

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

01-17-18P02:13 RCVD *ef*

01-18-18P03:41 RCVD *SKN*

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)

Christopher Michael Durante

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

9125 Froude Ave.
Surfside, FL 33154

4. Telephone

(305) 992-6929

5. E-mail address

teratron@live.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

Christopher Durante

11. Mailing Address

9125 Froude Ave. Surfside, FL 33154

12. Telephone

(305) 992-6929

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

teratron@live.com

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

19. Name of Bank

Citigroup Bank

20. Address

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

1/17/18

26. Signature of Candidate

CM

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

I, Christopher Durante, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/17/18

Date

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

01-17-18P02:13 RCVD *ek*

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)

Christopher Michael Durante

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

*9125 Froude Ave.
Surfside, Fl 33154*

4. Telephone

(305) 992-6929

5. E-mail address

teratron@live.com

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

Comissioner

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

Christopher Durante

11. Mailing Address

9125 Froude Ave. ~~Surfside, RI 33154~~

12. Telephone

(305) 992-6929

13. City

Surfside

14. County

Miami-Dade

15. State

Fl

16. Zip Code

33154

17. E-mail address

teratron@live.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

1/17/18

26. Signature of Candidate

[Signature]

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

I, *Christopher Durante*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/17/18

[Signature]

Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

01-17-18P02:14 RCVD 

I, Christopher Michael Durante,

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

1/17/18

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).

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Durante
 Name
 (2) 9125 Froude Ave.
 Address (number and street)
 Surfside, FL, 33154
 City, State, Zip Code

OFFICE USE ONLY

02-12-18P04:39 RCVD *pk*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 01 / 01 / 18 To 01 / 31 / 18 Report Type: 2018M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 40 , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 40 , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 0 , ____ , ____ . ____

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

Total Monetary \$ 0 , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 40 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 0 , ____ , ____ . ____

(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) Christopher Durante

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

X *Christopher Durante*

Signature

(Type name) Christopher Durante

Candidate Chairperson (only for PC and PTY)

X *Christopher Durante*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher M. Durante (2) I.D. Number _____

(3) Cover Period 01 / 01 / 18 through 01 / 31 / 18 (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				
01 / 18 / 18 1	Durante, Christopher M 9125 Froude Ave. Surfside, Fl, 33154	I	Revenue Grow	CAS		N/A	\$40.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher Durante

(2) I.D. Number _____

(3) Cover Period 01/01/18 through 01/31/18

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



OFFICE USE ONLY

Name Christopher Durante

I.D. Number _____

Address (number and street)
9125 Fronde Ave. ~~Surftide, FL 33154~~

City, State, Zip Code
Surftide, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-12-18PU4:39 RCVD *pk*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2018M1 Cover Period 01/01/18 through 01/31/18

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.

Durante, ~~Christopher~~ Christopher M
(Type name) Treasurer Deputy Treasurer

X

Signature

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

Durante, ~~Christopher~~ Christopher M
(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Durante
Name

(2) 9125 Froude Ave.
Address (number and street)

Surfside FL, 33154
City, State, Zip Code

OFFICE USE ONLY

02-12-18P04:45 RCVD *pk*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 18 To 02 / 12 / 18 Report Type: 18TRQ

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 40 , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ 40 , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ 0 , _____ , _____ . _____

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

Total Monetary \$ 0 , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 40 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0 , _____ , _____ . _____

(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) Christopher Durante

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

X
Signature

(Type name) Christopher Durante

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher M. Durante

(2) I.D. Number _____

(3) Cover Period 02/01/18 through 02/12/18

(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					
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Handwritten signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher M. Durante (2) I.D. Number _____

(3) Cover Period 02 / 01 / 18 through 02 / 12 / 18 (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		
01, 18, 18	Durante, Christopher M. 9125 Fronde Ave. Surfside, FL, 33154	I	Revenue Growth Specialist	CAS		N/A	\$40.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Christopher M Durante

I.D. Number

Address (number and street)

9125 Froude Ave.

City, State, Zip Code

33154

CHECK IF ADDRESS HAS CHANGED

02-12-18P04:45 RCVD

pk

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRQ Cover Period 02/01/18 through 02/12/18

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.

Christopher Durante
(Type name) Treasurer Deputy Treasurer

X

Signature

[Handwritten Signature]

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

Christopher Durante
(Type name) Candidate

X

Signature

[Handwritten 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 Christopher Durante (2) I.D. Number _____
 (3) Report Name LSTRQ (4) Cover Period 02/01/18 through 02/12/18
 (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) Christopher Durante
Name

(2) 9125 Ponte Ave.
Address (number and street)
Sunrise, FL 33159
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 18 To 02 / 02 / 18 Report Type: 18TRQ

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks ^{CMD} \$ ~~10~~ , 40 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary ^{CMD} \$ ~~10~~ , 40 . 00

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

(7) Expenditures This Report

Monetary Expenditures ^{CMD} \$ ~~10~~ , 40 . 00

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

Total Monetary ^{CMD} \$ ~~10~~ , 40 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ ^{CMD} ~~10~~ , 40 . 00

(10) TOTAL Monetary Expenditures To Date

\$ ^{CMD} ~~10~~ , 40 . 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) Christopher Durante

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

X [Signature]

Signature

(Type name) Christopher Durante

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher Durante

(2) I.D. Number _____

(3) Cover Period 02/01/18 through 02/12/18

(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					
02/07/18	Christopher Durante 9125 Prindle Ave. Suntisbury, PL, 33159	Withdrawal	DIS	N/A	\$70.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher Durante (2) I.D. Number _____

(3) Cover Period 02 / 01 / 18 through 02 / 12 / 18 (4) Page 1 of 7

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



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

February 7, 2018

Mr. Christopher Durante
9125 Froude Avenue
Surfside, FL 33154

Dear Mr. Durante,

At the conclusion of the qualifying period on Monday, February 5, 2018 at 12:00 p.m., our records indicate that you did not complete the qualifying process for the Town of Surfside 2018 General Election. As such, your name will not appear on the ballot. At this juncture, you are required to close your campaign account and file the following Campaign Treasurer's Campaign Reports as reflected in the attached Reporting Schedule previously provided:

<u>Report</u>	<u>From</u>	<u>To</u>	<u>Due Date</u>
2018M1	January 1, 2018	January 31, 2018	February 12, 2018
18TRQ	February 5, 2018	April 16, 2018	April 16, 2018

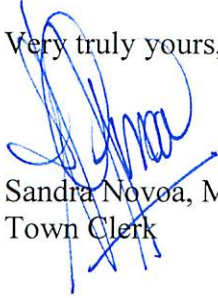
In accordance with Section 12-14.1 of the Miami-Dade County Code, candidates running for office must also file a separate campaign report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities. The form may be found online at townofsurfsidefl.gov and it is due at the same time as the Campaign Treasurer's Reports.

Failure to comply with these reporting requirements shall result in fines pursuant to Florida Statute Section 106.07(8)(b) and Miami-Dade County Code Section 12-14.1.

For additional information, you may access the Town of Surfside's website at <https://www.townofsurfsidefl.gov/departments-services/town-clerk/election-information-and-results> for election laws and other pertinent information.

If you have any questions, please do not hesitate to contact me at 305-861-4863 or at snovoa@townofsurfsidefl.gov.

Very truly yours,



Sandra Novoa, MMC
Town Clerk