

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

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

(PLEASE PRINT OR TYPE)

01-11-18P03:21 RCVD *sen*

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

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)

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

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

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

1/11/18

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.

1/11/18
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

01-11-18P03:16 RCVD *SKN*

I, *Eli TOURGEMAN*,

candidate for the office of *COMMISSIONER*;

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

X

Eli Tourgeman
Signature of Candidate

1/11/18
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).

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

01-11-18P03:21 RCVD *SEN*

01-12-18P03:53 RCVD *SEN*

01-12-18P03:53 RCVD

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

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)

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

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

CITY NATIONAL BANK

20. Address

13400 BISCAYNE BLVD

21. City

NORTH 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

1/11/18

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.

1/11/18
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 20, 2018

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

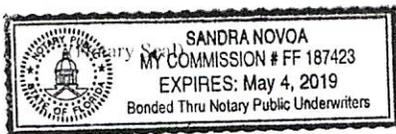
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Eli Tourgeeman, 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 IN SURFSIDE, FL 33154, my occupation is Retired BANKER; 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 February 5, 2018 and that if elected, I will willingly serve as COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected.

Eli Tourgeeman
Signature of Candidate

1/16/18
Date

Sworn to and subscribed before me this 16th day of January, 2018.



Sandra Novoa
NOTARY PUBLIC
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

01-16-18P03:45 RCVD *gun*

OFFICE USE ONLY

Candidate Oath

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

I, Eli TOURGEMAN

(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 *Eli Tourgeman* (305) 866-3663 ETXMIAMI2AOL.COM
Signature of Candidate Telephone Number Email Address

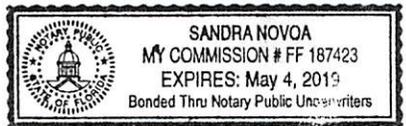
9064 BAY Dr. SURFSIDE FL 33154
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami Dade *Sandra Novoa*
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 16th
day of January, 20 18.

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



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

TOURGEHAN EV

MAILING ADDRESS :

9064 Bay Dr.

CITY :

SURFSIDE

ZIP :

33154

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

SURFSIDE Town of

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

01-16-18P03:39 RCVD SKN

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

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

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>RETIRED</i>		

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

<i>100 Bayview Condo</i>	<i>9033 Dickas Ave. (house)</i>
<i>13020 SW 92 Ave Condo</i>	
<i>9441 SW 45th Condo</i>	

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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
	ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	N/A	
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:

[Handwritten Signature]

Date Signed:

1/16/18

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

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

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

NOTE:

MULTIPLE FILING UNNECESSARY:

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

Facsimiles will not be accepted.

WHERE TO FILE:

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

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

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

Candidates file this form together with their qualifying papers.

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

WHEN TO FILE:

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

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

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

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

COPY

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELI TOURQUAN 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>Michelle Kligman</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Michelle Kligman</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Howard Behar</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>Rosemarie Behar</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>William Grayson</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Ari Benmerqui</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>[REDACTED]</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Thomas G. Fletcher</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Nancy E. Fletcher</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/19/18</u>	Voters Reg. #
Print Name: <u>Brian Roller</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Cara Roller</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Jessie Herman</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>Lisa Herman</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1.14.18</u>	Voters Reg. #
Print Name: <u>Madeleine Superstein</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>1.14.18</u>	Voters Reg. #
Print Name: <u>Norman Superstein</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: 9064 Bay Dr.
Mail address of Circulator: ETK Miami, Dade, Com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/14/18

01-16-18P03-32-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

COPY

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Eli Tourgeman 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>Anthony Spurdub</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>Anthony Spurdub</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>Pada Spurdub</u>	Address: [REDACTED]	
Signature: <u>Daha B. Blumstein</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>Daha B. Blumstein</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>Jerald Blumstein</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>[Signature]</u>	Address: [REDACTED]	
Signature: <u>Robert Condenzio</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>ROBERT CONDENZIO</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>Eli Tourgeman</u>	Address: [REDACTED]	
Signature: <u>Israel D. Szlapak</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>ISRAEL D. SZLAPAK</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>1-14-18</u>	Voters Reg. #
Print Name: <u>FRIDA SZLAPAK</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>01/14/18</u>	Voters Reg. #
Print Name: <u>Dorit Weinstaub</u>	Address: [REDACTED]	
Signature: <u>Rosseta Tourgeman</u>	Date: <u>1/14/2018</u>	Voters Reg. #
Print Name: <u>ROSSETA TOURGEMAN</u>	Address: [REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>PEREZ ELIAY</u>	Address: [REDACTED]	
Signature: <u>Rachel Tourgeman</u>	Date: <u>1/14/18</u>	Voters Reg. #
Print Name: <u>RACHEL TOURGEMAN</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: 9064 Bay Dr.
Mail address of Circulator: ETV MIAMI @ AOL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/14/18

01-16-18P03:32 RCVD SGT

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

AN EXPLANATION REGARDING YOUR RIGHTS

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

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

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

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

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

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

INSTRUCTIONS

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

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

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

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

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

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

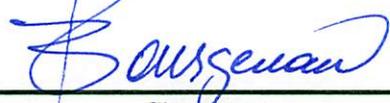
1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

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

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

I, Eli TOURGEMAN, a candidate for the office of
please print your name
Commissioner in MIAMI-DADE,
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

1/16/18
Date

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

02-02-18P01:42 RCVD

(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 01 / 01 / 18 To 01 / 31 / 18 Report Type: 2018M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 826 . 00

Loans \$, , .

Total Monetary \$, 1 , 826 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 65 . 00

Transfers to Office Account \$, , .

Total Monetary \$, , 65 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1 , 826 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 65 . 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 _____

(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 / 12 / 2018 1	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	I	Retired Bank	CHE	N/A	N/A	\$100.00
01 / 24 / 2018 2	Emyel LLC 9490 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$200.00
01 / 24 / 2018 3	Kotler-Finkelstein Partnership 9585 Harding Ave Surfside, FL 33154	B	Realtor	CHE	N/A	N/A	\$100.00
01 / 24 / 2018 4	Oberle Opticians, Inc. 9552 Harding Ave Surfside, FL 33154	B	Optician	CHE	N/A	N/A	\$500.00
01 / 24 / 2018 5	JPCF LLC 9467 Harding Ave Surfside, FL 33154	B	Grocery Store	CHE	N/A	N/A	\$500.00
01 / 26 / 2018 6	Cine Citta Cafe LLC 9544 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$126.00
01 / 29 / 2018 7	Harding Salon Inc 9564 Harding Ave Surfside, FL 33154	B	Beauty Salon	CHE	N/A	N/A	\$300.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(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 / 16 / 18	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Filing Fee	CAN	N/A	25.00
1					
01 / 24 / 18	Miami-Dade County 2700 NW 87 Ave Miami, FL 33172	Voter's Report	CAN	N/A	40.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

ELI TOURGEWAN

I.D. Number

9064 BAY DR.

Address (number and street)

SURFSIDE, FL 33154

City, State, Zip Code

02-06-18P06:04 RCVD

gm.

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 1/1 2018 MI Cover Period 1/14 through 1/30

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 Tourgewan

(Type name) Treasurer Deputy Treasurer

X
Signature

Tourgewan

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

Eli TOURGEWAN

(Type name) Candidate

X
Signature

Tourgewan



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

miamidade.gov

January 18 , 2018

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Eli Tourgeman, a candidate for the office of Commissioner for Town of Surfside. A total of 26 petitions were reviewed for verification; of which 26 were certified.

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White". The signature is stylized and cursive.

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

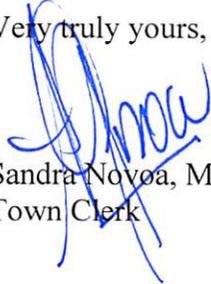
Mr. Eli Tourgeman
9064 Bay Drive
Surfside, FL 33154

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 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) Eli Tourgeman
 Name
 (2) 9064 Bay Dr
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

02-23-18A10:45 RCVD *sun*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 100 . 00

Loans \$, , .

Total Monetary \$, 1 , 100 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 047 . 97

Transfers to Office Account \$, , .

Total Monetary \$, 2 , 047 . 97

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 2 , 926 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 112 . 97

(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 02 / 01 / 2018 through 02 / 16 / 2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 05 / 2018 1	Estelle Stern Realty Inc 9508 Harding Ave Surfside, FL 33154	B	Real-Estate	CHE	N/A	N/A	\$100.00
02 / 05 / 2018 2	Gray & Sons South Florida Gold & Silver Exchange Inc 9595 Harding Ave Surfside, FL 33154	B	Jewelry	CHE	N/A	N/A	\$500.00
02 / 08 / 2018 3	Alan Paul Graham 1000 Quayside Ter, Apt 1604 Miami, FL 33138	I	Code Complia	CHE	N/A	N/A	\$250.00
02 / 08 / 2018 4	Condotti Co. Inc. 9486 Harding Ave Surfside, FL 33154	B	Retail Appar	CHE	N/A	N/A	\$250.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(2) I.D. Number _____

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02 / 02 / 18 1	Post Master 250 95 St Surfside, FL 33154	Stamps	CAN	N/A	\$500.00
02 / 02 / 18 2	100 Marketers 260 95 St, Ste 201 Surfside, FL 33154	Cards	CAN	N/A	\$501.83
02 / 06 / 18 3	Walter Haas Graphics 123 W 23 St Hialeah, FL 33010	Printing	CAN	N/A	\$784.00
02 / 11 / 18 4	Marko Ponce 9200 Collins Ave Surfside, FL 33154	Distribution of Signs	CAN	N/A	\$30.00
02 / 12 / 18 5	100 Marketers 260 95 St, Ste 201 Surfside, FL 33154	Labels	CAN	N/A	\$32.14
02 / 13 / 18 6	100 Marketers 260 95 St, Ste 201 Surfside, FL 33154	Marketing & Design	CAN	N/A	\$200.00

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 VOTE BY MAIL 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

02-23-18A10:46 RCVD *sen*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/2018 through 02/16/2018

Report Type Original Amendment

CERTIFICATION

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

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

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

Check here if address has changed

OFFICE USE ONLY
03-09-18A10:18 RCVD

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 17 / 18 To 03 / 02 / 18 Report Type: 11P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 100 . 00

Loans \$, , .

Total Monetary \$, 1 , 100 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 684 . 80

Transfers to Office Account \$, , .

Total Monetary \$, , 684 . 80

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 4 , 026 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 797 . 77

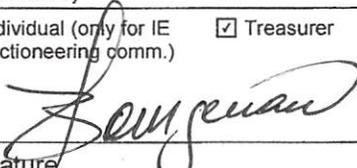
(11) Certification

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:

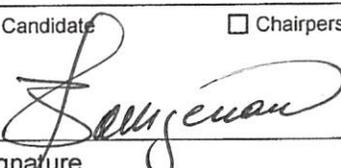
(Type name) Eli Tourgeman

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 _____

(3) Cover Period 02 / 17 / 18 through 03 / 02 / 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	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
02 / 20 / 18 1	The Feldman Compaines LLC 10065 Bay Harbor Terrace Bay Harbor Islands, FL 33154	B	Real-Estate	CHE	N/A	N/A	\$600.00
02 / 20 / 18 2	Flanigan's Seafood Bar and Grill 9516 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(2) I.D. Number _____

(3) Cover Period 02 / 17 / 18 through 03 / 02 / 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 / 26 / 18	Postmaster 250 95 Street Surfside, FL 33154	Stamps	CAN	N/A	\$500.00
1					
02 / 26 / 18	Bolt Printing 35 Starr Rd Danbury, CT 06810	T-Shirts	CAN	N/A	\$79.20
2					
03 / 02 / 18	Bolt Printing 35 Starr Rd Danbury, CT 06810	T-Shirts	CAN	N/A	\$105.60
3					

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 VOTE BY MAIL 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

03-09-18A10:18 RCVD

Candidate for:

- Mayor
 Commissioner, District Surfside
 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.

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

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

03-12-18P01:40 RCVD

(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 \$, 1 , 726 . 00

Loans \$, , 100 . 00

Total Monetary \$, 1 , 826 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 65 . 00

Transfers to Office Account \$, , .

Total Monetary \$, , 65 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1 , 826 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 65 . 00

(11) Certification

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

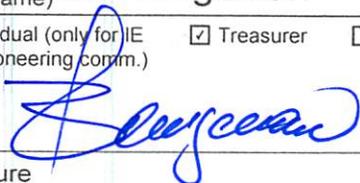
I certify that I have examined this report and it is true, correct, and complete:

(Type name) Eli Tourgeman

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

X

Signature

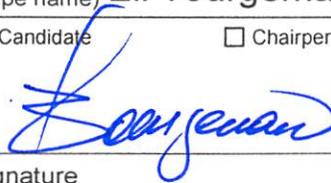


(Type name) Eli Tourgeman

Candidate Chairperson (only for PC and PTY)

X

Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(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		Type	Occupation	Type	Description	Amendment	Amount
01 / 12 / 2018 1	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	I	Retired Bank	LOA	N/A	N/A	\$100.00
01 / 24 / 2018 2	Emyel LLC 9490 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$200.00
01 / 24 / 2018 3	Kotler-Finkelstein Partnership 9585 Harding Ave Surfside, FL 33154	B	Realtor	CHE	N/A	N/A	\$100.00
01 / 24 / 2018 4	Oberle Opticians, Inc. 9552 Harding Ave Surfside, FL 33154	B	Optician	CHE	N/A	N/A	\$500.00
01 / 24 / 2018 5	JPCF LLC 9467 Harding Ave Surfside, FL 33154	B	Grocery Store	CHE	N/A	N/A	\$500.00
01 / 26 / 2018 6	Cine Citta Cafe LLC 9544 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$126.00
01 / 29 / 2018 7	Harding Salon Inc 9564 Harding Ave Surfside, FL 33154	B	Beauty Salon	CHE	N/A	N/A	\$300.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(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 / 16 / 18	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Filing Fee	CAN	N/A	\$25.00
1					
01 / 24 / 18	Miami-Dade County 2700 NW 87 Ave Miami, FL 33172	Voter's Report	CAN	N/A	\$40.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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 VOTE BY MAIL 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

03-12-18P01:39 RCVD

Candidate for:

Mayor

Commissioner, District Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2018M1 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.

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

Check here if address has changed

OFFICE USE ONLY

03-13-18P03:07 RCVD *gk*

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

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

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 100 . 00

Loans \$, , .

Total Monetary \$, 1 , 100 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 684 . 80

Transfers to Office Account \$, , .

Total Monetary \$, , 684 . 80

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 4 , 026 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 797 . 77

(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 02 / 17 / 18 through 03 / 02 / 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	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
02 / 20 / 18 1	The Feldman Compaines LLC 10065 Bay Harbor Terrace Bay Harbor Islands, FL 33154	B	Real-Estate	CHE	N/A	N/A	\$600.00
02 / 20 / 18 2	Flanigan's Seafood Bar and Grill 9516 Harding Ave Surfside, FL 33154	B	Restaurant	CHE	N/A	N/A	\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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 VOTE BY MAIL 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

03-13-18P03:07 RCVD *ek*

Candidate for:

Mayor

Commissioner, District Surfside

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.

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 – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(2) I.D. Number _____

(3) Cover Period 02 / 17 / 18 through 03 / 02 / 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 / 26 / 18	Postmaster 250 95 Street Surfside, FL 33154	Stamps			
1			CAN	N/A	\$500.00
02 / 26 / 18	Bolt Printing 35 Starr Rd Danbury, CT 06810	T-Shirts			
2			CAN	N/A	\$79.20
03 / 02 / 18	Bolt Printing 35 Starr Rd Danbury, Ct 06810	T-Shirts			
3			CAN	ADD	\$105.60

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

03-16-18A10:11 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 03 / 03 / 18 To 03 / 15 / 18 Report Type: 4P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 4 , 500 . 00

Loans \$, , .

Total Monetary \$, 4 , 500 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 126 . 66

Transfers to Office Account \$, , .

Total Monetary \$, 1 , 126 . 66

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 8 , 526 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 924 . 43

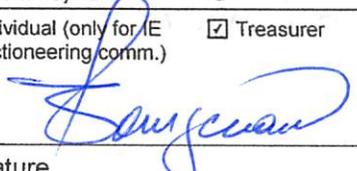
(11) Certification

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:

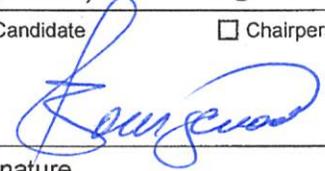
(Type name) Eli Tourgeman

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 _____

(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		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
03 / 05 / 2018 1	HDP-TLD Partners LLC 3414 Peach Tree Road NE, Ste 1075 Atlanta, GA 30326	B	Real-Estate	CHE	N/A	N/A	\$1,000.00
03 / 05 / 2018 2	1108 Concourse LC 1124 Kane Concourse Bay Harbor Islands, FL 33154	B	Real-Estate	CHE	N/A	N/A	\$500.00
03 / 12 / 2018 3	IRE Capital 6 Concourse Way Pkwy, Ste 2075 Atlanta, GA 30328	B	Investment F	CHE	N/A	N/A	\$1,000.00
03 / 12 / 2018 4	Robert McCarthy 7853 Montvale Way McLean, VA 22102	I	Hotel Mgmt	CHE	N/A	N/A	\$1,000.00
03 / 12 / 2018 5	Lace Food Service 10490 NW 26th Street Miami, FL 33172	B	Food Service	CHE	N/A	N/A	\$1,000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eli Tourgeman

(2) I.D. Number _____

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

(4) Page _____ 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
03 / 08 / 18	Costco 14585 Biscayne Blvd North Miami, FL 33181	Refreshments and Snacks	CAN	N/A	\$243.43
1					
03 / 08 / 18	Petty Cash 9064 Bay Dr Surfside, FL 33154	Incidentals	PCW	N/A	\$100.00
2					
03 / 08 / 18	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Transportation & Tolls	CAN	N/A	\$33.70
3					
03 / 11 / 18	Food Art Caterers 220 SW 31 Street Ft. Lauderdale, FL 33315	Food for Campaign Workers	CAN	N/A	\$330.00
4					
03 / 11 / 18	Eli Tourgeman 9064 Bay Dr Surfside, FL 33154	Reimbursement for loan	RMB	N/A	\$100.00
5					
03 / 11 / 18	Publix 9400 Harding Ave Surfside, FL 33154	Food for Campaign Workers	CAN	N/A	\$19.53
6					
03 / 12 / 18	Postmaster 250 95 St Surfside, FL 33154	Stamps	CAN	N/A	\$150.00
7					
03 / 13 / 18	Postmaster 250 95 St Surfside, FL 33154	Stamps	CAN	N/A	\$150.00
8					

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL 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

03-16-18A10:11 RCVD

Candidate for:

Mayor

Commissioner, District Surfside

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.

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 VOTE BY MAIL 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 4P1 (4) Cover Period 03/03/2018 through 03/15/2018

(5) Report Type [X] Original [] Amendment (6) Page 1 of 1

Table with 5 columns: (7) Row Number, (8) Full Name, (9) Employed By, (10) Name of Organization Employed By, (11) Amendment Type. The table contains a large handwritten 'NONE' across the middle rows.

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: _____

OFFICE USE ONLY

06-18-18P01:47 RCVD

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

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

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 \$ _____ , 4 , 601 . 57

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

Total Monetary \$ _____ , 4 , 601 . 57

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 526 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 8 , 526 . 00

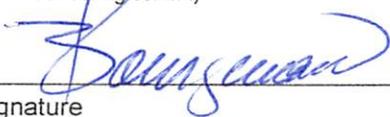
(11) Certification

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 _____

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

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

NONE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number _____

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

(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 23 / 18 1	The Sweet Tooth 18435 NE 19 Ave North Miami Beach, FL 33179	Food for Campaign Workers	CAN	N/A	\$350.00
03 / 23 / 18 2	The Sweet Tooth 18435 NE 19 Ave North Miami Beach, FL 33179	Delivery Fee for the Sweet Tooth - Food for Campaign Workers	CAN	N/A	\$35.00
03 / 24 / 18 3	Duffy's 3969 NE 163 St North Miami Beach, FL 33160	Food for Campaign Workers	CAN	N/A	\$582.26
05 / 17 / 18 4	The Shul 9540 Collins Ave Surfside, FL 33154	Donation	DIS	N/A	\$90.00
05 / 17 / 18 5	The Shul 9540 Collins Ave Surfside, FL 33154	Donation	DIS	N/A	\$360.00
05 / 17 / 18 6	California Club Chabad 825 NE 205 Ter Miami, FL 33179	Donation	DIS	N/A	\$180.00
05 / 17 / 18 7	St Thomas Sephardic Congregation 2116 Crystal Gade Charlotte Amalie US Virgin Islands	Donation	DIS	N/A	\$180.00
05 / 22 / 18 8	OHR Menachem 7421 Miami View Dr North Bay Village, FL 33141	Donation	DIS	N/A	\$360.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI TOURGEMAN

(2) I.D. Number _____

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

(4) Page 2 of 2

(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
05 / 30 / 18	Residence Inn 9200 Collins Ave Surfside, FL 33154	Pre-Arranged Candidate Expense - Food for Campaign Workers	CAN	N/A	\$435.34
9					
05 / 05 / 18	Hechal Shalom 310 95 St, 2nd Floor Surfside, FL 33154	Donation	DIS	N/A	\$2,028.97
10					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL 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

06-18-18P01:47 RCVD

Candidate for:

Mayor

Commissioner, District Surfside

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

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

