

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

01-04-18P04:02 RCVD

SKM

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

MICHAEL KARUKIN

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

9365 Abbott Ave Sunnyside, FL 33154

4. Telephone

305 336-4768

5. E-mail address

mkarukin@yahoo.com

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

Commissioner

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

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

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

Write-In No Party Affiliation Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

MICHAEL KARUKIN

11. Mailing Address

9365 Abbott Ave

12. Telephone

( )

13. City

Sunnyside

14. County

Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

mkarukin@yahoo.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

1/4/2018

26. Signature of Candidate

X [Signature]

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

I, MICHAEL KARUKIN, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/4/2018

Date

X [Signature] Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

01-04-18P04:02 RCVD *sun*

I, MICHAEL KARULIS,

candidate for the office of Commissioner;

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

X

  
\_\_\_\_\_  
Signature of Candidate

1/4/2018  
\_\_\_\_\_  
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)

01-18-18P12:00 RCVD *SKN*

01-04-18P04:02 RCVD *SKN*

**COPY**

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

*MICHAEL KARUKIN*

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

*9365 Abbott Ave  
Surfside, FL 33154*

4. Telephone

*305 236-4768*

5. E-mail address

*mkarukin@yahoo.com*

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

*Commissioner*

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

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

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

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

*MICHAEL KARUKIN*

11. Mailing Address

*9365 Abbott Ave*

12. Telephone

( )

13. City

*Surfside*

14. County

*Dade*

15. State

*FL*

16. Zip Code

*33154*

17. E-mail address

*mkarukin@yahoo.com*

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

19. Name of Bank

*Citi bank*

20. Address

*9525 HARDING AVE*

21. City

*Surfside*

22. County

*Miami-Dade*

23. State

*FL*

24. Zip Code

*33154*

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

25. Date

*1/4/2018*

26. Signature of Candidate

**X**

*[Signature]*

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

I, *MICHAEL KARUKIN*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*1/4/2018*

Date

**X**

*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer



**TOWN OF SURFSIDE**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

01-19-18A11:51 RCVD

**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 }**

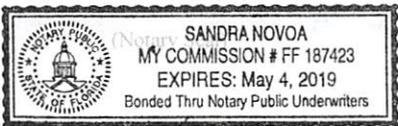
**TOWN OF SURFSIDE }**

I solemnly swear (or affirm) under oath, that my name is MICHAEL KARUKIN,  
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 9365 Alton Ave, Surfside FL 33154,  
my occupation is Medical Researcher; that I have been  
a resident of the Town of Surfside since 1999; 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]  
Signature of Candidate

1/19/2018  
Date

Sworn to and subscribed before me this 19<sup>th</sup> 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:

Write-in candidate

01-19-18A11:49 RCVD *sun*

OFFICE USE ONLY

**Candidate Oath**

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

I, MICHAEL KARUKIN

(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) 336-4768 mkarukin@yahoo.com  
Signature of Candidate Telephone Number Email Address

9365 Abbott Ave, 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 19th  
day of January, 20 18.

Personally Known:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



**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 87<sup>th</sup> 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, MICHAEL KAROLKIN, a candidate for the office of  
please print your name  
Commissioner in Suwannee, 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

1/19/2018  
Date

01-19-18P 12:53 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 Michael Karulkin 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).

Signature: <u>Lisa Cotton</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>Lisa Cotton</u>	Address: [REDACTED]
Signature: <u>Elise J. Harris</u>	Date: _____ Voters Reg. # _____
Print Name: <u>Elise J. Harris</u>	Address: [REDACTED]
Signature: <u>Barry Cohen</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>Barry Cohen</u>	Address: [REDACTED]
Signature: <u>Robert Davison</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>Robert Davison</u>	Address: [REDACTED]
Signature: <u>Tina Paul</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>Tina Paul</u>	Address: [REDACTED]
Signature: <u>Arlene A. Alvin</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>Arlene A. Alvin</u>	Address: [REDACTED]
Signature: <u>Marepi Starre</u>	Date: <u>1/18/2018</u> Voters Reg. # _____
Print Name: <u>Marepi Starre</u>	Address: [REDACTED]
Signature: <u>David Wilson</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>David Wilson</u>	Address: [REDACTED]
Signature: <u>Jane Graham</u>	Date: <u>1/18/18</u> Voters Reg. # _____
Print Name: <u>Jane Graham</u>	Address: [REDACTED]
Signature: <u>JONATHAN TANOOS</u>	Date: <u>01/18/18</u> Voters Reg. # _____
Print Name: <u>JONATHAN TANOOS</u>	Address: [REDACTED]
Signature: <u>Pablo Clause</u>	Date: <u>1-18-2018</u> Voters Reg. # _____
Print Name: <u>Pablo Clause</u>	Address: [REDACTED]
Signature: <u>CANDICE CLAUSELL</u>	Date: <u>1-18-2018</u> Voters Reg. # _____
Print Name: <u>CANDICE CLAUSELL</u>	Address: [REDACTED]
Signature: <u>DAVID FAST</u>	Date: <u>1-18-2018</u> Voters Reg. # _____
Print Name: <u>DAVID FAST</u>	Address: [REDACTED]

#### 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: 9365 Alston Ave, Surfside FL 33154  
Email address of Circulator: michaelkarulkin.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/15/2018

01-19-18A11:51 RCY

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 MICHAEL KARUKIN 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).

Signature: <u>Thm L.</u>	Date: <u>1-18-18</u>	Voters Reg. # _____
Print Name: <u>Brandon Cuenca</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Alexandra Bavinet</u>	Date: <u>1-18-18</u>	Voters Reg. # _____
Print Name: <u>Alexandra Bavinet</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Shane Trocchio</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
Print Name: <u>Shane Trocchio</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Connie Trocchio</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
Print Name: <u>Connie Trocchio</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Pamela O'Hagan</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
Print Name: <u>PAMELA O'HAGAN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Patricia Fernandez</u>	Date: <u>1-18-18</u>	Voters Reg. # _____
Print Name: <u>PATRICIA FERNANDEZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Ivan Fernandez</u>	Date: <u>1-18-18</u>	Voters Reg. # _____
Print Name: <u>IVAN FERNANDEZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Jessica Flax</u>	Date: <u>1-18-18</u>	Voters Reg. # _____
Print Name: <u>JESSICA FLAX</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Estang Flax</u>	Date: <u>10/29/1923</u>	Voters Reg. # _____
Print Name: <u>Estang Flax</u>	Address: <u>[REDACTED]</u>	
Signature: <u>David Garmon, DVM</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
Print Name: <u>DAVID GARMON, DVM</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Andre Miranda</u>	Date: <u>1/18/2017</u>	Voters Reg. # _____
Print Name: <u>ANDRE MIRANDA</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Emma Diaz</u>	Date: <u>1/18/18</u>	Voters Reg. # _____
Print Name: <u>EMMA DIAZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Victoria Diaz</u>	Date: <u>1-8-18</u>	Voters Reg. # _____
Print Name: <u>Victoria Diaz</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: 9365 Assotti Ave, Surfside, FL 33154  
Email address of Circulator: MKARUKIN@jthco.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/18/2018

01-19-18 R-C-VFD

STATEMENT OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MICHAEL KARUKIN

MAILING ADDRESS :

9365 Abbott Ave

Sunrise FL 33154 Miami-Dade

CITY :

Sunrise FL Town Commission

ZIP :

COUNTY :

NAME OF AGENCY :

Sunrise Town Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

01-19-18P04:26 RCVD

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, 2017 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
DEMERX, INC	1951 NW 7th Ave, Miami, FL 33136	Pharmaceutical Company

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")

2903 Point East Drive Apt 12-108, Aventura, FL 33160

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
Retirement Account (IRA)	Morgan Stanley Portfolio Management Account
Investment Account	Morgan Stanley Active Assets Account

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

**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
	None	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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:

1/19/2018

**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:**

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

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**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.

**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, 2017.

**COPY**

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

**citibank**  
Citibank, N.A.

FC# 00055 FA# 009  
056-02 Ck. Ser.# 170710920

\$0.00 ONL

DATE 01/19/18

170710920

62-20  
311

PAY \*\*\*\*\*TWENTY-FIVE DOLLARS\*\*\*\*\*

TO THE ORDER OF

\*\*\*\*\*TOWN OF SURFSIDE\*\*\*\*\*

\*\*\*\$25.00\*\*\*

NAME OF REMITTER

MICHAEL H. KARUKIN DBA MICHAEL  
MICHAEL KARUKIN CAMPAIGN ACCOUNT

Citibank, N.A. One Penn's Way  
New Castle, DE 19720

Drawer: Citibank, N.A.  
BY AUTHORIZED SIGNATURE

Security  
Delete on  
Back



MP





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

[miamidade.gov](http://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 Michael Karukin, a candidate for the office of Commissioner for Town of Surfside. A total of 26 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 "C. 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

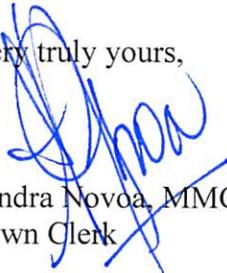
Mr. Michael Karukin  
9365 Abbott Avenue  
Surfside, FL 33154

Dear Mr. Karukin:

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

OFFICE USE ONLY

02-12-18A09:06 RCVD *SKN*

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: 2018M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 100.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 100.00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 25.00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 25.00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 25.00

### (11) Certification

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

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

(Type name) Michael Karukin

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

X   
 Signature

(Type name) Michael Karukin

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (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 / 18 / 2018 001	Michael Karukin 9365 Abbott Ave Surfside, Fl 33154	I		LOA			\$100.00
01 / 22 / 2018 002	Cohen 2000 Joint Revocable Trust, Barbara and Louis Cohen, Trustees 9341 Collins Ave #1008 Surfside Fl 33154	I		CHE			\$100.00
/ /							
/ /							
/ /							
/ /							
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/ /							

W

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN

(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
(6) Sequence Number					
01 / 22 / 2018	Town of Surfside 9293 Harding Ave Surfside FL 33154	Qualification Fee	CAN		\$25.00
001					
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*(Handwritten signature circled in blue)*

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



OFFICE USE ONLY

Name

Michael Karukin

I.D. Number

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-12-18A09:06 RCVD *sen*

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2018 M1 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.

Michael Karukin

(Type name)  Treasurer  Deputy Treasurer

**X**  
Signature

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

Michael Karukin

(Type name)  Candidate

**X**  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

02-23-18A11:27 RCVD *gen*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

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

### (5) Report Identifiers

Cover Period: From 02 / 01 / 2018 To 02 / 16 / 2018 Report Type: 25P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 150.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 150.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 104.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 114.01

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 114.01

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 350.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 139.01

### (11) Certification

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

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

(Type name) Michael Karukin

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

X   
 Signature

(Type name) Michael Karukin

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
02 / 09 / 2018 001	Rose Karukin 9365 Abbott Ave Surfside, FL 33154	I		INK	Fast Signs		\$104.00
02 / 09 / 2018 002	Deborah Mash 27 Tahiti Beach Island Road Miami, FL 33143	I		CHE			\$150.00
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MICHAEL KARUKIN

(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
02 / 08 / 2018 001	Fast Signs 15405 West Dixie Highway North Miami Beach, FL 33162	Yard Signs	CAN		\$104.01
02 / 08 / 2018	Citibank 9525 Harding Ave Surfside, FL 33154	Service Charge	CAN		\$10.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Michael Karukin

I.D. Number

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-23-18A11:27 RCVD *sym*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/2018 through 02/316/2018

Report Type  Original  Amendment

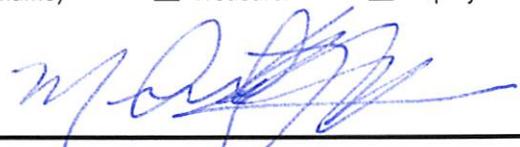
CERTIFICATION

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.

Michael Karukin

(Type name)  Treasurer  Deputy Treasurer

X   
Signature

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

Michael Karukin

(Type name)  Candidate

X   
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

03-09-18P01:28 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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 02 / 17 / 2018 To 03 / 02 / 2018 Report Type: 11P1

- Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 360.99

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 360.99

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 210.99

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 210.99

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 710.99

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 350.00

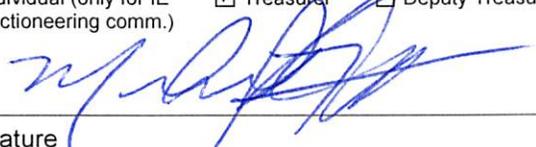
### (11) Certification

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

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

(Type name) Michael Karukin

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

X   
 Signature

(Type name) Michael Karukin

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (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) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
03 / 01 / 2018 001	Cohen 2000 Joint Revocable Trust Barbara and Louis Cohen, Trustees 9341 Collins Ave #1008 Surfside, Fl 33154	I		CHE			\$100.00
03 / 02 / 2018 002	Michael Karukin Citibank Campaign Account 9365 Abbott Ave Surfside, Florida 33154	S	Candidate	CAS			\$210.99
03 / 02 / 2018 003	Propmasters 9940 NW 79th Ave Hialeah Gardens, FL 33016	B		CHE			\$50.00
/ /							
/ /							
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/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

(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 / 02 / 2018	Michael Karukin Citibank Campaign Account 9365 Abbott Ave Surfside, Fl 33154	Close Citibank Account per Citibank. Funds deposited into new Campaign Account	DIS		\$210.99
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20

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



OFFICE USE ONLY

Name

Michael Karukin

I.D. Number

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-09-18P01:28 RCVD

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 11P1 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.

Michael Karukin

(Type name)  Treasurer  Deputy Treasurer

X  
Signature

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

Michael Karukin

(Type name)  Candidate

X  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**  
 03-10-18P04:43 RCVD  
 03-10-18PL4:43 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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 03 / 03 / 2018 To 03 / 15 / 2018 Report Type: 4P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 2,100.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 2,100.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 110.39

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 208.01

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 208.01

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 2,810.99

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 558.01

### (11) Certification

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

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

(Type name) Michael Karukin

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

X   
 Signature

(Type name) Michael Karukin

Candidate  Chairperson (only for PC and PTY)

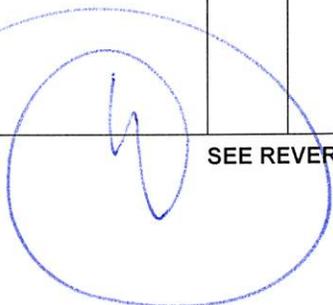
X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (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 / 03 / 2018 001	Ray Ellen Yarkin Revocable Trust 9401 Collins Ave, Apt. 607 Surfside, Fl 33154	I		CHE			\$500.00
03 / 03 / 2018 002	The Allan D. Yarkin Revocable Trust 9401 Collins Ave, Apt. 607 Surfside, Fl 33154	I		CHE			\$500.00
03 / 05 / 2018 003	Kenneth Stowe P.O. Box 011723 Miami, FL 33101	I		CHE			\$100.00
03 / 08 / 2018 004	Flanigan's Management Services, Inc. 5059 NE 18th Ave Ft. Lauderdale, FL 33334	B	Restaurant	CHE			\$500.00
03 / 08 / 2018 005	John Kyle 6201 Clearwood Road Bethesda, MD 20817	I		CHE			\$500.00
03 / 08 / 2018 006	Michael Karukin 9365 Abbott Ave Surfside, Fl 33154	I		INK	Vista Print		\$110.39



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

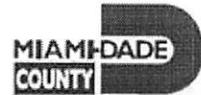
(2) I.D. Number \_\_\_\_\_

(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 / 09 / 2018	Fast Signs 15405 West Dixie Highway North Miami Beach, FL 33162	Yard Signs	CAN		\$208.01
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Michael Karukin

I.D. Number

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-16-18P04:44 RCVD

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 4P1 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.

Michael Karukin

(Type name)  Treasurer  Deputy Treasurer

X  
Signature

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

Michael Karukin

(Type name)  Candidate

X  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

06-18-18P12:45 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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

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

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 0 ,     ,     .    

Loans \$ 0 ,     ,     .    

Total Monetary \$ 0 ,     ,     .    

In-Kind \$ 0 ,     ,     .    

### (7) Expenditures This Report

Monetary Expenditures \$     ,     , 851.65

Transfers to Office Account \$     ,     , 1,401.33

Total Monetary \$     ,     , 2,252.98

### (8) Other Distributions

\$ 0 ,     ,     .    

### (9) TOTAL Monetary Contributions To Date

\$     ,     , 2,810.99

### (10) TOTAL Monetary Expenditures To Date

\$     ,     , 2,810.99

### (11) Certification

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

(Type name) Michael Karukin

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

X   
 Signature

(Type name) Michael Karukin

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

18TRG

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Michael Karukin

(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						
/ /							
/ /	0						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 19 / 2018 001	Artistic Tees, 17023 West Dixie Hwy, Aventura, Fl 33160	Tee Shirts	CAN		\$150.00
06 / 11 / 2018 002	BankUnited, 12290 Biscayne Blvd, North Miami, Fl 33181	Service Charge	CAN		\$3.00
03 / 20 / 2018 003	Flanigan's Surfside, 9516 Harding Ave, Surfside, Fl 33154	Food	CAN		\$384.26
06 / 11 / 2018 004	Michael Karukin, 9365 Abbott Ave, Surfside Fl 33154	Reimbursement of Loan	RMB		\$100.00
06 / 18 / 2018 005	Michael Karukin, 9365 Abbott Ave, Surfside Fl 33154	Reimbursement of In-Kind Contribution	RMB		\$104.00
06 / 18 / 2018 006	Rose Karukin, 9365 Abbott Ave, Surfside Fl 33154	Reimbursement of In-Kind Contribution	RMB		\$110.39
06 / 18 / 2018 007	Michael Karukin, Surfside Office Account, 9365 Abbott Ave, Surfside Fl 33154	Transfer to new office account	TOA		\$1,401.33

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



OFFICE USE ONLY

Name

Michael Karukin

I.D. Number

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

06-18-18P12:45 RCVD

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/15/2018 through 06/18/2018

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