

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

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

(PLEASE PRINT OR TYPE)

540
OCT 22 PM 1:25

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

MICHAEL KARUKIN

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

*9365 Abbott Ave
Suwanee FL 33154*

4. Telephone

(305) 336-4768

5. E-mail address

mkarukin@yahoo.com

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

Commissioner

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

MICHAEL KARUKIN

11. Mailing Address

9365 Abbott Ave

12. Telephone

(305) 336-4768

13. City

Suwanee

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

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

10/22/2019

26. Signature of Candidate

X [Signature]

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

I, *MICHAEL KARUKIN*, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

[Signature] *10/22/2019*
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

SKP
OCT 22 PM 1:25

I, MICHAEL KARUKIN,
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

10/02/2019
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)

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

OCT 22 PM 1:25

OCT 30 PM 4:24 Sun.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

MICHAEL KARUKIN

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

*9365 Abbott Ave
Sunnyvale FL 33154*

4. Telephone

305 336-4768

5. E-mail address

mkarakin@yahoo.com

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

Commissioner

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

MICHAEL KARUKIN

11. Mailing Address

9365 Abbott Ave

12. Telephone

305 336-4768

13. City

Sunnyvale

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

mkarakin@yahoo.com

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

19. Name of Bank

BANK UNITED

20. Address

12290 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

10/22/2019

26. Signature of Candidate

X [Signature]

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

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

designated above as:

Campaign Treasurer Deputy Treasurer

[Signature]
Date *10/22/2019*

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN
 Name
 (2) 9365 Abbott Ave
 Address (number and street)
SUNSHINE FL 33154
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 10 / 1 / 2019 To 10 / 31 / 2019 Report Type 2019M10

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____ 100

Total Monetary \$ _____ 100

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 0

Transfers to Office Account \$ _____ 0

Total Monetary \$ _____ 0

(8) Other Distributions

\$ _____ 0

(9) TOTAL Monetary Contributions To Date

\$ _____ 100

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

X [Signature]
 Signature

(Type name) MICHAEL KARUKIN
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN (2) I.D. Number _____

(3) Cover Period 10 / 1 / 2019 through 10 / 31 / 2019 (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)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10 / 30 / 2019	MICHAEL KARUKIN 9365 Abbott Ave Suwanee, FL 33154	I		LOA			\$100.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 2019 through 10 / 31 / 2019

(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					
/ /	<i>None</i>				
/ /					
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RECEIVED

NOV 12 2019

BY:

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



OFFICE USE ONLY

Name

MICHAEL KARUKIV

I.D. Number

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Suwannee, 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 2019 MID Cover Period 10/1/2019 through 10/31/2019

Report Type Original Amendment

CERTIFICATION

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

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

MICHAEL KARUKIV

(Type name) Treasurer Deputy Treasurer

X

Signature

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

MICHAEL KARUKIV

(Type name) Candidate

X

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 MICHAEL KRIUKIN (2) I.D. Number _____
 (3) Report Name 2019M10 (4) Cover Period 10/1/2019 through 10/31/2019
 (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
	<u>NONE</u>			

RECEIVED
 NOV 12 2019
 BY: [Signature]



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 14 AM 9:15 *gen*

GENERAL ELECTION – MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

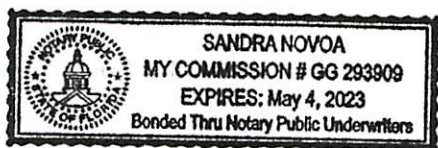
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Michael Karukin,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9365 Abbott Ave, Surfside FL 33154,
my occupation is Medical Researcher; that I have been
a resident of the Town of Surfside since 1999; that I will be at least twenty-one (21) years of
age by November 22, 2019 and that if elected, I will willingly serve as Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

11/14/2019
Date

Sworn to and subscribed before me this 14th day of November, 2019.



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

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

NOV 14 AM 9:21 *SKN*

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, MICHAEL KARUKIN

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

I 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; I will support the Constitution of the United States and the Constitution of the State of Florida.

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

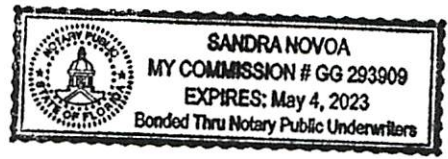
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] 305 336-4768 mkarukin@yahoo.com
Signature of Candidate Telephone Number Email Address
9365 Abbott Ave, SugiSide FL 33154
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 14th
of November, 2019.
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Karukin, Michael

MAILING ADDRESS :
9365 Abbott Ave


CITY : ZIP : COUNTY :
Surfside, Fl 33154 Miami-Dade

NAME OF AGENCY :
Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner

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

NOV 14 AM 9:18 

**** **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, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DemeRx, Inc.	1951 NW 7th Ave, Miami Fl 33136	Pharmaceutical Company

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

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

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

2903 Point East Drive, Apt. K-108, Aventura, Fl 33160

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

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Retirement Account	Morgan Stanley Portfolio Management Account
Investment Account	Morgan Stanley Portfolio Management Account

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	None	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

11/14/2019

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEFoRM1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

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

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

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

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

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

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

I, Michael Karukin, 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

11/14/2019
 Date

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

NOV 14 AM 9:15

We the undersigned electors of the Town of Surfside, Florida, hereby nominate MICHAEL KARUCKIN
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Shane Truchio</u>	Date: <u>11/1/19</u>	D.O.B.:
Print Name: <u>Shane Truchio</u>	Address:	
Signature: <u>Marsha Page</u>	Date: <u>11/1/19</u>	D.O.B.:
Print Name: <u>Marsha Page</u>	Address:	
Signature: <u>Alta Spierkecz</u>	Date: <u>11/01/19</u>	D.O.B.:
Print Name: <u>Alta Spierkecz</u>	Address:	
Signature: <u>Rosalie Alberni</u>	Date: <u>01-11-19</u>	D.O.B.:
Print Name: <u>ROSALIE ALBERNI</u>	Address:	
Signature: <u>Rosangela Hackett</u>	Date: <u>03-11-19</u>	D.O.B.:
Print Name: <u>ROSANGELA HACKETT</u>	Address:	
Signature: <u>Rosemary Karuckin</u>	Date: <u>11/3/19</u>	D.O.B.:
Print Name: <u>ROSEMARY KARUCKIN</u>	Address:	
Signature: <u>Carlos Cuevas</u>	Date: <u>11/07/19</u>	D.O.B.:
Print Name: <u>CARLOS CUEVAS</u>	Address:	
Signature: <u>Alexandra Ravinet</u>	Date: <u>11/06/2019</u>	D.O.B.:
Print Name: <u>Alexandra Ravinet</u>	Address:	
Signature: <u>Mary Ann Estomba</u>	Date: <u>11/6/19</u>	D.O.B.:
Print Name: <u>Mary Ann Estomba</u>	Address:	
Signature: <u>Lisa Cota N</u>	Date: <u>11/6/19</u>	D.O.B.:
Print Name: <u>LISA COTA N</u>	Address:	
Signature: <u>Brandon Cuervo</u>	Date: <u>11/08/19</u>	D.O.B.:
Print Name: <u>Brandon Cuervo</u>	Address:	
Signature: <u>Michael Draboff</u>	Date: <u>11/10/19</u>	D.O.B.:
Print Name: <u>MICHAEL DRABOFF</u>	Address:	
Signature: <u>Celida Cuervo</u>	Date: <u>11/10/2019</u>	D.O.B.:
Print Name: <u>Celida Cuervo</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: 9365 Alcott Ave, Surfside, FL 33154
Email address of Circulator: mkaruckin@yahoo.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/10/2019

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

NOV 14 AM 9:15

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Michael Kasukin
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>M Neville</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>MAURICE P. NEVILLE</u>	Address:	
Signature: <u>Birgitta Rayman</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>BIRGITTA RAYMAN</u>	Address:	
Signature: <u>Ray</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>LAWRENCE RAYMAN</u>	Address:	
Signature: <u>S S</u>	Date: <u>11/11/19</u>	D.O.B.:
Print Name: <u>SHAWN SHAW PLUTN</u>	Address:	
Signature: <u>Victoria Diaz</u>	Date: <u>11/11/19</u>	D.O.B.:
Print Name: <u>Victoria Diaz</u>	Address:	
Signature: <u>Norma S. Parron</u>	Date: <u>11/11/2019</u>	D.O.B.:
Print Name: <u>NORMA S. PARRON</u>	Address:	
Signature: <u>Ivan Parron</u>	Date: <u>11/11/19</u>	D.O.B.:
Print Name: <u>IVAN PARRON</u>	Address:	
Signature: <u>Pamela O'Hagan</u>	Date: <u>Nov. 13 2019</u>	D.O.B.:
Print Name: <u>PAMELA O'HAGAN</u>	Address:	
Signature: <u>Stanley Flax</u>	Date: <u>Nov. 13 2019</u>	D.O.B.:
Print Name: <u>Stanley Flax</u>	Address:	
Signature: <u>Jessica Flax</u>	Date: <u>11-13-19</u>	D.O.B.:
Print Name: <u>JESSICA FLAX</u>	Address:	
Signature: <u>Juan Borges</u>	Date: <u>11/13/2019</u>	D.O.B.:
Print Name: <u>JUAN BORGES</u>	Address:	
Signature: <u>Scott Shamis</u>	Date: <u>11-13-2019</u>	D.O.B.:
Print Name: <u>SCOTT SHAMIS</u>	Address:	
Signature: <u>Phyllis Shamis</u>	Date: <u>11-13-2019</u>	D.O.B.:
Print Name: <u>Phyllis Shamis</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: 9365 Alcott Ave Surfside FL 33154
Email address of Circulator: MKASUKIN@YAHOO.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/2019



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

miamidade.gov

November 19, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Michael Karukin, a candidate for the office of Commissioner for Town of Surfside. A total of 26 petitions were reviewed for verification; of which 25 were certified.

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White", with a large, stylized flourish at the end.

Christina White
Supervisor of Elections

Enclosure (1)



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

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **25** signatures submitted by **Michael Karukin** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 19th DAY OF
NOVEMBER, 2019

The official seal of the Supervisor of Elections for Miami-Dade County, Florida, is visible. It is a circular seal with the text "SUPERVISOR OF ELECTIONS" and "MIAMI-DADE COUNTY, FLORIDA". A blue ink signature is written over the seal.

Christina White
Supervisor of Elections



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 20, 2019

Mr. Michael Karukin
9365 Abbott Avenue
Surfside, FL 33154

Dear Mr. Karukin:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2019 Municipal Election.

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

Very truly yours,

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN
 Name

(2) 9365 Abbott Ave
 Address (number and street)

SUNNYSIDE FL 33154
 City, State, Zip Code

OFFICE USE ONLY

DEC 9 PM 4:25

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 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: 2019M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 25

Transfers to Office Account \$ _____

Total Monetary \$ _____ 25

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 100

(10) TOTAL Monetary Expenditures To Date

\$ _____ 25

(11) Certification

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

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

(Type name) MICHAEL KARUKIN

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

X

Signature


(Type name) MICHAEL KARUKIN

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

DEC 9 PM 4:25 

(1) Name MICHAEL KARUKIN

(2) I.D. Number _____

(3) Cover Period 11 / 1 / 2019 through 11 / 30 / 2019

(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		
/ /	NONE						
/ /	h						
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN (2) I.D. Number _____
 (3) Cover Period 11 / 1 / 2019 through 11 / 30 / 2019 (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
11 / 14 / 2019 1	Town of Sunside 9293 WINDING AVE Sunside, FL 33154	Filing FEE	CAN	-	25.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number _____

Address (number and street) 9365 Alton Ave

City, State, Zip Code Sunnyvale FL 33154

CHECK IF ADDRESS HAS CHANGED

DEC 9 PM 4:25

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2019M11 Cover Period 11/1/2019 through 11/30/2019

Report Type Original Amendment

CERTIFICATION

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

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

MICHAEL KARUKIN
(Type name) Treasurer Deputy Treasurer

X
Signature

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

MICHAEL KARUKIN
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN
 Name
 (2) 9365 Abbott Ave
 Address (number and street)
SUNSIDE FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 9 PM 4:29

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 12 / 01 / 2019 To 12 / 31 / 2019 Report Type: 2019M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 12

Transfers to Office Account \$ _____

Total Monetary \$ _____ 12

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 100

(10) TOTAL Monetary Expenditures To Date

\$ _____ 37

(11) Certification

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

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

(Type name) MICHAEL KARUKIN

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

X

Signature

(Type name) MICHAEL KARUKIN

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

[Handwritten mark]

(1) Name MICHAEL KAUKIN

(2) I.D. Number JAN 9 PM 4:29

(3) Cover Period 12 / 1 / 19 through 12 / 31 / 19

(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						
/ /							
/ /	<i>[Handwritten mark]</i>						
/ /							
/ /	<i>[Handwritten mark]</i>						
/ /							
/ /	<i>[Handwritten mark]</i>						
/ /							
/ /	<i>[Handwritten mark]</i>						
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

(2) I.D. Number _____

(3) Cover Period 12, 1, 19 through 12, 31, 19

(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
12/31/19	BANK United 12290 Biscayne Blvd North Miami, FL 33181	BANK Fee	CAN		\$12.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name MICHAEL KARUKIN

I.D. Number _____

Address (number and street) 9365 Abbott Ave

City, State, Zip Code SUNSHINE FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 9 PM 4:29

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2019 M12 Cover Period 12/1/19 through 12/31/19

Report Type Original Amendment

CERTIFICATION

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

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

MICHAEL KARUKIN
(Type name) Treasurer Deputy Treasurer

X
Signature

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

MICHAEL KARUKIN
(Type name) Candidate

X
Signature

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 MICHAEL KAUKIN (2) I.D. Number _____
 (3) Report Name 2019M12 (4) Cover Period 12/1/19 through 12/31/19
 (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
	<u>NONE</u>			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL Kraukin
 Name
 (2) 9365 Abbott Ave
 Address (number and street)
Suffside, 1-1 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 10 PM 2:31

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 / 2020 To 01 / 31 / 2020 Report Type 2020M1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 41.99

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

Total Monetary \$ _____ , _____ , _____ . 41.99

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 100 . _____

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 78.99 . _____

(11) Certification

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

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

(Type name) MICHAEL Kraukin

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

X
 Signature

(Type name) MICHAEL Kraukin

Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KAVUKIĆ

(2) I.D. Number FEB 10 PM 2:31

(3) Cover Period 1 / 1 / 20 through 1 / 31 / 20

(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
/ /	NOVA						
/ /							
/ /	A						
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KRINKIN (2) I.D. Number _____
 (3) Cover Period 1, 1, 20 through 1, 31, 20 (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
1/24/20	Amazon.com	yard sign stakes	CAN		\$29.99
1					
1/31/20	Bank United 12290 Biscayne Blvd North Miami, FL 33181	Bank fee	CAN		\$12.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name MICHAEL KAVUKIN

I.D. Number _____

Address (number and street) 9365 North Ave

City, State, Zip Code Sunnyvale, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 10 PM 2:31

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2020M1 Cover Period 1/1/20 through 1/31/20

Report Type Original Amendment

CERTIFICATION

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

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

MICHAEL KAVUKIN
(Type name) Treasurer Deputy Treasurer

X
Signature

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

MICHAEL KAVUKIN
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN
 Name
 (2) 9365 ABBOTT AVE
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 21 PM 4:34

Check here if address has changed

(3) ID Number: 54

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2020 To 02 / 20 / 2020 Report Type: 25P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 25.00

Loans \$, , 100.00

Total Monetary \$, , 125.00

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

(7) Expenditures This Report

Monetary Expenditures \$, , 34.22

Transfers to Office Account \$, , -----

Total Monetary \$, , 34.22

(8) Other Distributions

\$ ----- , ----- , -----

(9) TOTAL Monetary Contributions To Date

\$, , 225.00

(10) TOTAL Monetary Expenditures To Date

\$, , 113.21

(11) Certification

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

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

(Type name) Michael Karukin

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

X 

Signature

(Type name) Michael Karukin

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 21 PM 4:34

(1) Name MICHAEL KARUKIN

(2) I.D. Number 54

(3) Cover Period 02 / 01 / 2020 through 02 / 20 / 2020

(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		
02 / 12 / 2020 1	Karukin, Michael 9365 Abbott Ave Surfside FL 33154	S		LOA			\$100.00
02 / 13 / 2020 2	London, Keith 613 Oleander Drive Hallandale Beach, Fl 33009	I		RCT			\$25.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

(2) I.D. Number ⁵⁴ _____

(3) Cover Period 02 / 01 / 2020 through 02 / 20 / 2020

(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 / 12 / 2020 1	OfficeMax 12255 Biscayne Blvd North Miami, Fl 33181	Office Supplies	CAN		\$32.92
02 / 13 / 2020 2	Anadot, Inc 1920 McKinney Ave Dallas, Tx 75201	Transaction Fee	CAN		\$1.30
/ /					
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/ /					
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/ /					

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



<p>Name MICHAEL KARUKIN</p> <hr/> <p>I.D. Number 54</p> <hr/> <p>Address (number and street) 9365 Abbott Ave</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>
---	-------------------------------

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

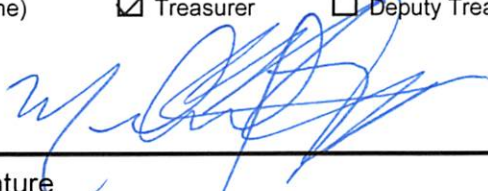
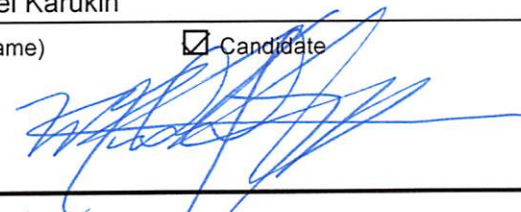
REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/2020 through 02/20/2020

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL KARUKIN
 Name
 (2) 9365 ABBOTT AVE
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 6 PM 4:18

MAR 6 PM 4:18

Check here if address has changed

(3) ID Number: 54

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 21 / 2020 To 03 / 05 / 2020 Report Type: 11P1

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$, , 75.00

Loans \$, , -----

Total Monetary \$, , 75.00

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

(7) **Expenditures This Report**

Monetary Expenditures \$, , 15.30

Transfers to Office Account \$, , -----

Total Monetary \$, , 15.30

(8) **Other Distributions**

\$ ----- , ----- , -----

(9) **TOTAL Monetary Contributions To Date**

\$, , 300.00

(10) **TOTAL Monetary Expenditures To Date**

\$, , 128.51

(11) Certification

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

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

(Type name) Michael Karukin

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

X 

Signature

(Type name) Michael Karukin

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL KARUKIN

(2) I.D. Number 54

(3) Cover Period 02 / 21 / 2020 through 03 / 05 / 2020

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
03 / 05 / 2020 1	Deborah Mash 3563 Royal Palm Avenue Miami Fl 33133	I		RCT			\$75.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL KARUKIN

(2) I.D. Number ⁵⁴ _____

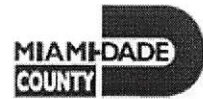
(3) Cover Period 02 / 21 / 2020 through 03 / 05 / 2020

(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 / 2020 1	Bank United 12290 Biscayne Blvd North Miami, Fl 33181	Bank Fee	CAN		\$12.00
03 / 05 / 2020 2	Anadot, Inc 1920 McKinney Ave Dallas, Tx 75201	Transaction Fee	CAN		\$3.30

(Handwritten signature/initials)

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



OFFICE USE ONLY

Name

MICHAEL KARUKIN

I.D. Number

54

Address (number and street)

9365 Abbott Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

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Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02/21/2020 through 03/05/2020

Report Type Original Amendment

CERTIFICATION

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

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

Michael Karukin

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Michael Karukin

(Type name) Candidate

X

Signature

