

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

09-10-15 13:18 RCVD
Sandra Novoa

I, ELI TOURGEMAN,
candidate for the office of MAYOR;

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

X *E. Tourgeman*
Signature of Candidate

9/10/15
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)

09-16-15 11:46 RCVD *sen*

09-16-15 13:16 RCVD

Andra Novoa

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

ELI TOURGEMAN

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

*9064 BAY DR
SURFSIDE, FL 33154*

4. Telephone

(305) 866-3663

5. E-mail address

ETXMIAMI@AOL.COM

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

MAYOR

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

ELI TOURGEMAN

11. Mailing Address

9064 BAY DR.

12. Telephone

(305) 866-3663

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

ETXMIAMI@AOL.COM

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

19. Name of Bank

BANKUNITED

20. Address

12290 BISCAYNE BLVD.

21. City

N. MIAMI

22. County

MIAMI DADE

23. State

FL

24. Zip Code

33181

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

9/10/15

26. Signature of Candidate

X [Signature]

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

I, *ELI TOURGEMAN*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9/10/15
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Eli Tourgeman

Name

(2) 9064 Bay Dr

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
TOWN OF SURFSIDE
OCT 5 '15 11:24 AM

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 09 / 01 / 15 To 09 / 30 / 15 Report Type: 2015 M9

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 0 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0 . 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) Eli Tourgeman

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

X 
Signature

(Type name) Eli Tourgeman

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(2) I.D. Number _____

(3) Cover Period 09/01/2015 / _____ through 09/30/2015 / _____

(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
/ /					
/ /					
/ /	N/A				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Eli Tourgeman (2) I.D. Number _____

(3) Cover Period 09/01/2015 / ____ / ____ through 09/30/2015 / ____ / ____ (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		Type	Occupation	Type	Description		Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

N/A



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



OFFICE USE ONLY

Name

ELI TOURGEMAN

I.D. Number

Address (number and street)

9064 BAY DR.

City, State, Zip Code

SURFIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name Campaign Treasurer Report Cover Period 9/1/15 through 8/30/15

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.

ELI TOURGEMAN

(Type name) Treasurer Deputy Treasurer

X
Signature

[Signature]

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

ELI TOURGEMAN

(Type name) Candidate

X
Signature

[Signature]

PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name Eli Tougerou (2) I.D. Number _____
(3) Report Name Campaign Live Report (4) Cover Period 9/1/15 through 9/30/15
(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
<i>NONE</i>				

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

11-02-15 11:52 RCVD *SKN*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- Political Committee (PC)
- Electioneering Communications Org. (ECO) 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 10 / 01 / 2015 To 10 / 31 / 2015 Report Type: 2015 M10

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 630 . 00

Loans \$, , .

Total Monetary \$, 1 , 630 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 60 . 00

Transfers to Office Account \$, , .

Total Monetary \$, , 60 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1 , 630 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 60 . 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) ELI TOURGEMAN

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

X *ELI TOURGEMAN*
 Signature

(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X *ELI TOURGEMAN*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 01 / 2015 through 10 / 31 / 2015 (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							
10 / 08 / 2015 1	BENGIO, JAYMY 8951 BYRON AVENUE SURFSIDE, FL 33154	I	BANKER	CAS	N/A	N/A	\$50.00
10 / 08 / 2015 2	ALBERTO AGUIRRE 9416 ABBOTT AVENUE SURFSIDE, FL 33154	I	Retired MGR	CAS	N/A	N/A	\$100.00
10 / 26 / 2015 3	GRAY & SONS SOUTH FLORIDA GOLD & SILVER EXCHANGE INC 9595 HARDING AVENUE SURFSIDE, FL 33154	B	JEWELRY EXCH	CHE	N/A	N/A	\$1,000.00
10 / 26 / 2015 4	BNK STORES LLC 1403 N OCEAN DR HOLLYWOOD, FL 33019	B	SUBWAY STORE	CHE	N/A	N/A	\$100.00
10 / 26 / 2015 5	M. KOTLER REALTY, INC. 9585 HARDING AVENUE SURFSIDE, FL 33154	B	REA-ESTATE	CHE	N/A	N/A	\$180.00
10 / 26 / 2015 6	HARDING SALON INC 9564 HARDING AVENUE SURFSIDE, FL 33154	B	BEAUTY SALON	CHE	N/A	N/A	\$200.00
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 2015 through 10 / 31 / 2015

(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					
10 / 15 / 15	MIAMI-DADE COUNTY 2700 NW 87 AVE MIAMI, FL 33172	VOTER'S LIST			
1			CAN	N/A	\$60.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name Eli Tougerman

I.D. Number _____

Address (number and street)
9064 Bay D.

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

11-02-15 11:52 RCVD

SXM.

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2015 M10 Cover Period 10/1/15 through 10/31/15

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.

Eli Tougerman
(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

Eli Tougerman
(Type name) Candidate

[Signature]
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name Eli Tourgeval (2) I.D. Number _____
 (3) Report Name 2015 MID (4) Cover Period 10/1/15 through 10/31/15
 (5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



TOWN OF SURFSIDE
 MUNICIPAL BUILDING
 9293 HARDING AVENUE
 SURFSIDE, FLORIDA 33154

11/17/15 Sun
 @ 10:46am

GENERAL ELECTION – MARCH 15, 2016

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

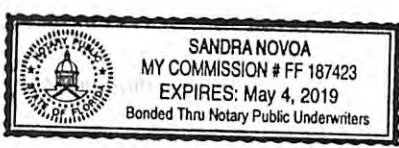
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Eli TOURGEMAN, 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 9064 BAY Dr., my occupation is Retired; that I have been a resident of the Town of Surfside since 1975; that I will be at least twenty-one (21) years of age by December 7, 2015 and that if elected, I will willingly serve as MAYOR (Mayor or Commissioner) of the Town of Surfside, if elected.

Eli Tourgeman
 Signature of Candidate

11/17/15
 Date

Sworn to and subscribed before me this 17th day of November, 2016.



Sandra Novoa
 NOTARY PUBLIC
 PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

11-17-15 A10:46 RCVD *gln*

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, *Eli Toureman*
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of *MAYOR*, _____, _____,
(office) (district #)
_____ County, Florida;
(circuit #) (group or seat #) I am a qualified elector of *MIAMI-DADE* County, Florida;

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

Eli Toureman (305) *866-3663* *ETTOUREMAN@AOL.COM*
Signature of Candidate Telephone Number Email Address
9064 Bay Dr. *Surfside* *FL* *33154*
Address City State ZIP Code

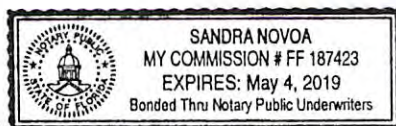
Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF *Miami Dade*

Sworn to (or affirmed) and subscribed before me this *17th* day of *November*, 20 *15*.

Personally Known: or



Sandra Novoa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: _____

Type of Identification Produced: _____

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELI TOURGEMAN for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15, 2016.

between 11/17/2015 and 12/17/2015.

This petition must be filed with the Town Clerk not more than fifty five and not less than thirty five days prior to the election.

Signature: <u>Sherril Leboach</u>	Date: <u>9/20/15</u>	Voters Reg. #
Print Name: <u>Sherril Leboach</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. #
Print Name: <u>[Name]</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. #
Print Name: <u>Jaymie Bengio</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. #
Print Name: <u>Laura Alonso</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. #
Print Name: <u>Alejandro Ramirez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. #
Print Name: <u>Deborah Cimadevilla</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/21/15</u>	Voters Reg. #
Print Name: <u>Ileana M Cortes</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/21/15</u>	Voters Reg. #
Print Name: <u>TOURGE CORTEZ</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/21/15</u>	Voters Reg. #
Print Name: <u>Edm Behar</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/21/15</u>	Voters Reg. #
Print Name: <u>Howard R. Behar</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>09/22/15</u>	Voters Reg. #
Print Name: <u>ISAAC TOURGEMAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/23/2015</u>	Voters Reg. #
Print Name: <u>ROSSETA TOURGEMAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>9/23/2015</u>	Voters Reg. #
Print Name: <u>Rachel Tourgeman</u>	Address:	

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: PO Box 12
Email address of Circulator: _____

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/17/15

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER
TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELI TOURGEMAN for
the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15,
2016.

between 11/17/2015 and 12/17/2015.

This petition must be filed with the Town Clerk ~~not more than fifty five and not less than thirty five days prior to the election.~~

Signature: <u>[Signature]</u>	Date: <u>SEPT 18, 2015</u>	Voters Reg. # _____
Print Name: <u>ROBERT CONDENSED</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>09/19/15</u>	Voters Reg. # _____
Print Name: <u>Donj Weinstraub</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>Jack Weinstraub</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>ISRAEL D. SZLAPAK</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9-19-15</u>	Voters Reg. # _____
Print Name: <u>FRIDA SZLAPAK</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>William Grayson</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>Cara Roller</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>Brian Roller</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>Alex Matz</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>SOFIA MATZ</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/19/15</u>	Voters Reg. # _____
Print Name: <u>Jason Newder</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9-20/15</u>	Voters Reg. # _____
Print Name: <u>Sony Benmergen</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. # _____
Print Name: <u>AM Benmergen</u>	Address: _____	

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: 9064 BRY DR
Email address of Circulator: _____

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/17/15

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELI TOURGEMAN for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15, 2016.

This petition must be filed with the Town Clerk between 11/17/2015 and 12/17/2015. not more than fifty-five and not less than thirty-five days prior to the election.

Signature: <u>[Signature]</u>	Date: <u>9/22/15</u>	Voters Reg. # <u>1</u>
Print Name: <u>Alan Silber</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/25/15</u>	Voters Reg. # _____
Print Name: <u>Claudia Correa</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/25/15</u>	Voters Reg. # _____
Print Name: <u>FATIMA HAMIM</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9/20/15</u>	Voters Reg. # <u>1</u>
Print Name: <u>Alan Alon</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>9-25-15</u>	Voters Reg. # <u>1</u>
Print Name: <u>Jared Jay Lieberstein</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/05/15</u>	Voters Reg. # _____
Print Name: <u>BARBARA McLAUGHLIN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/5/15</u>	Voters Reg. # <u>1</u>
Print Name: <u>Yonah Horowitz</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-7-15</u>	Voters Reg. # _____
Print Name: <u>ALBERTO AGUIRRE</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10-7-2015</u>	Voters Reg. # _____
Print Name: <u>ALBERTO AGUIRRE</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/9/15</u>	Voters Reg. # _____
Print Name: <u>Jacqueline Danden</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/12/15</u>	Voters Reg. # _____
Print Name: <u>DONALD S. MCGAVERN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10/15/15</u>	Voters Reg. # _____
Print Name: <u>DAVID GONZALES P.V.H.</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>10.16.15</u>	Voters Reg. # _____
Print Name: <u>Igor Zelenky</u>	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9064 BAY DR.
Email address of Circulator: _____

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/17/15

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER
TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELI TOURGEHAN for
the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15,
2016.

between 11/17/2015 and 12/7/2015.

This petition must be filed with the Town Clerk ~~not more than fifty-five and not less than thirty five days~~ prior to the election.

Signature: <u>Angela Maria Aquino</u>	Date: <u>10-13-2015</u>	Voters Reg. #
Print Name: <u>ANGELA MARIA AQUINO</u>	Address:	
Signature: <u>ANDRES REY</u>	Date: <u>10/4/15</u>	Voters Reg. #
Print Name: <u>ANDRES REY</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-4-15</u>	Voters Reg. #
Print Name: <u>MARIA E. REY</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/15</u>	Voters Reg. #
Print Name: <u>Bellinda Zacet</u>	Address: <u>9132 Bay Drive</u>	
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: _____	
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 4 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: 9064 Bay Dr.
Email address of Circulator: _____

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/17/15

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER
TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Eli Tourgenman for
the office of Mayor (Mayor or Commissioner) at an election to be held on March 15,
2016.

between 11/17/2015 and 12/7/2015.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty-five days prior to the election.

Signature: <u>[Signature]</u>	Date: <u>9/21/15</u> Voters Reg. # _____
Print Name: <u>Alina Bengio</u>	Address: <u>8951 Byron Ave. Surfside - FL 33154</u>
Signature: <u>[Signature]</u>	Date: <u>9/24/15</u> Voters Reg. # _____
Print Name: <u>MIGUEL CHAILOSKY</u>	Address: <u>8943 BYRON AVE</u>
Signature: <u>[Signature]</u>	Date: <u>9-24-15</u> Voters Reg. # _____
Print Name: <u>MARIA CHAILOSKY</u>	Address: <u>8943- BYRON AVE</u>
Signature: <u>[Signature]</u>	Date: <u>11/2</u> Voters Reg. # _____
Print Name: <u>George Weiss</u>	Address: <u>9273 COLLINS AVE</u>
Signature: <u>[Signature]</u>	Date: <u>11/2/15</u> Voters Reg. # _____
Print Name: <u>ROBERT ANDRI</u>	Address: <u>8877 COLLINS AV.</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/15</u> Voters Reg. # _____
Print Name: <u>FLORY BORDEN</u>	Address: <u>2855 COLLINS AVE 2D</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/15</u> Voters Reg. # _____
Print Name: <u>SPYRIDON SKORDILIS</u>	Address: <u>9533 BYRON AVE</u>
Signature: <u>[Signature]</u>	Date: <u>11/4/15</u> Voters Reg. # _____
Print Name: <u>DAVID WILSON</u>	Address: <u>9595 WILSON AVE #259</u>
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 8 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: 8951 Byron Ave Surfside FL 33154
Email address of Circulator: _____

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/17/15



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

November 23, 2015

Mr. Eli Tourgamen
9064 Bay Drive
Surfside, FL 33154

Dear Mr. Tourgeman:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2016 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

11-30-15A11:12 RCVD *sun*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- Political Committee (PC)
- Electioneering Communications Org. (ECO) 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 11 / 01 / 2015 To 11 / 30 / 2015 Report Type: 2015 M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 030 . 00

Loans \$, , .

Total Monetary \$, 2 , 030 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 484 . 08

Transfers to Office Account \$, , .

Total Monetary \$, , 484 . 08

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 3 , 660 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 544 . 08

(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) ELI TOURGEMAN

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

X *El Tourgeman*
 Signature

(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X *El Tourgeman*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 11 / 01 / 2015 through 11 / 30 / 2015 (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							
11 / 03 / 2015 1	Ricardo de Armas 9381 Byron Ave Surfside, FL 33154	I	Retired - Re	CAS	N/A	N/A	\$20.00
11 / 03 / 2015 2	Oberle Opticians Inc 9552 Harding Ave Surfside, FL 33154	B	Optician	CHE	N/A	N/A	\$500.00
11 / 05 / 2015 3	Cine Cita Cafe 9544 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$150.00
11 / 05 / 2015 4	Harding Realty Inc 9509 Harding Ave Surfside, FL 33154	B	Real-Estate	CHE	N/A	N/A	\$360.00
11 / 27 / 2015 5	1108 Concourse LC 1124 Kane Concourse Bay Harbor Islands, FL 33154	B	Investments	CHE	N/A	N/A	\$1,000.00

11-30-15 A11:12 RCVD *Sen*

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2015 through 11 / 30 / 2015

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

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



OFFICE USE ONLY

Name

ELI TOURGEMAN

I.D. Number

Address (number and street)

9064 BAY DR

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

11-30-15 A 11:12 RCVD *sun*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2015 M11 Cover Period 11/01/2015 through 11/30/2015

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.

ELI TOURGEMAN

(Type name) Treasurer Deputy Treasurer

X
Signature

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

ELI TOURGEMAN

(Type name) Candidate

X
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

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

(3) Report Name 2015 M11 (4) Cover Period 11/01/2015 through 11/30/2015

(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

01-04-16 P02:45 RCVD *SKN*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 12 / 01 / 2015 To 12 / 31 / 2015 Report Type: 2015 M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 450 . 00

Loans \$, , .

Total Monetary \$, 1 , 450 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 232 . 80

Transfers to Office Account \$, , .

Total Monetary \$, , 232 . 80

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 776 . 88

(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) ELI TOURGEMAN

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

X *Eli Tourgeman*
 Signature

(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X *Eli Tourgeman*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 12 / 01 / 2015 through 12 / 31 / 2015 (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							
12 / 17 / 15 1	Robert Condenzio 9064 Bay Dr Surfside, FL 33154	I	Travel Agent	CHE	N/A	N/A	\$1,000.00
12 / 30 / 15 2	Boris Rosen 1399 Biscaya Dr Surfside, FL 33154	I	Accountant	CHE	N/A	N/A	\$250.00
12 / 30 / 15 3	Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154	B	Retail Appar +	CHE	N/A	N/A	\$200.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 2015 through 12 / 31 / 2015

(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					
12 / 14 / 15	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Reimbursement for advertising - "Bolt Printing"	CAN	N/A	\$232.80
1					
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REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



OFFICE USE ONLY

Name

ELI TOURGEMAN

I.D. Number

Address (number and street)

9064 BAY DR

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

01-04-16 P02:45 RCVD *sen*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2015 M12 Cover Period 12/01/2015 through 12/31/2015

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.

ELI TOURGEMAN

(Type name) Treasurer Deputy Treasurer

X 
Signature

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

ELI TOURGEMAN

(Type name) Candidate

X 
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

02-04-16P03:15 RCVD *gen*

Check here if address has changed

(3) ID Number: 42

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

Political Committee (PC)

Electioneering Communications Org. (ECO) 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 01 / 01 / 2016 To 01 / 31 / 2016 Report Type: 2016 M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , .

Total Monetary \$, , 0 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 800 . 79

Transfers to Office Account \$, , .

Total Monetary \$, , 800 . 79

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 577 . 67

(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) ELI TOURGEMAN

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

X *[Signature]*
 Signature

(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 01 / 01 / 2016 through 01 / 31 / 2016 **(4) Page** 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 01 / 01 / 2016 through 01 / 31 / 2016

(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 / 11 / 16	Walter Haas Graphics 123 W 23rd St Hialeah, FL 33010	Signs			
1			CAN	N/A	\$800.79
/ /					
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REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



Name
ELI TOURGEMAN

I.D. Number
42

Address (number and street)
9064 BAY DR

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

02-04-16P03:15 RCVD *gan*

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name _____ 2016 M1 _____ Cover Period _____ 01/01/2016 _____ through _____ 01/31/2016 _____

Report Type Original Amendment

CERTIFICATION

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

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>ELI TOURGEMAN</p> <p>(Type name) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X <i>[Signature]</i></p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>ELI TOURGEMAN</p> <p>(Type name) <input checked="" type="checkbox"/> Candidate</p> <p>X <i>[Signature]</i></p> <p>Signature</p>
--	--

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

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

(3) Report Name 2016 M1 (4) Cover Period 01/01/2016 through 01/31/2016

(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY
TOWN OF SURFSIDE
FEB17'16 03:05PM

Check here if address has changed

(3) ID Number: 42

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
 Political Committee (PC)
 Electioneering Communications Org. (ECO)
 Party Executive Committee (PTY)
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

- Check here if PC or ECO has disbanded
 Check here if PTY has disbanded
 Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2016 To 02 / 12 / 2016 Report Type: 25 Days Prior

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00
 Loans \$, , .
 Total Monetary \$, , 0 . 00
 In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 294 . 00
 Transfers to Office Account \$, , .
 Total Monetary \$, , 294 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 871 . 67

(11) Certification

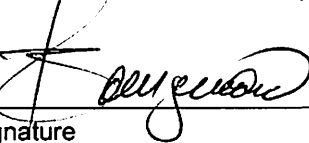
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) ELI TOURGEMAN
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) ELI TOURGEMAN
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 2016 through 02 / 12 / 2016 (4) Page 1 of 1

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 02 / 01 / 2016 through 02 / 12 / 2016

(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					
02 / 02 / 16	United States Postal Service 250 95th St Surfside, FL 33154	Postage			
1			CAN	N/A	\$245.00
02 / 07 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising			
2			CAN	N/A	\$49.00
/ /					
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/ /					

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



OFFICE USE ONLY

Name

ELI TOURGEMAN

I.D. Number

42

Address (number and street)

9064 BAY DR

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB17'16 03:06PM
TOWN OF SURFSIDE

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ 25 Days Prior Cover Period 02/01/2016 through 02/12/2016

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.

ELI TOURGEMAN

(Type name) Treasurer Deputy Treasurer

X 
Signature

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

ELI TOURGEMAN

(Type name) Candidate

X 
Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

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

(3) Report Name 25 Days Prior (4) Cover Period 02/01/2016 through 02/12/2016

(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

03-03-16A10:30 RCVD SKN

Check here if address has changed

(3) ID Number: 42

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- Political Committee (PC)
- Electioneering Communications Org. (ECO) 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 / 13 / 2016 To 02 / 26 / 2016 Report Type: 11 Days Prior

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , .

Total Monetary \$, , 0 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 771 . 23

Transfers to Office Account \$, , .

Total Monetary \$, , 771 . 23

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 642 . 90

(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:

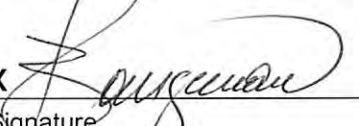
(Type name) ELI TOURGEMAN

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

X 
 Signature

(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 13 / 2016 through 02 / 26 / 2016 (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 ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 02 / 13 / 2016 through 02 / 26 / 2016

(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					
02 / 16 / 16 1	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$5.00
02 / 16 / 16 2	Walter Haas Graphics 123 W 23 St Hialeah, FL 33010	Printing	CAN	N/A	\$117.00
02 / 17 / 16 3	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Chips for Campaign	CAN	N/A	\$27.74
02 / 19 / 16 4	100 Marketers 260 95th St, Ste 201 Surfside, FL 33154	Printing	CAN	N/A	\$260.37
02 / 24 / 16 5	United States Postal Sevice 250 95th St Surfside, FL 33154	Postage	CAN	N/A	\$147.00
02 / 25 / 16 6	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Refreshments for Meet & Greet	CAN	N/A	\$31.59
02 / 26 / 16 7	100 Marketers 260 95th St, Ste 21 Surfside, FL 33154	Printing	CAN	N/A	\$182.53
/ /					

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



OFFICE USE ONLY

Name

ELI TOURGEMAN

I.D. Number

42

Address (number and street)

9064 BAY DR

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-03-16A10:30 RCVD *gn.*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11 Days Prior Cover Period 02/13/2016 through 02/26/2016

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.

ELI TOURGEMAN

(Type name) Treasurer Deputy Treasurer

X *Elis Tourgeman*
Signature

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

ELI TOURGEMAN

(Type name) Candidate

X *Elis Tourgeman*
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

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

(3) Report Name 11 Days Prior (4) Cover Period 02/13/2016 through 02/26/2016

(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

N/A

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN

Name

(2) 9064 BAY DR

Address (number and street)

SURFSIDE, FL 33154

City, State, Zip Code

Check here if address has changed

(3) ID Number: 42

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR 11 '16 10:05AM

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 27 / 2016 To 03 / 10 / 2016 Report Type: 4 Days Prior

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , .

Total Monetary \$, , 0 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 201 . 25

Transfers to Office Account \$, , .

Total Monetary \$, 2 , 201 . 25

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 844 . 15

(11) Certification

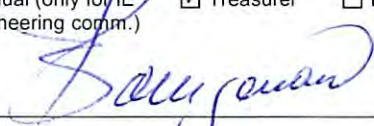
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name) ELI TOURGEMAN

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

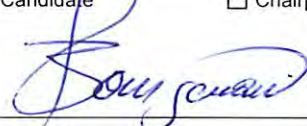
X
Signature



(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X
Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 02 / 27 / 2016 through 03 / 10 / 2016

(4) Page 1 of 1

(5) 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				
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/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 02 / 27 / 2016 through 03 / 10 / 2016

(4) Page 1 of 1

(5) 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					
02 / 28 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Labels	CAN	N/A	\$29.95
1					
03 / 08 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$49.00
2					
03 / 09 / 16	Campaign Super Store 1672 NE 205 Terrace Miami, FL 33179	Graphics	CAN	N/A	\$1,545.00
3					
03 / 09 / 16	Wilbur Jackson 1504 Mayo Street Hollywood, FL 33020	Graphics/Design	CAN	N/A	\$400.00
4					
03 / 10 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Snacks/Drinks - Election Day	CAN	N/A	\$77.30
5					
03 / 10 / 16	Petty Cash 9064 Bay Dr Surfside, FL 33154	Petty Cash	PCW	N/A	\$100.00
6					

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



OFFICE USE ONLY

Name
ELI TOURGEMAN

I.D. Number
42

Address (number and street)
9064 BAY DR

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

MAR11'16 10:06AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4 Days Prior Cover Period 02/27/2016 through 03/10/2016

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.

ELI TOURGEMAN
(Type name) Treasurer Deputy Treasurer

X
Signature

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

ELI TOURGEMAN
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR 11 '16 10:05AM

Check here if address has changed

(3) ID Number: 42

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

Political Committee (PC)

Electioneering Communications Org. (ECO) 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 / 27 / 2016 To 03 / 10 / 2016 Report Type: 4 Days Prior

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , .

Total Monetary \$, , 0 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 201 . 25

Transfers to Office Account \$, , .

Total Monetary \$, 2 , 201 . 25

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 110 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 844 . 15

(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) ELI TOURGEMAN

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

X 
 Signature

(Type name) ELI TOURGEMAN

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 02 / 27 / 2016 through 03 / 10 / 2016

(4) Page 1 of 1

(5) 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				
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 02 / 27 / 2016 through 03 / 10 / 2016

(4) Page 1 of 1

(5) 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					
02 / 28 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Labels	CAN	N/A	\$29.95
1					
03 / 08 / 16	Campaign Partner 16 Dudley St Fitchburg, MA 01420	Advertising	CAN	N/A	\$49.00
2					
03 / 09 / 16	Campaign Super Store 1672 NE 205 Terrace Miami, FL 33179	Graphics	CAN	N/A	\$1,545.00
3					
03 / 09 / 16	Wilbur Jackson 1504 Mayo Street Hollywood, FL 33020	Graphics/Design	CAN	N/A	\$400.00
4					
03 / 10 / 16	Costco 14585 Biscayne Blvd Miami, FL 33181	Snacks/Drinks - Election Day	CAN	N/A	\$77.30
5					
03 / 10 / 16	Petty Cash 9064 Bay Dr Surfside, FL 33154	Petty Cash	PCW	N/A	\$100.00
6					

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



OFFICE USE ONLY

Name
ELI TOURGEMAN

I.D. Number
42

Address (number and street)
9064 BAY DR

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

MAR11'16 10:06AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4 Days Prior Cover Period 02/27/2016 through 03/10/2016

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.

ELI TOURGEMAN
(Type name) Treasurer Deputy Treasurer

X
Signature

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

ELI TOURGEMAN
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELI TOURGEMAN
 Name
 (2) 9064 BAY DR
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

04-13-16P03:42 RCVD

Check here if address has changed

(3) ID Number: 42

(4) Check appropriate box(es):
 Candidate Office Sought: MAYOR
 Political Committee (PC)
 Electioneering Communications Org. (ECO) 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 / 11 / 2016 To 06 / 13 / 2016 Report Type: TR

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$, , 0 . 00

Loans \$, , .

Total Monetary \$, , 0 . 00

In-Kind \$, , .

(7) **Expenditures This Report**

Monetary Expenditures \$, , 265 . 85

Transfers to Office Account \$, , .

Total Monetary \$, , 265 . 85

(8) **Other Distributions**
 \$, , .

(9) **TOTAL Monetary Contributions To Date**
 \$, 5 , 110 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$, 5 , 110 . 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) ELI TOURGEMAN
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

 X _____
 Signature

(Type name) ELI TOURGEMAN
 Candidate Chairperson (only for PC and PTY)

 X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03 / 11 / 2016 through 06 / 13 / 2016 (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				
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number 42

(3) Cover Period 03 / 11 / 2016 through 06 / 13 / 2016

(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 / 31 / 16	Rustico 9476 Harding Avenue Surfside, FL 33154	Volunteer gathering for thanks as per agreement of 03/09/2016	CAN	N/A	\$265.85
1					
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REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

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



<p>Name ELI TOURGEMAN</p> <hr/> <p>I.D. Number 42</p> <hr/> <p>Address (number and street) 9064 BAY DR</p> <hr/> <p>City, State, Zip Code SURFSIDE, FL 33154</p> <hr/> <p><input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED</p>	<p>OFFICE USE ONLY</p> <p>04-13-16P03:42 RCVD</p>
---	---

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name _____ TR _____ Cover Period _____ 03/11/2016 _____ through _____ 06/13/2016 _____

Report Type Original Amendment

CERTIFICATION

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

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>ELI TOURGEMAN _____ (Type name) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____ Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>ELI TOURGEMAN _____ (Type name) <input checked="" type="checkbox"/> Candidate</p> <p>X _____ Signature</p>
--	--

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

(1) Name ELI TOURGEMAN (2) I.D. Number 42
 (3) Report Name TR (4) Cover Period 03/11/2016 through 06/13/2016
 (5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

W/A