

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

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

(PLEASE PRINT OR TYPE)

02-09-17P02:45 RCVD *Sen*

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Barry Richard Cohen

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

*9056 Bay Drive
Surfside, FL 33154*

4. Telephone

(305) 790-1381

5. E-mail address

Barry@barrycohenlawfirm.com

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

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Barry R. Cohen

11. Mailing Address

9056 Bay Drive

12. Telephone

(305) 790-1381

13. City

Surfside

14. County

miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Barry@barrycohenlawfirm.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Citibank

20. Address

9525 Harding Avenue

21. City

Surfside

22. County

miami-Dade

23. State

Florida

24. Zip Code

33154

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2/1/17

26. Signature of Candidate

X

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

2/1/17

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

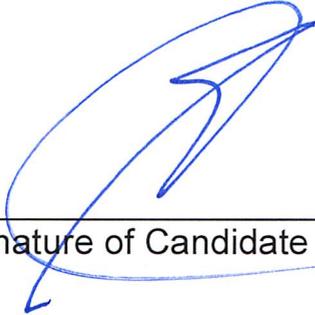
OFFICE USE ONLY

02-09-17P02:45 RCVD *sen*

I, Barry R. Cohen,
candidate for the office of Commissioner;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

2/1/17

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)

01-08-18P03:39 RCVD 

01-08-18A11:39 RCVD 

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Barry Richard Cohen

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

9056 Bay Drive
Surfside, FL 33154

4. Telephone

(305) 790-1381

5. E-mail address

Barry@barrycohenlawfirm.co

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

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Barry R. Cohen

11. Mailing Address

9056 Bay Drive

12. Telephone

(305) 790-1381

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Barry@barrycohenlawfirm.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

CITY NATIONAL BANK

20. Address

300 71st ST.

21. City

MIAMI BEACH

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

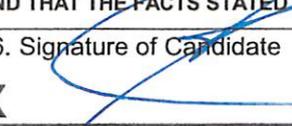
33141

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

January 8, 2018 

26. Signature of Candidate



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

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

designated above as: Campaign Treasurer Deputy Treasurer.

January 8, 2018 

Date



Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 20, 2018

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 }

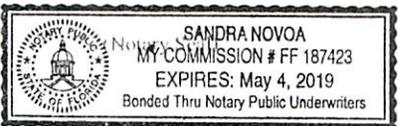
01-18-18P02:39 RCVD

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Barry Cohen,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9056 Bay Drive, Surfside, FL 33154
my occupation is Lawyer; that I have been
a resident of the Town of Surfside since 1985; that I will be at least twenty-one (21) years of
age by February 5, 2018 and that if elected, I will willingly serve as Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature] 1/18/18
Signature of Candidate Date

Sworn to and subscribed before me this 18th day of January, 2018.



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

01-18-18P02:39 RCVD

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Barry Cohen

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner, _____
(Office) (District #)

_____ ; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form); [Not applicable to write-in candidates.]

X [Signature] (305) 790-1381 Barry@BarryCohenLawFirm.com
Signature of Candidate Telephone Number Email Address

9056 Bay Drive, Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami Dade

[Signature] Sandra Novoa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 18th
day of January, 20 18.



Personally Known: or Produced Identification: _____
Type of Identification Produced: _____

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
COHEN, BARRY

MAILING ADDRESS :
9293 Harding Avenue

CITY : ZIP : COUNTY :
Surfside 33154 Miami-Dade

01-18-18P02:39 RCVD

NAME OF AGENCY :
Town of Surfside, Mayor and Town Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Vice Mayor

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Barry Cohen Law Firm	1801 N.E. 123rd Street, North Miami, FL 33181	Practice of Law

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

9056 Bay Drive, Surfside, FL 33154

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

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	01-18-18P02:39 RCVD

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Home Mortgage	P.O. Box 10388, Des Moines, IA 50306
Bank of America	P.O. Box 851001, Dallas TX 75285

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Barry Cohen Law Firm	
ADDRESS OF BUSINESS ENTITY	1801 N.E. 123rd Street, North Miami	
PRINCIPAL BUSINESS ACTIVITY	Practice of Law	
POSITION HELD WITH ENTITY	Owner/Attorney	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	Attorney	

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: 

Date Signed: 1/18/18

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

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 Barry Cohen for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

1	Signature: <u>Josef Schwartz</u>	Date: <u>1/12/18</u>	Voters Reg. #
	Print Name: <u>YOSEF SCHWARTZ</u>	Address: [REDACTED]	
2	Signature: <u>Yael Mazliach</u>	Date: <u>1-12-18</u>	Voters Reg. #
	Print Name: <u>Yael Mazliach</u>	Address: [REDACTED]	
3	Signature: <u>Eli Ginsberg</u>	Date: <u>1/12/18</u>	Voters Reg. #
	Print Name: <u>Eli Ginsberg</u>	Address: [REDACTED]	
X	Signature: <u>[REDACTED]</u>	Date:	Voters Reg. #
	Print Name:	Address:	
4	Signature: <u>Maria Hamaoui</u>	Date: <u>1/12/18</u>	Voters Reg. #
	Print Name: <u>MARIE HAMAOU</u>	Address: [REDACTED]	
5	Signature: <u>Jerald Blumstein</u>	Date: <u>1-15-18</u>	Voters Reg. #
	Print Name: <u>Jerald Blumstein</u>	Address: [REDACTED]	
6	Signature: <u>Anna Rottenstein</u>	Date: <u>1/12/18</u>	Voters Reg. #
	Print Name: <u>ANNA ROTTENSTEIN</u>	Address: [REDACTED]	
7	Signature: <u>Adolf Zelmadovitch</u>	Date: <u>1/15/18</u>	Voters Reg. #
	Print Name: <u>ADOLF ZELMADOVITCH</u>	Address: [REDACTED]	
8	Signature: <u>Berel Zisman</u>	Date: <u>1/18/18</u>	Voters Reg. #
	Print Name: <u>Berel Zisman</u>	Address: [REDACTED]	
9	Signature: <u>Dov Schochet</u>	Date: <u>Jan 15</u>	Voters Reg. #
	Print Name: <u>Dov Schochet</u>	Address: [REDACTED]	
10	Signature: <u>Shmuel Tevardovitch</u>	Date: <u>1/16/18</u>	Voters Reg. #
	Print Name: <u>Shmuel Tevardovitch</u>	Address: [REDACTED]	
11	Signature: <u>Esra Halberthal</u>	Date: <u>1/16/18</u>	Voters Reg. #
	Print Name: <u>Esra Halberthal</u>	Address: [REDACTED]	
12	Signature: <u>Matthew Gorkup</u>	Date: <u>1-16-18</u>	Voters Reg. #
	Print Name: <u>Matthew Gorkup</u>	Address: [REDACTED]	

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 genuine signature of the person whose name it purports to be.

Signature of Circulator: Barry Cohen
Address of Circulator: 9056 Bay Dr.
Mailing address of Circulator: Surfside FL 3315

COPY

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1/18/18

01-18-18P02:40-RCV5

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 BARRY COHEN for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

13	Signature: <u>[Signature]</u>	Date: <u>01/16/18</u>	Voters Reg. # _____
	Print Name: <u>ANDREW ROTH</u>	Address: <u>[Redacted]</u>	
14	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>DORRIS HANTZ</u>	Address: <u>[Redacted]</u>	
15	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>ARZEL WASSERMAN</u>	Address: <u>[Redacted]</u>	
16	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>BEZALEL COMISSAR</u>	Address: <u>[Redacted]</u>	
17	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>MARK SCHNEIDER</u>	Address: <u>[Redacted]</u>	
18	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>SERGIO GURVITSCH</u>	Address: <u>[Redacted]</u>	
19	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>Abe Sreter</u>	Address: <u>[Redacted]</u>	
20	Signature: <u>[Signature]</u>	Date: <u>1/16/18</u>	Voters Reg. # _____
	Print Name: <u>Peggy Sreter</u>	Address: <u>[Redacted]</u>	
21	Signature: <u>[Signature]</u>	Date: <u>1-17-18</u>	Voters Reg. # _____
	Print Name: <u>Daniel Grechinsky</u>	Address: <u>[Redacted]</u>	
22	Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # _____
	Print Name: <u>IRISLON TROTT</u>	Address: <u>[Redacted]</u>	
23	Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # _____
	Print Name: <u>Yisroel Eliyahu Bryski</u>	Address: <u>[Redacted]</u>	
24	Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # _____
	Print Name: <u>MARCUS STADOL</u>	Address: <u>[Redacted]</u>	
25	Signature: <u>[Signature]</u>	Date: <u>1/17/18</u>	Voters Reg. # _____
	Print Name: <u>Gabriella Yachad</u>	Address: <u>[Redacted]</u>	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 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: [Signature]
Address of Circulator: 9056 Bay Dr. Surfside FL 3315
Mail address of Circulator: _____

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1/18/18

COPY

01-18-18P02:41 RCVD

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 Barry Cohen for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

26	Signature: <u>Daniel Shapiro</u>	Date: <u>1/17/18</u>	Voters Reg. # _____
	Print Name: <u>Daniel Shapiro</u>	Address: _____	
27	Signature: <u>[Signature]</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
	Print Name: <u>Ofi OSIN-Cohen</u>	Address: _____	
28	Signature: <u>[Signature]</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
	Print Name: <u>Sylvia Cigelman</u>	Address: _____	
29	Signature: <u>[Signature]</u>	Date: <u>1-18-18</u>	Voters Reg. # _____
	Print Name: <u>Amnon LIPSKIN</u>	Address: _____	
30	Signature: <u>[Signature]</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
	Print Name: <u>Menachem Katz</u>	Address: _____	
31	Signature: <u>[Signature]</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
	Print Name: <u>Zalmy Shapiro</u>	Address: _____	
32	Signature: <u>[Signature]</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
	Print Name: <u>Jack Yerushamy</u>	Address: _____	
	Signature: _____	Date: _____	Voters Reg. # _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	Voters Reg. # _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	Voters Reg. # _____
	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 7 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: [Signature] Barry Cohen
Address of Circulator: 9056 Bay Dr.
Mailing address of Circulator: _____

COPY

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1/18/18

01-18-18P02:42 RCVD

Barry Cohen Campaign Acct

2
63-436/660

DATE 1/18/18

PAY TO THE ORDER OF

Town of Surfside
Twenty five ~~xx/xx~~

\$ 25.00

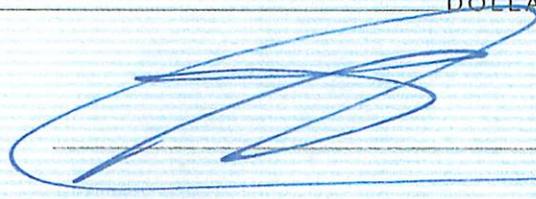
DOLLARS

Security Features Details on Back

City National Bank
Bci FINANCIAL GROUP

FOR

Qualify fee



MP

⑆066004367⑆ 3004405009⑈

COPY

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

AN EXPLANATION REGARDING YOUR RIGHTS

Section 2-11.1.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time *voluntarily* declare that he or she agrees to abide by the *voluntary* Statement of Fair Campaign Practices. In agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the *voluntary* Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, you should carefully read the *voluntary* Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is *voluntary*. You are under no obligation to agree to the *voluntary* Statement of Fair Campaign Practices. If you decide not to agree to the *voluntary* Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the *voluntary* Statement of Fair Campaign Practices.

If you decide to agree to the *voluntary* Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the *voluntary* Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the *voluntary* Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the *voluntary* Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the *voluntary* Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics
19 W. Flagler St., Suite 820
Miami, FL 33130

Miami-Dade Elections Department
2700 NW 87th Ave. *or* P.O. Box 521550
Doral, FL 33172 Miami, FL 33152-1550

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

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 opponent's 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 that 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 that 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.
9. 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.
10. 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.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Barry Cohen, a candidate for the office of
please print your name
Commissioner in Surfside, FL
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x

Signature

1/18/18
Date



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

January 22, 2018

Sandra Novoa, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Barry Cohen, a candidate for the office of Commissioner for Town of Surfside. A total of 31 petitions were reviewed for verification; of which 25 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

January 24, 2018

Mr. Barry Cohen
9056 Bay Drive
Surfside, FL 33154

Dear Mr. Cohen:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 20, 2018 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 TREASURER'S REPORT SUMMARY

(1) Barry Cohen
 Name
 (2) 9056 Bay Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

02-12-18P03:44 RCVD *pk*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2018 To 01 / 31 / 2018 Report Type: January 18

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 4 , 500 . 00

Loans \$, , .

Total Monetary \$, 4 , 500 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 025 . 00

Transfers to Office Account \$, , .

Total Monetary \$, 1 , 025 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 4 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 025 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Barry Cohen

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

X

Signature

(Type name) Barry Cohen

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2018 through 01 / 31 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
01 / 08 / 18 1	9316 Collins Avenue, LLC 3921 Alton Road #138 Miami Beach, FL 33140	B	Real Estate	Che			1,000.00
01 / 08 / 18 2	Elyakim Boymel Green 9173 Carlyle Avenue Surfside, FL 33154	I	Attorney	Che			1,000.00
01 / 18 / 18 3	Larry Bercow, PA 200 South Biscayne Blvd. #850 Miami, FL 33181	B	Law Firm	Che			500.00
01 / 12 / 18 4	Shutts & Bowen 200 South Biscayne Blvd. \$1400 Miami, FL 33181	B	Law Firm	Che			1,000.00
01 / 25 / 18 5	David Lichter 1932 NE 119th Road North Miami, FL 33181	I	Mediator	Che			500.00
01 / 25 / 2018 6	Abel Holtz 1024 Kane Concourse Bay Harbor Isl. FL 33154	I	Attorney	Che			\$500.00
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barry Cohen

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2018 through 01 / 31 / 2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
01 / 15 / 18	Get Elected, Inc. Surfside, FL 33154	Campaign management	Can		1,000.00
1					
01 / 18 / 18	Town of Surfside Surfside, FL 33154	Qualifying Fee	Mon		25.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Barry Cohen

I.D. Number

02-12-19A10-55-CEDL *pk*

Address (number and street)

9056 Bay Drive

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District Surfside, FL

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name January 2018 Cover Period 01/01/2018 through 01/31/2018

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

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

(Type name) Treasurer Deputy Treasurer

(Type name) Candidate

X

Signature

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barry Cohen
 Name
 (2) 9056 Bay Drive
 Address (number and street)
Surfside, Florida 33154
 City, State, Zip Code

OFFICE USE ONLY

02-23-18P03:14 R: 1

AK

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2018 To 02 / 16 / 2018 Report Type: Feb 18

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 750. 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 750. 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00 . 00

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

Total Monetary \$ _____ , _____ , 00 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 025 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Barry Cohen
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
 Signature

(Type name) Barry Cohen
 Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barry Cohen

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2018 through 02 / 16 / 2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
// /	NONE				
// /					
// /					
// /					
// /					
// /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2018 through 02 / 16 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 01 / 18 1	Edward Kopelman 8925 Collins Avenue #6F Surfside, FL 33154	I	Investor	CHE			\$200.00
02 / 01 / 18 2	Richard Moore 9258 Byron Avenue Surfside, FL 33154	I		CHE			\$ 50.00
02 / 02 / 18 3	Abel Holtz 1024 Kane Concourse Bay Harbor Isl, FL 33154	I	Finance	CHE			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							

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



OFFICE USE ONLY

Name

Barry Cohen

I.D. Number

Address (number and street)

9056 Bay Drive

City, State, Zip Code

Surfside, Florida 33154

CHECK IF ADDRESS HAS CHANGED

02-23-18P03:14 RCVD

Candidate for:

Mayor

Commissioner, District Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name February 2018 Cover Period 02/01/2018 through 02/16/2018

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Barry Cohen

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Barry Cohen

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barry Cohen
 Name
 (2) 9056 Bay Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

03-09-18P03:12 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 17 / 2018 To 03 / 02 / 2018 Report Type: 11 days prior to Genral

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 11 , 120 . 00

Loans \$, , .

Total Monetary \$, 11 , 120 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 3 , 000 . 00

Transfers to Office Account \$, , .

Total Monetary \$, 3 , 000 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 16 , 470 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 025 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Barry Cohen

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

X _____
 Signature

(Type name) Barry Cohen

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number _____

(3) Cover Period 02 / 17 / 2018 through 03 / 02 / 2018 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 17 / 2018 1	SC Property Acquisition, LLC 176 N.E. 43rd Street Miami, FL 33137	B	Real Estate	CHE			\$1,000.00
02 / 17 / 2018 2	Seaway Condo Acquisition, LLC 176 N.E. 43rd Street Miami, FL 33137	B	Real Estate	CHE			\$1,000.00
02 / 17 / 2018 3	LMS CONSULTING, LLC 3060 N.E. 40th Court Ft. Lauderdale, FL 33308	B	Computers	CHE			\$1,000.00
02 / 21 / 2018 4	Sevilla Assocaites LLC 2631 Ponce De Leon Blvd. Coral Gables FL 33134	B	Real Estate	CHE			\$500.00
02 / 21 / 2018 5	Charles Ness 9464 Byron Avenue Surfside, FL 33154	I	Real Estate	CAS			\$500.00
02 / 21 / 2018 6	Alhambra Circle Investments, LLC 2631 Ponce De Leon Blvd. Coral Gables, FL 33134	B	Real Estate	CHE			\$500.00
02 / 21 / 2018 7	11601 Biscayne, LLC 2915 Biscayne Blvd #200 Miami, FL 33137	B	Real Estate	CHE			\$500.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number _____

(3) Cover Period 02 / 21 / 2018 through 03 / 02 / 2018 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 21 / 2018 8	Kobi Karp Architecture & Interior Design Inc. 2915 Biscayne Blvd. #200 Miami, FL 33137	B	Architecture	CHE			\$500.00
02 / 21 / 2018 9	Clarke Realty LLC 1111 Brickell Avenue Miami, FL 33131	B	Real Estate	CHE			\$250.00
02 / 21 / 2018 10	Ramzi C. Achi 221 E. Dilido Dr. Miami Beach, FL 33139	I	Sr. Acct. Re	CHE			\$750.00
02 / 21 / 2018 11	Monceau Realty, LLC 1108 Kane Concourse #309 Bay Harbor Isl, FL 33154	B	Real Estate	CHE			\$500.00
02 / 21 / 2018 12	Akerman LLP 495 N. Keller Road Sute 300 Maitland, FL 32751	B	Attorney	CHE			\$1,000.00
02 / 21 / 2018 13	Neisen Kasdin Ana Kasdin 4520 N. Jefferson Ave Miami Beach, FL 33140	I	Attorney	CHE			\$500.00
02 / 21 / 2018 14	Keith Brian Roller 1025 90th Street Surfside, FL 33154	I	Attorney	CHE			\$360.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number _____

(3) Cover Period 02 / 17 / 2018 through 03 / 02 / 2018 (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
02 / 21 / 2018 15	Arnold Cohen 500 Bayview Circle Sunny Isles Beach, FL 33160	I	Finance	CHE			\$1000.00
02 / 21 / 2018 16	Surf Club Apts. 500 W. Cypress Creek Rd. #770 Ft. Lauderdale, FL 33309	B	Real Estate	CHE			\$1,000.00
02 / 23 / 2018 17	Steven M. Dunn, PA 1135 Kane Concourse Floor 5 Bay Harbor Isl, FL 33154	B	Attorney	CHE			\$360.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barry Cohen

(2) I.D. Number _____

(3) Cover Period 02 / 17 / 2018 through 03 / 02 / 2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 01 / 2018 1	Get Elected, Inc. 8020 S.W. 19th Street Miami, FL 33155	Campaign	CAN		\$3,000.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Barry Cohen

I.D. Number

Address (number and street)

9056 Bay Drive

City, State, Zip Code

Surfside, Florida 33154

CHECK IF ADDRESS HAS CHANGED

03-09-18P03:12 RCVD

Candidate for:

Mayor

Commissioner, District Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 days prior to General Cover Period 02/17/2018 through 03/02/2018

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Barry Cohen

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Barry Cohen

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barry Cohen
Name

(2) 9056 Bay Drive
Address (number and street)
Surfside, Florida 33154
City, State, Zip Code

OFFICE USE ONLY

03-16-18P04:47 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 03 / 2018 To 03 / 15 / 2018 Report Type: 4 days prior

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 980 . 00

Loans \$, , .

Total Monetary \$, 2 , 980 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 568 . 50

Transfers to Office Account \$, , .

Total Monetary \$, , 568 . 50

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 19 , 450 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 593 . 50

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) Barry Cohen

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

X

Signature

(Type name) Barry Cohen

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barry Cohen (2) I.D. Number _____

(3) Cover Period 03 / 03 / 2018 through 03 / 15 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
03 / 04 / 2018 1	Eugene J. Howard 1691 Michigan Avenue Suite 360 Miami Beach, FL	I	Attorney	CHE			\$180.00
03 / 07 / 2018 2	Calvin, Giordano & Associates, INC. 1800 Eller Dr. #600 Ft. Lauderdale, FL 33316	B	Law Firm	CHE			\$1,000.00
03 / 14 / 2018 3	Stanley & Barbara Price 6000 Island Blvd. #807 Aventura, FL 33160	I	Attorney	CHE			\$300.00
03 / 14 / 2018 4	Bilzin Sumberg Baena Price & Axelrod LLP 1450 Brickell Avenue 23rd Floor Miami, FL 33131	B	Law Firm	CHE			\$1,000.00
03 / 15 / 2018 5	GM Trial Lawyers for a Better & Smarterter FL	B	Attorney	CHE			\$500.00
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barry Cohen

(2) I.D. Number _____

(3) Cover Period 03 / 03 / 2018 through 03 / 15 / 2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 03 / 2018 +	The Shul of Bal Harbour 9540 Collins Avenue Surfside, FL 33154	Donation	CAN		\$360.00
1					
03 / 12 / 2018 +	Starbucks 9560 Harding Avenue Surfside, FL 33154	Supply for Voter	CAN		\$7.68
2					
03 / 14 / 2018 +	Cine Citta Cafe 9455 Harding Avenue Surfside, FL 33154	Supply for Voters/Event	CAN		\$72.15
3					
03 / 15 / 2018 +	Costco Gas 14585 Biscayne Boulevard North Miami, FL 33181	Auto / Travel	CAN		\$36.35
4					
03 / 15 / 2018 +	Publix 9400 Harding Avenue Surfside, FL 33154	Supply for Event	CAN		\$92.32
5					

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



OFFICE USE ONLY

Name

Barry Cohen

I.D. Number

Address (number and street)

9056 Bay Drive

City, State, Zip Code

Surfside, Florida 33154

CHECK IF ADDRESS HAS CHANGED

03-16-18P04:47 RCVD

Candidate for:

Mayor

Commissioner, District Town of Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4 days prior Cover Period 03/03/2018 through 03/15/2018

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Barry Cohen

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Barry Cohen

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barry Cohen
 Name
 (2) 9056 Bay Drive
 Address (number and street)
Surfside, Florida 33154
 City, State, Zip Code

OFFICE USE ONLY

06-18-18P04:32 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 15 / 2018 To 06 / 18 / 2018 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 12 , 367 . 03

Transfers to Office Account \$ _____ , 1 , 874 . 26

Total Monetary \$ _____ , 14 , 241 . 29

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 19 , 450 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 19 , 450 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) BARRY COHEN

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

X

Signature

(Type name) BARRY COHEN

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03 / 15 / 2018 through 06 / 18 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

None

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY COHEN

(2) I.D. Number _____

(3) Cover Period 03 / 15 / 2018 through 06 / 18 / 2018

(4) Page 1 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 19 / 2018 1	ATM Withdrawal Harding Surfside, FL	Supplies for Event	PCW		\$503.00
03 / 19 / 2018 2	ATM Withdrawal Harding Surfside, FL	Supplies for Event	PCW		\$503.00
03 / 19 / 2018 3	City National Bank Miami Beach, FL	Bank fee for inquiry	MON		.50
03 / 19 / 2018 4	City National Bank Miami Beach, FL	Bank fee for inquiry	MON		.50
03 / 19 / 2018 5	City National Bank Miami Beach, FL	Bank fee for withdrawal	MON		1.25
03 / 19 / 2018 6	City National Bank Miami Beach, FL	Bank fee for withdrawal	MON		1.25
03 / 20 / 2018 7	Home Depot Miami, Florida	Campaign supplies	MON		4.48
03 / 20 / 2018 8	Surfside, FL		MON		149.86

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY COHEN

(2) I.D. Number _____

(3) Cover Period 03 / 15 / 2018 through 06 / 18 / 2018

(4) Page 2 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 20 / 2018	Get Elected 8020 S.W. 19th Street Miami, Florida 33155	Campaign expense	MON		\$3,551.45
8					
03 / 21 / 2018	Carrot, Inc. 9519 Harding Avenue, Surfside, FL 33154		MON		\$105.19
9					
03 / 21 / 2018	Cine Citta Cafe Miami Beach, FL 33154		MON		\$283.80
10					
03 / 22 / 2018	Costco Gas North Miami Beach, FL	Auto/Travel	MON		\$21.66
11					
03 / 22 / 2018	Wholefoods North Miami, FL	Supply for Event	MON		\$57.74
12					
03 / 22 / 2018	ATM Withdrawal Surfside, FL	Campaign Expenses	MON		\$503.00
13					
03 / 23 / 2018	Richard Plant Surfside, FL 33154	Campaign supplies	MON		\$504.00
7					
03 / 23 / 2018	City National Bank Miami Beach, FL	Bank Fee for inquiry	MON		\$.50
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY COHEN

(2) I.D. Number _____

(3) Cover Period 03 / 15 / 2018 through 06 / 18 / 2018

(4) Page 3 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 23 / 2018	City National Bank Miami Beach, FL	Bank fee for withdrawal	MON		\$1.25
16					
03 / 23 / 2018	Tmobile North Miami, Florida	Supply for campaign	MON		\$16.04
17					
03 / 26 / 2018	Shul of Bal Harbour Surfside, FL 33154	Contribution	MON		\$900.00
18					
03 / 26 / 2018	Costco North Miami, FL	Supply for Event	MON		\$26.38
19					
03 / 28 / 2018	Costco North Miami, FL	Supply for Event	MON		\$323.51
20					
03 / 28 / 2018	Angela Lopez 17839 N.W. 63 Court Hialeah, FL 33015	Campaign Expenses	MON		\$3,263.67
21					
03 / 28 / 2018	Raphael Azari Surfside, FL 33154	Campaign Expense	MON		\$200.00
22					
03 / 28 / 2018	Shul of Bal Harbour Surfside, Florida 33154	Contribution	MON		\$500.00
23					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BARRY COHEN

(2) I.D. Number _____

(3) Cover Period 03 / 15 / 2018 through 06 / 18 / 2018

(4) Page 4 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 28 / 2018	Shul of Ba Harbour Surfside, Florida 33154	Contribution	MON		\$450.00
24					
04 / 04 / 2018	Richard Plant Surfside, Florida 33154	Campaign assistance	MON		\$100.00
25					
04 / 05 / 2018	Ozzy Boymelgreen Surfside, Florida 33154	Campaign Assist.	MON		\$180.00
26					
05 / 15 / 2018	City National Bank Miami Beach, Florida	Bank Fee	MON		\$20.00
27					
06 / 06 / 2018	Get Elected, Inc. 8020 S.W. 19th Avenue Miami, Florida	Campaign materials	MON		\$175.00
28					
06 / 15 / 2018	City National Bank Miami Beach, Florida	Bank Fee	MON		\$20.00
29					
06 / 18 / 2018	Commission Barry Cohen Office Acct. 9056 Bay Drive Surfside, Florida 33154	Transfer	TOA		\$1,874.26
30					
/ /					

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



OFFICE USE ONLY

Name

Barry Cohen

I.D. Number

Address (number and street)

9056 Bay Drive

City, State, Zip Code

Surfside, Florida 33154

CHECK IF ADDRESS HAS CHANGED

06-18-18P04:32 RCVD

Candidate for:

Mayor

Commissioner, District TOWN OF SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 90 DAY REPORTING Cover Period 03/15/2018 through 06/18/2018

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

Barry Cohen

(Type name)

Treasurer

Deputy Treasurer

X

Signature

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

Barry Cohen

(Type name)

Candidate

X

Signature

