FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURES	_				
11) JAMES H. TABEEK	OFFICE USE ONLY				
Name					
(2)	<u></u> 이 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의				
Address (number and street)	P SIE				
	— <b> </b>				
City, State, Zip Code	(3) ID Number:				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):  ☐ Candidate (office sought): CITY	OMMISSION GROUP C				
Political Committee	CHECK IF PC HAS DISBANDED				
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED				
☐ Party Executive Committee					
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT I					
	5 1 28 1 13 Report Type 5 TR				
	Report Independent Expenditure Report				
	. <u> </u>				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
	Monetary Expenditures \$ 10963 20				
Cash & Checks \$	Expenditures \$				
Loans \$ ~ O ~	Transfers to Office				
	Account \$				
Total Monetary \$	Total				
	Monetary \$ 10963.22				
In-Kind \$					
	(8) Other Distributions				
	\$				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$				
(44) APPER	I FICATION				
(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,	I certify that I have examined this report and it is true,				
correct, and complete.	соггесt, and complete.				
(Type name) JAMES H. TABEEK	(Type name) JAMES H. TAREEK				
Individual (only for Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY &				
electioneering commun.)	electioneering commun. organization)				
X James H. Taback	X James H. Tabeck				
Signature/	Signatyre				

(1) Name	JAMES H	IA	BEEK	(2)	I.D. Number		
(3) Cover Period	318113	throug	gh 6 /	10113	(4) Page		
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co <b>T</b> ype	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
	NONE						
1 1							
1 1							
1 1							
<i>I I</i>							
1 1							
1 1							
1 1							

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

_		10/13 (4	1) Page	of	
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/11/13	PUBLIX 9300 W. COMMERCIAL BLUE SUURISE, FL 33351	REFRESHMENTS CAMPAION WORKERS	Mon		56.08
3/11/13	CREATE ONE FOR ME 4416 NW 99 <sup>th</sup> AVE SUNRISE, FL 33351	PAUM CARDS	MoN		/25.00
3/12/13	DUNKIN DONUTS 11170 W BAKLANDPKBUN SUNKISE FL 33351	BREAKFAST CAMPAINN WORKERS	MoN		69.69
3/12/13	LEGENOL 10079 W OAKLAND PK SUNRISE FL 3335)	REFRESHMENT FOOD	Mon		494.00
3 /25/13 5	SEVEN HILLS STRATEGY GRAD 2740 WEST THARPE STREET SUITE 307 TALLAHASSER FL 32303	· 1	MoN		2117.58
3/25/13 6	JAMES H. TABEEK 4424 NW 99 <sup>+15</sup> TERK SUDRISE FL 33351	REPAY LOAN	Mon		4100.00
4/11/13	AMERICAN CANGE SOCIETY 3363 W COMMERCIAL BLV FT LAUDERDALE, FL 33309	DONATION CAMPAIGN FUNDS	Mon	•	1000.00
4/11/13	SOUTH FLA COUNCIL BOYS SCOUTS OF AMERICA 15255 NW BZND AVE MIAMI LAKES, FL 33016	DONATION	Mon		500.00

(1) Name	CAMPAIGN TREASURER'S RE JAMES H. TABEEK		EXPENDIT 2) I.D. Numbe		
(3) Cover Perio	d 3 / 8 / 13 through 6	10/13 (	4) Page	of	2
(5) Date (6) Sequence Number	(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)	(11) Amount
4 /25/ <sub>13</sub>	FAMILY CENTRAL INC 840 SW 81ST AVE NORTH LAUDERDIE FL 33068	Donation	Mon		1500.87
4/30/13	CHASE BANK 12590 W SUNRISE RUM SUNRISE FL 33323	ACET. SERVICE FEE	Mon		15.00
5/3 /13 11	SUDRISE FIRE RESCUE BENEVOLENT 10440 WEST OAKLAND PX BUD SUNKIJE, FL 33351	DONATION	Mon		985.00
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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) JAMES H. TABEEK  Name (2) 4424 NW 99 <sup>th</sup> TERRAC  Address (number and street)  SUNRISE FL 33351	OFFICE USE ONLY					
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (3) ID Number:  (4) Check appropriate box(es):  Candidate (office sought):  Political Committee  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  Party Executive Committee  Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
	IDENTIFIERS  3 / 7 / 13 Report Type 564  Report					
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 5250.00  Loans \$  Total Monetary \$ 5250.00  In-Kind \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 4766.09  Transfers to Office Account \$  Total Monetary \$ 4766.09					
(9) TOTAL Monetary Contributions To Date \$	(8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$					
(11) CERTI  It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (only for electioneering commun.)  X  Signature						

		processing the same of the sam		-
(1) Name	JAMES	H. LABEEK	(2) I.D. Number	

(3) Cover Period	2/16/13	throu	gh 3 /	7 /13	(4) Page	1	of 2
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2122113	TRECHA FAMILY TRUST 1113 NORTHSHARE DR GLUMBIA MO 65203	I	Doctor				500
2,22+13	TAFF LOCAL 2992 PO BOX 820040 SOUTH FLORIDA FL 33082		ENPLOYER			,	500
2,27,13	ORIANDO PROF. FF. 4005 N. ORANGE BLOSSOM TR ORLANDO FL 3280 4	В	AMPLOYEE A	CHE		·	500
2128113	ALEX TABREK  33 CROFT CT  STATEN ISLAND  NY10306	I	RETIRED	CHE			500.
3/1 /13	MICHARL REPPAS 7850 NW 146 <sup>th</sup> ST SUITE 501 MIAMI LAKES, FLORION 33016		LAWYER	CHE			500
3,5,13.	FLORIDA FIRE-PAC 345 MADISON ST TALLAHASSEE, FL 32301	C	PAC	CHE			500
316 13	BLOWARD COUNTY PBA POLITICAL ACTION COMM. 2650 W. STATE RO 84 FORT LANDAR DALG FL 33312	C	PAC	CHE	·		500
3,6,13	RICK CASE HONDA 15700 RICKCASE HONDA WAT DAVIR FL 33331	B	AVTO	CHE 1	-8 bW 3:2 OE 2NNBIZE LA CLEKK	CITY	500

						··	_
(1) Name	JAMES H. T	AB	6EK	(2)	I.D. Number		
(0) 0							
(3) Cover Period	2/16/13	throu	gh 2 /	16/13	(4) Page	2	of 2
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)		4	K1	2		
Sequence	Street Address &	C	ontributor	Contribution	In-kind	. set	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
2 / 12	DOWMAN ALLSWORTH		214				
316 113	LAYSTROM VOIGT WACH AWAIR BOSALK	0	HAW FIRM	116			250,00
***	1177 SE 3RD AVE	B	Him	CHE			230,00
9	FT LAVORROAVE FL 3331						
1	REPUBLIC SELVICE >	6					
3,7 /13	8619 WESTERN WAY						
	JACKSONVILLE FL	B	WASTR	CHE		,	500
1 -	32256		Will	CITE			500
10	32276	4			10.00		÷
2 7	ENVIROCYCLE INC			10			
3/7/13	849 SW 215 TERRAG	Λ	WATE				9 1
	FT. LAVORRDALE FL	B	E-WATE PECYCLING	CHE			500
11	33312		REC				
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12						,	3 33
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*							5
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	DS-DE	13	(Rev.	08/03

(3) Cover Period 2 / 16 / 13 through 3 / 7 / 13	(4) Page of 2
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( )	2 / 18 / 13 uirough _ 3	1 1 13 (4	4) Page	of _	2
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/19/13	WILD FLOWERS 5673 CORAL RIDGE DR CORAL SPRINGS FL 33076	FLOWERS FOR EVENT	Mon		47.70
2/19/13	WILD FLOWELS 5673 CORAL RIDGE DR CORAL SPRINGS, FL 33076	FLOWERS FOR EVENT	MON		58.30
2/16/13	SEVEN HILLS STRATEGY GROUP 2740 WEST THACPE STREET SUITE 307 TALLAHASSEE, FL 32303	PAUM CARDS PRINTING	Won		1309.00
2/16/13	FIRE LINE THE 1151 SW 2 STREET BOCA RATON FLORIDA 33486	SHIRTS.	Mon		555.00
2/21/13	CREATE ONE FOR ME 4416 NW 99 <sup>th</sup> AVE SVNRISE FL 33351	FLYERS	Mon		125.00
2 /23/13	WILD FLOWERS 5673 CORAL RIDGE DR CORAL SPRINGS, FL	FLOWER'S FOR EVENT	Mon		127.20
2/25/13	SEVEN HILLS STRATEGY GROW 2740 WEST THARPE STREET TALLAHASSEE FLORIDA 32303	Paur CAROS	Mon		643.89
3/4/13	CREATE ONE FOR ME 4416 NW 99TH AVE SUNRISE, FL 33351	5160)	Mon		1875.00
DS-DE 14 (Rev. I					

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (3) Cover Period 2/16/13 through 3/7/13 (4) Page 2 of 2 (7)(8) (5)(9) (10) (11)Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if Street Address & Expenditure Sequence contribution to a City, State, Zip Code Number candidate) Type Amendment Amount DONATION PREFERENTS CENTRAL SUNRISE RESIDENTS 3/6/13 11110 WOAKLAND PARK SUNRISK FL 33351 \$25,00 MON

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURES						
(1) JAMES H. TABEEK	OFFICE USE ONLY					
Name (2) 4424 NW 99 <sup>+H</sup> TERRAC Address (number and street) SUNRISE FL 33351 City, State, Zip Code	13 FEB 22 P					
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee ☐ Committee ☐	(3) ID Number: 4 C C C C C C C C C C C C C C C C C C					
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT I Cover Period: From 2 / 2 / 13 To  ☑ Original ☐ Amendment ☑ Special Election						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ 6573.28	Monetary Expenditures \$ 180.84					
Loans \$	Transfers to Office Account \$					
Total Monetary \$ 6573.28	Total Monetary \$ 180.84					
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$/6361, 91	(10) TOTAL Monetary Expenditures To Date \$ 5882.60					
(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) JAMES H. TABEEK  [Individual (only for electioneering commun.)]  X Muss H. Tabeek	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  AMES H. TABEEK  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  Ames H. Tabeek					
Signature DS-DE 12 (Rev. 08/04)	Signature					

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(1) Name	JAMES H	[	ABEEN	(2)	I.D. Number		-
(3) Cover Period	212113	throu	igh <u>2</u> /	15 / 13	(4) Page		of 4
(5) Date	(7) Full Name		(8) ·	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
214 113	CY EGERT	I	FIREFIGHT				48.62
2/4/13	SHARON LAVAURR	エ	FIRE FIGHTE	CHE			97.25
	LUKE TROMBLEY		FREEFISHTER				48.62
2 / 4 / 13	JUSTIN ZIEGLEN		FIREPHIE	1 •			24.31
2/4/13	FRANK CRUBELE	I	FIREFIGHT	CHE			48.62
2,4,13.	THOMAS HOLSTRIA	I	ENGE 1 PHILEY	CHE		-	48.62
2,4,13	PATRIC HUNT	I	FIREFIRE	CHE			48.62
2 , 4 , 13	EO JAVIER	I	FREFIBITED		TY OF SUNRISE	<b> </b>	48.62
DS-DE 13 (Rev. 08/0	)3)	SEE RE	VERSE FOR I		AND EODE VALL		

(1) Name	JAMES H.		ABEEK	(2)	I.D. Number		
(3) Cover Perio	d 2/2/13	thro	ugh 2 /	15 / 13	(4) Page	2	of 4
(5) Date	(7) Full Name		(8) ·	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2/8/13	AUTHONY FERNAMES FOLLOWING 11801 NW 29 <sup>TH</sup> MA SUNRISE FL 33323	A	FOUNDATION			e COMMISSION CONTRACTOR OF THE COMMISSION CON	200.00
2,8,13	SCOTT MIGHEY	工	FIREFIGHTE	CAS.			50.00
2/8/13	TAB WILLIAMS	I	FIREFIGHT	CAS			10.00
2/11 / 13	AIR AROUND THE CLOCK 11840 NW 4151 ST CORAL STRING, FL 33065	В	Architect	CHE			500.00
2,15,13	JEFF PERLMAN 971 DELLAYLAKES DELRAY BEACH FL 33444	I	CONSULTANT	CHE			200.00
2/15/13	STUMET & SHELBY 205 GEORGE BUSH BUY DELLAY BEACH, FL 33444	В	Countactor	CHE			500.00
2/15/13	ANGELO MARZAMO 2356 NE 30TH CT LIGHT HOUR FOUT, FL 33064	エ	BUNDAGE S	CHE		A. A	500,00
2/15/13	GRASUROOTS CONSULT. 1660 NW 19 <sup>th</sup> MM POMMUO BRACH, FL 33069	В	CONSTITUTE	CHR	S by 3: 2r		500.00
DS-DE 13 (Rev. 08/0	)3)	EE RE	EVERSE FOR IN	STRUCTIONS A	CLERK ULAV EDOS D <i>na</i>		

(1) Name	JAMES H. I	ABE	EK	(2)	I.D. Number		
(3) Cover Period	212113	throu	ıgh 2 /	15 / 13	(4) Page	3	of 4
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &	С	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	I .	Occupation	Туре	Description	Amendment	Amount
2/15/13	ANDREW CLOSE	T	FIRE FILHTER	016			
17	l ·	上	FIRE	CHE			50,00
2/15/13	DIANNA DONFANCUCO 798 COQUINA WAY		. LE 1				
18	BOLA RATION, FL 3343Z	工	HOME	CHE	·	•	250.00
					_	<del> </del>	
2,15,13	CITY OF SUNKIE FOP LOOGE 80-A ASSEC P.O. Box 450581	<u>_</u>	EMPORKE.	CHE			500.00
19	SUNRUE FL 33345			-			
2 / 15 / 13	Joseph Sorrentino	I	FIREFIGHTE	CHE	·		50.00
20			1 11 2				50.00
2/15/13	SOUTHWEST FL PROF. FF+ PARA		_			•	
	2030 WEST 1 5T	C	CCE	CHE			500.∞
21	FT. MYERS FL 33901		'				
2/15/13	FF + PARA FOR PUBLIC SAFETY						_
	740 COMMERCE # VENICE, FL 34292	C	PAL	CHE			500.00
22							
2/15/13	BROWARD CC PROFF						
2/(3/11/	304 NEIST STREET		CCE	CHE			500.00
23	Pompano Bracil FL 33069				.		
2 -	MIAM, FF PACTT			.			
2/15/13	2980 NW SOUTH RIVER		PAC				
	Miran FL 33125 DR		111	CHR	B 22 PM 3:	13 FF	500.00
24					OF SUNRISE		
DS-DE 13 (Rev. 08/0	3) . 5	SEE RE	VERSE FOR IN	NSTRUCTIONS A	AND CODE VAL	IES	

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(1) Name	JAMES H.	I	ABEEK	(2)	) I.D. Number		
(3) Cover Period	12/2/13	thro	ugh <b>2</b> /	15 / 13	(4) Page	4	of 4
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		Contributor	Contribution	In-kind	•	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
2.15.12	MIAMI FF PAC						
2/15/13	2980 NW SOUTH RIM	k _	04.6	.116			
	MIAMI FL 33125-1140	C	PAC	CHE			500.00
25	1. 2. 2. 2. 2. 1170					na.	
	MIKE WISE		76 P				
2/15/13	1/11/12 00/51		FIREFIGHTER	_		and the same of th	
	!	I	FIRE	CAS.		-	50.00
26	<b>√</b> r						
							·
2115 113	CHRISTY WISK					Anna Anna	
\\ \alpha \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	10290 BROOKVILLE		NURSE	CAS			50.00
27	BOCARATON FL 33428	1	120				30.00
27	FC 377 C 8	•					
	MARYANN TABEEK					,	
2115113	MARYHUN TABEEK 4468NN 99 <sup>HH</sup> AVK		PETIRED				
	SUN RISE, FL 33351	4	RETITION	CHE	•		250.00
28	JUDICISE, PE JUST						
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							CITY CITY
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DS-DE 13 (Rev. 08/0	13)	SEF RE	VERSE FOR II	ISTRUCTIONS	AND CODE VALU	FS	
	-,				THE COPE TALL		

(1) Name	CAMPAIGN TREASURER'S F JAMES H. TABEEL	REPORT - ITEMIZED	EXPENDI 2) I.D. Numbe	TURES	
(3) Cover Perio	od <u>2 / 2 / 13</u> through <u>2</u>		4) Page	of	
(5) Date (6) Sequence Number	(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)	(11) Amount
2/6/13	LOWE'S 8050 WEST DAKLAND PK BI SUNKISK FL 33351	FOL SIBNS	Mon		180.84
					_4
/ /					CITY OF SUNRISE
					PM 3: 54
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FLORIDA DEPARTMENT OF S CAMPAIGN TREASURI	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY
(1) JAMES H. TABEEK	OFFICE USE ONLY
(2) <u>4424 NW 99<sup>th</sup> TERRA</u> Address (number and street) SUNRISE, FL 33351	CITY CLERK' CITY OF SUNRISE  13 FEB -8 PM 4: 11
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):	SSIONER GROUP C  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING
(5) REPORT	COMMUNICATION REPORTS WILL BE FILED  IDENTIFIERS
-	2/1/13 Report Type 562
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 4588.63	Monetary Expenditures \$ 2939.73
Loans \$ 1000.00  Total Monetary \$ 5588.63	Transfers to Office Account \$
In-Kind \$	Monetary \$ 2939.73
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ 978863	(10) TOTAL Monetary Expenditures To Date \$ 5701.76
•	FIFICATION son 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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) AMES H. TABLEK  Individual (only for electioneering commun.)	(Type name) JAMES H. JABEEK  Chairperson (only for PC, PTY & electioneering commun. organization)
X James H. Tabeek Signature	X James H. Tabeach
DS-DE 12 (Ray 08/04)	Signature

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(1) Name \_\_\_\_\_\_\_\_ TABEEK (2) I.D. Number \_\_\_\_\_

	·			T	1		of <b>8</b>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1,22,13	JOHN LUCA	工	FIRE FIGHTER	CHE			150.00
\ .	•			•			<u> </u>
1/22/13	MICHAEL WIGDELSON 221 S SEACREST CIR	l	RETIRED				1
2	DELRAY BEACH FL 33444	工	KELLI	CHE			00. oc
1/24/13	METRO BROWARD PROF FF PAC ACT 304 NE 1 STREET POMPANO BEACH FL	C	PAC	CHE			500.00
3	33660						
1,24,13	SUSAN MILHAUSEN 4112 NW 58 <sup>th</sup> DR COLONUT CREEK, FL	エ	PERMIT SPECIALIST	CHE			00.00
4	33073		Steen				
	REL ENTER PRISES TOC 200 LINDEL BLYD SUITE 920 DELRAY BEACH FL	В	MARKETING CONSULTANT	S CHE		·	500.00
5	33483		U.				
1/20/15	JAMES H. TABEEK 4424 NW 99 <sup>th</sup> TERR SUNRISE FL 33351	Н	FIGHTER FIGHTER	LoA			1000.00
6	·						
1 / 30 / 13	JOHN MCNA MARA		FIREFIGHT	K .			
7		I	•	CHE			4862
1,30,13	FEO LEVINE	I	FIRE	CHE	II:4 Wa 8-	13 EE8	48.10

(1) Name JAMES H LABEEK (2) I.D. Number

(3) Cover Perio	d 1/19/13	through 2	1 / 13	(4) Page	2	of <i>8</i>
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)					
Sequence Number	Street Address &	Contributor	Contribution	In-kind		
IAGITIDEI	City, State, Zip Code KENNETH MACNAMER	Type Occupation	Туре	Description	Amendment	Amount
1/31/13		.60		•	·	
9	DELRAY BEACH FL 33483	I RETRED	CHE			200.00
1 / 31 / 13	DONALD DOUGHERTY	TE!				
10	0.	I AMERICATE	CHE		·	50.00
1/31/13	WASTE PRO 2101 WSTATE RD434 SUITE 315	B REFUSE				
11	LONGUOOD FL 32779	D P	CHE			500.00
1/31/13	BRACKNEY ELECT 12031 NW 4th CT	B CONTRACTOR			-	
12	PLANTATION) FL 33325					500.00
1 / 31 / 13	SANDRA TURNER	I FACE FIGHTER	CHE		·	48.62
13						
1 / 31 / 13	Tim subcs	I FRE FIGHTER	CHE		·	48.62
1 / 3/ / 13	JOHN LOOMIS	I FIRFIGHTEN	CAS			50.00
15	-0010					
/31 /13	JUSTIN CHENEY	I FIREFIGHTE	CAS ZI	:1 Nd 8-8	13 EE	50.00
16	·		i	TY OF SUNRISI		
DS-DE 13 (Rev. 08/03	S) SE	E REVERSE FOR IN	STRUCTIONS A	ND GODE VALU	ES	

JAMES H. TABEEK (1) Name (2) I.D. Number (3) Cover Period 1 19 / 13 through 2/1(4) Page 3 of 8 (5) (10)(11)(12)Date Full Name (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type | Occupation Type Amendment Description Amount I FIRE FIGHTER NACE BERNERT 130,13 CHE 48.62 17 CHRIS BENEMIA I FIRE FIGHTER , 30 , 13 CHE 48.62 18 DANIEL GARNIOTA I FIREFIGHTER , 30, 13 48.62 CHE 19 JOHH HANEY FIREFIGHTER 30 , 13 CHE 48.62 20 PAUL MALJEAN I FREFIGHTER 1,30,13 CHE 48.62 21 DANIEL WARSEN I PREFIGHTED 1 30 113 CHE 48.62 22 JEFF MARTIN I FIREFILHTER 1,30,13 CAS 50.00 23 MIKE MAY FIREFIGHTER ,30 ,13 13 FEB -8 PM 4: 12 (HE 48.62 24 CITY OF SUNRISE!

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 08/03)

(1) Name	JAMES H.	TAG	BEEK	(2	l) I.D. Number	<del></del>	
(3) Cover Period	1/19/13	thro	ugh <u>2</u> /	1 /13	(4) Page	4.	of <b>9</b>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		No. 14 17 14 14 14 14 14 14 14 14 14 14 14 14 14				
Number	City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1,30,13	TOM KLEIN		CIGHTER			·	
25		エ	FIREFIGHTER	CHE			24.31
1,30,13	KEVIN HALE		FIREFILHT	<u>r</u>			
26	,,	I	FIRE	CAS			50.00
1,30,13	DOUG HUFFMAN		FIRE FIGHTER				
27	9	į.	ł I				50.00
1,30,13	NOEL SANTIAGO	I	FIEFIGHTER	CHE	·		110 10
28							48.62
1,31,13	CHRIS BROWN	+	FIREFIGHTER	CHE		,	110 10
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1,31,13.	ANTHONY HODER	I	FREFILHTER	CHE		-	11.
30		•	1,4				48.10
1/31/13	ANGEL TRAVIESO		CION TRI				
31		İ	FIREFIGHTR		·		50.00
] , 3] ,13	CHRIS MARINO	エ	FIRE FILHTER	CUE			//a
32			1.	l	B-8 PM LET		48.62
DS-DE 13 (Rev. 08/0	3)	SEE RE	VERSE FOR IN		AND GODE VALU		j

1,31,13   BRIAN DAVIS   TREFITE CAS   18.00   1,31,13   ALEXANDER COMPAND   TREFITE CAS   19.45   1,31,13   MIKE BARNISH   CAS   25.00   1,31,13   DAN SCHUPKA   TREFITE CAS   25.00   1,31,13   MIKE COHEN   TREFITE CAS   25.00   1,31,13   MIKE COHEN   TREFITE CAS   25.00   1,31,13   TOE RUTKOWSKI   TREFITE CAS   25.00   1,31,13   JOHN SOBKWSKI   TREFITE CAS   48.62	(1) Name	JAMES H.	TABI	EEK	(2	) I.D. Number		
Date   Go   Go   Go   Go   Go   Go   Go   G	(3) Cover Period	1 1/19/13	throu	ıgh <u>2</u> /	1 / 13	(4) Page	_5	of <b>8</b>
1/31/13   BRIAN DAVIS   TREFILITE CAS   18.00     1/31/13   BRIAN DAVIS   TREFILITE CAS   18.00     1/31/13   ALEXANDER COMPAN   TREFILITE CAS   19.45     1/31/13   MIKE BARNISH   TREFILITE CAS   25.00     1/31/13   DANI SCHUPKA   TREFILITE CAS   25.00     1/31/13   MIKE COHEN   TREFILITE CAS   25.00     1/31/13   TOR RUTKOWSKI   TREFILITE CAS   25.00     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   48.62     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   48.62     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   48.62     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   10.00     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   10.00     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   10.00     1/31/13   JOHN SOBKWISKI   TREFILITE CAS   1.00     1/31/13   JOHN SOBKWISKI   JOHN	Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
1,31,13 ALEXANDER COMPAND  35  I FRECHMEN  CHE  19.45  1,31,13 MIKE BARDISH  CONL  T FRECHMEN  CAS  25.00  1,31,13 MIKE COHEND  1,31,13 MIKE COHEND  1,31,13 TOE RUTKOWSKI  39  I FRECHMEN  CAS  25.00  1,31,13 JOHN SORKONSKI  T FRECHMEN  CAS  1,31,13 JOHN SORKONSKI  T FRECHMEN  CAS  1,31,00  CAS 21:4 Hd 8-833 E1 /0.00			1	1				48.62
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DS-DE 13 (Rev. 08/03)  SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES						OF SUNRISE!	TIO	10.00

(1) Name	JAMES H.	16	BEEK	(2	) I.D. Number		
(3) Cover Period	1 / 19 / 13	thro	ugh 2 /	1 / 13	3 (4) Page	6	of §
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)		•				
Sequence	Street Address &	c	ontributor	Contribution	In-kind	-	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1,31,13	COURTNEY KELLEY		41/200		-		
		_	16.51bti	CAS			20.00
41			FIREFILMER	Cho			
1,31,13	JOHN SOBKOWKI		FUEFICHTER				
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1 / 31 / 13	MIKE JANSON		4 (1000		,		,
		T	CREIGH	CAS			10.00
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1,31,13	MIKE MLCORD		FIREFIGHTER				
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1,31,13	JAMIR COLLINS		FIETEFIER				
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(1) Name	JAMES H	IA	BEEK	(2	) I.D. Number	- NV	<del></del>
(3) Cover Period	1 1 / 19 / 13	<b>t</b> hrou	ıgh <b>2</b> /	1 / 1:	3 (4) Page	7	of 🞖
(5)	(7)		(8) ·	(9)	(10)	(11)	(12)
Date	Full Name	•			-		, ,
. (6)	(Last, Suffix, First, Middle)	1					
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
	FRANK VIDOSOLA			(			
2/1/13		<b></b>	CILHTRE				
			FIREFIGHTE	CAS			50.00
110			,	Cho			JU.02
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	A						
2,1,13	ANTHONY METHERNY	1	1 th				
7 1 112			CREFISHTER			,	
	,	1	CRE	LAS			50.00
50			Y"				
		ı	ł .				•
2 1	CHRIS SORRENTINO		FRE FIGHTER				
2/1/13		1	100 FIBR				
	_ · · · · · · · · · · · · · · · · · · ·	1	(A)	~ .A C			40.00
51	-	1—	,	CAS			70.00
	RICHARD CYTAKKY		11				
2/1 /13	NICHARD CIME		THE TRIES				
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	1140-		A	·			
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	ALEN WILLIAMS		FIERFICHTER		·		
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	• • •	1	Gent	CHE			۲۸ - ۸
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2,1,13	MICHELE BARDAR		369	•			
01/ 1 / 10		' ——	CEIPHIN				-
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	MIKE BARNSH						
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(1) Name	JAMES H		ABEEK	(2)	) I.D. Number		
(3) Cover Period	1   /   9 /   3	throu	igh 2 /	1 /13	(4) Page	8	of $\hat{S}$
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &	С	ontributor	Contribution	In-kind	•	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
2/1 /13	MARK MULLINS	İ	1				
A11 113		IT	ac FIBHIR	CHE			11.5
r			FIREFIEHTE				48.10
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES JAMES H. TABEEK (2) I.D. Number \_\_\_\_\_ (3) Cover Period 1/19/13 through 2/1/13 (4) Page \_\_\_ of (7) (5) (8) (9) (10) (11) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if Street Address & Sequence Expenditure contribution to a City, State, Zip Code Number Туре candidate) Amendment Amount STEVEN HILL STRATEGY 28/13 2740 WEST THARPE ST. GROUN SIGNS \$2939.73 SUITE 30 7 MON TALLAHASSEE, FL 32303

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) JAMES H. TABEEK	OFFICE USE ONLY					
Name (2) 4424 NW 99 <sup>4H</sup> TERR Address (number and street) SUNRISE FL 33351 City, State, Zip Code	CITY OF COUNTY OF CO					
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	(3) ID Number:					
	IDENTIFIERS //					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ 100.00	Monetary Expenditures \$ 2762.03					
Loans \$ 3,100.00	Transfers to Office Account \$					
Total Monetary \$ 4200.00	Total Monetary \$ 2762.03					
	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date \$ 4200.00	(10) TOTAL Monetary Expenditures To Date \$ 2762.03					
(11) CERT						
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on 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) JAMES H. TABEEK  Individual (only for electioneering commun.)  X  Signature  DS-DE 12 (Rev. 08/04)	(Type name) JAMES H. TABEEK  Candidate Chairperson (only for PC, PTY & electioneering commun. organization)  X James H. Tabeek  Signature					

(1) Name	TAMEC	H. TABEEK	(2) I.D. Number	
(1) Hame	- UNKES	HOLEK	(2) i.D. Nullibel	

(3) Cover Period	10/1/12	throu	gh 🥼 /	18/12	(4) Page		of 1
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12/13/12	TABEEK, JAMES 4424 NW 99 <sup>TH</sup> TERE SUNRISE, FL 33351		FREFIGHTER	LOAN			100.00
1 / 4 / 13	TABEEK, JAMES 4424 NW 99 HTERR SUNRISE, FL 33351		FIREFIGHTE	FOAN			3000.00
3	GINTER, WILLIAM 4841 NW 96THTERR SUMRISE FL 33357	I	DIVISION DIRECTOR GROUNDS	CHE			100.00
1,9,13	PALM BEACH COUNTY FIRE PAC 2328 5 CONGRES AVE SUITE 2-C WEST PALM BEACH FL 33406	د	PAC	CHE			500
	FF FACT PAC 282 8 S CONGRESS AVE SUITE 2-C WEST PALM BEACH FL 33406	<u>_</u>	CCE	CHE			500
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1 1		-	. · · · · · · · · · · · · · · · · · · ·		•		OITY CLER OITY OF SUNI
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(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/26/12	CHASE BANK 12590 W. SUNRISE BLVD SUNRISE, FL 33323	SUPPLY OLDER (CHECK 5)	MoN		9.47
1/4/13	CITY OF SUNRISE 10770 W.OAKLAND PARK SUNRISE, FL 33323	QUALIFYING FEE	Mon		2,752.50
//					
//					
//					
//					OITY CL CITY OF S
//					TY CLERK OF SUNRISE
//					

#### 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

CITY CLERK' CITY OF SUNRISE

12 DEC 13 PM 3: 21

Rule 1S-2.0001, F.A.C.

officer before opening the campaign account.	OFFICE USE ONL
1. CHECK APPROPRIATE BOX(ES):	OT FICE USE ONL
Initial Eiling of Fame	Treasurer/Deputy Depository Office Part
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
JAMES H. TABEEK	1 COOE)
4. Telephone 5. E-mail address	4424 NW 99TH TERR
	SUNRISE, FL 33351
(954) 445-8328 THEBEEK 1@ AOL.CO	)M
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
COMMISSIONER GROUP C	applicable:
CITY OF SUNRISE	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fil	Il in name of party as applicable: My intent is to run as a
Write-In No Party Affiliation	
9. I have appointed the following person to act as my	Party candidate.
10. Name of Treasurer or Deputy Treasurer	Campaign Treasurer Deputy Treasurer
JAMES H. TABEE	· 1/
11. Mailing Address	140 = 1
13. City 14. County 15. Sta	12. Telephone
13. City 14. County 15. Str.	ate 16. Zip Code 17. E-mail address
18. I have designated the following bank as my	THE DELK I PAUL. CON
19. Name of Bank	, = 0,0000
	20. Address
21. City 22. County	12590 WEST SUNRISE BOULEVARD 23. State 24 7in Code
21. City 22. County BROWARD	C
<b>5</b> (0 00) (1 00)	FLORIDA 33323
	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	26. Signature of Candidate
DECEMBER 13, 2012	X James H. Tabeek
11	(fill in the planks and check the appropriate block)
(Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
· ,—	
12-13-12 X	(James H. labeck
Date	Signature of Campaign Treasurer or Deputy Treasurer
DS-DE 9 (Rev. 10/10)	Pulo 19 2 0004 E A C

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

**OFFICE USE ONLY** 

CITY OF SUNRISE 1

I, JAMES H. TABEEK

candidate for the office of <u>COMMISSIONER</u>, <u>CITY OF SUNKISE</u>; GROVE C

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X James H. Jab Signature of Candidate

13-12

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).

## CITY CLERK' CITY OF SUNRISE

13 JAN -4 PM 1:59



#### **NOTICE OF CANDIDACY AND AFFIDAVIT**

I, JAMES H. TABEEK, do hereby affirm that I am a candidate for the office of Commission ER GROVE C. City of Sunrise, Broward County, Florida, in the Special Election to be held on March 12, 2013, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner.  Ames H. Jabeek  Signature  1-4-13  Date
STATE OF FLORIDA COUNTY OF BROWARD CITY OF SUNRISE
The foregoing instrument was sworn to (or affirmed) and subscribed before me this
Personally KnownOR Produced Identification Type of Identification Produced
City Charter Section 3.02 Qualifications.

Any elector of the City of Sunrise who has resided continuously in the city for one (1) year prior to qualifying as a candidate for the office shall be eligible to hold the office of City .Commissioner, or Mayor.

(Ord. No. 517, § 3, 8-10-10/Ref. of 11-2-10)

## CANDIDATE OATH - NONPARTISAN OFFICE

CITY CLERK' CITY OF SUNRISE

13 JAN -4 PM 1:59

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
I, TAMES IL TABEEK  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE EN	ND OF QUALIFYING)
am a candidate for the nonpartisan office of	,,
(office)	(district #)
am a candidate for the nonpartisan office of	County, Florida;
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire elected; I have qualified for no other public office in the state, the term of which office or an concurrent with the office I seek; and I have resigned from any office from which I am required to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the State of Florida.	to be nominated or ny part thereof runs o resign pursuant to e Constitution of the
X James H. Tabeek (954) 748 - 9298 THEREEK 1 Signature of Candidate Telephone Number Email Addres	
4424 NW 99 TERR SUNRISE FLORIDA 333 Address City State	151
Address Oity State	ZIP Gode
Candidate's Florida Voter Registration Number (located on your voter information card): 10133	•
* Please print name phonetically on the line below as you wish it to be pronounced on the audio b with disabilities (see instructions on page 2 of this form):  Tames H. + Ah - BEEK	allot for persons
STATE OF FLORIDA COUNTY OF Broward	
Personally Known: or Felicia Bravo	100
Type of Identification Produced:	

FORM 1	STATEMENT OF	2012
Please print or type your name, mailing address, agency name, and position below	<u> </u>	FOR OFFICE USE ONLY:
	NAME:	
MAILING ADDRESS :	99th TERR	<b>ದ</b>
SUNRISE	FL 33351 BROWARD	JAN -I
	ZIP: COUNTY:	-4 F
NAME OF AGENCY:  COMMISSION E  NAME OF OFFICE OR POSITION HEL	R GROUP C	Naise
/	s on this form. Attach additional sheets, if necessary.  OR NEW EMPLOYEE OR APPOINTEE	
DISCLOSURE PERIOD:	PARTS OF THIS SECTION MUST BE C	
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PRECEDING TAX YEA SE STATE BELOW WHETHER THIS STATEMENT IS FOR	AR, WHETHER BASED ON A CALENDAR R THE PRECEDING TAX YEAR ENDING
DECEMBER 31, 201		THAN THE CALENDAR YEAR:
MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (see instructions for further details). Ch	THE OPTION OF USING REPORTING THRESHOLDS TH OR USING COMPARATIVE THRESHOLDS, WHICH ARE	AT ARE ABSOLUTE DOLLAR VALUES, WHICH USUALLY BASED ON PERCENTAGE VALUES
COMPARATIVE (PE	RCENTAGE) THRESHOLDS OR ODL	LAR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to the reporting person - See rt, you must write "none" or "n/a")	instructions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CITY OF DELRAY BEA	ICH 100 NW 1ST AVE DB FL 334	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	fother sources of income to businesses owned by the reporting	g person - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
~/A		
PART C - REAL PROPERTY [Land, bui	Idings owned by the reporting person - See instructions] t, you must write "none" or "n/a")	FILING INSTRUCTIONS for
		when and where to file this form are located at the bottom of page 2.
N/A		INSTRUCTIONS on who must
	·	file this form and how to fill it out begin on page 3.

PART D INTANGIBLE PERSON (If you have nothing t	NAL PROPERTY [Stoo o report, you must w	ks, bonds, certifica	tes of deposit, etc	c See instructions]		
TYPE OF INTANGIE		BUSINESS EN	TITY TO WHICH THE	E PROPERTY REL	_ATES	
ICMA 45	7	PE	RSONAL	ACCOUR	JTS	
TCMA 40	/		v	1;		
			M		· · · · · · · · · · · · · · · · · · ·	
PART E — LIABILITIES [Major de						
(If you have nothing to	report, you must wr	ite "none" or "n/a	")			
NAME OF CREDIT	OR			ADDRESS OF CRE	DITOR	
CITI MORTO	SAGE	PO Box	6006	THE LA	KES NV	88901-600
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ov	vnership or positions	s in certain types o	of businesses - See in	structions]	
(If you have nothing to	report, you must write BUSINESS I	•	BUSINES	S ENTITY # 2	RUSINES	SS ENTITY # 3
NAME OF BUSINESS ENTITY					DOUNTE	<u></u>
ADDRESS OF BUSINESS ENTITY			•	•		<b>E</b> 39
						1 97
PRINCIPAL BUSINESS ACTIVITY		<u>//A    </u>				+ 00
POSITION HELD WITH ENTITY					`	子景
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						- F
NATURE OF MY OWNERSHIP INTEREST						<u>ن</u>
IF ANY OF PARTS A	THROUGH F ARE	CONTINUED	ON A SEPAR	ATE SHEET, PLE	ASE CHECK	HERE 🔲
SIGNATURE (requir	<u>ed):</u>		DAT	<b>TE SIGNED</b>	(required)	<u>.</u>
Jan	nes H.	Tabees	k	1-4-	2013	t i
	FILI	NG INST	RUCTI	ONS:	<u>,                                      </u>	
WHAT TO FILE:		IERE TO FIL			N TO FILE:	· · · · · ·
After completing all parts of	this form, If yo	u were mailed the	form by the Con			l officer/employee,

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, you must write "none" or "n/a" in that section(s).

#### NOTE:

#### **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

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.

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

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

Initially, each 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** for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

CITY CLERK'
CITY OF SUNRISE

13 JAN -4 PM 1: 59



# LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Logic and Accuracy Test, pursuant to F.S. 101.5612. I was given written notice that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the Municipal Election to be held on March 12, 2013 will take place at the site and date listed below.

Wednesday, March 6, 2013 at 10:00 a.m.\*\*

Supervisor of Elections' Voting Equipment Center 1501 NW 40 Avenue Lauderhill, FI (954)712-1903

\*\*Tentative Date

Signature of Candidate

Date ....

CITY CLERK' CITY OF SUNRISE

13 JAN -4 PM 1:59



### RECEIPT OF CODE OF ETHICS ACKNOWLEDGEMENT

I have received, read, and understood the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics.

Print Name

Print Name

Signature

Date

.....

## Broward County Statement of Ethical Campaign Practices

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1). Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward 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, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
- 2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
- 3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
- 4. I shall not attack or question my opponent's patriotism.

My commission expires:

- I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
- I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove... campaign materials or signs lawfully displayed on public or private property.
- 7. I shall not tolerate my supporters engaging in these activities which 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 which resorts to the methods and tactics that I hereby condemn.
- 8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 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 an opponent's credibility.
- 10. I will not use or permit the use of campaign material that falsifies, distorts or misrepresents facts

10. I will not use or permit the use of campaig	gn material that falsifies, distorts, o	r misrepresents facts.		•
Executed on this glay 4 of Jac	ruary ,20/3	3		
WITNESSES:	BY CANDIDA	me H. Taback		
Rumb Spen 2	Signature	AMES H. TABEE	K	
STATE OF FLORIDA	(i initiality)		<u></u>	
	00	والمستور	Ç	$\odot$
	SS.		Ā	국으
COUNTY OF Broward )		·	1	유국
The foregoing instrument was acknowledge	ged before me this 4 4 4 4	day of JANU ary	-	<u>∞</u>
2013 , by James 1	· · · · · · · · · · · · · · · · · · ·	personally known to me or who has pro		UNRISE NRISE
	as identification and who did/	/did not take an oath.	ហ	m
WITNESS my hand and official seal this	day of Janua	Lry , 2013	G	
(NOTARY SEAL)	Since	•		
(Signature of person tal	- •	(Name of officer taking acknowledgment) typed, printed, or stamped	<del></del>	
NA. annualization and the second	NOTARY PUBLIC-STATE OF FLORIDA			

Felicia Bravo
Commission #DD848366
Expires: FEB. 11, 2013
BONDED THRU ATLANTIC BONDING CO., INC.