STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

11-30-15 A11:28 RCVD GM

I, Jaymy Bengio	
candidate for the office of <u>Commissioner</u>	
have been provided access to read and understand the requirement	ents of
Chapter 106, Florida Statutes.	
X My 11/30/2015 Signature of Candidate Date	te

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)

11-30-15 A11:28 RCVD SK

NOTE: This form must be officer before opening the		alifying			OFFICE USE ONLY
1. CHECK APPROPRIATE Initial Filing of Form	E BOX(ES): Re-filing to Change	e: Treas	surer/Deputy	Depository	Office Party
2. Name of Candidate (in	this order: First, Middle, L			de post office box or	r street, city, state, zip
Jaymy Bengio			code) 8951 Byron Av	7 0	
4. Telephone	5. E-mail address		Surfside, FL 33		
(305) 815-6205	jaymybengio@hotma	ail.com			
6. Office sought (include of Commissioner	listrict, circuit, group num	iber)	7. If a cand applicat	ble:	rtisan office, check if as a Write-In candidate.
8. If a candidate for a part	tisan office, check bloc	k and fill in r	name of party as	applicable: My in	ntent is to run as a
Write-In No F	Party Affiliation			P	Party candidate.
9. I have appointed the fo	llowing person to act a	s my 🔀	Campaign Trea	surer Dep	uty Treasurer
10. Name of Treasurer or D	Deputy Treasurer				
Jaymy Bengio					
11. Mailing Address					ephone
8951 Byron Ave) 815-6205
13. City	14. County	15. State	16. Zip Code	17. E-mail address	
Surfside	Miami-Dade	FL	33154 jaymybengio@hotmail.com		
18. I have designated the	following bank as my		Primary Depositor	ry Second	dary Depository
19. Name of Bank			. Address		
BankUnited, N.A.		122	290 Biscayne E		Total Sales
21. City	22. County		23. State		24. Zip Code
North Miami	Miami-Dade		FL		33181
UNDER PENALTIES OF PERJUIDESI	RY, I DECLARE THAT I HAVE IGNATION OF CAMPAIGN DEI				
25. Date		26.	. Signature of Can	ididate	
11/30/2015		X	Verys 1	17/	
27. Treasure	er's Acceptance of Appo	ointment (fill	in the blanks and	check the appropris	ate block)
l,	Jaymy Bengio)	[] V V	, do hereby acce	ept the appointment
	(Please Print or Type I	Name)	Λ		A CONTRACTOR OF THE PROPERTY O
designated above as:		Freasurer	Deputy Tre	asurer.	
11/30/20	015	X	MIMS	MI	
Date	1	Sign	nature of Campai	gn Treasurer or Dep	outy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

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 Jaymy Bengio, 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 <u>8951 Byron Ave Surfside</u> , FL 33154, my
occupation is; that I have been a
resident of the Town of Surfside since 1987; 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 Commissione
(Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate Date
Sworn to and subscribed before me this 2nd day of December, 2015
A AMPONIONE AND A AMPONIONE AN
SANDRA NOVOA MY COMMISSION # FF 187423 EXPIRES: May 4, 2019 Bonded Thru Notary Public Underwriters Sandra NOVOG
PRINTED NAME OF NOTARY

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

12-02-15P12:18 RCVD Sen

OFFICE USE ONLY

	OATH OF CANDIDA (Section 99.021, Florida State		
I, Jaymy Bengio			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	ON THE BALLOT * NAME M	AY NOT BE CHANGED AFTER	THE END OF QUALIFYING)
am a candidate for the nonpartisan office of	Commissioner		
am a canadate for the nonpartical office of		(office)	(district #)
; I am a	qualified elector of Mia	ami-Dade	County, Florida;
(circuit #) (group or seat #)			
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have Section 99.012, Florida Statutes; and I will state of Florida.	office in the state, the resigned from any office	e term of which office e from which I am requ	or any part thereof runs ired to resign pursuant to nd the Constitution of the
Signature of Candidate	Telephone Number	Email	Address
8951 Byron Ave Surfs	ide	FL	33154
Address City	**	State	ZIP Code
Candidate's Florida Voter Registration Numb * Please print name phonetically on the line be with disabilities (see instructions on page 2 of a second secon	pelow as you wish it to b		udio ballot for persons
STATE OF FLORIDA			
COUNTY OF Miani Dade.	and		
Sworn to (or affirmed) and subscribed bef	ore me thisd	ay of <u>December</u>	er, 20 <u>15</u> .
Produced Identification:	sided (file Notaly) able bleestern	(X)	Sandra Lova ssioned Name of Notary Public
Type of Identification Produced: DL# B520-	420-80-345	-0 / 1	

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, Jaymy Bengio	, a candidate for the office of
Commissioner	, agree to abide by the mandatory fair campaign practices as
provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as
compulsory the jurisdiction of th	e Ethics Commission. I further agree that the Ethics
Commission will have the author	rity to decide whether said candidate has violated the mandatory
campaign practices and, if a viol	ation is found, the Ethics Commission has the authority to
impose the appropriate penalty, i	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
- c) 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
- 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.



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.
- 8. 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, Jaymy Bergie	, a candidate for the office of
Commissions,	agree to abide by the Statement of Fair Campaign
Practices mandatory fair campaign pract	tices as provided in Section 2-11.1.1(C)(1) of the Code of
Miami-Dade County and described on the	he 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 candida	ate 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.

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the	undersigned electors of the Town of Surfside	e, Florida, hereby nomin	nate JAYMY Ben)610 fo
the office of			r) at an election to be held on	
2016.	hen	neen ulitie	12/7/2010	
This pe	tition must be filed with the Town Clerk net more	than fifty-five and not less	than thirty five days prior to the	-election.
Signature:	Robert Condemni)	Date: 12-1-1	Voters Reg. #	
Print Name:	ROBERT CONDENZIO	Address:		
Signature:	Ken com		// Voters Reg. #	
Print Name:	EI: Takeeren	Address:	vo.o.o v.og.	
Signature:			Voters Reg. #	
Print Name: ;	SCROID GURVITTOH	Address:		
Signature:	Geen Suppl	Date: 12/1/	Voters Reg. #	
Print Name:	LEON JAKOBS	Address:	. /	
Signature:	Mark Ahne le	Date: 12/1/15	Voters Reg. #	
Print Name:	MANG SCHNEIDER	Address:	.,,,	
Signature: _	Contract of the same	Date: <u>/ ン/</u> / / /	Voters Reg. #	
Print Name:	THESTH (BINZAMOSKY	Address:		
^I Signature: <u>·</u>	Tour now	Date: ノレ」	Voters Reg. #	T-107
Print Name:	BERYD ZISHANI	Address:		٠٠
Signature: _	Down	Date: /2/1/	Voters Reg. #	
Print Name: _	Don't Wentraub	Address:		
Signature: _	x/J) Van	Date:	Voters Reg. #	
Print Name:	Todd Weintrank	Address:	·	
Signature:	Jorael H. Dylafat	Date: 12/1/1	/ ý Voters Reg. #	
Print Name:	ISLAGI DI STLAPAK	Address:	. /	
Signature:	OTTO Calabo	Date: 12/1/	Voters Reg. #	
Print Name:	ERUBA SZLAPAK	Address:	ال ۲۰۱۰ حب	
Signature: <u>-</u>	por tre	Date: 12/1/15	Voters Reg. #	
Print Name:	Nowa-d R. Mahar	Address:		
Signature:	Mary	Date: 12/1/14	Voters Reg. #	
Print Name:	- PUMEIOSISEVA	Address:	- · · · · · · · · · · · · · · · · · · ·	
	STATEMENT	OF CIRCULATOR	V	
The undersigne	ed is the circulator of the foregoing paper cor	2	itures. Each signature appen	ded therete
vas made in m	y presence and is the genuine signature of the	he person whose name	it purports to be.	ded thereto
Signature of Cir	culator Dan (Russel)			
Address of Circ	(2)(11/1)			
mail address of				•
	ACCEPTANCE	OF NOMINATION		
nereby accept	the nomination of Suul SIONS		(Mayor or Commissioner) and	d agree to
signature of Ca	ndidate:		Date: 12/2/15	
	777	12-02-15		

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

the office of Corul IVONED (Mayor or Commissioner) at an election to be held on Mari 2016. This petition must be filed with the Town Clark net men them flip five and not best than thinly five days prior to the election. Signature: Print Name: Address: Sign	We the undersigned electors of the Town of Surfithe office of	side, Florida, hereby n	
Signature: Print Name: Address: Signature: Print Name: Address: Signature: Print Name: Address: Signature: Date: Voters Reg. # Address: Signature: Print Name: Address: Address: Signature: Print Name: Address: Address: Signature: Print Name: Address: Address	2016.	_ (wayor or Commiss	ioner) at an election to be held on March
Print Name: SHAPE TEVARDOVITO Address: Signature: Date: 12 1 15 Voters Reg. # Address: Signature: Date: 12 1 15 Voters Reg. # Address: Signature: Date: 12 1 15 Voters Reg. # Address: Signature: Date: Voters Reg. # Address: Signature: Date: Voters Reg. # Print Name: Address: Sig	This petition must be filed with the Town Clerk net m	ween 1117/11 oro than fifty five and no	5 - 12 4 2015 - t loss than thirty five days prior to the election.
Address: Signature: Print Name: Address: Signature: Print Name: Ad	Signature:	Date: 12	1/15 Votors Box #
Signature: CAPLIN Address: Signature: Date: 2 1 1 5 Voters Reg. # Address: Signature: Date: 2 01-1 Voters Reg. # Print Name: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Address: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Address: Signature: Date: Voters Reg. # Print Name: Address: Date: Voters Reg. # Print Name: Address: Signature:	Print Name: SHALL TEVARDOVIT		voters Reg. #
Address: Signature: Print Name: Signature: Print Name: Address: Signature: Date: Date: Date: Date: Voters Reg. # Print Name: Address: Signature: Print Name: Address: Signature: Date: Date: Voters Reg. # Print Name: Address: Signature: Date: Print Name: Address: Signature: Date: Voters Reg. # Address: Signature: Date: Orders Reg. # Address: Signature: Date: Orders Reg. # Address: Signature: Date: Orders Reg. # Address: Orders Reg	Signature: St. Cape.		1115 Voters Bas #
Signature: Date: Z-OI-/C Voters Reg. # Address: Signature: Date: Voters Reg. # Signature: Date:	Print Name: GANDRY -L CAPLIN		voters Reg. #
Print Name: Address: Print Name: Addres			
Signature: Print Name: Address: Signature: Date: Address: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Address: Signature:	Print Name: SONATHAN RUBINISTEIN		
Address: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Print Name: Address: Signature: Date: Voters Reg. # Address: Signature: Date: Voters Reg. # Address: Signature: Address: Signature: Date: Voters Reg. # Address: Signature: Signatur		Date:	Votors Des. #
Signature: Print Name: Address: Signature: Date: Address: Print Name: Address: Signature: Date: Voters Reg. # Address: Signature: Date: Voters Reg. # Address: Signature: Address: Signature: Signature: Date: Voters Reg. # Address: Signature: Signature: Date: Voters Reg. # Address: Signature: S	Print Name:		voters Reg. #
Print Name: Date: Voters Reg. # Print Name: Address: Date: Voters Reg. # Address: Date: Voters Reg. # Print Name: Address: Date: Voters Reg. # Address: Int Name: Address: Int Name: Address: Date: Voters Reg. # Address: Address: Address: Address: Voters Reg. # Address: Address: Address: Oters Reg. # Addr	Signature:	17 bit	Note: D
Signature: Print Name: Address: Date: Date: Voters Reg. # Address: Print Name: Address: Date: Voters Reg. # Address: Ignature: Date: Voters Reg. # Address: STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing	Print Name:		Voters Reg. #
Address: Date:	Signature:		V-1
Date: Voters Reg. # Address:	Print Name:		Voters Reg. #
Address: Date:	Signature:		V. 1 . 2
ignature: Int Name: Ignature: Ignatu	Print Name:		voters Reg. #
Address: Date:	Signature:		
ignature: Int Name: Ignature:	rint Name:	Address:	voters Reg. #
rint Name: Date:	ignature:	12	V. I
ignature: rint Name: Address: gnature: rint Name: Date: Address: gnature: rint Name: Address: gnature: pnature: rint Name: Address: Date: Voters Reg. # Address: gnature: rint Name: Address: Date: Voters Reg. # Address: STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing	rint Name:		voters Reg. #
Address: ignature: Date: Voters Reg. # gnature: Date: Voters Reg. # gnature: Date: Voters Reg. # int Name: Address: gnature: Date: Voters Reg. # int Name: Address: gnature: Date: Voters Reg. # int Name: Address: STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing signatures. Each signature appended there is made in my presence and is the genuine signature of the person whose name it purports to be. Inature of Circulator: Folly This Distriction of Circulator: ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to patture of Candidate: Willy Mayor or Commissioner) and agree to patture of Candidate: Willy Mayor or Commissioner) and agree to patture of Candidate: Willy Mayor or Commissioner)	ignature:		V-4 D "
gnature: Date: Voters Reg. # gnature: Date: Voters Reg. # gnature: Date: Voters Reg. # int Name: Address: gnature: Date: Voters Reg. # int Name: Address: gnature: Date: Voters Reg. # int Name: Address: STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing	rint Name:		voters Reg. #
gnature: Date: Voters Reg. #	gnature:		V-1- 2
pnature:	int Name:		voters Reg. #
Address: Date:	gnature:	111	Volume D
STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing	int Name:		voters Reg. #
STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing	gnature:		V-4
STATEMENT OF CIRCULATOR e undersigned is the circulator of the foregoing paper containing	int Name:		voters Reg. #
anature of Circulator: Green Gree	e undersigned is the circulator of the foregoing paper of	IT OF CIRCULATOR	gnatures. Each signature appended thereto
dress of Circulator: ACCEPTANCE OF NOMINATION	&/ a	The person whose ha	me it purports to be.
ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to	dress of Circulator: 9064 1344 D	ı	
nature of Candidate: Will 19	ACCEPTANO	E OF NOMINATION	(Mayor or Commissioner) and agree to
	nature of Candidate:		- 1-1

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside the office of 6000 SCO	
2016.	Mayor or Commissioner) at an election to be held on March 18
benu	Deen 11/17/2015 - 12/7/2015. Than fifty five and not loss than thirty five days prior to the election.
This petition must be filed with the Town Clerk not more t	han fifty five and not loss than thirty five days prior to the election.
Signature: Signature:	Deta 12 1/16 N = 2
Print Name: - Reil Brian Rolly	Date: /2///J Voters Reg. #
Signature: //////	Address:
Print Name:	Date: /////// Voters Reg. #
	Address:
Signature:	Date: <u>/ユ////</u> Voters Reg. #
Print Name:	Address:
Signature:	Date: <u>/2////</u> Voters Reg. #
Print Name: ANDRES ANREY	Address:
Signature:	Date: 12/11/15 Voters Reg. #
Print Name: MAURICE P. NEVILLE	Address:
Signature: X fine I neville	Date: ゴンルル Voters Reg. #
Print Name: JUNE S. Nedy le	Address:
Signature: Edaire Killeer	Date: / 2/ / / / \(\square \) Voters Reg. #
Print Name: ELAINE KILLEEN	Address:
Signature:	Date: 12/1/15. Voters Reg. #
Print Name: Claudia Correa	Address:
Signature: GREADRIO KLISNIR	Date: 12/1 Voters Reg. #
Print Name: 41/6.	Address:
Signature: Bothonlikes	Date: <u>/</u> 2./・从 Voters Reg. #
Print Name: SAYARIDON SKORDILIS	Address:
Signature: /// /	Date: 12-1/15 Voters Reg. #
Print Name: Total GOINERR	Address:
Signature:	Date: 12-/- Voters Reg. #
Print Name: Gear Cell Weigr	Address:
Signature:	Date:
Print Name: OFTY SINGMA	Address:
	Address.
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper cont	aining 13 signatures. Each signature appended thereto
was made in my presence and is the genuine signature of the	e person whose name it purports to be.
Signature of Circulator: Dun (Civian)	
Address of Circulator: 9064 BAn Dr.	
mail address of Circulator:	
ACCEPTANCE	OF NOMINATION
I hereby accept the nomination of CHHISSIDA	(Mayor or Commissioner) and agree to
Signature of Candidate:	Date: 12 2/15
Property	12-02-15P12:14 RCVD
<i>ii</i> •	

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the u	indersigned electors	of the Town of Sur	rside, Florida, hereby	nominateaymy Benchio)
2016.	Commissioner	<u>/</u>	(Mayor or Commi	ssioner) at an election to be held on	March 1
	.0	be	ruseen with	12015- 121712015	
This peti	tion must be filed with	n the Town Clerk not n	nore than lifty five and	7 2015 - 217 2015. not less than thirty five days prior to the	election.
Signature:	tshoxiast	<u> </u>	D-4 I	1.2015	
Print Name: (of Cival	MRMIL	Date: <u>\</u>	1 - 50 - 1 > Voters Reg. #	
Signature:	Calebra M	MIN SOUCE	Address:		
Print Name:	Ja Just	Back		1 30 15 Voters Reg. #	
Signature:	AL STATE	Day, J	Address:		
Print Name: N	liquel CI	Hadn sky		30/15 Voters Reg. #	
	Maria Chai		Address:	20 100	
	MARIA CHAI			- 30 - 15 Voters Reg. #	
		20313	Address:		
Signature: <u> (</u> Print Name: <i>/</i> -	Aline 13	2 7 10		<u>///30 / が</u> Voters Reg. #	
Signature:	The I	7 7	Address:		
Print Name:	MABEL K	Penavivk	Date:/	1/30/15 Voters Reg. #	
	Costa	UNINVICE	Address:		
.g	CLEANS M. GR	ce: l		Voters Reg. #	
	222 1. WE	167	Address:		
ignature:	-50	sersio	4	<u>'-i - / 5</u> Voters Reg, #	
rint Name:	BILLONS	50.310	Address:		
ignature: rint Name:	Bauca	11//		/2/15 Voters Reg. #	
ignature:	BRUCE KI	NIGHT	Address:		
rint Name:				Voters Reg. #	
			Address:		
gnature:				Voters Reg. #	
int Name:			Address:		
gnature:				Voters Reg. #	
int Name:			Address:		
gnature:			_ Date:	Voters Reg. #	
int Name:			Address:		
		STATEME	NT OF CIRCUI ATO	NP	
e undersigned	is the circulator of t		ENT OF CIRCULATO		
e undersigned s made in my	I is the circulator of to presence and is the	the foregoing paper	containing 9	signatures Fach signature appendi	ed thereto
s made in my	presence and is the	the foregoing paper	containing 9		ed thereto
s made in my gnature of Circ	presence and is the	the foregoing paper e genuine signature	containing 9 of the person whose	signatures Fach signature appendi	ed thereto
is made in my gnature of Circul dress of Circul	presence and is the ulator:	the foregoing paper	containing 9 of the person whose	signatures Fach signature appendi	ed thereto
s made in my gnature of Circ	presence and is the ulator:	the foregoing paper e genuine signature	containing 9 of the person whose	signatures. Each signature appendename it purports to be.	ed thereto
is made in my gnature of Circul dress of Circul nail address of	presence and is the ulator:	the foregoing paper e genuine signature	containing 9 of the person whose	signatures. Each signature appendename it purports to be.	
is made in my gnature of Circul dress of Circul nail address of	presence and is the ulator: distor:	the foregoing paper e genuine signature	containing 9 of the person whose	signatures. Each signature appendename it purports to be.	

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jaymy Bengio	OFFICE USE ONLY
1.7	Name	
(2)	8951 Byron Ave	
	Address (number and street) Surfside, FL 33154	12-02-15P12:29 RCVD 500
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	 ✓ Candidate Office Sought: Commissione ☐ 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 11 / 01 / 15 To	11 / 30 / 15 Report Type: 2015 M11
V	Original Amendment Sp	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , ,000	Monetary
Loa	s,,	Transfers to Office Account \$, , .
Tota	al Monetary \$, , ,000	Total Monetary \$, , 0 . 00
In-K	ind \$,,	
		(8) Other Distributions
		\$
(9)	TOTAL Monetary Contributions To Date \$, , 000	(10) TOTAL Monetary Expenditures To Date \$, , 0 . 00
		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:
(1	_{Type name)} Jaymy Bengio	(Type name) Jaymy Bengio
Ē	Individual (only for IE Treasurer Deputy Treasurer electroneering comm.)	☐ Chairperson (only for PC and PTY)
×	ignature	X Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Bengio		(2)	I.D. Number		
(3) Cover Period	I / / /	through /	30 / 2015	_ (4) Page	o	f
(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						
Î I		n n(
1 1		6				
1 1						
j j						
1 1						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

Cover Period	11	<u>/ 30 / 2015</u>	4) 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)
/ /					
//			/		
//					
//					
//					
//					
//					
//					

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

12-02-15 PT : 12 RCVD CXX

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



Name Jaymy Bengio I.D. Number Address (number and street) 8951 Byron Ave 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 REPORT IDENTIFIERS Report Name 2015 M11 Cover Period 11/01/2015 through 11/30/201 Report Type Original Amendment CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)	
Address (number and street) 8951 Byron Ave 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, Sub-Area REPORT IDENTIFIERS Report Name 2015 M11 Cover Period 11/01/2015 through 11/30/201 Report Type Original Amendment	
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 REPORT IDENTIFIERS Report Name 2015 M11 Cover Period 11/01/2015 through 11/30/201 CERTIFICATION	
Surfside, FL 33154 CHECK IF ADDRESS HAS CHANGED Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area REPORT IDENTIFIERS Report Name 2015 M11 Cover Period 11/01/2015 through 11/30/201 Report Type Original Amendment	Sun
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub-Area REPORT IDENTIFIERS Report Name2015 M11	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area	
☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area	
☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area	
☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Area REPORT IDENTIFIERS Report Name 2015 M11	
☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Area REPORT IDENTIFIERS Report Name2015 M11	
☐ Community Council, Area, Sub-Area REPORT IDENTIFIERS Report Name	
REPORT IDENTIFIERS Report Name2015 M11	
Report Name 2015 M11 Cover Period 11/01/2015 through 11/30/201 Report Type Original Amendment CERTIFICATION	
Report Type Original	
Report Type Original	j
I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and correct, and complete. I certify that I have examined this report and correct, and complete.	t is true,
Jaymy Bengio Jaymy Bengio	
(Type name)	
X July 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			Jaymy	Bengio		(2) I.D. Number	
(3) Report	Name	20	15 M11	(4) Cover Period	11/01/2015	through1	1/30/2015
(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 Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
			9				
		N	1				
				,			
-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

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

December 7, 2015

Mr. Jaymy Bengio 8951 Byron Ave Surfside, Fl 33154

Dear Mr. Bengio:

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.

Ver truly yours.

Sandra Novoa, MMC

Town

CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Jaymy Bengio	OFFICE USE ONLY
Name	
(2) 8951 Byron Ave	
Address (number and street) SURFSIDE, FL 33154	01-05-16A11:46 RCVD 5
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number: <u>43</u>
(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) Repo	rt Identifiers
Cover Period: From 12 / 01 / 2015 T	o 12 / 31 / 2015 Report Type: 2015 M12
✓ Original Amendment S	pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, 31 . 00	Monetary
Loans \$, _1, 500.00	Transfers to Office Account \$, , .
Total Monetary \$,1 , 531 . 00	Total Monetary \$, , 25 . 00
In-Kind \$, ,	
	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$,1 , _53100	(10) TOTAL Monetary Expenditures To Date \$,,
	ertification
	rson to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, co	
(Type name) Jaymy Bengio	(Type name) Jaymy Bengio
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or election egring comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
Win My	1 1 1 17 /
x flyy	x yuy /
Signature //	Signature SEE DEVERSE FOR INSTRUCTIONS
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	y Bengio			(2) I.D. Number	43	
(3) Cover Period	d 12 / 01 / 2015	throu	igh /	31 / 201	5 (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12)
12 01 15 1	Jaymy Bengio 8951 Byron Ave Surfside, FL 33154	Ī	Banker	CAS	N/A	N/A	\$31.00
12	Jaymy Bengio 8951 Byron Ave Surfside	I	Banker	LOA	N/A	N/A	\$1,500.00
I Ì							
I I							
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 Jaymy Bengio)		 -			(2) I.D. Number ⁴³	
(3) Cover Period 12	/ 01	/ ²⁰¹⁵	through 12	/ 31	/ 2015	(4) Page	of

12 /02 / 15	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Town of Surfside 9293 Harding Ave Surfside, FL 33154	Purpose (add office sought if contribution to a candidate) Qualifying Fee	Expenditure Type	Amendment	Amount
12 /02 / 15	9293 Harding Ave	Qualifying Fee			
			CAN	N/A	\$25.00
//					
//					
//					
/ /					· · · · · · · · · · · · · · · · · · ·

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
Name Jaymy Bengio	
I.D. Number 43	
Address (number and street) 8951 Byron Ave	01-05-16A11:46 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	h Arao
Community Council, Area, 3u	D-Alea
REPORT IDE	NTIFIERS
Report Name 2015 M12 Cover Period	12/01/2015 through12/31/2015
Report Type Original Amendment	
	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.
Jaymy Bengio	Jaymy Bengio
(Type name) Treasurer Deputy Treasurer X Signature	(Type name) Candidate X 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			Jaymy	y Bengio		(2) I.D. Number	43
(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 Nast, Suffix, F	ame First, Middle)	(9) Employed By	Name of Organia	(10) zation Employed By nired by campaign)	(11) Amendment Type
						- 1	
			10				
		E					
	/						

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jaymy Bengio	OFFICE USE ONLY
	Name	==:1
(2)	8951 Byron Ave	
10	Address (number and street) SURFSIDE, FL 33154	TOWN OF SURFSIDE
	City, State, Zip Code	FEB1'16 02:30PM
	☐ Check here if address has changed	(3) ID Number: 43
(4)	Check appropriate box(es):	
()	Candidate Office Sought: Commission	er
	☐ 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
Cove	er Period: From 01 / 01 / 2016 To	01 / 31 / 2016 Report Type: 2016 M1
 ✓ 0	Priginal Amendment Sp	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	h & Checks \$, , _0 . 00	Monetary
Loar	s , ,	Transfers to Office Account \$, , .
Tota	Monetary \$,, <u>0</u> .00	Total Monetary \$, , 0 . 00
In-Ki	ind \$,,	
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date \$,1 , 531 . 00	(10) TOTAL Monetary Expenditures To Date \$, , _25 00
	It is a first degree misdemeanor for any personal structure of the structu	
-	ype name) Jaymy Bengio	(Type name) Jaymy Bengio
X	Individual (only for IE	Chairperson (only for PC and PTY) X Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Cover Period	01	throu	gh /	31 / 2016		0	f
(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)
1 1							
I I		(1		
1 1		1	1/				
l l							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

Cover Period	01 / 01 / 2016 through 01	/ 31 / 2016	4) 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)
/ /					
//					
/ /					
/ /	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			
Jaymy Bengio	TOWN OF SURFSIDE		
I.D. Number	FEB1 16 02:30PM		
43			
Address (number and street) 8951 Byron Ave	<u> </u>		
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 2016 M1 Cover Period	d01/01/2016through01/31/2016		
Report Type Original			
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.		
Jaymy Bengio	Jaymy Bengio		
(Type name)	(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 _	ame Jaymy Bengio			(2) I.D. Number 43			
(3) Report N	ort Name 2016 M1 (4) Cover Period		01/01/2016through		1/31/2016		
(5) Report T	ype 🗹 Original 🔲 Amendment	(6) Page	1	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		
) \					
		/					

	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Jaymy Bengio	OFFICE USE ONLY
	Name	
(2)	8951 Byron Ave	TOWN OF SURFSIDE
	Address (number and street) SURFSIDE, FL 33154	FEB1876 10:20AM
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number: 43
(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) Repor	t Identifiers
Cov		02 / 12 / 2016 Report Type: ^{25 Days Prior}
V	Driginal Amendment Sp	pecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	sh & Checks \$, , <u>0</u> . <u>00</u>	Monetary
Loa	ns \$,,	Transfers to Office Account \$, , .
Tota	al Monetary \$, , 0 . 00	Total Monetary \$, , 0 . 00
In-K	ind \$,,	(8) Other Distributions
		\$,
(9)	TOTAL Monetary Contributions To Date \$, 1 , 531 . 00	(10) TOTAL Monetary Expenditures To Date \$,,
1		rtification son to falsify a public record (ss. 839.13, F.S.) rrect, and complete:
	Jaymy Dangia	(Type name) Jaymy Bengio
È	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
×	11/11/19	x July 1
S	ignature	Signature
DS-E	DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Bengio			(2)	I.D. Number	43	_
(3) Cover Period	1 <u>02</u> / <u>01</u> / <u>2016</u>	throug	jh /	12 / 2016		of	f
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ntributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
I I							
1 1			(
1 1			P				
1 1			/				
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) NameJaymy Bengio					
3) Cover Period	02 / 01 / 2016 through 02	<u>/ 12 / 2016</u> (4) 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)
//					
//					
//					
//					
//					
//					
/ /					
//					

DS-DE 14 (Rev. 11/13)

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	
Jaymy Bengio	
I.D. Number	The second secon
43	
Address (number and street) 8951 Byron Ave	
City, State, Zip Code Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
✓ Commissioner, District	<u></u> ;,
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 25 Days Prior Cover Period	d02/01/2016 through02/12/2016
Report Type Original Amendment	
CERTIF	ICATION
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.
Jaymy Bengio	Jaymy Bengio
(Type name)	(Type name) Candidate X
Signature	Signature

FEB18'16 10:21AM

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		Jaym	y Bengio		(2) I.D. Number	43
(3) Report	Name25	Days Prior	(4) Cover Period	02/01/2016	through	02/12/2016
(5) Report	Type 🗹 Origina	al 🗆 Amendment	(6) Page	1	of	1
(7) Row Number	Full	(8) Name , First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
					<i>)</i>	
					4	
		0				
		100				
	· ·					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jaymy Bengio	OFFICE USE ONLY
	Name	Tour of the
(2)	8951 Byron Ave	TOWN OF SURFSIDE FE82976 11:19AM
	Address (number and street) SURFSIDE, FL 33154	
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number: 43
(4)	Check appropriate box(es):	
	☑ Candidate Office Sought: Commissione	er
	Political Committee (PC)	7
	☐ 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)	
	(5) Report	Identifiers
Cov	er Period: From 02 / 13 / 2016 To	02 / 26 / 2016 Report Type: 11 Days Prior
⊘ C	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
	0.00	Monetary
Cas	h & Checks \$, , , 0 . 00	Expenditures \$, , 0 . 00
Loar	ns \$, , .	Transfers to
Loui	· · · · · · · · · · · · · · · · · · ·	Office Account \$, , .
Tota	ıl Monetary \$, , 0 . 00	
	 	Total Monetary \$, , _0 . 00
In-K	ind \$, ,	
		(8) Other Distributions
		\$, ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>1</u> , <u>531</u> . <u>00</u>	\$, , <u>25</u> . <u>00</u>
	40.0	
	(11) Cert It is a first degree misdemeanor for any pers	ification on to falsify a public record (ss. 839.13, F.S.)
lo	certify that I have examined this report and it is true, corr	ect, and complete:
(T	_{ype name)} Jaymy Bengio	(Type name) Jaymy Bengio
	Individual (Only for IE Treasurer Deputy Treasurer electionee/ing comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
U	on the second se	
<u>X</u>	Jayk / //	x July 1
	ignature / // /	Signature ////
DS-D	E 12 (Rev. 11/13)	√ SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bengio			(2)	I.D. Number	4.3	
(3) Cover Period	02 / 13 / 2016	throu	gh /	²⁶ / ²⁰¹⁶	(4) Page	c	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10) - In-kind	(11)	(12)
Sequence Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
<u>.</u> 1 1							
1 1							
1 1		\bigcap (
I I		\					
1 1							
I I							
1 1							
DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u>baying</u>	d $\frac{02}{1}$ / $\frac{13}{1}$ / $\frac{2016}{1}$ through $\frac{02}{1}$		2) I.D. Number 4) 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)
/ /					
/ /	}				
/ /	00				
/ /					
/ /					-
/ /					
//					
/ /					

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



	A SERIOR HOR ONLY			
Name	OFFICE USE ONLY			
Jaymy Bengio	<u> </u>			
I.D. Number 43				
Address (number and street) 8951 Byron Ave				
City, State, Zip Code Surfside, FL 33154				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor				
☐ Mayor ☐ Commissioner, District				
☐ Property Appraiser				
☐ Clerk of the Circuit Courts				
☐ Community Council, Area, So	ub-Area			
REPORT IDENTIFIERS				
Report Name 11 Days Prior Cover Perio	d02/13/2016through02/26/2016			
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.			
Jaymy Bengio	Jaymy Bengio			
(Type name)	(Type name)			



(1) Name	Jaymy Bengio					(2) I.D. Number _	43
(3) Report	Name	11 D	ays Prior	(4) Cover Period	02/13/2016	through	02/26/2016
(5) Report	Туре	☑ Original	☐ Amendment	(6) Page	1	of	1
(7) Row Number	(L	(8) Full Na ast, Suffix, F	ame	(9) Employed By	Name of Organiz	10) ation Employed B ired by campaign)	
) N F			
				<i></i>			
D							
		-/-					
•							

CAMPAIGN TREASU	RER'S REPORT SUMMARY
(1) Jaymy Bengio	OFFICE USE ONLY
Name	
(2) 8951 Byron Ave	
Address (number and street) SURFSIDE, FL 33154	TOWN OF SURFSIDE MARII'16 10:07AM
City, State, Zip Code	THUSAN AND BESSESSES
Check here if address has changed	(3) ID Number: 43
(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) Rep	port Identifiers
Cover Period: From 02 / 27 / 2016	To 03 / 10 / 2016 Report Type: 4 Days Prior
✓ Original Amendment □	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 \$, , 000
In-Kind \$,,	
	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$,1 , 531 . 00	(10) TOTAL Monetary Expenditures To Date \$, _25 00
	Certification
It is a first degree misdemeanor for any pure and it is true,	person to falsify a public record (ss. 839.13, F.S.)
	(Type name) Jaymy Bengio
(Type name) Jaymy Bengio ☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasure)	- I
or electioneering comm.)	x //// X
Signature	Signature ////
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Bengio			(2)	I.D. Number	43	
(3) Cover Period	02 / <u>27</u> / <u>2016</u>	throug	gh /	10 / 2016	_ (4) Page	of	f
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) Intributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
/ /	Only, Orland, 21p doub	Турс	Cocapation	Турс	Boschphon		, unedik
1 1							
1 1			X				
1 1) /				
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

Name Jaymy B Cover Period	⁰² / ²⁷ / ²⁰¹⁶ through ⁰³		2) I.D. Number 4) 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)
//					
//					
//					
/ /					
/ /					
//					
//					
/ /					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES TOWN OF SURFSIDE

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



Name Jaymy Bengio	OFFICE USE ONLY		
I.D. Number 43			
Address (number and street) 8951 Byron Ave	MAR11°16 10:07AM		
City, State, Zip Code Surfside, FL 33154	TOWN OF SURFSIDE		
☐ CHECK IF ADDRESS HAS CHANGED	MAR11716 10:07AN		
Candidate for:			
☐ Mayor			
☑ Commissioner, District			
☐ Property Appraiser			
☐ Clerk of the Circuit Courts			
☐ Community Council, Area, Su	b-Area		
REPORT IDE	NTIFIERS		
Report Name4 Days Prior Cover Period	d02/27/2016through03/10/2016		
Report Type Original Amendment			
	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.		
Jaymy Bengio	Jaymy Bengio		
(Type name) Treasurer Deputy Treasurer X Signature	(Type name) Candidate X Signature		



(1) Name	Jaymy	(2) I.D. Number	43			
(3) Report N	Name4 Days Prior	(4) Cover Period	02/27/2016	through0	03/10/2016	
(5) Report	Type ☑ Original ☐ Amendment	(6) Page	1	of	1	
(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	
		1				
	/					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Jaymy B	engio	OFFICE USE ONLY
Name		
(2) 8951 Byron		
Address (n SURFSIDE,	umber and street) FL 33154	TOWN OF SURFSIDE MARII'16 10:07AM
City, State,		MAR1176 10:07AM
☐ Check h	ere if address has changed	(3) ID Number: 43
(4) Check app	ropriate box(es):	
✓ Candidat	te Office Sought: Commission	er
	Committee (PC)	□ a
	eering Communications Org. (ECO) ecutive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
☐ Independ	dent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed
individual m	aking electioneering communications)	
7	(5) Repor	t Identifiers
Cover Period:	From 02 / 27 / 2016 To	03 / 10 / 2016 Report Type: 4 Days Prior
✓ Original	Amendment Sp	ecial Election Report
(6) Contributi	ons This Report	(7) Expenditures This Report
		Monetary
Cash & Checks	\$, , <u>0</u> . <u>00</u>	Expenditures \$, , 000
Loans	\$	Transfers to
Loans	· · · ·	Office Account \$, , .
Total Monetary	\$, , 0.00	
		Total Monetary \$, , 0 . 00
In-Kind	\$,	
		(8) Other Distributions
Y-2		\$,
(9) TOTAL Mo	netary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$,1 , _53100	\$, , <u>25</u> . <u>00</u>
	(11) Co.	tification
It is a		son to falsify a public record (ss. 839.13, F.S.)
I certify that I ha	ave examined this report and it is true, cor	rect, and complete:
(Type name) Ja	ymy Bengio	(Type name) Jaymy Bengio
☐ Individual (only	for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)
or electioneering co	omm.)	
× XU	4/1/	x hus 1
Signature		Signature
DS-DE 12 (Rev. 11/	13)	SEE REVERSE FOR INSTRUCTIONS

- A SAME IS CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	/ Bengio			(2)	I.D. Number	43	
(3) Cover Period	d / / /	through	03 /	10 / 2016	(4) Page	1 0	f
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Cont	8) ributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
1 1							
1 1							
1 1			A				
1 1							
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

3) Cover Period <u>02 / 27 / 2016</u> through <u>03 / 10 / 2016</u> (4) 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)
//					
//					
//					
//					
/ /					
/ /					
/ /					
//					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE

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 LISE ONLY
OFFICE USE ONLY
MAR11'16 10:07AM
TOWN OF SURFSIDE
MAR11'16 10:07AM
Sub-Area
ENTIFIERS
od02/27/2016through03/10/2016
IFICATION
I certify that I have examined this report and it is true, correct, and complete.
Jaymy Bengio
(Type name) Candidate X Signature



(1) Name		Jaymy	(2) I.D. Number	43			
(3) Report	Name4 Days Prior		(4) Cover Period	02/27/2016 through		03/10/2016	
(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 Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type	
	ľ						
			/				

	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Jaymy Bengio	OFFICE USE ONLY
	Name	
(2)	8951 Byron Ave	
	Address (number and street) SURFSIDE, FL 33154	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number: 43
(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) 	Er ☐ 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
, 11	(5) Repor	t Identifiers
Cov	rer Period: From 03 / 11 / 2016 To	06 / 13 / 2016 Report Type: TR
V	Original Amendment Sp	pecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , ,0 . 00	Monetary
Loa		Transfers to Office Account \$,,
	al Monetary \$,, <u>0</u> . <u>00</u>	Total Monetary \$,1 , 506 . 00
In-K	ind \$,,	(8) Other Distributions
(9)	TOTAL Monetary Contributions To Date \$,1 , 531 . 00	(10) TOTAL Monetary Expenditures To Date \$, 1 , _53100
10		rtification son to falsify a public record (ss. 839.13, F.S.)
(T	_{ype name)} Jaymy Bengio	(Type name) Jaymy Bengio
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
S	ignature figure 1	X Signature
DS-D	E 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Bengio			(2)	I.D. Number	43	
(3) Cover Period	1 <u>03</u> / <u>11</u> / <u>2016</u>	throug	gh /	13 / 2016	(4) Page	o	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) Intributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
1 1					7		
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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jaymy Bengi	0		(2) I.D. Number 43		
(3) Cover Period ⁰³	/ ¹¹	/_ ²⁰¹⁶ _through_ ⁰⁶	/ 13 / 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
03 /15 / 16	Jaymy Bengio 8951 Byron Ave Surfside, FL 33154	Reimbursement of Loan	RMB	N/A	\$1,500.00
03 /15 / 16	Hechal Shalom 9494 Harding Ave, 2nd Floor Surfside, FL 33154	Disposition of Funds	DIS	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 Jaymy Bengio			
I.D. Number			
Address (number and street) 8951 Byron Ave			
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	b-Area		
REPORT IDE	NTIFIERS		
Report NameTR Cover Period	through06/13/2016		
Report Type Original Amendment			
CERTIF	ICATION		
It is a first degree misdemeanor for any pers	on 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.		
Jaymy Bengio	Jaymy Bengio		
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate		
Signature	Signature //		



(1) Name		Jaymy	(2) I.D. Number	43			
(3) Report N	Name	neTR		03/11/2016	through0	06/13/2016	
(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 Organiz	(10) cation Employed By nired by campaign)	(11) Amendment Type	
			/				
			/				
		~					