SEE REVERSE FOR INSTRUCTIONS

DS-DE 12 (Rev. 11/13)

(1) Name YOM FOU MUI POST DOWN (2) I.D. Number 17 JAN 20 AM 9: 10

(3) Cover Period 11 / 4 / (6) through / / (4) Page 1 of 3

(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)
11/4/14.	PUBILX 10155 WOOKland PK Bld Sunnse FL 33351	campaign supplies	MON		24.32
11/8/14	publix 12560 W Sunrix Blud. Sunrix FL 33323	campaign supplies	mon.		132.73.
11/8/16	Public 12500 w surrese Blad. Smrsc FL 33323.	campaign supplies	Mon		2.11
11/7/14	Armores Printing 5922 Lee St. Hollywood FL 33021	Tshin	NOV		132.50
11/7/14	Peart Lyan, Sybol.	campaign Staff.	Mon.		460.00
11/14	05+10 1890 S. Ummusiyor. Pane FL 33324	campaign supplies	mon		151.73
11/8/14	Shell 251 NW 136th Ave. Sunsc FL 33325	campaign gassupphes	mon		32.49
11/10/14	Pearlyon, sybil	Campaign staff	WOU		120.00.

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES JAN 20 AM 9: 10

(3) Cover Period 11 / 1 / 1 (4) Page 2 of 3

(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)
11/11/14	WSTSICLE 11524 W State Red 84 Down & FL 33325	mailing four ! Campaign	wen		6.85.
11/24/14	Ivory, Kenneth	campaign Staff	non		80.W
11/17/16	Assidon, Venter say NW 130+n terrace. Smrse Fl 33325	Keturned Campaign 1097	Mon		20,000.W
11/6/10	thuston, Raymond	campengn Statf	MON		335.W.
11/5/14	Thurston, Raymond.	campaign staff	mon		40.00
11/7/14	Pollo Pipico 5011 S. State Rd 7. Dane PL 33314	campaign toud supplies	MON		307.40
11/6/16	Atm servee charge	arme serve charge	mon		1.50
12/07/14.	Assiden, Yemter By NW 130m Krace Sunrisc FL 33325	leturn of 100 mmo campaign	wen.		261.45.

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name YOUNTON VIVI ASIDER: (2) LD. Number 17 JAN 20 AM 9: 10

(3) Cover Period 14 / 1 / 1/2 through / / (4) Page 3 of 3.

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
11/29/14	ASSIDEN, Avi FOYNWI30thter Sunse FL 33305	campaign	MON.		131.71
18	Trany, Honneth	campaign staff	mon.		50,091
11/4/14	Thuston, Raymond	campayn Naff	non		160.00
20	Labrente, Rodenck	campaign Statt	mon		60.00
//					
//					
//					
11					

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Name VIVI Assidm	OFFICE USE ONLY
(2) Soy NW 130th terracl	
Address (number and street)	(b)
SWASC FL 33335.	A
City, State, Zip Code	F - '
Check here if address has changed	(3) ID Number:
Political Committee (PC)	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 Cover Period: From \(\sqrt{1} \) \(\rapprox \) \(\lambda \) To	Identifiers 11 1 3 1 16 Report Type: 67
	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$	Monetary Expenditures \$, 2,898.65
Loans \$	Transfers to Office Account \$, , O · OO
Total Monetary \$, 2,890 \ \(\omega\)	Total Monetary \$, _2 , 898 - 65
In-Kind \$	
	(8) Other Distributions
	Ψ
(9) TOTAL Monetary Contributions To Date \$, 491.82.	\$, 21,549.56.
	tification son to falsify a public record (ss. 839.13, F.S.)
	1 A se clos
(Type name) / GE ASSICCE Deputy Treasurer or electioneering comm.)	(Type name) Y W TO V I V I FTS I CO 1 Candidate
x/	x /HSS1209n/
Signature	Signature

(1) Name Yourton Vivi Assidum (2) I.D. Number

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C	(8)	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
11,1,16	Dumar Hilswith, Layston, voght Adair 11775 E 3rd Ave. Pt Landerdale FL 33316	В.	Attorney.	CHE	2		750.00
2	David # Sarvestani POBOX 82: T292 Pembroke Pires, FL 33082.	I	resident	CHE	ν.		40.00
3	realtus Politica! Advocacy (ammittee 7005 Augusta Natonal Drie Orlando FL 33822	P	feathers.	CHE	Ν.		1,000.00
4	Grande Constituty Vinnic Grande. POBOX 246076 Pembroke Ares PL 3300	8.	consulting Arm.	CHE.	N .		250.0
5	MBA Development. Partners LLC. 433 Plaza Feal sunte. 275. Bucu Ratun FL 3382	В.	Bushess	CHE	Ν.		750.00
6	Patricia L. Quaybes 4106 Oxbow Dr. coconst creek, fil 33073		president cfa. business.	CHE	N.		100.00
1 1							16 NOV -4
1 1							4 AM :: 45

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES NOV -4 AM 11: 45

(3) Cover Period 10 1 37 10 through 11 31 10. (4) Page of 3.

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9)	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
10/25/16	US PISTAL SERVICE-SUMBE 3225 N Hatus Kd For Landwoodle Fly3345	railing serias.	MM		12.45
2	Office Depot 12550 W JUNNER Blid SUNNE FL 38323	campaign	War		77.16.
11/3/14	Speedy print 5270 N State Kd7. Pt Landerday FL 33319	printing	mon		636.00
10/01/14	Lesters DinerIII 1393 NW 136th Ave. Sunsk FL 33373	find for campaign wres.	Wen.		35.17
10/29/14	Sums (100 Synnse Fl 33323 9518467001	campaign spplies	mm.		27.06
10/29/14 4	Scuotto's Pitta 3455 N Hiarus Rel. Sunta FL 33751	for volumes	Man		28.46.
10/27/16	Publick 10155 west cakland Pt. Olvd. Sunvae FL 3357	food applies for campaign where.	MM		4.06
10/29/14	Publix 12500 W Sunse Blud. Summer Fl 33323	Add sypties for campaign valuateers.	man.		18.09.

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(2) LD. Number
(3) Cover Period 10 131 (a through 11 13 1 (a through 2) (4) Page 2 (4)

(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
91/86/10	PUDIX 10155 W Datand Perk Dld SUNNE FL 33357	Bod sypplies for campaign wilentees.	Mon		27.60
11/01/16	Publix 10155 w. balkland Pork Brid.	food sapple) for campaign cursers.	wen		24.W.
10/26/16	uebflow com	campain	Now		20.00.
10/31/16	Speedy Annt 5270 N Houte Rd 7. For Landerdall Fl 33819	caupaign	mm.		318.00.
10/03/14	Sybill Peart-Lyon	campaign State	mon		430.00
11/1/14	Kenneth Ivory.	Campaign Deff	MOIN		160.00
11/2/14	maurice wettby.	campaign	MOM		100.00
11/1/6	Kenneth Ivory	camppign Staff		08 -t A	N 9150.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Vivi HSS Idon.	(2) I.D. Number
(3) Cover Period (0/22/16 through [1/3/16]	(4) Page 3 of 3.

(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
14/2/10	Ray mond Thurston	campaign solver	MON		160.00
10/28/14	Kay mond Thuston.	campaign Haff	MICH		160.00
11/3/14	Kenneth Ivary	campign Shaff	AMON		160.00.
10 pg/16 20.	ATM sence charge	service charge.	MW		1.50
(0/30/14 21	Chevron. Ft Landerdall FL.	gas to campaign.	mod.		20.00
10/2/16	Speedy print. 5270 N State Rd 7 Ft Landerdale 33319	campaign	mm		263.94.
10/23/16	Good Guys Signs. 1032 Ethilistorough Ave. Tampa, FL 33604.	campaign signs/ printing	MW.		134.52.
//					06 90 Y

CITY CLERK

CAMPAIGN TREASURE	R'S REPORT SUMMARY
Political Committee (PC)	(3) ID Number: (3) ID Number: (4) 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
	Idlentifiers 1 / / 3 / (Report Type: G7.
(6) Contributions This Report Cash & Checks \$, 2 , 890 - 50 Loans \$, 6 - 60 Total Monetary \$, 25 , 890 - 60 In-Kind \$, 6 - 60	(7) Expenditures This Report Monetary Expenditures \$,,
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,
	tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) MADV VIII ASSIDEN [Candidate Chairperson (only for PC and PTY)]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) LD. Number					
(3) Cover Period	d ((), 20,14 through 11	13,14	4) Page	of	1
(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)
11/3/16	williams, chadnex	campaign staff	mon	ADD.	80.08
//					
//					
//					
//				-	•
//					
11					
11					

CAMPAIGN TREASURE	R'S REPORT SUMMARY		
Name (2) Say www i30th toracl Address (number and street) Small Fl 33335 City, State, Zip Code	OFFICE USE ONLY 16 OCT 27 AM		
Check here if address has changed (3) ID Number: Check appropriate box(es): Candidate Office Sought: Sun & Card (MM) Stare Grap A 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			
Cover Period: From 10 / 8 / 10 To	t Identifiers (U I on I I (
(6) Contributions This Report Cash & Checks \$,, 300. 60	(7) Expenditures This Report Monetary Expenditures \$, ic, 271.64		
Loans \$,	Transfers to Office Account \$, , U . CO Total Monetary \$, 10 , 211 · 69		
In-Kind \$	(8) Other Distributions		
(9) TOTAL Monetary Contributions To Date \$, 41, 601.82	(10) TOTAL Monetary Expenditures To Date \$		
	rtification son to falsify a public record (ss. 839.13, F.S.) rrect, and complete: (Type name) / W / M / M / M / M / M / M / M / M / M		

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name /Mto VIVI ASSIGO	(2) LD. Number
(3) Cover Period 10 18 1 10 through 10121116.	(4) Page of

(5) Date	(7) Fulf 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	
10/10/16	Fedex offile 3396 N University Br. Sinnise, FL 33357.	copying	Mun		8.59.	
10/14/16	Home Depot 12525 w Sunrise Blud Sunrise FL 33323	campaign supplies	MM		38.22	
10/17/16	office Depot 12550 W sinnse Blud. Sinner, FL 33323	campaign supplies	mm.		7.94.	
10/11/16	Home Depot 2901 N University Dr. Sunnse FL 33322	campaign supplies	min		30.81	
10/80/16	LandStide Victory. 934NUNIVERSITY Dr. #135 Coral Springs, FL 33071	rampaign interative/ Ayers	MM		9544.00	
6	National Campaign Rejure 934 Numbersty invertion Cival Springs FL 33071.	campaign	MDN		343.13	
10/10/16	Call Fire Inc. 871.891.FIRE	campaign prone cails	mm		299.00	
11					16 OCT 27	
			====	PIRNU	LY OF S	

(1) Name	emtor MJ. As	sidon		(2) LD. Number		
(3) Cover Period	1018110	through (U)	211	(6 (4) Page	1	of (
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribu Type	(10) tion tn-kind	(11)	(12)
10,13,16	Republic Senices of Flunda UP stell wistern way Tucksonville FL 30376	B. Sernes				300.W
1 1						0
1 1						16 OCT 27 AM 9: 17
1 1	·					7 AN 9: 17
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1 1						
1 1						
1 1						
DS-DE 13 (Rev. 08/0	2)	SEE DEVERSE FOR	NETRICT	TIONS AND CODE VAL	IIES	

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Your Old No. (2) LD. Number									
_	d 10/8/14 through 10		I) Page	of					
(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				
10/13/14 8	Good ENS Signs (032 E Hillbarryh AV e Tampa FL 33604	campaign Signs.	MON	ADD	254.47.				
10/14/14.	bonnard Cunty Counsil of Proflessional Firefighters 72 NW yorn Ave.	campaign sponser	Mon	ADD.	100.00.				
/ /									
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/ /				,					
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//									
//									

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS CLERK
CAMPAIGN TREASURE	
(1) YOM TOV VIVI ASSIDON Name (2) 824 NW 130 TERRACE	of Hollist 9 npg 1:20
Address (number and street) SUNRISE FC 33325 City, State, Zip Code	
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es): Candidate (office sought): SkNRISE Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	COMMISSION GROUP A CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
	10 1 7 1/6 Report Type 64
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 1,425,00	Monetary Expenditures \$ 2,3/3. 82
Loans \$ 0.00 Total Monetary \$ 0.00	Transfers to Office Account \$
In-Kind \$ 0.00	Monetary \$ 000
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ 41, 301. 82	(10) TOTAL Monetary Expenditures To Date \$ 8,379,22
	IFICATION
It is a first degree misdemeanor for any person licertify 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) VOM TOV VM ASSIDO Individual (only for Treasurer Deputy Treasurer electioneering commun)	(Type name) VOM TOV VIVI ASSI DQ/ Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
Signature	Signature

CITY CLERK CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name 100 100 113 PM 1: 20

(3) Cover Period 9 / 1 / 1 4 through 10 / 7 / 14 (4) Page 1 of 2.

(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
9/9/16	Sams club 1355 w sunreablud. Sunrise FL 33323	campaign suppries	Mon		17.09
9/9/16	Home Depot 12525 W sunse Blud. Sunrise FL 33223	campaign Spoplies	mon		140.78
9/9/14	Home Depot 12525 W Sinner Blud. Sunner PL 33323	campaign	mor		8.98
9/8/16	Good Guys Signs 1032 E. Hillsbarough Ave Tampa PL 33604	campaign Jigns	mon		835.15
9/14/14	FEDEX 13715 W SUNDEBIND SUNDE FL 33323	printing	man		36.95
9/19/14	office bepot 12550 w sunnie Blud synnx FU 33303	iprinting, copying supplies	MON.		74.19.
9/24/46.	office Depot 12550 W sunthe Olad Sunta FL 33323	campaign Spplies	MN.		65.71
9/25/14	Home Depot 12525 wown to Blid. SUNCIDEFE 33723	campaign Spplies	mon.		21.57

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Yumto Vivi Assidur	(2) LD. Number
(3) Cover Period 9 / 1 / 14 through 10 / 7 (4	(4) Page 2 of 2.

(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
9/21/16	Home Depot 29 DIN Whiversity Drive SUMMSC FL 33322	campaign supplies	mm		10.70
9/28/14	Arourks printing 5922 Lee Jt. His llywood #133021	proting	mon		132.50
9/27/16	(alitoria	nebsite	mon		DO.00
10/3/16	33319	PRINTING DOOR HANGE	MON		5500
10/6/16	SPERTUY PRINT SIN NO STATE DON FORT Canderdal. FC 33319	PAINTING PAINTING PAINTING	er MON		400 00
//					O
//					ITY OF SU
//					PM 1: 20

(5)	(7)		(8)	(9)	(10)	(11)	(12)	٦
Date	Full Name		(0)	(5)	(.0)	,	(12)	
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	l c	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amgunt_	
1 1	MITCHELL CEASA	/L			CHO		10000	>
İ	PLANTATION FL PLANTATION FL				CHE	N	100	
9,26,16	VISION MEDIA	1	ONER		CHE	N	250	
7	FLOAD SUNDSE				——————————————————————————————————————			
9,29,16	THAPPIERS HAMILTON 9352 NUMBTHG	I	Retired.		CHE	1/	750	3
3	ShNR15E37351				0110	70	/ /	
9,29,16	FRESTORUMINE LEC	B	MASINS		CHE	N	500	se
9,29,16	ROAD SUNIVISIE FL 33351 TRRAS WORLD Really SURVICE FACE N WOB HILL 5359 N WOB HILL 54545FL 335	B	ONEN BUSIN	PS.	CHE	N	500 "	e e
1 1	3 WARTS1:1 ~ 3)3	Y	1 h	ex 114/16			16 OCT	
/ 1							TI3 PH I:	V CLERK
DS-DE 13 (Rev. 11/	(13)	SEE RI	EVERSE FOR	INSTRUCTIONS	S AND CODE VA	LUES	RIS 1: 20	*

<u> </u>
R'S REPORT SUMMARY
OFFICE USE ONLY NO. 21
(3) ID Number:
☐ 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
t Identifiers
2 / 3/ /6 Report Type: 48
(7) Expenditures This Report
Monetary Expenditures \$,, 180. @ 0
Transfers to Office Account \$,
Total Monetary \$
(8) Other Distributions
(10) TOTAL Monetary Expenditures To Date
rtification son to falsify a public record (ss. 839.13, F.S.)
(Type name) / M (N) / VI ASSI dov) Grandidate

(1) Name Yamton Vin Assidon (2) I.D. Number							
·	8/1/16			31,16	_ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10)	(11)	(12)
Sequence Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amourit
8,3,14	LO dge 80 POBOX 4 TO 086 SUMME FL 33345		LNION.	CHE	N		560.00
1	Goldfinger 3801 N. unvestry Drie suite (8)				Ν		250.00
	Broward Collisional 3685 W Oakland Par Bld Landerdall Lates, FL 3331			*CHE	Ν		25,000
	westury towing In 3681 west cakland pk 5 hd. Landerdale Lates, Ft		Towns	CHE	Ν		250.00
8,29,16.	PBA. 2050 W. State RdS Ff Lowdendolle, FC 33712.	1.6	Police Benevalent Association	CHE	Ν.		250.00
1 1			10/	W 14/16			16 SEP-7
1 1			1 4/				SUNRISE 7 AM 10: 22

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	1) Name YWYDV VV 1351 CW (2) I.D. Number									
(3) Cover Perio	d 8 / 1 / (4 through 8 /	31/14 (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)					
8/15/14	CUD 13150 NW 11th St SMAKE PL 33321	campaign advertisement	mon		160.00					
2	calitornia 415-94 40555	cubs He	mm		20.W					
//										
/ /										
//										
//										
_//										
//										

CAMPAIGN TREASURE	R'S REPORT SUMMARY
City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: 54 NVSF Political Committee (PC) Electioneering Communications Org. (ECO)	(3) ID Number: CO MMISSION GROUP A Check here if PC or ECO has disbanded
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
. ' '	Identifiers
Coyer Period: From 7 / 1 / 16 To	7 / 3/ / 6 Report Type: M >
☑ Original ☐ Amendment ☐ Specific	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,,2 <u>00</u> . <u>00</u>	Monetary Expenditures \$,, 144, 23
Loans \$,, <u>0</u> 0 . <u>0</u> 0	Transfers to Office Account \$, ,
Total Monetary \$	Total Monetary \$, , <u>144 , 23</u>
In-Kind \$	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$, 38.376.82	(10) TOTAL Monetary Expenditures To Date \$,\$, 885. 40
It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
Type name) Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) / WTOV VIV ASSIDON Candidate Chairperson (only for PC and PTY)
Signature /	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9)	(10)	(11)
Maranhan	DOCLAR TREE 870, 13790 W. STATE RDSG Davie FC 33325	candidate)	M 0√V	Amendment	11.66
7/4/16	5AM'S CC4/3 13550 W. Sunrise Blvd. Sunrise PL 3332-3.	campaign	MON		6 8.06
7 p2/16	SWARISE FC 33323	office supplies tweampaign	mon		44.51
7/27/16	WEBFLOW. COM	campaign velosite.	Men.		20.00
//					
//					16 AUG-8
//					SUNRISE AM 9: 42
//					

(1) Name	fumru Viri	2) I.D. Number					
(3) Cover Period	71/136	throu	gh _7_/	3/1_	(4) Page		of _/_
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7 126 1/6	ADAM THE 11335 NW18 CT PLANTATION FC 33323	7		CAS	N		50 63
	AMSTIN TAC 11335Nh 18C1 PLANTION FULL 33323	I		cAS	Ν		500
7,26,16	ETHAN TAL 11335 AW 18CT PLANTAGONEC 233522	I		CAS	N		500
7,26,16	ERUZ TAL 11335 NA 17 CI PLANTATION FO 33323	Î	Business owner.	CAS	N		50"
1 1							01T
1 1						1	CITY CLERK
1 1							LERK UNRISE

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURE	R'S REPORT SUMMARY
Name (3) ID Number: 28	
Cover Period: From 6 / / / /6 To	Identifiers 6 / 30 / /6 Report Type: 1/6 Report Type: 1/4 6
(6) Contributions This Report Cash & Checks \$,, 00.00	(7) Expenditures This Report Monetary Expenditures \$, 2,048.31
Loans \$, 00 . 00 Total Monetary \$, 00 . 00	Transfers to Office Account \$, 0.00.00 Total Monetary \$, 3,648.31
In-Kind \$, <u>OU</u> . <u>OU</u>	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date
	tification con to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type_name) / / / / / / / / / / / / / / / / / / /

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name 10 M TOV 1111 ASSIDON	(2) I.D. Number
(3) Cover Period 6 1 1 1 16 through 6 1 30 1 16	(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)	
6/3/16	Speedy Print 7270N, ST. Pd7 Ft Landerdake FL 33319	Printing	WON		14310	
6/28/16 2	CITY of Synnise 10770 W Darland Pare DIVd. SWMSE FL 33351	Qualifying fee for campaign	Wow		2,870.04	
\$ 126/16	Godaddy.com	campaign vebsite	MON		f 15.17	
6/27/14	WEBFLOW.com	campaign ubsite	Mon.		20.00	
//						
//					16 JUL I	
//					SUNRISE I AM 9: 28	
//						

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Vo M TOV VIVI A SSIDO Name (2) RJ4 N W 130 + H TERACE Address (number and street) S4 NRISE FC 333 J City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: S4 NRISE Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	3) ID Number:
Cover Period: From 5 / 1 / 16 To	Identifiers 5 / 3/ / // Report Type: 45 ecial Election Report
(6) Contributions This Report Cash & Checks \$,, 50 . 00	(7) Expenditures This Report Monetary Expenditures \$,,
Loans \$, <u>10</u> , <u>00</u> , <u>00</u> Total Monetary \$, <u>00</u> , <u>00</u>	Transfers to Office Account \$, , , Total Monetary \$, , , , , , , , , , , , , , , , , ,
In-Kind \$, <u>DU</u> , <u>(90</u> . <u>00</u>	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$38_, 176. 21	(10) TOTAL Monetary Expenditures To Date \$,
	tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) // // // // // // // // // // // // //

/	5 1 1 16						of /
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C	(8) ontributor Occupation	(9) Contribution	(10) In-kind Description	(11)	(12)
5,18,16	THADDENS HAMILTONIH 9352 NW46 ET SUMUSFEC 335	I	Retiral	CHE			500
5,26,16	YOM-70V. ASSIDON 824 Nh 130 TEL SUN RISIS FC. 33525	5	1345W18 Ouser	LOA			10,000=
1 1							
1 1						16	CITO
1 1						UN-7 PM 12:08	ITY CLERK
1 1						08	×
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name __ (3) Cover Period 5 / 1 / 16 through 5 / 3/ 1/6 (4) Page _ (7) (10) (11) (5)**Date Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type Amount candidate) Amendment City, State, Zip Code Number 5/12/16 GSDC G800 SUNSET STRIP SPONSOR I SUNDISE FOU 5/18/16 POBOX 450666 ADVERTISMENT MON. 34NRISEFL

CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1) YOM TOV VIVI ASSIDON Name (2) 824 NW 130 ** Temas Address (number and street) SWRISE FL 33325 City, State, Zip Code	el Mil
 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) 	(3) ID Number: CITY COMMISSIONER GROUP A 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
Cover Period: From 4/1/1/16 To	t Identifiers Decial Election Report Decial Election Report
Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$
Sound Sand Sand Sand Sand Sand Sand Sand Sa	Transfers to Office Account \$, Total Monetary \$,, 127 . 20
n-Kind \$	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$\(\frac{18}{126} \frac{128}{82} \frac{126}{82} \frac	(10) TOTAL Monetary Expenditures To Date
	rtification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type_name)
X	X Signature

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) YOM TOV VIVI ASSIDON Name (2) 824 NW 130 TEMAN Address (number and street) SWRISE FL 33325 City, State, Zip Code	-9 AM
Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: 5 WRISE Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: CITY COMMISSION GROUP A 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
Cover Period: From 4/1/1/16 To	t Identifiers 4 1 30 1 16 Report Type: 44 ecial Election Report
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$
Loans \$	Transfers to Office Account \$, , Total Monetary \$, , , , , , , , , , , , , , , , , ,
111-Kild	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$, \(\frac{1}{2} \frac{2}{3} \]. \(\frac{1}{2} \frac{2}{3} \]	(10) TOTAL Monetary Expenditures To Date \$, 2, 502 86
	rtification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type_name)

(1) Name	VOL	4 TOV	VIVI	A55120V	(2)	I.D. Number		
(3) Cover P	eriod	41	1 1 16	through 4	30116	(4) Page	 of	/

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	С	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
4,5,16	PARK BLU SUNPISE	B	BANK	RFE			15.82
1. 5. 1/	FL 33351 GhIPANT						
4,7,16	MHNAGMENTGL	040	0	6110			100
7	PLANTAONFL333	B	Bastin	CHE			150,0
4,18,16	Samuel & COMPANYLLO 3301NE ISTAN	B	134 51400	CHE			Food
3	3301NE 151AV	2	OW STAND	CHE			500,9
4,18,16	JOSEPHLD'ALISH	TET	Dation	CHE			~
4	DR NO 501 FORT CHABERON	e I	Karra	ONF			56,0
4,18,16	JOSEFINA B	Ī	Residen	t CHF			2500
3	10701 NW 26 ST. SUNNUSEFL 333.			71,7			n u
1 1							0
							TY O
							-9 S
. ,							ANIO:
							24

(1) Name $\sqrt{0M}$ $70V$ $V/V/$ $ASSIPON$. (2) I.D. Number						
/	d 4 1 1 1/6 through 4/		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)	
4/20/16	ARTWORKS PRINTING 5922 Lee STREET. HOLYWOOD FL 33021	CIMPAIGN T. SHIRT	MON		127.20	
//						
//						
/ /						
/ /						
/ /				18 19 1	CITY OF	
//				#110. C1	OF SUNRISE	
//						

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) WM TOV VIVI AGSI FOOM Name (2) 37 4 NW 130 Tirraw Address (number and street) SWAISE CL 33325 City, State, Zip Code Check here if address has changed (3) ID Number: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) OFFICE USE ONLY OFFICE USE ONLY CHOCK HAVE COMMISSION CROWN CHOCK PROTECTION 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 3 / / / / / / / / To 3 / 3 / / / / / Report Type: 4 3 Toriginal Amendment Special Election Report				
(6) Contributions This Report Cash & Checks \$,/	(7) Expenditures This Report Monetary Expenditures \$,,			
	(8) Other Distributions \$,			
(9) TOTAL Monetary Contributions To Date \$,\(\frac{27}{2},\frac{3}{26}.\frac{90}{20}\)	\$, <u>2, 3.75</u> .66			
(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) YOMTOV VIVI ASGIDON Individual (only for IE Treasurer Or electioneering comm.) (Type name) YOMTOV VIVI ASGIDON (Type name) YOMTOV VIVI ASGIDON (Type name) Chairperson (only for PC and PTY) X Signature X Signature				

CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) Youtor Vivi Assidon Name (2) Fry NW 130th twace	OFFICE USE ONLY								
Address (number and street) Swal Fu 33397 City, State, Zip Code	APR - 7 P								
Check here if address has changed	(3) ID Number:								
(4) Check appropriate box(es): Candidate Office Sought: Swise City Commission 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								
	3 / 31 / 16 Report Type: M3								
Ongrida									
(6) Contributions This Report Cash & Checks \$, リー・ム36・50	(7) Expenditures This Report Monetary Expenditures \$,,,,								
Loans \$, <u>OU</u> , <u>OO</u> . <u>OO</u>	Transfers to Office Account \$,								
Total Monetary \$, <u>00</u> , <u>00</u>	Total Monetary \$, <u>1</u> , <u>212</u> · <u>90</u>								
In-Kind \$, 60 00	(8) Other Distributions \$, ,								
(9) TOTAL Monetary Contributions To Date \$, <u> </u>	(10) TOTAL Monetary Expenditures To Date								
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
Certify that I have examined this report and it is true, core (Type name) Ae Assidor Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) Yowto UNI ASS Idon. Candidate Chairperson (only for PC and PTY)								
Signature	Signature								

(1) Name	inter noting	Mosidon	(2)	I.D. Number	
(3) Cover Period	03/01/	(φ through	03/3/1 (4		5 of 5.

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	in-kind Description	Amendment	Amount
3122116	Sustind, Diana 20 mainstreet Floor TAPTO Leoninstr MA Leoninstr MA	エ	protessor				100.00
30	Bartov, Eli 2100 N ocean alud AP+ 1001 F+ Laudrdale FL	_	Retired	CHE			180.00
318116	Amenicana Out LLC 2720 W. Atlantic Blud. Pumpano beach FC 33069	В	Basas	·CHE			291.00
3,8,16	EdMuse Sayrass Automall 14401 W. Sunric BH Sunrise FL 82323	, B	Autumall				[00 <i>0,c</i> 0
33	Suskind, Dana 57305 12F, Novo Aug CHICAGO IL60637	I	Physiagn	EGA			⊉@ 0.00
3128114	Assiden, Yuntur. Vivi Soynu 130th terrace Sunrse FL 33305	\$	Busivess ainer	LDA			9,500.00
) / / DS DE 42 /Day 44/4				·			

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(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
3/23/14	Artworks Printing Exterprises 52,99 Least Hollywood FC 33071	campaign T-Shirts	mow	\$	\$ 5 ⁻⁸³ .00
3 /14/ 14 2	Ankin Donuts 11170 w. oaklandrak Blud Sunger FL3	FORD. FOR	PYON		13.48
3/15/16	Speedy print 1270 N Staterd 7 Pt Lavourdall FL 33019	stickers? caras	DAON		344.50
3/2/14	Gleepte TU C/O Lauder UFS Ogntal Inc. 3474 NE 12th terrale Ogkland park Fl 33334	oigtal senices	MON		Q0.67Ç
3/7/16	Payoal	Bank transfer fee	MON		4.10
3/9/16	CHK ORJUEK 1300K	BANK	MO.N		15,82
//					
//				H4 L-	19A ƏF

(1) Name	Yantor	MAN ASS	<u>ida</u>)	(2) i.i	O. Number	
(3) Cover F	Period () /	οι (φ	through	03/3/1	He.	(4) Page	of

(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
21.28.16	Schultz, Enc 1520 O St. NW APT (OU WAShington DC 2000	Ŧ	fress	CITE			100.00
2,28,14	Shankman, Diane E 13474 NW F+nct. SUNJE FC33335		RETIK	CHE			2r. 0D
2128114	Soficild, Lawrence 6601 MD 27thSt Sinnsc FL33313	I	13 4 SIA15	CHE			(0 0,00
278814 4	Effman, Steven 16. 1250 S. Pine Island SULLE 450 Plantation PC 3333		Attorney.	CHE			250.00
2,28,16	Olivo, Daninic S. 934 NW 133 AU SUNRISC 33320		ReTIR	CITE			25.00
212716	tever, Lavis C. 2955 NW 126 Ave Ap+.307 SWN36 FL3332	7	Dusinos,	CHE			100.00
2,24,16 7	Soufrine Sheila 2541 Mib Hill Rd 1AP+ 104 SUNDSE FC 33322		ROTIR	CHE	.S. Hd. √- N°	(A 01	36.00.

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Yuntu Mui Assidon (2) I.D. Number

(3) Cover Period 03 / 0) / (6) through 03 / 31 / /6. (4) Page 3 of 5

(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
212816	Cagan, Frank loss NW 168th Pembooke Pres FC 33028		FIRETYHĪR				(°D, W
7,28,14	Deferari, Jaquline 1115 m 1337 ne. 18 Snase Fl 33333	I	Resident	CHE			(50.00
2,28,16	Homes, Turnal C 400 valcslane Pompuno Beach, FL 3306		BUSINES	CHE			25.00
. [Jimentz, Jose'i Franc 4730 NW113 th ALC. SUNVYC F(38323	a T	Resident	CHE			(00.00
i I	mark, Michele 3340 pw 97th way Sunse, Fl 33357	Ŧ	Resident	CHE			100.00
13	Garder, Elayne 17075W 110mtr Davie Fl 33324	Ŧ	Resident	CHE			25.00
2,2F16 14	Schulte, Tack 48 Ely Or. Fayetteville, NY 13066	Ŧ	Retine	CHE			3170.W

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	Ymmtw	Vivi	Mssiden	_ 	(2) I.D	. Number			
(3) Cover P	eriod <u>(/-3</u> /	<u></u>	<u>(</u> ψ through	031311	14	(4) Page	2	of _	\$

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date - (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	A	
Number	City, State, Zip Code	Туре	Occupation	Type	Description	Amendment	Amount
2,28,16	Laystrom, William C			01=			2000
	117756301 Ave	1	Attorney	OHE			250.00
15	The Laudendale, FC 33316	-					
2128 116	Reinstein, Lais	+	ATTORKEY	011.=			500
16	220 NW 101 STAL	-		CHE			50.00
	Plantation FC 33324						
7 , 20 , 11	Kerch, Neilc.						
212816	8570 NW 315+C+	+	Attorney	CHE	ii		20.00
17		_	1				
	SUPTISE, FL 33351						
2128/16	Smith, E.A		a tim	· ·			
	2602 NW 103 to Apt 2001	II	Retire	CHE			25.00
18							
	Sunsc FL 33322						·
2128116	Filla, Sandra		Residu	K			25. W
l .	1 (02/11/000)	L		CHE		1	3.00
19	SURRE FL 33322						
212816	Gueits, Dand 1364 NW 126Th/M	+	Reside	/			
2-2	1364 m 12617/h	† J.		CHE			50.00
30	Sunrise FL 33323.						
0 20 11			Bhei				
2129114	16015 CW 42 ass	I	BUSINER	CHE			500,00
71	Besso Michel 16015 dwyrass corporate PARKWAY Swite		"				
	PARKWAY Switz					. 2	

DS-DE 13 (Rev. 11/13) /LO SUM SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	inno VIII AS	sida	$\overline{}$	(2)	I.D. Number		
•	03/01/10			31.1_1	<u></u> (4) Page	4- (of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
2,28,14	Schulte, SBth J. 1213Blackthum Ed Larisville, Ky 40299	I	Physician	CHE			7w.W
3,3,10 23	Storms, Jane I 10361 MU 20th Ct SUNIX FL 33372	I	Resident	CHE			100.00
2,15,16	Nub Hill Place LLC 6827 W. Commercial Blud Tamarac FL 33319		Buches	CHE			500 00
25	Rayput, Nuzhat 7865 MWII th St Plantation FC 33322		Resiffen				56.00
2128116	Cagan, Frank 122 NW 148th AU Pembroke Pire FL 33008	e I	FILLETYLA	CAS			J0.00
2128114	Soutrine, Harrey 1541 Mottilled Aprilop Sunde Fl 33322		retin	CAS			20.00
3,22,16	Nelson & mension	I	resident	CHE			50.00

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SIMPSC FL 33322

28

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

16 APR -7 PM 2: 11

CITY OF SUNRISE

CAMPAIGN TREASURE	R'S REPORT SUMMARY					
 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) 	(3) ID Number: (3) ID Number: 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 2 / 1 / 10 To	2 1 29 1 16 Report Type: M2.					
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, _00	Monetary Expenditures \$, , 730 · 46.					
Loans \$,, <u>O</u> . <u>O</u> O	Transfers to Office Account \$,,					
Total Monetary \$,,	Total Monetary \$, , 730 · 46					
In-Kind \$, <u>\alpha</u> . <u>\alpha</u>	(8) Other Distributions					
	\$,					
(9) TOTAL Monetary Contributions To Date \$, _\(\frac{1}{2}\), \(\frac{750}{2}\). \(\frac{00}{2}\)	(10) TOTAL Monetary Expenditures To Date \$,					
	tification on to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, corr						
(Type name) \(\ae\) \(\As\) \(\ae\)	(Type name) You Viv (ASSICION Chairperson (only for PC and PTY)					
X Signature	x / 155 D on Signature					

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

(1) Name	MOU VIVI ASSIDIAN		2) I.D. Number		
(3) Cover Period	$\frac{1}{2}$ / $\frac{1}{1}$ / $\frac{1}{9}$ through $\frac{2}{2}$	29/16	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)
2/28/14	Scouto's Pitta 3455 N. Hatus Rd. Sunnce, FL 33357	Campaign Kickoff.	MOW		711.21
2/28/14 2	Party CITY 125040 W Sunrise Blud. Sunrise PL 33323 Bry 28	Ballons.	mon		19.25
//					
/ /					017
//				,	Y OF S
//					NRISE
//					
//					

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) YOM TOV VIVI ASSIDON Name (2) 814 NW 130 H TERRACE Address (number and street) SUNRISE FL 33325 City, State, Zip Code	OFFICE USE ONLY				
Check here if address has changed (4) Check appropriate box(es): ☐ Candidate Office Sought: SUNRISE ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: CITY COMMISSNER GROUPA 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 Cover Period: From					
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$, <u>/</u> , <u>050</u> . <u>00</u>	Monetary				
Loans \$	Transfers to Office Account \$, , <u>0</u> . <u>0</u> . <u>0</u> . Total Monetary \$, , <u>@</u> .				
In-Kind \$,, <u>O O</u> . <u>O O</u>	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date \$, 12, 750.00	(10) TOTAL Monetary Expenditures To Date \$,43236				
	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) 104 70 V VIVI ASSIDON (Type name) Candidate Chairperson (only for PC and PTY)				

(1) Name	M TOV VIVI	455	NOCH	(2)	I.D. Number		
/	_1_/_/_/_				_ (4) Page		of <u>/</u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1,27,16	DUNAY MISKED WY BACKMAN		LLP	< 4c			
1	DUNAY MISKED W BACKMAN TUP 14 SE 4 H STRE 130CA RATON FL 33432	7 B	GR 04P	2115	N	N/H	1.000
	Jane Frelich RD 398 MAZZARD 4NE WASTON FC. 33327	ı	l	CHE			50"
2	FC. 33327						
1 1							
,							
1 1							
1 1							
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/ /							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VOM TOV VIVI 14551 DON (2) I.D. Number _____ (3) Cover Period / / / / / / through / / 3/ / /6 (4) Page _____ of __/ (9) (10)(11)(5) **Date Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number OFFICE DEPOT 3280 12550W SUNRISEBU SUNRISEFLG. 33325 36.03 MON Office of the City Clerk City of Sunrise 10770 West Oak and Park Blvd. Surise Florida 33351-6899

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) YOM TOV VIVI ASSIDON Name (2) 824 NW 130 ** TERACE Address (number and street) SUNRISE FL 33325 City, State, Zip Code Check here if address has changed	OFFICE USE ONLY AN S AN S OFFICE USE ONLY OFFICE US
(4) Check appropriate box(es):	CITY COMMISSIER GROUP A □ 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
Cover Period: From 12 / / / / 5 To	t Identifiers 12/3//5 Report Type: M/2 Decial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,,	Monetary
Loans \$, <u>00</u> . <u>00</u>	Transfers to Office Account \$, , , , , , , , , , , , , , , , , ,
Total Monetary \$,, <u>00</u> . <u>00</u>	Total Monetary \$,,
	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$, 396. 27
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, con (Type name) ASSI & OF Deputy Treasurer or electioneering comm.)	(Type name) Yowtov VIJI ASSIDON Candidate Chairperson (only for PC and PTY) ASSIDON
X Signature	X ASSIDON Signature

(1) Name	YOMTO	V VIVI	ASSIDON	(2) I.D. Number			
			5 through /2	/ (/4) Page	/	n#	,

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
P101 15	Eguty Land Title INC 250 S. Australian me STE 702 West Palm Ben, El 33 WI	8	THE company.	CHE	\sim	NA	\$500.00
12,1,15	Greenspoon Marder 100 w. Cypress Creek Softe 700 FORLanderdub, Fl 33309	β	Law grap.	CHE	N	NA	\$ 500.00
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DS-DE 13 (Rev. 11/13)

3) Cover Perio	d 12 / 1 / 15 through 17	131/15	4) Page	of_	1
(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
12/2/15	SPEEDY PRINTINC D70 N State Rd7 F6 Landerdale, F1 33319		MW		\$180.00
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//					TITY OF SUNRIS
//					NSE 03
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CAMPAIGN TREASURE	R'S REPORT SUMMARYUNRISE				
(1) VOM TOV VIVI ASSIDON Name (2) 324 NW 130 TH TERRACE Address (number and street) SUNRISE F(3332) City, State, Zip Code Check here if address has changed (4) Check appropriate box(es):	15 DEE THE PRINTS OF STATE OF				
(5) Report Identifiers Cover Period: From 1 / 1 / 5 To 1 / 30 / 15 Report Type: 11 Original Amendment Special Election Report					
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, <u>0</u> 0	Monetary				
Loans \$	Transfers to Office Account \$, , , , OO OO				
	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$				
(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)	(Type name) 470V VIVI ASSI DOV Candidate Chairperson (only for PC and PTY)				
X Signature	X A S 8 1200 N Signature				

CAMPAIGN TREASURE	R'S REPORT SUMMARY
Name Address (number and street) City, State, Zip Code Check here if address has changed 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)	(3) ID Number: (3) ID Number: (3) 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	_
	10 / 31 / 15 Report Type: MID
☐ Original ☐ Amendment ☐ Spe	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, <u>DO</u> . <u>DO</u>	Monetary Expenditures \$,, _OO · OO
Loans \$,5,000 · 00	Transfers to Office Account \$,,
Total Monetary \$, , ,	Total Monetary \$, , , ,
In-Kind \$,, <u>0</u> · <u>0</u> · <u>0</u>	
	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, 10, 700.00	\$, <u>216</u> . <u>27</u>
(11) Cert	ification
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, corn	ect, and complete:
(Type name)	(Type name) Your VIVI Assider Candidate Chairperson (only for PC and PTY)
x/fin	X ASSIBON
Signature	Signature
DS-DE 12 (Rev. 11113)	SEE REVERSE FOR INSTRUCTIONS

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(1) Name(mto vivi f	135	don	(2)	I.D. Number		
(3) Cover Period 10 / 1 / 15 through 10 / 51 / (4) Page 1 of 1							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C _i Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10,6,15	Assiden, Yumtov 834 NW 1307729. SUNTSE FL ?3335	5	selfcmylop	LOA			5,000.00
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CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1) VOM TOV VIVI ASSIDON Name (2) 824 NW 30 THRECE Address (number and street) SUNRISE FL 3332 City, State, Zip Code	OFFICE USE ONLY SURK SURK SURK SURK SURK SURK SURK SUR						
Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: SWNISE COMMISSION CROUP A 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							
,	Identifiers 9 / 30 / 75 Report Type: 49 ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,, <u>00</u> . <u>100</u>	Monetary Expenditures \$, , OO · OO						
Loans \$,, <u>00</u> . <u>00</u> Total Monetary \$,, <u>00</u> . <u>00</u>	Transfers to Office Account \$, , , OO .						
In-Kind \$, , <u>00</u> . <u>00</u>	Total Monetary \$, , <u>\mathcal{O} \mathcal{O} /u>						
(9) TOTAL Monetary Contributions To Date \$, _5_, 700.00	(10) TOTAL Monetary Expenditures To Date						
	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) VOM TOV VIVI ASSIDON Candidate Chairperson (only for PC and PTY)						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) YUY TOV VIVI ASSIDON Name (2) SHUNN 130 TARGGE 1 Address (number and street) SUND SE FCQ 33325 City, State, Zip Code	OFFICE USE ONLY SEP 18 A SUL NOT SUL				
Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: 54//156 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	No. 27				
(5) Report					
	3 1 31 1 15 Report Type: 13				
☐ Original ☐ Amendment ☐ Spe	cial Election Report				
(6) Contributions This Report Cash & Checks \$,	(7) Expenditures This Report Monetary Expenditures \$,,				
Loans \$,,,	Transfers to Office Account \$, 00 . 00				
Total Monetary \$	Total Monetary \$,				
	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$, _5_, 70000	(10) TOTAL Monetary Expenditures To Date \$				
(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) JOY TOV VIVÍ A S S 1200 N ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering domm.)	(Type name) you To Vivi ASSI DW Candidate Chairperson (only for PC and PTY)				
X ASSIDAN Signature	X A SSLOGN Signature				

CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Yomto Viji Assidm Name	OFFICE USE ONLY						
Address (number and street) SMAR FL 33305	—————————————————————————————————————						
City, State, Zip Code	(2) ID Niumbou						
Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: SMAR (MM) SIME GRAP A DO COMM SIME GRA							
(5) Report	Identifiers						
Cover Period: From 68/1 0) / 13 To	08-13) / 15 Report Type: M.F.						
☐ Original ☐ Amendment ☐ Spe	cial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,, <i></i>	Monetary Expenditures \$,, <u>\(\O\)</u>						
Loans \$,,	Transfers to Office Account \$,,,						
Total Monetary \$,,,	Total Monetary \$, ,						
In-Kind \$,, <u>O</u> . <u>OO</u>							
	(8) Other Distributions \$, , \ . \ \ .						
(9) TOTAL Monetary Contributions To Date \$, \(\sum_{\subset} \sum_{\subset} \) \(\sum_{\subset} \sum_{\subset} \)	(10) TOTAL Monetary Expenditures To Date \$,,,						
(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, corr	ect, and complete:						
(Type name) / Ue / AS I down ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	(Type name) YMTV NVI A351doV ☐ Candidate ☐ Chairperson (only for PC and PTY)						
or electioneering comm.)	x / hcs.s.						
X // Signature	Signature						

•	Canta Vivi As			-		
(3) Cover Period	81110	through 8	1 31 1 15	(4) Page		of(_
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupatio	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
8,20,15	Lcurater-Suskind USIPE 24430 Barton Kd Apt 2713 feedlands, Ct 92373-433	I Editor	CHE	N		4000.00
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) YOM TOV VIVI ASSIDON	OFFICE USE ONLY				
(2) 324 NW 130 TARECT	SE 0				
Address (number and street) SWAISE Factor 3332					
City, State, Zip Code					
☐ Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
Candidate Office Sought: SWRISG COMMISSIONE COORD A Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
(5) Report	Identifiers				
Cover Period: From 7 / 1 / 15 To	7 / 3/ //5 Report Type: // 7				
☐ Original ☐ Amendment ☐ Spe	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$, _1,22003	Monetary Expenditures \$, 76 _2?				
Loans \$,, <u>U</u> . <u>U</u> .	Transfers to Office Account \$,,				
Total Monetary \$	Total Monetary \$, , , , 2)				
	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date \$, <u>4</u> , <u>7の</u> . <u>の</u> U	(10) TOTAL Monetary Expenditures To Date \$,, 2/6 _2>				
(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, corr	ect, and complete:				
(Type name) ↓ 0 1 7 0 V V V V A 5 5 1 200 (Type name) ↓ 0 1 7 0 V V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V V A 5 5 1 2 0 (Type name) ↓ 0 1 7 0 V V					
$\frac{x}{signature}$ $\frac{x}{signature}$ $\frac{x}{signature}$					

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) YUM TO V VIVI ASSIDON Name (2) PAY NW BOTH TERMOR Address (number and street) SWN121 SEFFUU 33325 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: SWN15 E Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: (3) ID Number: (3) COMP CONER GRUP A 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 7/1/15 To				
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,/_, _ 1 12	Monetary Expenditures \$, , 76 . 87			
Loans \$,,,	Transfers to Office Account \$, ,			
Total Monetary \$,,,	Total Monetary \$, , 7 6 . 37			
	(8) Other Distributions \$, ,			
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date \$			
(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)	(Type name) GOT TOV VIVI ASS ID O. □ Candidate □ Chairperson (only for PC and PTY)			
X ASSIP CA Signature	X ASSID On Signature			

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

(1) Name <u>YOM TOV VIVI ASSIDOS</u> (2) I.D. Number							
(3) Cover Period	71115	throu	gh <u>7</u> /	31 115	_ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10)	(11)	(12)
Sequence Number	City, State, Zip Code	Type	ontributor Occupation	Type	In-kind Description	Amendment	Amount
1 1	AMTONOT 13AND 9100 WOLLING PAILLO SUNKISEIT 3375	B	BANK	RETUN		\ CLQ A	2000
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY					
CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) /Whow VIN AJSIdan Name	OFFICE USE ONLY				
(2) Poynow But terrace	AUG X				
Address (number and street)					
Sunse FL 33325					
City, State, Zip Code	A				
☐ Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
্রি Candidate Office Sought: SUNY (HY Commissioner Grop A 2010				
Political Committee (PC)					
	Check here if PC or ECO has disbanded				
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	Check here if PTY has disbanded				
individual making electioneering communications)	Check here if no other IE or EC reports will be filed				
(5) Report	Identifiers				
Cover Period: From 7 / 1 / 15 To	7/31/15 Report Type: M#				
☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
•	Monetary				
Cash & Checks \$,, ≥00.00	Expenditures \$, , 76 . 87				
Loans \$,_,_,_O. OO	Transfers to				
	Office Account \$, , (. Oo				
Total Monetary \$, , , o					
	Total Monetary \$ 76 . 87				
In-Kind \$, , 0 . 🐠	1/0 21				
	(8) Other Distributions				
	\$, , ,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$, 4, 470.00	\$,76.87				
(11) Cerl It is a first degree misdemeanor for any pers	dification				
I certify that I have examined this report and it is true, corn	ect, and complete:				
(Type name) / UC ATS (CO)	(Type name) Jow to Uvi Assidon				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering/comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
South Control of the	/ h				
x ///	x 155100				
Signature	Signature				

CAMPAIGN TREASURE	ER'S REPORT SUMMARY
Name (2) By Both terrace Address (number and street) City, State, Zip Code Check here if address has changed (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)	(3) ID Number: \(\omega \) \(
(5) Repor	t Identifiers
_ , ,	recial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, ©	Monetary Expenditures \$, 7\psi ->7
Loans \$,,	Transfers to Office Account \$,,
Total Monetary \$	Total Monetary \$,,,
	(8) Other Distributions \$,,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$
(11) Cer It is a first degree misdemeanor for any pers	tification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, cor	•
(Type name)	(Type name) WTO VI ASSI dcr Candidate Chairperson (only for PC and PTY)
X Signature	X ASSIDON Signature

DS-DE/12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

(1) Nama Visaba (15) il Azz dan							
•	(1) Name \(\sqrt{mtov Vivi \text{RS} \) dev \(\text{(2) I.D. Number} \) \(\text{(3) Cover Period} \(\frac{1}{2} \) \(\text{(4) Page} \) \(\text{(4) Page} \) \(\text{(4) Page} \)						
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7, 13,15	Suskind, Dana 5730 S. Kinwood Ave Ontrago, IL 60637	I	M.D.	CHE	N	,	00,601
7, 16,15	Sus Kind, Michael 2012 W conserst Onicago IL 40633	I	Advensing	CHE	N	,	100.00
716115	Lewinter-Sustandleslie 2443000monRd Apr 2313 Rediands (492373	Ţ	Edister	CHE	N		1,000.00
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number					
(3) Cover Perio	d		4) Page		
(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) Amendment	(11) Amount
7/8/15	GODADPY.COM 480-5058885AZ	Campaign nebosite	mon		15.17
7/14/15	480-5058855AZ	compaign newsite	war		61.70
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) YON TOV VIVI ASSIPON Name (2) \$\frac{\text{Number}}{\text{Number}} \text{TARRCS} Address (number and street) SWALSE FCA 33335 City, State, Zip Code Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)					
(5) Report Identifiers Cover Period: From 6 / 1 / 15 To 6 / 31 / 15 Report Type: 16 Original Amendment Special Election Report					
(6) Contributions This Report Cash & Checks \$,,,	(7) Expenditures This Report Monetary Expenditures \$,,,				
Loans \$	Transfers to Office Account \$				
in-ixing ,,,,,	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date \$,					
	tification con to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) 4 01 700 Vivi A 551 D 0 V Candidate Chairperson (only for PC and PTY) X ASS 10 & Signature				

(1) Name <i>9(</i>	CAMPAIGN TREASURER'S REI ク <u>ハ アの</u>	PORT – ITEMIZED	EXPENDIT 2) I.D. Number		
(3) Cover Period	d <u>6 / / / / 5</u> through <u>6 /</u>	3/1/5 (4	l) 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)
4/1/15	AMTRAGI BANCE 9100 WOKEMD PAR SW/AISI-FCu 3335	•	PIS SIAI	DEC	10'
6/1/15	AMTRAST BANZ 9100 WORCAND BLV SWNAISE FG 3376	7	FEE APSIALIO	L) EC	10"
6/19/15	AMTRUST BANK GOUN WOUCHAND 13 SWNAISE FE 33357	BANK	SAYL	APD Vs	10°
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//					SEP 18 AM
/ /					NRISE 18: 25
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CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) UNATON WINT ASIDE OFFICE USE ONLY Signature Compared to the compared				
(5) Report	Identifiers			
Cover Period: From 6 / 1 / 15 To	6 / 30 / 15 Report Type: 16			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, _[,	Monetary Expenditures \$,,,			
Loans \$,, Total Monetary \$, , ,	Transfers to Office Account \$, , ,			
In-Kind \$,,	Total Monetary \$, , , 0 <i>O</i>			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$,ろ,ろい	(10) TOTAL Monetary Expenditures To Date \$,, <u>2 O</u>			
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, corn (Type name) (1) (1) (1) (1) (2) (3) (4) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(Type name) SS Candidate Chairperson (only for PC and PTY)			
X A SSI D U Signature	X ASSIRUL Signature			

(3) Cover Period 6 / / / / 5 through 6 / 30 / /5 (4) Page / of (8) (11) (9) (10) (5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code **Amount** candidate) Amendment Number 6/1/15 AMTHAS 13HMW 9100 W OKLAND PARK BANK SUNIRISE FC 33357 FEE AMP/ \$10 **6**0

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Ym tw Uvi Assidan Name	OFFICE USE ONLY 5
(2) 834 NW 30th +CM4 &	July (기)
Address (number and street)	
Sunna FC 333325	_ တိုင်
City, State, Zip Code	A CH
Check here if address has changed	(3) ID Number: 2ス
(4) Check appropriate box(es):	m .
Candidate Office Sought: SMN& City	1 Commissioner Grap A 2016
☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check have if DC as FOO has disk.
☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Report	Identifiers
, , , , , , , , , , , , , , , , , , ,	6 / 31 / (5 Report Type: MOLO
——————————————————————————————————————	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$,, 250. 00	Expenditures \$, , 10 . 00
•	
Loans \$,, <u>\</u> . <u>\</u> \ \ <u>\</u> \ \ <u>\</u> \ \ <u>\</u> \ <u>\</u> \ <u>\</u> \ \ <u>\</u> \ <u>\</u> \ <u>\</u> \ \ \ \	Transfers to
-	Office Account \$,,
Total Monetary \$,,	
	Total Monetary \$, ,)
In-Kind \$,,	
•	(8) Other Distributions
	\$
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, <u>3</u> , <u>350</u> . <u>w</u>	\$, <u>,060</u>
	· ·
(11) Cert It is a first degree misdemeanor for any pers	ification
	· · · · · · · · · · · · · · · · · · ·
I certify that I have examined this report and it is true, corre	ect, and complete:
(Type name) Yall ASSI day	(Type name) VMN NV ASSICON
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneeriping comm.)	Candidate Chairperson (only for PC and PTY)
AA_{α}	
x / U//	x /ASS1201
Signature //	Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (2) I.D. Number						
(3) Cover Perio	d <u>6</u> / <u>/ / through 6</u>	31/15	1) 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) Amendment	(11) Amount	
6/1/15	Amonst Bank 910 W. Onkland parkelled Smnool FL39357	FEE	DIS	A001	410.00	
/ /						
//	,			ē	i	
/ /				# # # # # # # # # # # # # # # # # # #	OF SUN	
//				<u></u>	LERK	
//						
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(1) Yuntu V, VI P35 Idon OFFICE USE ONLY 57	7
Address (number and street) City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: Switch Cty Campustane Gup A 2016 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) 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 6/1// To 6/3// Report Type: M4	<u> </u>
(6) Contributions This Report (7) Expenditures This Report	
Cash & Checks \$,,, Monetary Expenditures \$,,	2
Loans \$,, Transfers to Office Account \$	`
Total Monetary \$, Total Monetary \$ T	∠
In-Kind \$,,	ر
(8) Other Distributions \$,	
(9) TOTAL Monetary Contributions To Date \$,3, 350.00	
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)	
I certify that I have examined this report and it is true, correct, and complete:	
(Type name) / CO ASSID (Type name) / CONTROL (Type name) / Candidate Chairperson (only for PC and PTY)	$\frac{\mathcal{M}}{\mathcal{O}}$
x /// x /ASSIDQ	_
DS-DE 12 (Rev. 11/13) SEE REVERSE FOR INSTRUCTION	ONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	lomter Vivi f	tssidon	(2)	I.D. Number		
(3) Cover Period	61115	through 6/1	31111	_ (4) Page	_1 •	of
(5) Date (6)	(7) Full Name (Last Suffix First Middle)	(8)	(9)	(10)	(11)	(12)

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
(01) 115	Dobmar, Allswam, Laysmam, Voigt, Addin 11775E 310 Ave Fort Landerdale FC 35316	B	layer	CHE	Ν		250.00
6110115	Bergerson, Ronald M 19612 SW 65 th PL Fortrandurdale, TE 3 7332	I	Busness	CHE	N		100.00
6,10,15	City of Sunse FOP Lodge 80A ASSOCIT ABOX 450581 Enrole FL33345	c B	Fraternal Wider of Police	CHE.	Ν		∞.00t
<i>I I</i>							
						,	31 7UL
, ,							L-7 M
							ISE

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) YOM TOV VIVÍ A SSIPON Name (2) 824 N4 130 TARGCE Address (number and street) SWNNISE FC4 3333 S City, State, Zip Code Check here if address has changed (4) Check appropriate box(es):	OFFICE USE ONLY OF SUN RISE (3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought: Sk NRSE COMMISSION GROWP A Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed						
	Identifiers					
Cover Period: From 5 / / / / To	5 / 30 / 15 Report Type: 15					
☐ Original ☐ Amendment ☐ Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 100 . 00 Monetary Expenditures \$,, 10 . 00						
Loans \$,, <u>00</u> . <u>00</u>	Transfers to Office Account \$,,					
Total Monetary \$,, Total Monetary \$,,						
	(8) Other Distributions \$, , 0 0					
(9) TOTAL Monetary Contributions To Date \$, \(\(\)_ \(\)_ \(\)						
(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, corr	rect, and complete:					
(Type name) YM TOV VIVI ASSIDO						
X A SSI Que Signature	X Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number (3) Cover Period 5 / / 1/5 through 5 1301/5 (4) Page (7)(8) (9) (10)(11)(5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code Amount candidate) Amendment Number AMTRUST BANK 9106 WOKCHAP PINE 3 WIRISEFE 33361 5/20/15 FEE ADD

CITY CLERK

CAMPAIGN TREASURE	R'S REPORT SUMMARY RISE				
(1) YOWTON VIOLATION Name (2) Say NW 130 m terracl Address (number and street) SIMPLE FL 33335 City, State, Zip Code Check here if address has changed (4) Check-appropriate box(es):	(3) ID Number: (3) ID Number: (4) 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	l Identifiers				
Cover Period: From <u>∫ ∫ ∫ ∫ ∫ ∫ ∫ ∫ </u> To Original □ Amendment □ Spo	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, [00 . 00	Monetary Expenditures \$,				
Loans \$,, <u>C</u>	Transfers to Office Account \$, , ()				
Total Monetary \$	Total Monetary \$,,				
	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date				
(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) Continued this report and it is true, correction of the continued this report and it is true, correction of the correction	(Type name) YWW VIVI ATSI don Chairperson (only for PC and PTY) Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name 100 VIVI A551don (2) I.D. Number							
(3) Cover Period / through / (4) Page of							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12)
5,1,15	Rich, Nan H. 2748 Florenust Weston, 174 33323	T	Senator	CHE	N		(00.00
1 1							
1 1							
1 1							
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1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
☐ Political Committee (PC)	OFFICE USE ONLY AN COMMISSION GROUP A				
☐ 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 4 // // To	<u>U 1 30 1 15</u> Report Type: <u>44</u>				
☐ Original ☐ Amendment ☐ Spe	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$, , /O				
Loans \$,, <u>()</u> . <u>\(\beta\) \(\beta\)</u>	Transfers to Office Account \$, , ,				
Total Monetary \$,, <u>Q <u>U</u> . <u>U</u> In-Kind \$,, <u>O <u>W</u></u></u>	Total Monetary \$, , <u>0</u> . <u>0</u> 0				
	(8) Other Distributions \$, , O \supset				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,, 12000				
(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) 401 70 V VIVI ASS/100 (Type name) 401 TOV VIVI ASS/100 (Type name) 101 Chairperson (only for PC and PTY) or electioneering comm.)					
X ASS110 0 Signature	X ASSIDER Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name UM TOV VIVI ASSIBUL (2) I.D. Number (3) Cover Period 4 / 1 / (5 through 4 / 30 / 15 (4) Page (7) (8) (9) (10)(11)(5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type City, State, Zip Code candidate) Amount Amendment Number GIOUNDACINA PHARE FEE SLUNISE FL 33351 CAN APD

WAIVER OF REPORTITY OF SUNRISE

(Section 106.07(7), F.S.)

(PLEASE TYPE)

15 MAY -7 PM 12: 17

(PLEA	ASE ITPE)	OF	FFICE USE ONLY			
824 MU 1307	Assidan lame Aerrace Idress	SMRISC	mmssian GruppA and fice Sought PL 33328 State Zip Code			
Candidate Check here if address h	Political Committee Party Executive Committee as changed since last report.		ing Communications Organization D has DISBANDED and will no			
TYPE OF REPO	RT (Check Appropriate Bo	ox and Complete Applica				
Indicate report #	Indicate report # P TERMINATION REPORT	Indicate report # G	Indicate report type and # as applicable:			
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF THROUGH Signature Signature Date Date						
In any reporting period when report is waived. However, the	Candidate and Campaig Political Committees:	4)(c), F.S.) es: (s. 106.29(2), F.S.) ccount (no funds expended or n	r (s. 106.07(5), F.S.) eceived) the filing of the required			

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) YOM TON VIVI ASSIDON Name (2) 3JU NW 130 MTMECG Address (number and street) SWNILISE FC 3 332 S City, State, Zip Code Check here if address has changed (4) Check appropriate box(es):	OFFICE USE ONLY SEP 18 AM OF SURRE ONLY SEP 18 AM OF S					
Candidate Office Sought: SWANS COMMISSION GROUP A Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed						
(5) Report						
Cover Period: From 2 / 1 / 15 To						
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, <u>0</u> <u>0</u>	Monetary					
Loans \$,, <u>0</u> . <u>0</u> .	Transfers to Office Account \$,,					
Total Monetary \$	Total Monetary \$, , ,					
	(8) Other Distributions \$,,					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,,					
(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) YOM TOV VIVI A SS/ 10% Individual analy for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) JOM TO VIVI ASSI DON Candidate Chairperson (only for PC and PTY)					
X ASSIDON Signature	X ASSI DON Signature					

(1) Name	OM TOV VIVI 4550	PORT – ITEMIZED Dogge	EXPENDIT 2) I.D. Number		
(3) Cover Period	d 2 / / / / 5 through 2	30115	I) 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)
2/20/15	AMTRIST 13 ME good work and PARK SWARIST Fa 33357	FEE	CAN	APD	10
/ /					
/ /					15 SEP I
//				5	SUNRIS
//					m
//					
//					
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(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK CITY OF SUNRISE

15 APR -7 AM 9: 06

	ISSI don	. Styrise City Ca	mmssigner Grap A zo
824 MW 13094	terrace	Simple	FC 5332F State Zip Code
Candidate	Political Committee Party Executive Committee		ering Communications Organization
Check here if address h	as changed since last report.	Check here if PC or Editoring longer file reports.	CO has DISBANDED and will no
TYPE OF REPORT	RT (Check Appropriate Bo	x and Complete Applic	
Indicate report #	Indicate report #	Indicate report #	Indicate report type and # as applicable:
***************************************	☐ TERMINATION REPORT	SPECIAL ELECTION	
NOTIFICATION (3/i/1)	OF NO ACTIVITY IN CAMPAIG	OUGH $\frac{3/31/15}{3/31/15}$	REPORTING PERIOD OF
x A	Signature Signature		Date
REQUIRED SIGNATURES FOR	Candidate and Campaigr Political Committees:		
In any reporting period when t report is waived. However, the	Party Executive Committee Treasurer and Chairman here has been no activity in the ac	s: (s. 106.29(2), F.S.) count (no funds expended or	received) the filing of the required ng date that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) YOM TON VIVI ASSIDON Name (2) 3JU NW 130 MTMECG Address (number and street) SWNILISE FC 3 332 S City, State, Zip Code Check here if address has changed (4) Check appropriate box(es):	OFFICE USE ONLY SEP 18 AM OF SURRE ONLY SEP 18 AM OF S	
☐ Candidate Office Sought: Sharks. ☐ 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		
Cover Period: From 2 / 1 / 15 To		
	ecial Election Report	
(6) Contributions This Report	(7) Expenditures This Report	
Cash & Checks \$,, <u>0</u> <u>0</u>	Monetary	
Loans \$,, <u>0</u> . <u>0</u> .	Transfers to Office Account \$,,	
Total Monetary \$	Total Monetary \$, , ,	
	(8) Other Distributions \$,,	
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,,	
(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) YOM TOV VIVI A SS/ 10% Individual analy for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) JOM TO VIVI ASSI DON Candidate Chairperson (only for PC and PTY)	
X ASSIDON Signature	X ASSI DON Signature	

(1) Name	OM TOV VIVI 4550	PORT – ITEMIZED Dogge	EXPENDIT 2) I.D. Number		
(3) Cover Period	d 2 / / / / 5 through 2	30115	I) 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)
2/20/15	AMTRIST 13 ME good work and PARK SWARIST Fa 33357	FEE	CAN	APD	10
/ /					
/ /					15 SEP I
//				5	SUNRIS
//					m
//					
//					
//					

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OITY CLERK SITY OF SUNRISE

15 MAR - 6 PM 1: 27

OFFICE USE ONLY

lowww Vin Assiden Name	Survise City	Commissioner Grop. A July Office Sought
8 yy NW 130th terace	Singe	PC 3332T
Address	City	State Zip Code
Candidate Political Committee Party Executive Committee	Elec	ioneering Communications Organization
Check here if address has changed since last report.	Check here if PC of longer file reports	or ECO has DISBANDED and will no
TYPE OF REPORT (Check Appropriate Box	and Complete Ap	plicable Line beneath Box)
MONTHLY REPORT PRIMARY ELECTION	GENERAL ELEC	OTHER REPORT TYPE
Indicate report #	Indicate report #	Indicate report type and #
MP	G	as applicable:
NOTIFICATION OF NO ACTIVITY IN CAMPAIG	SPECIAL ELECT	
$\frac{2}{2}/1$ THRO	ри д н <u>2/3</u> 8	115
x Atom	5	15/5
Signature	and an analysis of the second	Date
x / 155/25/	3	15/15.
Signature	Į.	Date
Political Committees:	Treasurer or Deputy Treions Organizations: (c), F.S.) s: (s. 106.29(2), F.S.)	easurer (s. 106.07(5), F.S.) easurer (s. 106.07(5), F.S.) ed or received) the filing of the required

report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY		
Political Committee (PC)	(3) ID Number: COMMISSION GROUP A 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	
Cover Period: From / / / / / To	Identifiers (/ 3 / / 5 Report Type:/ ecial Election Report	
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$, , \(\text{\text{0}} \cdot \text{\text{0}} \) Transfers to Office Account \$, , \(\text{\text{\text{0}}} \cdot \text{\text{\text{0}}} \) Total Monetary \$, , \(\text{\text{\text{\text{0}}} \cdot \text{\text{\text{0}}} \) (8) Other Distributions \$, , \(\text{\text{\text{0}}} \cdot \text{\text{\text{0}}} \)	
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date \$,,9600	
(11) Cert It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, corr (Type name) 101 TOV VIVI A55/10 W Individual (only for IE or electioneering comm.) X Signature	on to falsify a public record (ss. 839.13, F.S.)	

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES ASSIDON (1) Name NON TOV (2) I.D. Number _ (3) Cover Period through / / 3// of (4) Page _ (10)(11) (7) (8) (9) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number 10 ADD

(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK ...

15 FEB 10 AM 8: 55

Yomtor Vivi Assidon		ammusiarer Group A
PH NW 130th tenace	finze	ice Sought 73372T
Address	City	State Zip Code
Candidate Political Committee Party Executive Committee	Electioneeri	ng Communications Organization
Check here if address has changed since last report.	Check here if PC or ECO longer file reports.	has DISBANDED and will no
TYPE OF REPORT (Check Appropriate Box	and Complete Applical	ple Line beneath Box)
MONTHLY REPORT PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE
Indicate report # Indicate report # P	Indicate report #	Indicate report type and # as applicable:
☐ TERMINATION REPORT	SPECIAL ELECTION	
NOTIFICATION OF NO ACTIVITY IN CAMPAIG	N ACCOUNT FOR THE RE	PORTING PERIOD OF
1)1/15 THRO	DUGH 1/31/15	
x Mall	a/\$/	15
Signature		Date
X Signature		Date
REQUIRED SIGNATURES FOR: Candidates: Candidate and Campaign	Treasurer or Deputy Treasure	r (s. 106.07(5), F.S.)
Political Committees:	Treasurer or Deputy Treasurer tions Organizations: (c), F.S.)	•
In any reporting period when there has been no activity in the acc report is transport pattern in the limb officer must be inclined in whi report is waived. However, the illing officer must be inclined in whi	अधार्म (११०) मार्गिङ क्योगार्ग तुर्ग) मार्गि अधार्म प्याप्त क्योगार्ग तुर्गे मार्गिङ	coixecty time filling of the required diate that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) Mame (2) \$1.4 \text{ MW } /3 \text{ TARGE} Address (number and street) City, State, Zip Code Check here if address has changed (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)	(3) ID Number:	
	Identifiers (
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$,,	
(9) TOTAL Monetary Contributions To Date \$, , OUO	(8) Other Distributions \$,,	
(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)		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(2) I.D. Number (1) Name Uan TOV 14 through 12+31/14 (4) Page (3) Cover Period 1 (8) (9) (10)(11)(7) (5) **Date Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type **Amount** candidate) City, State, Zip Code Amendment Number 9100 WORCHAPAN FEF SWALLSEFU 33325 FEF CAN 10 SUNRIS

(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK

15 JAN -7 AMII: 05

Vivi Assidan Name	Sinnac City La	MAUSIONER GRUPA Sought Soll
824MW 130M +CMQU Address	Sun nje City	FL 13335 State Zip Code
Candidate Political Committee Party Executive Committee	Electioneering	Communications Organization
Check here if address has changed since last report.	Check here if PC or ECO ha longer file reports.	s DISBANDED and will no
TYPE OF REPORT (Check Appropriate Box a	and Complete Applicable	Line beneath Box)
MONTHLY REPORT PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE
Indicate report # Indicate report # P	Indicate report #	Indicate report type and # as applicable:
☐ TERMINATION REPORT	☐ SPECIAL ELECTION	
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPO	ORTING PERIOD OF
	UGH 12/31/14	
x Mull	1/4/	15
Signature	7 7	Date
X ASSIDON	1/6	115
Signature		Date
Political Committees: Chairman and Campaign Tr Electioneering Communication Treasurer (s. 106.0703(4)(c) Party Executive Committees: Treasurer and Chairman (s)	c), F.S.) s. 106.29(2), F.S.)	. 106.07(5), F.S.)
In any reporting period when there has been no activity in the acco report is waived. However, the filing officer must be notified in writin	unt (no tunds expended or receing on the prescribed reporting da	vea) the filing of the required te that no report is being filed.

CAMPAIGN TREASURE	R'S REPORT SUMMARY	
(1) YOM TOV VIVI ASSIDOV Name	OFFICE USE ONLY	
(2) 824 NW 30 TERACE	8 80	
Address (number and street) Shalls FC 33325	AM CM	
City, State, Zip Code	—— 2 PR	
Check here if address has changed	(3) ID Number:	
(4) Check appropriate box(es):		
Candidate Office Sought: SUNRISE	COMMISSON GROUP A	
☐ 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	Check here if no other IE or EC reports will be filed	
individual making electioneering communications)		
(5) Report		
Cover Period: From // / / / / To	// / 30 / (// Report Type: 4 //	
☐ Original ☐ Amendment ☐ Spe	cial Election Report	
(6) Contributions This Report	(7) Expenditures This Report	
Cash & Checks \$,,	Monetary Expenditures \$,,,	
Loans \$,, <u>U</u> . <u>U</u>	Transfers to Office Account \$, , , , , , , , , , , , , , , , , ,	
Total Monetary \$		
In-Kind \$	Total Monetary \$, , ,	
	(8) Other Distributions	
	\$,	
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date	
\$, 2,040.00	\$, <u>70</u> . <u>00</u>	
(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) ON TOV VIVI ASSIDON	(Type name of Tov VIVI ASSIDON Candidate ☐ Chairperson (only for PC and PTY)	
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)	
x 485100	1 455120N	
Signature	X Signature	

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name you tov VIVI ASSIMEN (2) I.D. Number_ /4 through // 30 / 14 (4) Page ____ (3) Cover Period // of (10) (9) (11)(7)(8) (5)Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment **Amount** Number GIOO IN ORL AND PHO FEE CAN ADD SWNINSEFC33

(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK DITY OF SUNRISE

14 BEC 10 AM 9: 45

Yomtov Vin Assidon Name	Sunrase City of	Cmmilsmei fice Sought	- GNDA.
834 MW 136th Horrace Address	Sinvil	State	733 2.J Zip Code
Candidate Political Committee Party Executive Committee	Electionee	ring Communications	s Organization
Check here if address has changed since last report.	Check here if PC or ECC longer file reports.	O has DISBANDED a	and will no
TYPE OF REPORT (Check Appropriate Box MONTHLY REPORT PRIMARY ELECTION	and Complete Applica		th Box)
Indicate report # M P	Indicate report #	Indicate repo as applicable	
☐ TERMINATION REPORT	SPECIAL ELECTION		
NOTIFICATION OF NO ACTIVITY IN CAMPAIG	N ACCOUNT FOR THE R	EPORTING PERIO	DD OF
X Signature X Signature	ough <u>1(/30//9</u> <u>12//9</u> 		
Signature	,	Date	
Political Committees:)(c), F.S.) s: (s. 106.29(2), F.S.) count (no funds expended or r	er (s. 106.07(5), F.S.	the required

CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) Y W Y AS S DO S OFFICE USE ONLY BY Address (number and street) SW/R 15F FCy 33325 City, State, Zip Code Check here if address has changed (3) ID Number: Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)		
(5) Report Identifiers Cover Period: From 10 1 1 1 4 To 10 1 31 1 14 Report Type: 10 Original Amendment Special Election Report		
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$,,,	
Total Monetary \$	Office Account \$,,,	
(9) TOTAL Monetary Contributions To Date \$	\$,	
	rect, and complete: (Type name) Tov vivi Assi Dov Candidate Chairperson (only for PC and PTY)	

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name <u>YOA TOV VIVI ITSSIDON</u> (2) I.D. Number 14 through 101 3(1/U) (4) Page (3) Cover Period / / / (8) (9) (10) (11) (7) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type Amount City, State, Zip Code candidate) Amendment Number GLAPLISEEL 33367 CAN 10 TY OF SUNR

(Section 106.07(7), F.S.)

CITY CLERK SITY OF SUNRISE

1 NOV 10 PM 12: 10

(PLEASE TYPE)	OFFICE USE ONLY
Omtor VIVI Assidom	Smrie City Commilloner GrupA Office Sought
Say MW BIM Formall Address	SWAR FL 33325 City State Zip Code
Political Committee Party Executive Committee	Electioneering Communications Organization
Check here if address has changed since last report.	Check here if PC or ECO has DISBANDED and will no longer file reports.
TYPE OF REPORT (Check Appropriate Box a	and Complete Applicable Line beneath Box) GENERAL ELECTION OTHER REPORT TYPE
Indicate report # M P	Indicate report # Indicate report type and # as applicable:
☐ TERMINATION REPORT	SPECIAL ELECTION
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	
X	1000000000000000000000000000000000000
X ASSIDO Signature	11/6/14 Date
Political Committees:	p), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) YOM TOV VIVI ASSIDON Name (2) BUNN 130 TA TERMA Address (number and street) SWANGE FU 33335 City, State, Zip Code	OFFICE USE ONLY SEP 18 AM 16: 2	
☐ Check here if address has changed (4) Check appropriate box(es): ☐ Candidate Office Sought: 5 MRIS ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	(3) ID Number: GOMMISSION GROWS 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	
Cover Period: From / 9 / 1 / 14 To	Identifiers 9 / 30 / / 4 Report Type:9 ecial Election Report	
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$,,	
	(8) Other Distributions \$,,	
(9) TOTAL Monetary Contributions To Date \$, _2_, UU	(10) TOTAL Monetary Expenditures To Date \$,,	
(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)		

(1) Name 404 70 VIVI ASSIRU (2) I.D. Number (2) I.D. Number					
(3) Cover Perio	d <u>9 / 1 //4</u> through <u>9</u> /	30,14	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)
9/19/14	9(00 w 0 kms p sons Sw pons F FCa 33581	FFE	CAN	ADD	10
//					
//					15 SEP 18
//					AM 10: 23
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_//					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name/	10M TOU VIV	1:	551DON	(2)	I.D. Number		
(3) Cover Period	10M TOV VIV	throu	gh <u></u> 9 /	301/4	(4) Page		of <u>/</u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9,17,14	4/17 AHST B/M 9100 W Ool has A 5 WNU SISPLU 23351	B	BANK	REF		ADD	100
1 1							
1 1							15 SEP 18
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							38
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK STORY OF SUNRISE

14 OCT -8 AM 10: 08

				
Yomtor Vivi	A55 Idon ame		<u>Unmusioner Grup</u> A e Sought 2016	
	terrale dress	SUNTIFE City	FL 3332-8 State Zip Code	
Candidate	Political Committee Party Executive Committee		g Communications Organization	
Check here if address h	as changed since last report.	Check here if PC or ECO has longer file reports.	as DISBANDED and will no	
TYPE OF REPO	RT (Check Appropriate Box	x and Complete Applicable	e Line beneath Box)	
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE	
Indicate report #	Indicate report #	Indicate report #	Indicate report type and #	
м <u>9</u>	P	G	as applicable:	
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF				
	THR	ои с н <u>9/30//4 </u>		
x Mush	Signature Yae 1 ASSI	don 10/	7//4 Date	
1 Acci	Signature		Date	
X / 1591		11 Assidon 10/-	7/14	
	Signature `	,	' Date	
REQUIRED SIGNATURES FO	Candidate and Campaigr Political Committees: Chairman and Campaign Electioneering Communica Treasurer (s. 106.0703(4) Party Executive Committee Treasurer and Chairman	4)(c), F.S.) •s: (s. 106.29(2), F.S.)	s. 106.07(5), F.S.)	
In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.				

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Yay TOV VIVI ASSIDON Name (2) BYUNW 130 THAREF Address (number and street) City, State, Zip Code Check here if address has changed (3) ID Number: Candidate Office Sought: Sharest Counts or Chour A Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an Check here if no other IE or EC reports will be filed				
individual making electioneering communications)				
(5) Report Identifiers Cover Period: From 7 / 1 / 1 To 8 / 3/ / 14 Report Type: 17 Original Special Election Report				
(6) Contributions This Report (7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$,, 10 . 00			
Loans \$,,,	Transfers to Office Account \$,,,			
Total Monetary \$,	Total Monetary \$, , ,			
In-Kind \$,, <u>6</u> . <u>00</u> (8) Other Distributions				
	\$			
(9) TOTAL Monetary Contributions To Date \$, \(\frac{1}{2} \) , \(\frac{1}{2} \frac{1}{2} \) . \(\frac{1}{2} \frac{1}{2} \)	(10) TOTAL Monetary Expenditures To Date \$			
(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) Type name T				
X ASSIDU X ASSIDU Signature				

(1) Name YOM TOV WI ASSIDM (2) I.D. Number					
(3) Cover Period	d <u> </u>	31.14	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)
8/20/14	ANTILMS 1 BM2 9100 4 OKLAND PA SWARIST FC 33351	n FEE	CAN	APIS	10
1.1					
/ /					15 SEP 18
/ /					AMIO: 23
/ /					
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CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Yomton Vivi Assider	OFFICE USE ONLY			
Name (2) Soy NW 135m Acroul	7 7 7			
Address (number and street)	SEP SEP			
Sunvise Pl. 23325	<u> </u>			
City, State, Zip Code	- σ _σ			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
☑ Candidate Office Sought: SWAC (I+	y Commissioner Grap A DOHA			
☐ Political Committee (PC)	7.01			
☐ Electioneering Communications Org. (ECO) [☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded			
☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed			
individual making electioneering communications)				
(5) Report	Identifiers			
	08 1 3 1 1 Report Type: M.S.			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
	Monetary			
Cash & Checks \$	Expenditures \$, , <u>O</u> . <u>OO</u>			
Loans \$, , Ô . Ò .	Transfers to			
	Office Account \$, ,) .			
Total Monetary \$, , () . ©				
·	Total Monetary \$, ,			
In-Kind \$,, \(\) . \(\infty \)				
	(8) Other Distributions			
	\$,,OOO			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$,2,000.00	\$ 0.00			
	· · · · · · · · · · · · · · · · · · ·			
(11) Certification				
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correct, and complete:				
(Type name) VAC ASSI CON	(Type name) You to VIVI ATSI don			
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate			
1//	150100			
x ///w//	X / / 33/			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) YM TOV VIVI ASSIDON Name (2) 81 4 NW 130 TTME AF Address (number and street) SUNAISE F(4 33338 City, State, Zip Code Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: SUNISE COMMISSION GRULP AF Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)				
(5) Report Identifiers Cover Period: From 7 / / / / To 7 / 3/ / / Report Type: 47 Original Amendment Special Election Report				
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, 20 · 00	Monetary Expenditures \$,, 10 . 00			
Loans \$,, <u>U</u> . <u>O</u> .	Transfers to			
Total Monetary \$	Office Account \$			
, <u> </u>	(8) Other Distributions			
	\$, ,			
(9) TOTAL Monetary Contributions To Date \$, _2 ,0 30. 00	(10) TOTAL Monetary Expenditures To Date \$,,0 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)				
X ASSIDO Signature	X ASSIDO			

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES 455100N (1) Name Westov VIVI (2) I.D. Number <u>4</u> through <u>7 / 3/ / /4</u> (3) Cover Period (4) Page of (9) (10) (7) (8) (11)(5) **Date Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type **Amount** City, State, Zip Code candidate) Amendment Number SUNDISEEC 33351 CAN

1	an 13V VIVI				I.D. Number		
(3) Cover Period	71114	throu	gh _7_/	3/1/4	(4) Page		f <u>/</u>
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7, 15,14	SHARISEL	1/4 B	DANK	REF		App	1000
	73351						
1 1							
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						K	15 C
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						4	SUN
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1 1							
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	CAMPAIGN TREASURE	PIO PEROPE OF IBBBE A PN/
	CAMPAIGN I REASURE	R'S REPORT SUMMARY
(1)	Vantov Vivi Assidon Name	OFFICE USE ONLY
(2)	824 NW 130th terace	36 7
,	Address (number and street)	I
	SMAGE FL 33375	3 2
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	Candidate Office Sought: Suncise C	ity commissioner Grap A 2016
	☐ 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	Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cove		67 / 37 / 14. Report Type: M7
iχο		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cash	n & Checks \$,, <u>()</u> . <u>()</u>	Monetary Expenditures \$,,
Loan	s \$, , <i>O</i> .W	Transfers to
Loan	, <u> </u>	Office Account \$, ,
Total	I Monetary \$, , () . (\)	· _ · _ · _ · _ · _ · _ ·
		Total Monetary \$, ().(1)
In-Ki	nd \$,,,	· · · · · · · · · · · · · · · · · · ·
		(8) Other Distributions
		\$,, _ _ , <u></u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$,,	\$,,
	(11) Cert It is a first degree misdemeanor for any pers	iffication on to falsify a public record (ss. 839.13, F.S.)
Ιc	ertify that I have examined this report and it is true, com	ect, and complete:
/T \	ma nama) \land \ Arcidia	The many Varator (1611) Assides
		
or e	electioneering comm.)	Li Champerson (Unity for FC and P11)
v	//////	1255182 N
Sic	gnature /	Signature
(T)	rertify that I have examined this report and it is true, compared the last of	(Type name) YM10 V VIVI ASI COM Candidate Chairperson (only for PC and PTY)

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) You Toy VIVI ASS'PON Name (2) SLY NW 130 * TAKES Address (number and street) SWIN ISE FUL 2335 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es):	OFFICE USE ONLY 5 SEP 8 AM SUN				
Candidate Office Sought:					
(5) Report					
	6 / 30 / /4 Report Type: 46				
	cial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary				
Loans \$,,	Transfers to Office Account \$,,,				
Total Monetary \$,, <u>0</u> <u>00</u>	Total Monetary \$,				
In-Kind \$					
	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$,,				
(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, corr	ect, and complete:				
(Type name) (A TOV	(Type_name) <u>You To U VIUI #SS/Do</u> Candidate Chairperson (only for PC and PTY)				
X / A SS 110 00	X ASSIDO				
Signature	Signature				

(1) Name <u></u>	CAMPAIGN TREASURER'S RE	PORT - ITEMIZED	EXPENDIT 2) I.D. Number	URES	
(3) Cover Period	d <u>6 / / / ///</u> through <u>6 /</u>	30,14	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)	Expenditure Type	(10)	(11)
6/20/14	SUNILISE FC 33351	CA FEE	CAN	ADD	10
/ /					5 3
/ /					OF SUNI
//					RISE RISE
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CAMPAIGN TREASUR	ER'S REPORT SUMMARY
Name (2) FQY NW BOTH TWAU Address (number and street) SWRC FU 33335 City, State, Zip Code Check here if address has changed	OFFICE USE ONLY (3) ID Number:
(4) Check appropriate box(es):	Check here if PTY has disbanded Check here if no other IE or EC reports will be filed
Cover Period: From 06/01/19 To	rt Identifiers DU130114 Report Type: M6 Decial Election Report
(6) Contributions This Report Cash & Checks \$,,	(7) Expenditures This Report Monetary Expenditures \$,,
Loans \$	Transfers to Office Account \$,,,
	(8) Other Distributions \$,,
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date
(11) Certify that I have examined this report and it is true, community that I have examined the subject to the community that I have examined the community that I ha	ect, and complete: (Type name) (Candidate Chairperson (only for PC and PTY)
Signature S-DF 12 (Pay 11/12)	X ASSID O

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURE	R'S REPORT SUMMARY
Name (2) Name (2) Address (number and street) SUNCISE FC 33325 City, State, Zip Code Check here if address has changed (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)	(3) ID Number: (3) ID Number: (3) 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
Cover Period: From 5 / 1 / 14 To	t Identifiers 5 / 3/ / 1/9 Report Type: 1/9 Secial Election Report
(6) Contributions This Report Cash & Checks \$,, 5/0. 00 Loans \$,,,	(7) Expenditures This Report Monetary Expenditures \$,,,
Total Monetary \$	Total Monetary \$,
	Ψ , ,
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date \$,,
	rtification son to falsify a public record (ss. 839.13, F.S.)
Certify that I have examined this report and it is true, condition (Type name) Condition Condit	(Type name) Candidate Chairperson (only for PC and PTY)
Signature	Signature

(1) Name	10470 V VIC	11 ASSIX	Don (2)	I.D. Number		
	51114					f <u>/</u>
(5) Date (6) Sequence Number		(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
5,27,14	AMT TRAST BAR 9100 W DECEMBERS SWASSEFC, 2335	A BANK	REF		Aup	10 00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name

(2) I.D. Number

(2) I.D. Number (3) Cover Period 5 / 1 / 1 / 4 through 5 / 3 / 1 / 4 (4) Page 1 of _ (8) (9) (10) (11)(5) **Date Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amount Amendment Number 5/20/14 AATTRAST BANK
9100 WOULAND PARK BU BANK FEE CAA/
SUNDISEFU 73357

CAMPAIGN TREASURI	ER'S REPORT SUMMARY			
(1) Yowth Viv. Assidor Name (2) Say M 130th terraul Address (number and street) Shrik Fu 33325 City, State, Zip Code Check here if address has changed	OFFICE USE ONLY CITY CLERK CITY OF SUNRISE 14 JUN-9 AM 10: 01 (3) ID Number:			
(4) Check appropriate box(es): ☐ Candidate Office Sought: Source Committee (PC) ☐ 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			
• •	t Identifiers			
Cover Period: From <u> </u>	pecial Election Report Pecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, 500 - 00	Monetary Expenditures \$,,			
Total Monetary \$	Transfers to Office Account \$,,			
In-Kind \$,,	Total Monetary \$,,			
	(8) Other Distributions \$,,() · _(j()			
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date \$			
(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)	(Type name) VWHOV VI VI ASSIDAN Candidate			
Signature DS-DE 12 (Rev. 11/13)	Signature			
DO-DE 1/ (KEV. 11/13)	SEE REVERSE FOR INSTRUCTIONS			

(1) Name	into Vivi f	tss idon	(2)	I.D. Number		
(3) Cover Period	05/01/14	through 15 /	3) 114	_ (4) Page		of <u></u>
(5) Date (6) Sequence Number	(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
5,27,14	City, State, Zip Code Brunard Cunty Cuncil of Pritessional Fire Righters PAC account 304 NE 15+5+ Compano Beach FL 3366	F PAC	CHE	N		500.00
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<u> </u>						
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1 1	·					OF SUNRISE
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. 1						
DS-DE 13 (Rev. 11/1	3)	SEE REVERSE FOR I	NSTRUCTIONS	AND CODE VALU	JES	

· Manualan CAMPAIGN TREASURER'S REPORT SUMMARY (1) Yomtor Vivi Assidan OFFICE USE ONLY K CITY OF SUNRISE (2) Soy NW 130th terrace Address (number and street) 14 MAY -7 PM 4: 02 SWYSC FL333ANT City, State, Zip Code ☐ Check here if address has changed (3) ID Number: Check appropriate box(es): Office Sought: Sunse City Commissioner Group A 2016 ☑ Candidate 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 ☐ Check here if no other IE or EC reports will be filed individual making electioneering communications) (5) Report Identifiers Cover Period: From () 4 / () | /) 4 To 04 / 30 / **#**4 Report Type: M → Original ☐ Special Election Report ☐ Amendment (6) Contributions This Report **Expenditures This Report (7)** Monetary \$_____, _______, <u>000</u>. <u>00</u> Expenditures , ,). Cash & Checks \$, <u>, 50</u>0.00 Loans Transfers to Office Account Total Monetary \$, 1 , 500 - OD **Total Monetary** \$, , D - 60 In-Kind Other Distributions (8) **TOTAL Monetary Expenditures To Date** (9) **TOTAL Monetary Contributions To Date** (10)(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: Yuel Assidon Yom-tou VIVI HSSIDON (Type name) (Type name) ☐ Individual (only for IE Candidate, Treasurer ☐ Deputy Treasurer or electioneering comm.) ASCIP ON Signature

(1) Name www	HOJ Vivi Assidon			(2)	I.D. Number		
(3) Cover Period	04101114	throu	gh <u>04</u> 1	<u>30 1 14</u>	_ (4) Page		of <u>1</u>
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) - Amount
	ASSIDON, You-to 824 NW 130th SUNDE FL 53325	S	Self- employed	Loan	7		\$500.00
2	Metro Bravard Professional Firetignities PAC a count 304 NE 1st street Pompano Stach, FL 33060	F	Ø 6/2 P€	CHE	2		\$ 1,000.00
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l l							CLERK SUNRISE PM 4: 02
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURE	R'S REPORT SUMMARY CLERK
(1) You tor Vivi Assidar Name	OFFICE USE ONLY 14 APR -9 AM 10: 19
Address (number and street)	
Sunrice FL 33325	
City, State, Zip Code	
Check here if address has changed	(3) ID Number: 46 - 52 55 796
(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 B / O) / M To	<u>03 / 3) / 14</u> Report Type: <u>M3</u>
Original Amendment Spe	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,,	Monetary Expenditures \$,,
Loans \$,, <u>\</u>	Transfers to Office Account \$,,
Total Monetary \$,, _O · OO	Total Monetary \$, , , ,
In-Kind \$	
	(8) Other Distributions \$, , <u>O</u> . <u>OO</u> _
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$,,O. <u>OO</u>	\$,, <u>6</u> . <u>00</u>
(11) Cert It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, com-	on to falsify a public record (ss. 839.13, F.S.)
(Type name) YATL ASSIPON	(Type name)
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
x Mallish	x \$\\\ \ASS'001
Signature <	Signature

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

CITY CLERK CITY OF SUNRISE

14 JUN 12 AM 8: 55

officer before opening the camp	aign account.						OFFICI	E USE	ONLY
1. CHECK APPROPRIATE BOX(E Initial Filing of Form Re	:S): e-filing to Change:	⊠ Trea	surer/D	eputy [Depository		Office		Party
2. Name of Candidate (in this order Year VIVI ASSIC 4. Telephone 5. E-m (GM) 4394091 VIVI	don		code)	11 5 045	de post office to 13v ^{†r} /to PC 3332	ma		state, z	zip
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office applicable: Applicable: My intent is to run as a Write-I 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run				n candi					
Write-In No Party Af		and min in	inalite o	n party as	applicable:	Par		i as a didate.	
9. I have appointed the following	person to act as	my 🗀] Cam	paign Trea	surer 💢	Deputy	/ Treasure	r	
10. Name of Treasurer or Deputy T	•	<u>^</u>							
11. Mailing Address & 24 MW (30**	teracl		-			2. Telep	hone 4394	110	
13. City 14. (County	15. State	16. 2 3 3	Zip Code 33ょう	17. E-mail ac	dress			
18. I have designated the following	ng bank as my			y Depositor			y Deposito		
19. Name of Bank	- .	20	. Addre	SS					
21. City	22. County	· •		23. State			24. Zip C	ode	
UNDER PENALTIES OF PERJURY, I DEC DESIGNATION	LARE THAT I HAVE I N OF CAMPAIGN DEP	READ THE FO	REGOIN D THAT	IG FORM FOI THE FACTS S	R APPOINTMENT STATED IN IT AR	FOF CAN E TRUE.	IPAIGN TRE	EASURE	R AND
25. Date 6/10/14		26 X	. Signat	ture of Can	didate	ے ک	مرو	/	
27. Treasurer's Acc	eptance of Appo	intment (fill	I in the b	olanks and	check the app	ropriate	block)		
I, Yomtov Viv	se Print or Type N	Jame)			_ , do hereby	accept	the appoi	ntment	•
designated above as:	Campaign Ti		Ø	Deputy Tre	asurer.	ر (_/		
6/10/14 Date		X	pature o	of Campain	n Treasurer o	r Denut	v Treasure		

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.

CITY CLERK CITY OF SUNRISE

14 MAR 12 AM 10: 07

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 Defice Party			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code) 834 NW 136™ ナビルの			
4. Telephone 5. E-mail address (954) 4396091 Vivi. assidon@gm	railcon. Rnrise, FL 33325			
6. Office sought (include district, circuit, group number) Sun rise City Commission Grove	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.			
8. If a candidate for a <u>partisan</u> office, check block and	I 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				
11. Mailing Address 824 NW 130th Terrall	12. Telephone (954) 6089856			
	State 16. Zip Code 17. E-mail address			
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank Chase	12590 W SUNTER BIVO			
21. City . 22. County . Smr(8e browned	23. State 24. Zip Code 33323			
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 3/11/14	26. Signature of Candidate			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, VAEL ASSIDUM (Please Print or Type Name	e) , do hereby accept the appointment			
designated above as: 💢 Campaign Treas	surer Deputy Treasurer.			
3/11/14 X Date	Signature of Campaign Treasurer or Deputy Treasurer			

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY	14	
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candidate for the office of Sunvive City (wmwsion Grup A 2016) have been provided access to read and understand the requirements of

X ASS 129 O. Signature of Candidate

Chapter 106, Florida Statutes.

3)11/14 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

16 JUN 20 PM 1:23



NOTICE OF CANDIDACY AND AFFIDAVIT

V 1 n 1	
1, Jentry Assidan	, do hereby affirm that I am a
candidate for the office of Commissioner G	City of Sunrise, m Broward
County, Florida, in the General Election to be held or	•
serve in said office and will serve if elected; and that	
has resided continuously within the City of Sunrise, B	
(1) year prior to qualifying as a candidate for City Con	
(1) year prior to qualifying as a candidate for city con	115511021
	1 As Dorl
	Signature
	o / a - / //
	6/20/16
	Date
STATE OF FLORIDA	
COUNTY OF BROWARD	
CITY OF SUNRISE	
The foregoing instrument was sworn to (or affirmed	and subscribed before me this 204 day
of June 2016, by Yantou Asside	IN 1 // AZ
	The state of the s
	1 1 1 I I I I I I I I I I I I I I I I I
anay pull	FELICIA BRAVO , Notary Public
MY CO	DMMISSION # EE 845644
EXPII Bonder	RES: February 11, 2017 i Thru Budget Notary Services (seal)
E OF Fran	(000)
Personally Known OR Produced Identification	n
Type of Identification Produced	·
The or inclinional Library	
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

16 JUN 20 PM 1: 23

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)			
am a candidate for the nonpartisan office of			
(circuit #) (group or seat #); I am a qualified elector of 13 ROW AM (County, Florida;			
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.			
X /ASS/201/ (984) 43 9-609/ VIVI. ASSID ON Q GMAIL. C Signature of Candidate Telephone Number Email Address			
824 NW 130 TERRACE SUNDISE FLU. 33325 Address City State ZIP Code			
Candidate's Florida Voter Registration Number (located on your voter information card): 10(623827			
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):			
VEE-VEE AH-SEE-DON			
STATE OF FLORIDA COUNTY OF Brown			
Sworn to (or affirmed) and subscribed before me this 20th day of 30 de , 20 16.			
Personally Known: or FELICIA BRAVO MY COMMISSION # EE 845644 EXPIRES: February 11, 2017 Bonded Thru Budget Notary Services Print, Type, or Stamp Commissioned Name of Notary Public			
Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:			

FORM 1	STATEME	ENT OF	2015	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL I	NTERESTS	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE ASSIDON YOM TO MAILING ADDRESS /	0		16 JU	
824 NN 130 TEN		11.12	Z o T	
SUNRISE 33	ZIP: COUNTY:	~~	F SU PM	
NAME OF AGENCY:	R15E F-6A		- ZZ	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			23	
You are not limited to the space on the line		,		
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR AF	PPOINTEE		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one): DECEMBER 31, 201 MANNER OF CALCULATING REPORTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	ASE STATE BELOW WHETHER THE SPECIFY SPECIFY SPECIFY ORTABLE INTERESTS: G REPORTING THRESHOLDS THAT RATIVE THRESHOLDS, WHICH ARE YOU ARE USING (must check one increment) THRESHOLDS	E PRECEDING TAX YEAR IS STATEMENT IS FOR T TAX YEAR IF OTHER THA AT ARE ABSOLUTE DOLLA RE USUALLY BASED ON e): DR	AR VALUE THRESHOLDS	
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S			DESCRIPTION OF THE SOURCE'S	
OF INCOME WIVI ELECTROMES	ADDRESS ANC 824NW 130 TEK SUNIN		PRINCIPAL BUSINESS ACTIVITY	
	0-1,			
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to businesses	s owned by the reporting per	son - See instructions]	
NAME OF BUSINESS ENTITY			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NON				
PART C - REAL PROPERTY [Land, but (If you have nothing to report to the control of the control o		See instructions]	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.	

(If you have nothing to report, write "non TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Charles Schwab STOCKS	Charles	School I	westments	
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-		ADDRE	SS OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"		in certain types of bu	sinesses - See instructions]	
	BUSINESS		BUSINESS ENTITY #2	
NAME OF BUSINESS ENTITY	VIVI Electronics Inc		6 70	
ADDRESS OF BUSINESS ENTITY	824 NW 13	O TIV	₹ 07	
PRINCIPAL BUSINESS ACTIVITY	Retail		2 7	
POSITION HELD WITH ENTITY	owner ff	es. dent	SCC	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			3 5 5	
NATURE OF MY OWNERSHIP INTEREST			= 7 2	
PART G — TRAINING For elected municipal officers required to complete and I CERTIFY THAT I	HAVE COMPLE	TED THE REQ	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature: Date Signed:		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 INSTRU	CTIONS:		
WHAT TO FILE: WH	HERE TO FILE:		WHEN 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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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

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

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

Candidates file this form together with their qualifying papers.

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

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

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

CITY CLERK CITY OF SUNRISE

16 JUN 20 PM 1:23



NOTICE OF LOGIC AND ACCURACY TEST

F.S. 101.5612 Testing of tabulating equipment.

Notice is hereby given that the pre-election Logic and Accuracy test for the automatic tabulating equipment for the 2016 Primary and General Elections will take place as listed below. Attendance at this test of the equipment is strictly optional. You are welcome to observe.

VOTING EQUIPMENT CENTER 1501 NW 40 AVENUE LAUDERHILL, FL (954)712-1903

For Primary Election For General Election Wednesday, August 10, 2016 Wednesday, October 19, 2016 10:00 a.m. 10:00 a.m.

Signature of Candidate

Date

6/20/16

CITY CLERK CITY OF SUNRISE

16 JUN 20 PM 1: 23



Receipt of Sunrise Code of Ethics and Sunshine Amendment and Code of Ethics for Public Officers and Employees Acknowledgement

I have received, read and understand the City of Sunrise Code of Ordinances, Chapter 10, Article II, Code of Ethics and the Sunshine Amendment and Code of Ethics for Public Officers and Employees.

YOM 70V A 5512000 Print Name

A 5512000 Print Name

A 5512000 Signature

6/20/16

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:

- 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.
- 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 falsi	fies, distorts, or mi	isrepresents facts.		
Executed on this day 20 of June, 2016				
WITNESSE8:	BY CANDIDATE	1 CCBC	1.	
Chelle	1	A	2	0
Avi Assigon.	Signature 1/10/4 TO	OV ASSIDO	1/2	70
	(Print Name)		2	무구
STATE OF FLORIDA)			0	တင္
) SS.			2	Z
COUNTY OF Broward)			-: 2	25
The foregoing instrument was acknowledged before me this	201	day of Jore	£	S
2016 by Yenton Assidon		sonally known to me or v	vho has proc	duced
as identification	on and who did/did	I not take an oath.		
WITNESS my hand and official seal, this Zott day of	عهدك	,2016.		
(NOTARY SEAL)	2/			
(Signature of person taking acknowledgment		lame of officer taking ackn ped, printed, or stamped	-	
My commission expires:	* MY COM	ELICIA BRAVO MMISSION # EE 845644 ES: February 11, 2017		

Bonded Thru Budget Notary Services