	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Yom tou Vivi Assibon	OFFICE USE ONLY				
(2) 824 NW 130 Terr	— AY CITY				
Address (number and street)	24 OF C				
Sunvise, FL 37325 City, State, Zip Code	PM SUNIER				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):					
Candidate (office sought): Sun e Se					
☐ Political Committee ☐ Committee of Continuous Existence	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				
(5) REPORT I					
Cover Period: From 3 / 08 / 13 To	5 / 20 / 13 Report Type TR				
Original Amendment Special Election	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$				
Loans \$	Transfers to Office Account \$				
Total Monetary \$	Total Monetary \$ 1083.23				
In-Kind \$					
	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$ / 2 , 9 89 . 00	(10) TOTAL Monetary Expenditures To Date \$				
(11) CERT	IFICATION				
	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) Avivan Assido	(Type name) Vomtov Assidon				
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
Y Continues and Continues.	X // Section de l'indication y				
Signature	Signature				

CITY CLERK SUNRISE

		· · · · · · · · · · · · · · · · · · ·			
, (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
3/11/13	Costco 1890 S. University Dr Davie: FL 33324	Food/Supplies for Volunteers	MoN		18693
3/12/13	Publix Supermarket 12500 W Sunvise Blod. Sunvise, FL 33323	Food / Supplies for Campaign Meeting	MON		19.48
3/11/13	Pollo Tipico 5011 Floridu7 Ft. Landerdale, Fl.	Food for Compaign Meeting	Mon		1 37. 50
3/18/13	Ft. Landerdale, Pl. 33312 Dunkin Donuts 13190 W State Rd 84 Davie, FL 33325	Food for Company n Notunteers	MON		38.77
3/18/13	Domino's Pizza 1331 NW 61 ^{5T} AVE SunRISE, FC 33313	Food for Campaign Volunteers.	Non		9.53
4/7/13	New York, 214 10018	Web Hosting	MON		70.00
5/15/13	Yomtov Vivi ASSIDON 824 NN 130TH TER SunxISE, FZ 33325	Coan Reinbursement	May		646.32
5/15/13 8	Avi Assidon 824 NW 1307 Ter Sunrise, FL 33325		Mon		24.70

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
Name (2) 824 No Both TERRAC Address (number and street) City, State, Zip Code CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence	OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OF SUNRISE OF			
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
Cover Period: From 1 1613 To	B 1 7 1 13 Report Type G 4 Report Independent Expenditure Report (7) EXPENDITURES THIS REPORT			
Cash & Checks \$_850.00_	Monetary Expenditures \$2086.05			
Loans \$	Transfers to Office Account \$ Total Monetary \$			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 11905.77			
(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. (Type name) Individual (only for electioneering commun) Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Chairperson (only for PC, PTY & electioneering commun. organization)			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

	1	. /	1					***	
(1) Name	Yomtou	Vivi	ASS	idon	(2)	I.D. Number _			
(3) Cover Perio	od 021	16/13	through	03,07	113	(A) D-	M		1

(3) Cover Period	02/14/13	throu	igh 03/	07 //3	(4) Page	1	of 1
(5)	(7)		(8)	(9)	(10)	(11)	1
Date	Full Name		(-)	, (0)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	С	ontributor	Contribution	In-kind		
Number	City, State, Zip Code			Туре	Description	Amendment	Amount
03,05,13	City, State, Zip Code Gold, Martin 20317, Hacienda, Roca Paten, FL 334				Description	, when a men	Amount
/	20317. Hacienda	I	petired	CHE			100.00
,	Roca Katen, FL 334	98	1				
03,06 ,13	Rick Case Hond 10700 Rid Case Honda Way	B	Auto Sales	CHE			-
	Davie, FL 33331				after a		20.00
03,06 ,13	Doumar, Allsworth, Laysfrom, Voight Wachs, Adair U.P 1177 SE 3 of Ave Ft. Law 3331 Le	0	Lawyer				
3	Wachs, Adair Up	0	barre 1	CHE			200.00
	1177 SE 3 of Ave Ft. Law 33316	derdal	le		-		
1 1	33314					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
							monals
						-	TA CO
1 1							8 -8
in all was in	to be said to	16g - 51 16a					SUNRISE
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1 1				Lancia de la companya			
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0	ITY	CL	ERK	,
CIT	Y OF	: SI	INR	ISF

CITY CLERK

13 Manuale PM 9:00 To John TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number 13 MAR - 8 PM 3: 0

(2) I.D. Number 13 MAR -8 PM 3: 00

(3) Cover Period 2 1 16 1 13 through 3 1 7 1 13 (4) Page _____ of ______

(5) Date	(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
2 P5/13	Post master General USPS 3350 NG 12M AVE COMMENT PK, FC 35334	Mailing	MON		966.40
2 P5/13	Mail Group Solutions 3401 NE 4m ARE Dakland PK, FC 33334	Mailing	MON		135.00
2/19/13 3	Facebook 15le University Ae Palo Alto, CA 943	Advertising	Mon		12.84
212413	Facebook 1Ste dinvesity Are Palo Alto, CA 94301	Advertising	Mon		2.32
3/04/13	Staples 15860 W State Rd 84 Sumrise, FL 3 3324	Printing	Man		71.36
3 /4 /13 6	The Home Depot 13525 N Sunrise Bld Sunvise, FC 33323	Lunber	MON		14.80
3 106/13 7	Face book 154 University R Palo Alto, CA9430	Advertising	Mon		14.08
8	Fed EX 13715 W Sunrise Blo Sun (156) FL 33328	Printing	Mon		19,61

(1) Name <u>\(\range \ra</u>	CAMPAIGN TREASURER'S RE	PORT – ITEMIZEI		TURES	
(3) Cover Perio	od <u> </u>	7 10	4) Page		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)
3 107/13	The Home Depot 12595 W Sunrise Bld Sunrist, FL 33323	Lumber	Mon		24.64
3/11/15	Square space 459 Broadway # 5 New York, NY 10018	Web Hosting	MON		20.00
8/07/13	Speedy frint 5270 N State Rd 7 Ft. Landerdale, FL 33	Printing	Mon		795.00
/ /					3 : 3 : Ω
/ /					TY OF SUNRISE
/ /					3: 00
//					
//			-		

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS			
CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1) Yom for Vivi Assipon	OFFICE USE ONLY		
Name	3 0		
(2) 824 NW 1304h Jerr			
Address (number and street)	8 97		
City, State, Zip Code	PA SUN		
	N 202		
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:		
(4) Check appropriate box(es): Candidate (office sought):	ISE Commission Group a		
Political Committee	☐ CHECK IF PC HAS DISBANDED /		
☐ Committee of Continuous Existence☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED		
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING		
	COMMUNICATION REPORTS WILL BE FILED		
(5) REPORT	IDENTIFIERS		
	2 115 1 13 Report Type 63		
Original Amendment Special Election	Report Independent Expenditure Report		
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT		
Cash & Checks \$	Monetary Expenditures \$ 320,36		
Loans \$	Transfers to Office Account \$		
Total Monetary \$	Total Monetary \$ 200 25		
In-Kind \$ &	- gao, 0 s		
	(8) Other Distributions		
	\$		
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 98/9, 72		
(11) CERT	IFICATION		
	on 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.		
	(Type name) Towtor Vivi Assidan		
Individual (only for electioneering commun)			
X from Ele	x /185100 an /		
Signature	Signature		
(9) TOTAL Monetary Contributions To Date \$	Account Total Monetary \$ 320,25 (8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$ 9819, 72 IFICATION In 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) (Type name)		

(1) Name _______ (2) I.D. Number ______ (3) Cover Period ______ 1 _____ 1 _____ 2 through ______ 2 _____ (4) Page _______ of ______

(5) Dotte	(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
A 115/13	The Home Depot 12525 N Sunvise Bld		Mon	ADD	21.90
2 /1 /13 7	Sunrise, Fl 33323 Chase Bent 12590 W Sunrise Blud Sunrise, Fl 33323	ATH Fee	MoN	ADD	6.00
2. 115/13 8	ASSIDON, Aviram	Reimburse Campaign Supplies	MON	Add	15.50
2 113/13	Facebook 156 University Ave Palo Alto, OA 94301	Advertising	MON	Add	10.05
2/13/13	Face book 156 Universty Ave Palo Alto, CA 94307	Advertising	MON	DEL	12.84
/ /					
//					CITY OF SU
DS-DE 14 (Pov					ERK' INRISE

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) Yow to Vivi Assidon Name (2) 874 No 130Th Tele Address (number and street) Suncisc Ft 33325 City, State, Zip Code	OFFICE USE ONLY OFFICE
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: ATY COMMISSION COUP CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 2 / 02 / 3 To	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPÓRT Cash & Checks \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$\frac{12,139.00}{}	(10) TOTAL Monetary Expenditures To Date \$ _ 9.780.21
(11) CERT It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true,	IFICATION 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) Individual (only for election eering commun.) Signature	correct, and complete. (Type name) Chairperson (only for PC, PTY & electioneering commun. organization) Signature

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number				
(1) Name 16M tov WV ASSIDEN	(2) I.D. Number			
(3) Cover Period 2 / 02/13 through 02/15/13	(4) Page of			

/E)	(7)	(8)	(9)	(10)	(11)
(5) Date	Full Name	Purpose	(*)		(**)
(6)	(Last, Suffix, First, Middle)	(add office sought if			
Sequence	Street Address &	contribution to a	Expenditure		
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
	-116 11 12 0005				
a 18/13	THE HOME DEPOT	Lunnal	1		
W/0/10	12525 W Sunrise Blod	MINO.	MON		25.91
i	C. 10 5 5 2773	:	10, 0		0.0 . 11
, t	Suriso, A 33323	l • •			
1000	SOUARESPACE INC.	WEB HOSTING			
2/8/13	459 Broadway #5	•	MON		20.00
1	: ,	· .	101010		00.00
2	New YOR, NY 10013		-		
	A 444 113 15 6 5 5	A consider			
2/11/13		Communications			
0 /1/10	201 Robert S. Kerr Ave		MIN		197.50
1 3					,, ,
	Oce lahoma City, Ok 73102				
	hound Supervisor of				
8/11/13	Hochous	Record Reguest			24.50
	115 S. Andrews Are #102	ν	MON		07.00
$ \varphi $					
!	Ft. Landerdale, Fl 33301	·			
	Face book	000			
02/13/13	156 University AVE	Advertising	Mon		is oil
	156 Miles 15119	0	1-0010		12.84
5	PaloAHo, CA 94301				
<u>, </u>					
77.5			ı		
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	Marian de la companya del companya del companya de la companya de				
	W. C.				N 07
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					RISE 2: 34
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<u> </u>			<u> </u>	<u> </u>	

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) Vom tov Mvi Assidon Name (2) 824 NW 130th Tev/ Address (number and street) Sunvision FL 33325 City, State, Zip Code	OFFICE USE ONLY CITY CLERK CITY OF SUNRISE 13 FEB -8 PM 2: 58
☐ 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: John Check if PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 0/ / 19 / 13 To	IDENTIFIERS 102 / 01 / /3 Report Type 62 1 Report □ Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 1,738 00 Loans \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 3287. 93 Transfers to Office Account \$
Total Monetary \$ 1,738,00 In-Kind \$	Total Monetary \$ 3227, 98 (8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ <u>/2, /39.00</u>	(10) TOTAL Monetary Expenditures To Date \$ 9499. 46 —
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name) Av ASSIDON Individual (emy for election enting community) Signature	.

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Yanta	Vin Assidon	(2) I.D. Number
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(3) Cover Period	1 119 113	throu	gh <u></u>	01/13	(4) Page	1	of 3
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1,29,13	The Festival Flea Market LTD. 2900 W. Sample Rd Pompuro Beach, FL 33078	В	Retail	CHE			500.00
1 1 29 113	Brian Leekadonski P.O.BOX 22571 P4.lauderdate,FL 35335	I	Manager	CHE			150.00
3	Linda Lec 450 W. Mt Vemon Or Plantation FL 33335	I	Retived	CHE			80.0D
1,29,13	Donnie Marks 22677 Meridiana Dr. Boca Ratun, Fl 33433	I	tn+reprenew	CHE			00.07
10110	Ellen Moltz RO.BOX 451204 SWNYC FL 33345	I	Inswance	CHE		•	32.00
10	TMC Enterprises Fric. 2900 W. Sample led 5 Ute 2301 Pompano Beach 33067	B	Hair Salon	CHE			J80.00
7	Shirley Levenberg 9501 Swask Lakes Blud 4308 Swask Fl 33322	I	letired	CHE	•		25.00
	Franklin sands 16170 Saddle lane weston, FL 33336.	I	Consultant	CHE			50.00
DS-DE 13 (Rev. 08/0			\/PBABBBB		AND CODE VAL		

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name | ONATOV VIVI ASSIGOO (2) I.D. Number

(3) Cover Period	1/19/13	throu	igh 21	01 173	(4) Page	2	of 3
(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
1129113	Jack Richman 11920 NW SISTST Sunnse FL 33303	I	Retired	CHE	,		28.00
1129113 10	Herberz Gruenstein G579 Milani St Calcelluran FL 33447	I	Retired.	CHE			200: <i>0</i> 0
11 28113	Gerald Kirschen bere 2811 N Pine Islande 14pt 309 Sunnse FL 33322		renred	CHE			100.00
1128,13	Michael Grumberg 15015 Windover Woy For-Louderdale FL 33331	I	Saraparev	CHE			108:00
13	Shirtey Sumner 9721 Sunnac Lakes Apt 105 Sunnac FL 33322	I,T	Renved	CHE			(00,00)
1,29,13	David Agastin 139 swan Ave Plantanon Fl 33334	I	AccounterA	CAS			as.00
1 129113	YUSSI BITOM 7448SW 1879SH. PILMANUM, FL333M	I	Entrapeneur	CAS	•		50.00
1,7,7,0	CEVA RONOIC 10208 MU ZYTAPI. #402 SUNKE FL	I	renned	CAS			00.00

DS-DE 13 (Rev. 08/03)

. SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(3) Cover Period (5)	1 1 19 1 13 0	throu	(8)	0///3	(4) Page (10)	(11)	of 5 (12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 ,29 ,13	Flowers from the paintwest 3801 N. University Dr. 1911 Laud, the 33357	B	Florist	CAS			<i>3</i> 0,∪∂
1 130 130 18	Aviran Assidon 824 NW 130m Terr Suniss, FU 3	去	Student	INK	Website Hosting		60.00
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1 1	-						
1 1		-					CITY OF SUN
, ,						-	2: 58
1 1					•		
1 1				·			

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Maine	0101	1/32/178/1		(2) I.D. Numb	er
(3) Cover Period 0 /	1 15 1	13 through	2,01,13	(4) 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
01/9/13	Lester's Diner III 1393 NW 136th Ave Sunrise, Fl 33323	Meeting	NON		185.00
01 /23/13	4Imprint 161 Commerces St. Osin Kosin, WI 54901	Shirts	mon		1,576.09
/ /29/13. 3	Giovanis Coal Fire Pitta 165 ANN 136th AVE Smnsc, FL	Reception	MoN		465.00
01 /28/13 4	Speedy Print 5270 W State Pd 7 Ft. Landerdale, FL 35319	Printing labels	MO N		371.00
1 /28/13 5	Good Gays Signs 1400 & Hillsborough Ave Tampa, FL 33604	Signs	MoN		Blel6.90
N /30/13	Speely Print 5270 W State Rd 7 Ft. Londerdale, FL 33319	Printing	mo N		263.94
//					13 FE
					B -8 PM 2:
DS-DE 14 (Rev.	08/03) SEE REVERSE FOR INST	TRUCTIONS AND CODE	VALUES		<u>යා</u> ම

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FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) Yomtov Vivi Assidon	OFFICE USE ONLY
Name (2) 824 NN 130 Th Terr	CITY
Address (number and street)	IN 25
City, State, Zip Code	- SUI
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 三 記名
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee	CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From 10 / 01 / 12 To	01 / 18 / 13 Report Type G1
Original Amendment Decial Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 4341.00	Monetary Expenditures \$ (271.53
Loans \$(0000.00	Transfers to Office Account \$ 0
Total Monetary \$ 10,341,00	Total Monetary \$ 6271.53
In-Kind \$ — 0 —	
	(8) Other Distributions \$ O
(9) TOTAL Monetary Contributions To Date \$ <u>(0,341,00</u>	(10) TOTAL Monetary Expenditures To Date \$ <u></u> <u></u> <u> </u>
(11) CERT	
	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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Avivana Assidon	(Type name) Yom to V Assidon
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Com Non	X /455100
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yomtov Assidon (2) I.D. Number

(3) Cover Period	10 101 112	throu	gh <i>0(1</i>	18 1 13	(4) Page		of 3
(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
	Assidon, Yomtov 824 NN 130 MTER Swn15E, FU 33325	I	Smes	LOAN			1,000,00
12 1 11 112 2	Assiden, Yemtov 824 NW 130th Terr Sunvist, FL 33325	I,	saus	LOAN			5,000.00
3	Schultz, Jack 48 Ely Orixe Fayotteville, NY 13016	Ŧ	Lotived	CHF			250.00
12111 112	Johnstz, David 3U24 NE 167 th St N. Miami Beach, FL 33160	I	Saves	CHE			f00: 00
12, 19, 112	Weinstein, Steven 3200 S. University Drive Ft. Landerdale, Fl 33328	I	Finance.	CHE			100.00
12 1 19 1 12	The Corradino Group 200 S. Fifth St Louisville, KY 40202	В	Engineer	CHE			500.00
	Suskind, Robert 1127 15 th St #302 Sacramento, CA 9581 9	J	Professo/	CHE			500.00
8	lewinter-Sustand, lestie 1127 1577 St PH-302 Sacramento, CA	I	Editor	CHE	SE SUNRISE		500.00

m. The state of th

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Yom to V Assidon (2) I.D. Number

(3) Cover Period	·	throu	gn /	/	(4) Page	2	of 3
(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
	Suskind, Sydnie 2646 Midvale Ave	I	Entrapeneur.	CHE			500.00
1212112	823 N. Plantation Civile	İ	Restraint manager	CHE			500.00
	Plantation, FC 33324 Weiss, Heibert. 7766 Windy laugoCt		small				500,00
<u>lı</u>	7766 Windy laugoCt lake North, Fi 33467	1	business owner	CHE			300765
	Schultz, Seth 1213 Blackthom Louisville, Ky:	I	physician	CHE			250.00
01 1 18 113	Weissman, David 4200 N. Ocean Blid 8-C Ft. Lauderdale, FL 32308	I	Redired	CHE			/06.00
01, ,13	Soufrine, Harvey! Shella	14	Retired	CHE			36.00
15	Asantewaa, Ammu 8967 Sumrisé Lakes blu 4201 Sumrisé, El 32322)I	Rotived	OHE	•		5:00
01,18,13	Elfmun, Steven? Barbara 13160 NW 1775t	I	Lawyer	CHE 9	OF SUMRISE		250.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	V. 1.	And 1		
(1) Name	Yom tov	Assidon	(2) I.D. Number	

(3) Cover Period	10/0/1/2	throu	gh <i>0 1</i>	18 1 13	(4) Page	3	of <u>3</u>
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address &	1	ontributor	Contribution	In-kind	A	
Number	City, State, Zip Code	туре	Occupation	Туре	Description	Amendment	Amount
01.10.12	Langendorf, Marvin 10133 NW ZYTTP 1 # 196						
0111811)	10 102 11 11 SITE 01	+	No bir cad	CHÉ			10000
	10133 NW 29 P	4	retivea				100.00
17	# 170	İ			·		
•	Sunrise, FL 33372	<u> </u>			·		
	Block, Marvin						
01/18/13	102 - 261 2111						
	10315 NW 24th pl	I	peticed.	CHE			50.00
							30.00
	SunsE, FL 33322						
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	To 1/kin skell		Rotived	CHE			100.00
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name $9m910 V_{101}$	HSETADYI	(2) I.D. Number
(3) Cover Period (0 6	11. through 01 1 1/1/2	(A) Page 1 -5 3

(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
11/19/12	Paypal 2211 N First St. San Jose, CA 95731	Processing Fee	MON		14.80
11 /29/18	Paypal 2211 N FISS+ S+ San Jose, CA 75/31	Processing Fee	MoN		14.80
12/04/12	Remix T-Shirt Co. 559 Saugrass Corp. Pluy Surise FL 33305	Setup	moN		45.00
12/18/12 4	Paypal 2211 N First St. San Jose, CA 95131	Processing Fee	MON		14.80
12/07/12	TJ Maxx 12801 w surise Blvd. Surise, FL 33823	siniats.	mon		55.08
12/10/12	Remix 559 sawgrass (app Pkwy Sunrise, FL 33325	Embroidery	MON		49.35
12/24/12	Einstein Bros Bager 989 N. Nob Hill Rd. Plantation FL 33324	Campaign Merting	MON		13.10
12/30/12	Paypal 2011 Non First St. San Jose, CA 95131	Processing Fee	Eaurise Tinoivar	1 1	1.14.80

CITY CLERK'
CITY OF SUNPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

	A . \ I .	
(1) Manual 5 50 MATON A. 1, 1	ASSIDEN	(2) I.D. Number

(3) Cover Period 10 / 0 1 / 12 through 0 1 / 18 / 13	(4) Page 2 of <u> </u>
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(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
9	Chase 12590 W. Sunse Blod Sunse FL 33323	cnecks	MON		200
01 /07/13	tinstein Bro Bagel 989 N. Mobiltill Rd. Plantation Fl 33324	Campaign Meeting	Mor		13.20
12/24/12	Speedy Print 570 N. State Road Ft. Landerdove, FL33319	Printing 4 Postage	Mon		1, 121.51
12/05/12	Panara bread Co. 13815 W Sunix Bivd. Sunvix FL 33323	Campaign Meeting	moN		8.95
01/09/13	Bash Catering 8067 W DaNkand Park Blue Survise PL 33351	Campaign Muehny	MON		25.99
01/09/13	City of Sunrise 10770 W. Oakland He Sunrise FL 33351	Quality na fee	MON		£752,56
i /11/13 15	Office Depot 17751 W Surisc Blud. Survise, PL 53323	Supplies à Printing	MON		94.88
1/12/13 16.	Paypal 2211 N First St. San Jox, (A 95131	Processing Fee	MoN		14.80

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CITY CLERK' CITY OF SUNRISE

(3) Cover Period 10 / 01 / 12 through 01 / 18 / 13 (4) Page

(5) Dote	(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
<i>i /n/1</i> 3	Pay Pal 2211 N First St San Jose, CA 95131	Processing Fee	MON		7.55
01/1 5 /13 18	Office Depot 12751 W sunise Blvd. Sunix H33323	Printing	MON		93.32
01 /15/13	Good Guys Signs. 1400 E Hitisborough Ave Tampa, Fl 33604	Signs	MON		1722.05
01 /17/13 20	Good Guys signes 1400 E Hillsborough Ave Tampa, FL 33604	Shipping Fee	MON		39.72
01/17/13	Marshalls 12807 W Sunrise Blvd Sunrise F1 33323	Shirt	MON		B:77
01/8/13	The Home Depot 12525 W. Enrive Blvd. Sunse FL 33723	lumber	MoN		47.50
01/18/13	Gilberto Pravada 1377 Jackson Bluffred. #105 Tallahuisee FL 33364	Graphic Pesign	MoN		92.00
//					

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

12 NOV -9 AM 11: 29

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)	3. Address (include post office box or street, city, state, zip				
Yomtov Assiden	Sun RISE, FL 33925				
4. Telephone 5. E-mail address					
(954) 6550494	SUNRISE, FU 39925				
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if				
Commissioner Group C	applicable: My intent is to run as a Write-In candidate.				
8. If a candidate for a <u>partisan</u> office, check block and fi	Il 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 AVINAM ASSIDON					
11. Mailing Address	12. Telephone				
13324 NW 10th 87	(984) 6550494				
13. City 14. County 15. St Sunvite Broward F	tate 16. Zip Code 17. E-mail address 3337 Affidon (4) 9 Mail, com				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank	20. Address 17-590 W Sunrise Blvd 23. State 24. Zip Code FLORIDA 33323				
21. City 22. County	23. State 24. Zip Code				
Sunrist BROWARD) FLORIDA 33323				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	IE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26. Signature of Candidate				
1 /09/12	X // 4551001/				
27. /Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)				
1, ASSIDON 1/191	, do hereby accept the appointment				
(Please Print or Type Name)					
designated above as: Campaign Treasure	Pr Deputy Treasurer.				
X					
Date	Signature of Campaign Treasurer or Deputy Treasurer				

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF SUNRISE

l,	Yomtor	A551000			
candidate for th	ne office of		nel	Group C	
have been prov	vided access to re	ead and understa	and the r	equirements of	:
Chapter 106, FI	lorida Statutes.				

Signature of Candidate

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).

CITY CLERK'
CITY OF SUNRISE

13 JAN -7 PM 12: 16



NOTICE OF CANDIDACY AND AFFIDAVIT

1, You tou Assider i do hereby affirm that I am a
candidate for the office of Commissionel Ground, 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.
1450190
173310
Signature
Date
STATE OF FLORIDA
COUNTY OF BROWARD
CITY OF SUNRISE
The foregoing instrument was sworn to (or affirmed) and subscribed before me thisday.
of January 2013 by Youtou Assidon.
NOTARY PUBLIC STATE OF FLORIDA Felicia Bravo
Commission #DD848366 , Notary Public
BONDED THRU ATLANTIC BONDING CO., INC.
(seal)
1
Personally Known OR 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 -7 PM 12: 16

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

	DATH OF CANDID (Section 99.021, Florida Sta		
I, You for Viv	ON THE BALLOT *- NAME N	-	THE END OF QUALIFYING)
am a candidate for the nonpartisan office of	Commission	MEV (affice)	(district #)
(circuit #) ,; I am a	qualified elector of	Broward	County, Florida;
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have Section 99.012, Florida Statutes; and I will s State of Florida.	office in the state, the resigned from any office upport the Constitution	e term of which office e from which I am requ of the United States a	or any part thereof runs lired to resign pursuant to and the Constitution of the
Signature of Candidate	(991 4396 69 Telephone Number	/ Compaign	A Hect Vivi Asside
13824 NW 10 TH ST S	unri36	FL	39323
Address City		State	ZIP Code

Candidate's Florida Voter Registration Number	er (located on your voter	information card): 101	623827
* Please print name phonetically on the line b with disabilities (see instructions on page 2 of	elow as you wish it to b		
* Please print name phonetically on the line b with disabilities (see instructions on page 2 of	elow as you wish it to to this form):	e pronounced on the a	
* Please print name phonetically on the line b with disabilities (see instructions on page 2 of	elow as you wish it to to this form):	e pronounced on the a	udio ballot for persons
* Please print name phonetically on the line be with disabilities (see instructions on page 2 of the second	elow as you wish it to be this form): $VEE-V$ ore me this 7^{+4}	e pronounced on the all	udio ballot for persons SEE - DON
* Please print name phonetically on the line be with disabilities (see instructions on page 2 of STATE OF FLORIDA COUNTY OF Boward Sworn to (or affirmed) and subscribed before NOTAR	elow as you wish it to be this form): VEE-V ore me this 7 ⁺⁴ or PUBLIC STATE OF FLORID	e pronounced on the are	SEC - DON
* Please print name phonetically on the line be with disabilities (see instructions on page 2 of STATE OF FLORIDA COUNTY OF Boward Sworn to (or affirmed) and subscribed before NOTAR	elow as you wish it to be this form): VEE-V ore me this 7 ⁺⁴ or PUBLIC STATE OF FLORID	e pronounced on the are	udio ballot for persons SEE - DON

FORM 1	STATE	MENT OF	र	2012
Please print or type your name, mailing address, agency name, and position below		L INTER	ESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD ASSIGN YOU MAILING ADDRESS:	LE NAME : M tov			
824 NW 13044	TERRACE			'ಪ
Sun Ri Sé	ZIP: COUNTY:			JAN CITY OF
NAME OF AGENCY :		ROWARD	-	TY OLOF SI OF SI
NAME OF OFFICE OR POSITION HE	I D OR SOUGHT			PH 12:
Commission Gi	roup C			<u>o</u> m
You are not limited to the space on the li	OR NEW EMPLOYEE O			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER	EASE STATE BELOW WHETHER 112 OR	THE PRECEDING TAX THIS STATEMENT IS SIFY TAX YEAR IF OTH ORTING THRESHOLD HRESHOLDS, WHICH	X YEAR, WHET S FOR THE PRE HER THAN THE OS THAT ARE A	HER BASED ON A CALENDAR ECEDING TAX YEAR ENDING
COMPARATIVE (P	ERCENTAGE) THRESHOLDS	or 🗆		UE THRESHOLDS
· · ·	NCOME [Major sources of income port, you must write "none" or "n		- See instruction	5]
NAME OF SOURCE OF INCOME	A	SOURCE'S ADDRESS	0	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Galvi Inc.	2900 W Sample	Kd. Pompano	Beh	Refail
PART B SECONDARY SOURCES [Major customers, clients, a	OF INCOME and other sources of income to busi port, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	inesses owned by the re ADDF OF SO	RESS	See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none		3.00		NOTIVITY OF GOOKIGE
PART C REAL PROPERTY [Land, (If you have nothing to rep	buildings owned by the reporting pe		wh for of	LING INSTRUCTIONS for seen and where to file this rm are located at the bottom page 2.
				e this form and how to fill it t begin on page 3.

PART D — INTANGIBLE PERSOI (If you have nothing t	NAL PROPERTY [Stock to report, you must wr			etc See instructions]		
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stocks		Charles	Charles Schwab Investments			
		. ,				
					•	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must 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, you must write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3						
NAME OF BUSINESS ENTITY	Balvi Inc				ci.	
ADDRESS OF BUSINESS ENTITY	2900 W Same	ole Rd			5 E	
PRINCIPAL BUSINESS ACTIVITY	Retail !				- 10 P	
POSITION HELD WITH ENTITY	Owner / Pre	sident				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					No. 20 St.	
NATURE OF MY OWNERSHIP INTEREST	or star		petters. Tigh		5	
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required):						
1A-55100				1/7/13		
EIL INC INCUDIOTIONS						

<u>FILING INSTRUCTIONS:</u>

WHAT TO FILE:

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

If you have nothing to report in a particular section, 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.

WHERE TO FILE:

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

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

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

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.

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 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 <u>not</u> 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 -7 PM |2: | 6



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

// 7//3 Date CITY CLERK' CITY OF SUNRISE

13 JAN -7 PM 12: 16



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

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.
- 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.
- 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.
- 6. 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.
- 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 an opponent's credibility.
- 10. I will not use or permit the use of campaign material that falsifies distorts or microprosents facts

The time to the or permit the use of campaign material that laist	mes, distorts, or misrepresents facts.
Executed on this day 7 of January	<u> 2013</u>
WITNESSES:	BY CANDIDATE!
Avij Assidon	ASSIVON
Just San	Yomtor Assidon &
	(Print Name)
STATE OF FLORIDA)	Z ~ <u>S</u>
) SS.	· 의 위
COUNTY OF Braward	P SÈ
COUNTY OF DEDWARD)	7th day of January
The foregoing instrument was acknowledged before me this	7th day of January ?
2013 by You tou Assidon	who is personally known to me or who has produced
as identificatio	on and who did/did not take an oath.
WITNESS my hand and official seal, this	January, 20B.
(NOTARY SEAL)	(Name of affices taking allowed at a second
, o a separation of the separa	typed, printed, or stamped
My commission expires:	UBLIC-STATE OF FLORIDA
3 4 4 4	Felicia Brayo
The second secon	Expires: FER 11 2012
as identification WITNESS my hand and official seal, this 7th day of (NOTARY SEAL) (Signature of person saling schowlegment) My commission expires:	who is personally known to me or who has produced on and who did/did not take an oath. Java a

BONDED THRU ATLANTIC BONDING CO., INC.

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

DS-DE 9 (Rev. 10/10)

CITY OF SUNRISE

12 NOV -9 AM 11: 29

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

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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) Yom tov 5. E-mail address (954) 655049 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Commissioner Group C 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 HVIram 11. Mailing Address 12. Telephone 13. Citv 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository 19. Name of Bank 20. Address 21. City 22. County 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 26. Signature of Candidate 551001 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment designated above as: Deputy Treasure N) Campaign Treasurer Date Signature of Campaign Treasurer or Deputy Treasurer