAN
or X	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate Chairperson (only for PC and PTY) X Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	OURGEMAN		(2)	I.D. Number	42	
(3) Cover Period	01 / 01 / 2016	through 01 /	/		1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1			1,7,50	J GGG PRIGH		, , , , , , , , , , , , , , , , , , ,
1 1						
1						
1 1						
1 1						
1 1						
						·

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name ELI	CAMPAIGN TREASURER'S RE OURGEMAN	EPORT – ITEMIZED () EXPENDIT 2) I.D. Numbe	URES - 42	
(3) Cover Perio	d ⁰¹ / ⁰¹ / ²⁰¹⁶ through ⁰¹	/ 31 / 2016	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)	(11)
01 /11 / 16	Walter Haas Graphics 123 W 23rd St Hialeah, FL 33010	Signs	CAN	N/A	\$800.79
/ /					
//					
/_/					
/ /					
/ /					
/ /					
/ /				,	

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 ELI TOURGEMAN	
I.D. Number	
Address (number and street) 9064 BAY DR	02-04-16P03:15 RCVD GN
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	ub-Area
REPORT IDE	ENTIFIERS
Report Name 2016 M1 Cover Period	od01/01/2016 through01/31/2016
Report Type Original	
	FICATION
It is a first degree misdemeanor for any personal 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.
ELITOURGEMAN	ELITOURGEMAN
(Type name) Treasurer Deputy Treasurer X	(Type name)

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	meELI TOURGEMAN				42		
(3) Report	Name	20	016 M1	(4) Cover Period	01/01/2016	through	01/31/2016
(5) Report	Туре	☑ Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(L	(8) Full Na ast, Suffix, F	ame irst, Middle)	(9) Employed By	Name of Organiz	(10) zation Employed By nired by campaign)	(11) Amendment Type
					/		
			1				
			1	Λ /			
			1/				
			1				
					1		
	/						

CAMPAIGN TREASURER'S REPORT SUMMARY	
(1) ELI TOURGEMAN	OFFICE USE ONLY
Name	
(2) 9064 BAY DR Address (number and street) SURFSIDE, FL 33154	TOWN OF SURFSIDE
City, State, Zip Code	FEB1776 03:05PM
☐ Check here if address has changed	(3) ID Number: 42
(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 Identifiers	
Cover Period: From $02 / 01 / 2016$ To	02 / 12 / 2016 Report Type: 25 Days Prior
✓ Original	pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , _0 . 00	Monetary
Loans \$, ,	Transfers to Office Account \$, ,
Total Monetary \$	Total Monetary \$, , 294 . 00
In-Kind \$, ,	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date \$, 5 , 110 00	(10) TOTAL Monetary Expenditures To Date \$, 1 , _87167
(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) CLI TOURGEMAN ☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer	(Type name) ELI TOURGEMAN ☑ Candidate ☐ Chairperson (only for PC and PTY)
X DUI (CLUQUE) Signature	X BUI ELLOW Signature

(1) Name	OURGEMAN		(2)	I.D. Number	42	
(3) Cover Period	02 / 01 / 2016	through / _	2016	(4) Page	1 (of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Type Occupation	Type	Description	Amendment	Amount
1 1						
1 1						
,						
I I						
1 1						
1 1						
1 1						
*						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE

(1) Name ELI TOURGEMA	AN					(2) I.D. Number <u>42</u>	!	
(3) Cover Period ⁰²	/ 01	/ ²⁰¹⁶	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
2 /02 / 16	United States Postal Service 250 95th St Surfside, FL 33154	Postage	CAN	N/A	\$245.00
2 /07 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$49.00
/ /					
//					
//					
//					
/ /					
//					



	OFFICE USE ONLY
Name	
ELI TOURGEMAN	
I.D. Number	FE817'16 03:06PM
42	TOWN OF SURFSIDE
Address (number and street) 9064 BAY DR	
City, State, Zip Code	
SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☑ Mayor	
☐ Commissioner, District	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
	.b A
☐ Community Council, Area, Su	D-Alea
REPORT IDE	NTIFIERS
Report Name 25 Days Prior Cover Period	d02/01/2016 through02/12/2016
Report Type Original	
CERTIE	CICATION
	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.
ELI TOURGEMAN	ELI TOURGEMAN
(Type name)	(Type name)
X Dell sucon	X Mu jourson
Signature	Signature U

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name			ELI TO	(2) I.D. Number 4			
(3) Report I	Name 25 Days Prior		(4) Cover Period	02/01/2016	through	02/12/2016	
(5) Report [·]	Туре ⊡	d Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(Las	(8 Full N t, Suffix, F) ame First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed E ired by campaign	(11) Amendment Type
						-	
				1 0/	/	/	
			\		//		
			1	1			
				/			
				<u> </u>			
			**				
_							

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	ELI TOURGEMAN	OFFICE USE ONLY
(0)	Name	
(2)	9064 BAY DR Address (number and street) SURFSIDE, FL 33154	03-03-16 A 10:30 RCVD SKN
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number: 42
(4)	Check appropriate box(es): ✓ Candidate Office Sought: ✓ Political Committee (PC)	
	☐ Folitical 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 <u>02</u> / <u>13</u> / <u>2016</u> To	02 / 26 / 2016 Report Type: 11 Days Prior
√ C	Original Amendment Sp	ecial Election Report
(6) Cas	Contributions This Report h & Checks \$, , 0.00	(7) Expenditures This Report Monetary Expenditures \$, 771 . 23
Loa	ns \$,,	Transfers to Office Account \$, , .
	al Monetary \$	Total Monetary \$, , 771 . 23
In-K	ind Ψ , ,	(8) Other Distributions
		\$, ,
(9)	TOTAL Monetary Contributions To Date \$, 5 , _11000	(10) TOTAL Monetary Expenditures To Date \$, 2 , _642 90
		tification 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:
(7	Type name) ELI TOURGEMAN	(Type name) ELI TOURGEMAN
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer relection eering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
x	ignature gurgenulu	X Aucunen Signature

		(2)	I.D. Number	42	
02 / 13 / 2016	through	/ /	(4) Page	o	f
(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)
	NE.				
	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Contributor Type Occupation	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Contributor Type Contributor Type Contributor Type	O2 / 13 / 2016 through O2 / 26 / 2016 (4) Page (77) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Contributor Type Occupation Contributor Type Occupation Type Occupation (4) Page (4) Page	O2 / 13 / 2016 through O2 / 26 / 2016 (4) Page 1 o (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Type Occupation Occupa

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name ELI TOURGEMAN	(2) I.D. Numb	er ⁴²
		,

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

(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 /16 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$5.00
02 /16 / 16	Walter Haas Graphics 123 W 23 St Hialeah, FL 33010	Printing	CAN	N/A	\$117.00
02 /17 /16	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Chips for Campaign	CAN	N/A	\$27.74
02 19 16	100 Marketers 260 95th St, Ste 201 Surfside, FL 33154	Printing	CAN	N/A	\$260.37
02 /24 / 16	United States Postal Sevice 250 95th St Surfside, FL 33154	Postage	CAN	N/A	\$147.00
02 /25 /16	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Refreshments for Meet & Greet	CAN	N/A	\$31.59
02 /26 / 16	100 Marketers 260 95th St, Ste 21 Surfside, FL 33154	Printing	CAN	N/A	\$182.53
//					

DS-DE 14 (Rev. 11/13)



	OFFICE USE ONLY
Name	27/22/22/22
ELI TOURGEMAN	
I.D. Number	
42	03-03-16A10:30 RCVD Sh.
Address (number and street) 9064 BAY DR	
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, So	ub-Area
REPORT IDE	ENTIFIERS
Report Name11 Days Prior Cover Perio	od 02/13/2016 through 02/26/2016
Report Name Cover Femo	u
Report Type Original Amendment	
CERTIF	FICATION
It is a first degree misdemeanor for any per	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.
ELI TOURGEMAN	ELI TOURGEMAN
(Type name) Treasurer Deputy Treasurer	(Type name)
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name			ELI TOL	(2) I.D. Number 42			
(3) Report	Name _	11 [Days Prior	(4) Cover Period	02/13/2016	through	2/26/2016
(5) Report	Туре	☑ Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(La	(8 Full N est, Suffix, F) ame First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
		<u> </u>		10-			
-				11/			
) /			
				/			
		/					
							-
	-			<u></u>			
						1 de 1	_

CAMPAIGN TREASUR	RER'S REPORT SUMMARY
(1) ELI TOURGEMAN	OFFICE USE ONLY
Name	TOWN OF SURFSIDE
(2) 9064 BAY DR Address (number and street) SURFSIDE, FL 33154	MAR11716 10:05AM
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number: 42
(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
	ort Identifiers To 03 / 10 / 2016 Report Type: 4 Days Prior
	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, _0 . 00	Monetary Expenditures \$, _2 , _20125
Loans \$,,	Transfers to Office Account \$,,
Total Monetary \$	Total Monetary \$, _2 , _20125
,,,	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$,5 , _11000	(10) TOTAL Monetary Expenditures To Date \$,4 , _84415
It is a first degree misdemeanor for any per I certify that I have examined this report and it is true, con (Type name) ELI TOURGEMAN	(Type name) ELI TOURGEMAN
Individual (only for/IE / Treasurer Deputy Treasurer or electioneering comm.) X Signature	X Candidate Chairperson (only for PC and PTY) X Signature

) Name	TOURGEMAN		(2)	I.D. Number	42	
) Cover Perio	d / / /	through 03	/ /		1 0	f
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupa		(10) In-kind Description	(11)	(12)
1 1						
1 1						
1 1						
1 1						
1 1				:		
1 1						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name ELI TOURGEMAN (2) I.D. Number 42

(3) Cover Period 02 / 27 / 2016 through 03 / 10 / 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 /28 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Labels	CAN	N/A	\$29.95
03 /08 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$49.00
03 /09 /16	Campaign Super Store 1672 NE 205 Terrace Miami, FL 33179	Graphics	CAN	N/A	\$1,545.00
03 09 16	Wilbur Jackson 1504 Mayo Street Hollywood, FL 33020	Graphics/Design	CAN	N/A	\$400.00
03 /10 /16	Costco 14585 Biscayne Blvd Miami, FL 33181	Snacks/Drinks - Election Day	CAN	N/A	\$77.30
03 10 16	Petty Cash 9064 Bay Dr Surfside, FL 33154	Petty Cash	PCW	N/A	\$100.00
//					
/ /					



	OFFICE USE ONLY
Name ELI TOURGEMAN	
I.D. Number	TOWN OF SURFSIDE MAR11716 10:06AM
Address (number and street) 9064 BAY DR	
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	ub-Area
REPORT IDE	ENTIFIERS
Report Name4 Days Prior Cover Perio	od02/27/2016 through03/10/2016
Report Type Original	
	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.
ELI TOURGEMAN	ELITOURGEMAN
(Type name)	(Type name) Candidate X Cert Certs Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	o l	ELI TOL	(2) I.D. Number	42		
(3) Report	Name 4 D	ays Prior	(4) Cover Period	02/27/2016	through0	3/10/2016
(5) Report	Type 🗹 Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(8 Full N (Last, Suffix, I	ame	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
					II.	
			1			
			2//			
					=	

CAMPAIGN TREAS	SURER'S REPORT SUMMARY
(1) ELI TOURGEMAN	OFFICE USE ONLY
Name	TOWN OF SURFSIDE
(2) 9064 BAY DR Address (number and street)	MAR11716 10:05AM
SURFSIDE, FL 33154	
City, State, Zip Code	
Check here if address has changed	(3) ID Number: 42
(4) Check appropriate box(es): ☑ Candidate Office Sought: MAYOR	
 □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers a individual making electioneering communication 	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) F	Report Identifiers
Cover Period: From $02 / 27 / 2016$	To 03 / 10 / 2016 Report Type: 4 Days Prior
✓ Original	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , , 0 . 00	Monetary Expenditures \$, _2 , _20125
Loans \$,,	Transfers to Office Account \$, ,
Total Monetary \$	
In-Kind \$,,	(8) Other Distributions
	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$,5 , _11000	(10) TOTAL Monetary Expenditures To Date \$,4 , _84415
It is a first degree misdemeanor for an	1) Certification ny person to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is tru	
(Type name) ELI TOURGEMAN ☐ Individual (only for IE or electioneering comm.) ☐ Deputy Treasurer ☐ Deputy T	surer (Type name) ELI TOURGEMAN Candidate Chairperson (only for PC and PTY)
x Sale gouan	x Dous gonail
Signature	Signature

Cover Perio	d///	throug	gii /	/	(4) Page	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Со Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amour
1 1							
1 1							
1 1							
1 1							
1 1					-		
1 1							
1 1							

TOWN OF SURFSIDE

(1) Name ELI TOURGEMA	AN					(2) I.D. Number	42	
(3) Cover Period 02	/ 27	/ ²⁰¹⁶	through 03	/ 10	/ 2016	(4) Page	of	

(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 /28 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Labels	CAN	N/A	\$29.95
03 /08 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$49.00
03 /09 /16	Campaign Super Store 1672 NE 205 Terrace Miami, FL 33179	Graphics	CAN	N/A	\$1,545.00
03 09 16	Wilbur Jackson 1504 Mayo Street Hollywood, FL 33020	Graphics/Design	CAN	N/A	\$400.00
03 /10 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Snacks/Drinks - Election Day	CAN	N/A	\$77.30
03 /10 /16	Petty Cash 9064 Bay Dr Surfside, FL 33154	Petty Cash	PCW	N/A	\$100.00
/ /					
//					



	OFFICE USE ONLY
Name	
ELI TOURGEMAN	
I.D. Number	TOWN OF SURFSIDE
42	955
	MAR1176 10:06AM
Address (number and street) 9064 BAY DR	
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	ıb-Area
REPORT IDE	NTIFIERS
Report Name 4 Days Prior Cover Perio	d02/27/2016 through03/10/2016
Report Type Original Amendment	
CERTIF	CICATION
It is a first degree misdemeanor for any pers	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.
ELI TOURGEMAN	ELITOURGEMAN
(Type name)	(Type name) Candidate
Signature	Signature O

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name			ELI TOL	JRGEMAN		(2) I.D. Number	42
(3) Report	Name _	4 D	ays Prior	(4) Cover Period	02/27/2016	through	03/10/2016
(5) Report	Туре	☑ Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(La	(8) Full N est, Suffix, F) ame First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
							2
						And the second	
				1			
7							
				2//			
				/			
				/			
	i n						

CAMPAIGN TREASU	RER'S REPORT SUMMARY
(1) ELI TOURGEMAN	OFFICE USE ONLY
Name (a) 2004 BAY DB	
(2) 9064 BAY DR Address (number and street) SURFSIDE, FL 33154	04-13-16P03:42 RCVD
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number: 42
(4) Check appropriate box(es): Candidate Office Sought: MAYOR	
 ☐ 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) Rep	port Identifiers
Cover Period: From 03 / 11 / 2016	To <u>06</u> / <u>13</u> / <u>2016</u> Report Type: <u>TR</u>
✓ Original	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , , 0 . 00	Monetary
Loans \$, ,	Transfers to Office Account \$, , .
Total Monetary \$	Total Monetary \$, , 265 . 85
In-Kind \$, ,	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$,5 , _11000	(10) TOTAL Monetary Expenditures To Date \$,5_,11000
It is a first degree misdemeanor for any p	Certification person to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, o	
(Type name) ELI TOURGEMAN ☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer	(Type name) ELI TOURGEMAN Chairperson (only for PC and PTY)
or election pering comm.)	x Dell ouen
Signature ()	Signature

(1) Name ELI TOURGEMAN (2)					I.D. Number	42	
(3) Cover Period	03 / 11 / 2016	throu	gh/	13 / 2016	(4) Page	1	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
I I							
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 ELI TOURGEMAN (2) I.D. Number 42 (2) I.D. Number 42 (3) I.D. Number 42 (4) (4) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6							
(3) Cover Perio	d 03 / 11 / 2016 through 06		4) Page	of _	1		
(5) Date	(7) Full Name	(8) Purpose (add office sought if	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount		
03 /31 / 16	Rustico 9476 Harding Avenue Surfside, FL 33154	Volunteer gathering for thanks as per agreement of 03/09/2016	CAN	N/A	\$265.85		
//							
/ /							
//							
/ /							
/ /							
/ /							
/ /							

DS-DE 14 (Rev. 11/13)



Name ELI TOURGEMAN	OFFICE USE ONLY			
I.D. Number				
Address (number and street) 9064 BAY DR	04-13-16P03:42 RCVD			
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	ıh-∆rea			
REPORT IDE				
REPORTIDE	INTIFIERS			
Report Name TR Cover Perio	od03/11/2016 through06/13/2016			
Report Type Original Amendment				
	FICATION			
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.			
ELI TOURGEMAN	ELI TOURGEMAN			
(Type name) Treasurer Deputy Treasurer X Signature	(Type name) Candidate Au (eule) Signature			

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name			ELI TO	(2) I.D. Number	42			
(3) Report	NameTR		TR	(4) Cover Period	03/11/2016	through	06/13/2016	
(5) Report	Туре	☑ Original	☐ Amendment	Amendment (6) Page		of	1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)		(9) Employed By	Name of Organi	(10) zation Employed By hired by campaign)	(11) Amendment Type		
]				
		***************************************		Va-				
-						×2	1	
				-,	•	V 1 4 - 4		
		(_						
			- 1				1	