CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yaniv Vivi Assidon
Name

(2) 804 NW 130th terrace
Address (number and street)

Sunrise FL 33325.
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

16 NOV -4 AM 11:45
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner 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 PC or ECO has disbanded
☐ Check here if PTY has disbanded
☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 22 / 16 To 11 / 3 / 16 Report Type: G7

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 2,890.00
Loans	$ 0.00
Total Monetary	$ 2,890.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 2,898.65
Transfers to Office Account	$ 0.00
Total Monetary	$ 2,898.65

(8) Other Distributions

$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

$ 44,491.82.

(10) TOTAL Monetary Expenditures To Date

$ 21,549.56.

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

X
Signature

(Type name) Yaniv Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yomtov Vivi Assidon **(2) I.D. Number** _____

(3) Cover Period 10/22/16 through 11/3/16 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/1/16 / 1	Dumar Aylsworth, Layston, Voight Adair 1177 SE 3rd Ave. Ft Lauderdale FL 33316	B.	Attorney.	CHE	N		750.00
11/2/16 / 2	David A Sarvestani PO Box 825292 Pembroke Pines, FL 33082.	I	resident	CHE	N.		40.00
10/27/16 / 3	Realtors Political Advocacy Committee 7035 Augusta National Drive Orlando FL 33822	P	Realtors.	CHE	N.		1,000.00
11/3/16 / 4	Grande Consulting Inc. Vinnie Grande. PO Box 246076 Pembroke Pines FL 33024	B.	consulting Arm.	CHE.	N.		250.00
10/25/16 / 5	MBA Development Partners LLC. 433 Plaza Real Suite 275. Boca Raton FL 33432	B.	Business development	CHE	N.		750.00
10/25/16 / 6	Patricia L. Quaybes 4106 Oxbow Dr. Coconut Creek, FL 33073	I	president c/o a. business.	CHE	N.		100.00
/ /							
/ /							

CITY OF SUNRISE
16 NOV -4 AM 11:45
CITY CLERK

DS-DE 13 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY CLERK
CITY OF SUNRISE

16 NOV -4 AM 11:45

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yamilow Uvi Assiden (2) I.D. Number

(3) Cover Period 10/22/16 through 11/3/16. (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) Amendment	(11) Amount
10/25/16 / 1	US Postal Service - Sunrise 3225 N Hiatus Rd Ft Lauderdale FL 33345	mailing services.	MON		12.45
10/22/16 / 2	Office Depot 12550 W Sunrise Blvd Sunrise FL 33323	campaign supplies	MON		77.16.
11/3/16 / 3	Speedy Print 5270 N State Rd 7. Ft Lauderdale FL 33319	printing	MON		636.00
10/01/16 / 4	Lesters Diner III 1393 NW 136th Ave. Sunrise FL 33323	food for campaign workers.	MON.		35.17
10/29/16 / 5	Sams Club Sunrise FL 33323 954 846 7001	campaign supplies	MON		27.06
10/29/16 / 6	Scottos Pizza 3455 N Hiatus Rd. Sunrise FL 33351	food supplies for volunteers	MON		28.46.
10/27/16 / 7	Publix 10155 west oakland Pk. Blvd. Sunrise FL 3351	food supplies for campaign workers.	MON		4.06
10/29/16 / 8	Publix 12500 W Sunrise Blvd. Sunrise FL 33323	food supplies for campaign volunteers.	MON.		18.09.

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yamtov Vivi Assidon (2) I.D. Number

(3) Cover Period 10 / 22 / 16 through 11 / 3 / 16 (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) Amendment	(11) Amount
10/28/16 / 9	Publix 10155 W Oakland Park Blvd Sunrise FL 33351	food supplies for campaign volunteers.	MON		27.60
11/01/16 / 10	Publix 10155 W. Oakland Park Blvd. Sunrise FL 33351	food supplies for campaign workers.	MON		24.64
10/26/16 / 11	webflow.com	campain website	MON		20.00
10/31/16 / 12	Speedy Print 5270 N State Rd 7. Ft Lauderdale FL 33319	campaign printing	MON.		318.00
10/23/16 / 13	Sybill Peart-Lyon	campaign staff	MON		430.00
11/1/16 / 14	Kenneth Ivory.	campaign staff	MON		160.00
11/2/16 / 15	Maurice Wettby.	campaign staff	MON		100.00
11/1/16 / 16	Kenneth Ivory	campaign staff	MON		150.00

CITY OF SUNRISE
CITY CLERK
16 NOV -4 AM 11:

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yamter Vivi Assidon. (2) I.D. Number

(3) Cover Period 10/22/16 through 11/3/16. (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) Amendment	(11) Amount
10/2/16 17	Raymond Thurston	campaign staff	MON		160.00
10/28/16 18	Raymond Thurston.	campaign staff	MON		160.00
11/3/16 19	Kenneth Ivory	campaign staff	MON		160.00.
10/29/16 20.	ATM service charge	service charge.	MON		1.50
10/30/16 21	Chevron Ft Lauderdale FL.	gas to campaign.	MON.		20.00
10/2/16 22.	Speedy print. 5270 N State Rd 7 Ft Lauderdale 33319	campaign printing	MON		263.94.
10/23/16 23	Good Guys Signs. 1032 E Hillsborough Ave. Tampa, FL 33604.	campaign signs/ printing	MON.		134.52.
/ /					

16 NOV -4 AM 11:45
CITY OF SUNRISE
CITY CLERK

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY CLERK
CITY OF SUNRISE
16 DEC 27 AM 10: 28

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamon Vivi Assidon
Name

(2) 824 NW 130th Terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

16 DEC 27 AM 10: 28
CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner 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 PC or ECO has disbanded
☐ Check here if PTY has disbanded
☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 22 / 16 To 11 / 3 / 16 Report Type: G7.

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 2,890.00
Loans	$ 0.00
Total Monetary	$ 2,890.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 2,978.65
Transfers to Office Account	$ 0.00
Total Monetary	$ 2,978.65

(8) Other Distributions

$ _____

(9) TOTAL Monetary Contributions To Date

$ 44,491.82

(10) TOTAL Monetary Expenditures To Date

$ 21,984.03

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Yamon Vivi Assidon
☑ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yuma'n Vivi Possidon (2) I.D. Number

(3) Cover Period 10/22/14 through 11/3/14 (4) Page 1 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) Amendment	(11) Amount
11/3/14 / 24.	Williams, Chadrick	campaign staff	MON	ADD.	80.00
/ /					
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODEVALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yantov Vivi Assiden
Name

(2) 824 NW 136th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
16 OCT 27 AM 9:17
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 10 / 8 / 16 To 10 / 21 / 16 Report Type: G6.

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$, , 300 . 00
Loans	$, , 0 . 00
Total Monetary	$, , 300 . 00
In-Kind	$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$, 10 , 271 . 69
Transfers to Office Account	$, , 0 . 00
Total Monetary	$, 10 , 271 . 69

(8) Other Distributions
$, , .

(9) TOTAL Monetary Contributions To Date
$, 41 , 601 . 82

(10) TOTAL Monetary Expenditures To Date
$, 18 , 650 . 91

(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) Yael Assiden
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yantov Vivi Assiden
☑ Candidate ☐ Chairperson (only for PC and PTY)

X Assiden
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yimton Vivi Assidon (2) I.D. Number

(3) Cover Period 10 / 8 / 16 through 10/21/16. (4) Page 1 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) Amendment	(11) Amount
10/10/16 / 1	FedEx office 3396 N University Dr. Sunrise, FL 33351.	copying/ printing	Mon		8.59.
10/16/16 / 2	Home Depot 12525 W Sunrise Blvd Sunrise FL 33323	campaign supplies	Mon		38.22
10/17/16 / 3	office Depot 12550 W Sunrise Blvd. Sunrise, FL 33323	campaign supplies	Mon.		7.94.
10/17/16 / 4	Home Depot 2901 N University Dr. Sunrise FL 33322	campaign supplies	Mon		30.81
10/20/16 / 5	Landslide Victory Campaign 934 N University Dr. #135 Coral Springs, FL 33071	campaign literature/ flyers.	Mon		9544.00
10/20/16 / 6	National Campaign Resource 934 N University Drive #135 Coral Springs FL 33071.	campaign	MON		343.13
10/10/16 / 7	call Fire Inc. 877.897.FIRE	campaign phone calls	Mon		299.00
/ /					

16 OCT 27 AM 9:17
CITY OF SUNRISE
CITY CLERK

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yomtov Mui Assidon **(2) I.D. Number** _____

(3) Cover Period 10 / 8 / 16 through 10 / 21 / 16 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/13/16 / 1	Republic Services of Florida LP 8619 Western Way Jacksonville FL 32256	B.	Public Disposal Services	CHE	N.		300.00
/ /							
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CITY CLERK
CITY OF SUNRISE
16 OCT 27 AM 9:17

DS-DE 13 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Vivi Assidon
Name

(2) 824 NW 130th Terrace
Address (number and street)
Sunrise FL 33325
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

16 DEC 27 AM 10:28
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner 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 PC or ECO has disbanded
☐ Check here if PTY has disbanded
☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 8 / 14 To 10 / 21 / 14. Report Type: G6

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 300 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 300 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , 10 , 626 . 16
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , 10 , 626 . 16

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 41 , 601 . 82

(10) TOTAL Monetary Expenditures To Date
$ ___ , 19 , 005 . 38

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yomtov Vivi Assidon
☑ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yunior Civil Association. (2) I.D. Number

(3) Cover Period 10/5/16 through 10/31/16. (4) Page 1 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) Amendment	(11) Amount
10/13/16 / 8	Good Guys Signs 6032 E Hillsborough Ave. Tampa FL 33604	campaign signs.	MON	ADD	254.47.
10/14/16. / 9.	Broward County Council of Professional Firefighters ~~2401~~ 72 NW 45th Ave. Deerfield Beach FL 33442	campaign sponser	MON	ADD.	100.00.
/ /					
/ /					
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK CITY OF SUNRISE 16 OCT 3 PM 1:20

OFFICE USE ONLY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate (office sought): SUNRISE COMMISSION GROUP A

☐ Political Committee — ☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence — ☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication — ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9 / 1 / 16 To 10 / 7 / 16 Report Type G4

☑ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$ 1,425.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 2,313.82
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 41,301.82

(10) TOTAL Monetary Expenditures To Date

$ 8,379.22

(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 ASSIDON

☐ Individual (only for electioneering commun.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

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

(Type name) YOM TOV VIVI ASSIDON

☑ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X ASSIDON
Signature

DS-DE 12 (Rev. 08/04)

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

16 OCT 13 PM 1:20

(1) Name Yamilou Vivi Assidon. (2) I.D. Number

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

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/9/16 1	Sams Club 1355 W Sunrise Blvd. Sunrise FL 33323	campaign supplies	Mon		17.09
9/9/16 2	Home Depot 12525 W Sunrise Blvd. Sunrise FL 33323	campaign supplies	Mon		140.58
9/9/16 3	Home Depot 12525 W Sunrise Blvd. Sunrise FL 33323	campaign supplies	Mon		8.98
9/8/16 4	Good Guys Signs 1032 E. Hillsborough Ave Tampa FL 33604	campaign signs	Mon		835.75
9/14/16 5	FedEx 13715 W Sunrise Blvd Sunrise FL 33323	printing	Mon		36.95
9/19/16 6	Office Depot 12550 W Sunrise Blvd Sunrise FL 33323	printing, copying supplies	Mon.		74.19.
9/24/16. 7	Office Depot 12550 W Sunrise Blvd Sunrise FL 33323	campaign supplies	Mon.		65.71
9/25/16 8	Home Depot 12525 W Sunrise Blvd. Sunrise FL 33323	campaign supplies	Mon.		21.57

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yontan Vivi Assidon (2) I.D. Number

(3) Cover Period 9 / 1 / 16 through 10 / 7 / 16 (4) Page 2 of 2.

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/27/16 / 9	Home Depot 2901 N University Drive Sunrise FL 33322	campaign supplies	MON		10.50
9/28/16 / 10	Artworks printing 5922 Lee St. Hollywood FL33021	printing	MON		132.50
9/27/16 / 11.	www.webfiw.com. California 415-9440555	campaign website	MON		20.00
10/3/16 / 12	SPEEDY PRINT 5270 N STATE ROAD 7 FORT Lauderdale. FL 33319	PRINTING DOOR HANGER.	MON		550.00
10/6/16 / 13	SPEEDY PRINT 5270 N STATE ROAD 7 FORT Lauderdal. FL 33319	PRINTING DOOR Hanger	MON		400.00
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
16 OCT 13 PM 1:20

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOM TOV VIVI ASSIDON **(2) I.D. Number** _____

(3) Cover Period 9 / 1 / 16 through 10 / 7 / 16 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ / 1	MITCHELL CEASAR 8181 W BROWARD BLVD STE 201 PLANTATION FL 33324	I			CHE	N	100.00
9/26/16 2	VISION MEDIA INC. 4544 N HIATUS ROAD SUNRISE FL 33351	B	OWER		CHE	N	250.00
9/29/16 3	THADDEUS HAMILTON 9352 NW 46TH CT SUNRISE FL 33351	I	Retired.		CHE	N	75.00
9/29/16 4	BIG DICK'S MUSCLE CARS REPAIRS & RESTORATION. LLC 5359 N NOB HILL ROAD SUNRISE FL 33351	B	OWER BUSINESS		CHE	N	500.00
9/29/16 5	TRANS WORLD Realty services INC 5359 N NOB HILL SUNRISE FL 33351	B	OWER BUSINESS.		CHE	N	500.00
/ /							
/ /							

10/14/16

CITY CLERK
CITY OF SUNRISE
16 OCT 13 PM 1:20

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

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE
16 SEP -7 AM 10:21

OFFICE USE ONLY

(1) YOMTOV VIVI ASSIDON
Name

(2) 824 NW 130 TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 8 / 1 / 16 To 8 / 31 / 16 Report Type: 48

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,500.00
Loans	$ 00.00
Total Monetary	$
In-Kind	$ 00.00

(7) Expenditures This Report

Monetary Expenditures	$ 180.00
Transfers to Office Account	$
Total Monetary	$ 180.00

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 39,876.82

(10) TOTAL Monetary Expenditures To Date

$ 6,065.40

(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) Yael Assidon

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

X _____
Signature

(Type name) Yomtov Vivi Assidon

☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yanitan Vin Assidon **(2) I.D. Number** _____

(3) Cover Period 8 / 1 / 16 through 8 / 31 / 16 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8, 3, 16 / 1	Fraternal of Police Sunrise Lodge 80 PO Box 450086 Sunrise FL 33345	B	Union Labor	CHE	N		500.00
8, 8, 16 / 2	Goldfinger 3801 N. University Drive Suite 101 Sunrise FL 33351	B	CLUB	CHE	N		250.00
8, 15, 16 / 3	Broward Collisional 3685 W Oakland Park Blvd Lauderdale Lakes, FL 3331	B	Auto REPAIR	CHE	N		250.00
8, 15, 16 / 4	Westway towing Inc 3681 West Oakland Pk Blvd. Lauderdale Lakes, FL 33311	B	Towing	CHE	N		250.00
8, 29, 16. / 5	PBA. 2650 W. State Rd 84 Ft Lauderdale, FL 33312.	B.	Police Benevolent Association	CHE	N.		250.00
/ /							
/ /							

10/14/16

CITY CLERK
CITY OF SUNRISE
16 SEP -7 AM 10: 22

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yamon Vivi Absider (2) I.D. Number

(3) Cover Period 8 / 1 / 16 through 8 / 31 / 16 (4) Page 1 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) Amendment	(11) Amount
8/15/16 / 1	West Broward Democratic Club 13150 NW 11th St Sunrise FL 33321	Campaign advertisement	Mon		160.00
8/27/16 / 2	webflow.com California 415-944 0555	Campaign website	Mon		20.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TERRACE
Address (number and street)

SUNRISE FLA. 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 AUG -8 AM 9:42

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 / 16 To 7 / 31 / 16 Report Type: M7

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 200.00
Loans	$ 00.00
Total Monetary	$ 00.00
In-Kind	$ 00.00

(7) Expenditures This Report

Monetary Expenditures	$ 144.23
Transfers to Office Account	$
Total Monetary	$ 144.23

(8) Other Distributions
$

(9) TOTAL Monetary Contributions To Date
$ 38,376.82

(10) TOTAL Monetary Expenditures To Date
$ 5,885.40

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yomtov Vivi Assidon
☑ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yamnov Mu Assidon (2) I.D. Number

(3) Cover Period 7 / 1 / 16 through 7 / 31 / 16 (4) Page 1 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) Amendment	(11) Amount
7/4/16 1	DOLLAR TREE STORE 13790 W. STATE RD 84 Davie FL 33325	campaign supplies	MON		11.66
7/4/16 2	SAM'S CLUB 13550 W. Sunrise Blvd. Sunrise FL 33323.	campaign supplies	MON		68.06
7/22/16 3	OFFICE DEPOT 12550 W. SUNRISE BLVD SUNRISE FL 33323	office supplies for campaign	MON		44.51
7/22/16 4	WEBFLOW.. COM CA. US 415-964-0555	campaign website.	MON.		20.00
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
16 AUG -8 AM 9:42

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamin Vivi Assidon (2) I.D. Number

(3) Cover Period 7 / 1 / 16 through 7 / 31 / (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/26/16 / 1	ADAM TAL 11335 NW 18 CT PLANTATION FL 33323	I		CAS	N		50.00
7/26/16 / 2	AUSTIN TAL 11335 NW 18 CT PLANTION FL 33323	I		CAS	N		50.00
7/26/16 / 3	ETHAN TAL 11335 NW 18 CT PLANTATION FL 33323	I		CAS	N		50.00
7/26/16 / 4	ERIZ TAL 11335 NW 18 CT PLANTATION FL 33323	I	Business owner.	CAS	N.		50.00
/ /							
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
16 AUG -8 AM 9:42

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

16 JUL 11 AM 9:28
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 6 / 1 / 16 To 6 / 30 / 16 Report Type: 4 6

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , 3 , 048 . 31
Transfers to Office Account	$ ___ , 0 , 00 . 00
Total Monetary	$ ___ , 3 , 048 . 31

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 38 , 176 . 82

(10) TOTAL Monetary Expenditures To Date
$ ___ , 5 , 741 . 17

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) Yomtov Vivi Assidon
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 6 / 1 / 16 through 6 / 30 / 16 (4) Page 1 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) Amendment	(11) Amount
6/3/16 1	Speedy Print 1270 N. ST. Rd 7 Ft Lauderdale FL 33319	Printing	MON		143.10
6/23/16 2	city of Sunrise 10770 W Oakland Park Blvd. Sunrise FL 33351	Qualifying fee for campaign	Mon		2,870.04
6/26/16 3	Godaddy.com	campaign website	Mon		$15.17
6/27/16 4	WEBFLOW.com	campaign website	Mon.		$20.00
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
16 JUL 11 AM 9:28

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

16 JUN -7 PM 12:08
CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE COMMISSION GROUP 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 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 5 / 1 / 16 To 5 / 31 / 16 Report Type: M5

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 50 . 00
Loans	$ ___ , 10 , 000 . 00
Total Monetary	$ ___ , 00 , 00 . 00
In-Kind	$ ___ , 00 , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 190 . 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 190 . 00

(8) Other Distributions

$ ____

(9) TOTAL Monetary Contributions To Date

$ ____ 38 , 176 . 82

(10) TOTAL Monetary Expenditures To Date

$ ____ , 2 , 692 . 86

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 5 / 1 / 16 through 1 / 31 / 16 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
5 / 18 / 16 1	THADDEWS HAMILTON 9352 NW 46TH CT SUNRISE FL 33351	I	Retired	CHE			50.00
5 / 26 / 16 2	YOM-TOV. ASSIDON 824 NW 130 TER SUNRISE FL 33325	S	Business Owner	LOA			10,000.00
/ / 							
/ / 							
/ / 							
/ / 							
/ / 							

CITY CLERK
CITY OF SUNRISE
16 JUN -7 PM 12:08

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 5/1/16 through 5/31/16 (4) Page 1 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) Amendment	(11) Amount
5/12/16 / 1	GSDC 6800 SUNSET STRIP SUNRISE FL	SPONSOR	MON.		90 00
5/18/16 / 2	WBDC PO BOX 450666 SUNRISE FL. 33345	ADVERTISMENT	MON		100 00
/ /					
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CITY CLERK
CITY OF SUNRISE
16 JUN -7 AM 12:08

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE
16 MAY -9 AM 10: 24

OFFICE USE ONLY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th Terrace
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSIONER 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 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 / 1 / 16 To 4 / 30 / 16 Report Type: M4

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 740 . 82
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ 127 . 20
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 127 . 20

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ~~___ , 28 , 128 . 82~~
6/7/16 28 126 82

(10) TOTAL Monetary Expenditures To Date

$ ___ , 2 , 502 . 86

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

16 MAY -9 AM 10: 24

CITY CLERK
CITY OF SUNRISE

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th Terrace
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSIONER 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 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 / 1 / 16 To 4 / 30 / 16 Report Type: M4

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 740 . 82
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ 127 . 20
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 127 . 20

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 28 , 128 . 82

(10) TOTAL Monetary Expenditures To Date

$ ___ , 2 , 502 . 86

(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) Yael Assidon

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

X _____
Signature

(Type name) YOM TOV VIVI ASSIDON

☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOM TOV VIVI ASSIDON **(2) I.D. Number** _____

(3) Cover Period 4 / 1 / 16 through 4 / 30 / 16 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
4 / 5 / 16 / 1	AMTRAST BANK 9100 W OAKLAND PARK BLV SUNRISE FL 33351	B	BANK	RFE			15.82
4 / 7 / 16 / 2	GUIDANT MANAGMENT GROUP LLC 7001 SW 5TH ST PLANTATION FL 33317	B	Business	CHE			150.00
4 / 18 / 16 / 3	Samuel & COMPANY LLC 3301 NE 1ST AVE MIAMI FL 33137	B	Business	CHE			500.00
4 / 18 / 16 / 4	JOSEPH L D'ALBERT JEA D'ALBERT 400 COMMODORE DR. NO 501 FORT LAUDERDALE 33316	I	Retired	CHE			50.00
4 / 18 / 16 / 5	JOSEFINA B HARVIN Linda 10701 NW 26 ST. SUNRISE FL 33322	I	Resident	CHE			25.00
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
16 MAY -9 AM 10: 24

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON. (2) I.D. Number

(3) Cover Period 4 / 1 / 16 through 4 / 30 / 16 (4) Page 1 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) Amendment	(11) Amount
4/20/16 / 1	ARTWORKS PRINTING 5922 Lee Street. Hollywood FL 33021	Campaign T-Shirt	MON		127.20
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
16 MAY -9 AM 10:24

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th Terrace
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 JUN -7 PM 12:15

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSION GROUP 4
☐ 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 3 / 1 / 16 To 3 / 31 / 16 Report Type: M 3

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , 14 , 636 . 00
Loans	$ ___ , 9 , 500 . 00
Total Monetary	$ ___ , 00 , 00 . 00
In-Kind	$ ___ , 00 , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , 1 , 212 . 90
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , 1 , 212 . 90

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 27 , 386 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , 2 , 375 . 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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Vivi Assidon
Name

(2) 824 NW 130th Terrace
Address (number and street)
Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

16 APR -7 PM 2:10
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 / 1 / 16 To 3 / 31 / 16 Report Type: M3

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 14,636.00
Loans	$ 00,00.00
Total Monetary	$ 00,00.00
In-Kind	$ 00,00.00

(7) Expenditures This Report

Monetary Expenditures	$ 1,212.90
Transfers to Office Account	$, , .
Total Monetary	$ 1,212.90

(8) Other Distributions
$, , .

(9) TOTAL Monetary Contributions To Date
$ 27,386.00

(10) TOTAL Monetary Expenditures To Date
$ 2,375.66

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yomtov Vivi Assidon.
☑ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamtov Vivi Hassidon **(2) I.D. Number** _____

(3) Cover Period 03/01/16 through 03/31/16 **(4) Page** 5 of 5

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3/22/16 / 29	Suskind, Diana 20 Mainstreet Floor 5 Apt 0 Leominster MA 01453	I	Professor	CHE			100.00
3/7/16 / 30	Barov, Eli 2100 N Ocean Blvd Apt 1001 Ft Lauderdale FL 33305	I	Retired	CHE			150.00
3/8/16 / 31	Americana Oak LLC 2720 W. Atlantic Blvd. Pompano Beach FL 33069	B	Bases.	CHE			250.00
3/8/16 / 32	Ed Morse Sawgrass Automall 14401 W. Sunrise Blvd Sunrise FL 33323	B	Automall	CHE			1000.00
3/8/16 / 33	Suskind, Dana 5730 S Lefwood Ave Chicago IL 60637	I	Physician	CHA			200.00
3/28/16 / 34	Hassidon, Yamtov, Vivi 5244 NW 130 Terrace Sunrise FL 33325	S	Business owner	LOA			9,500.00
/ /							

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

16 APR -7 PM 2:10

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yvonne Williams (2) I.D. Number

(3) Cover Period 03/01/16 through 03/31/16 (4) Page 1 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) Amendment	(11) Amount
3/23/16 / 1	Artworks Printing Enterprises 5899 Lee St Hollywood FL 33021	Campaign T-Shirts	MON		$583.00
3/14/16 / 2	Dunkin Donuts 11170 W. Oakland Park Blvd Sunrise FL 3	Food. For Volunteers.	PAID N		13.48
3/15/16 / 3	Speedy print 5270 N State Rd 7 Ft Lauderdale FL 33319	Stickers? Cards	MON		344.50
3/2/16 / 4	Bleeptle TU c/o Lauder VFS Digital Inc. 3474 NE 13th terrace Oakland Park FL 33334	Digital Services	MON		250.00
3/7/16 / 5	Paypal 2211 N. First Street San Jose C 95131	Bank transfer fee	MON		6.10
3/9/16 / 6	CHK ORDER BOOK	BANK FEE	MON		15.82
/ /					
/ /					

16 APR -7 PM 2:10
CITY CLERK
CITY OF SUNRISE

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamtov Avi Assidon (2) I.D. Number

(3) Cover Period 03/01/16 through 03/31/16. (4) Page 1 of 5

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/28/16 / 1	Schultz, Eric 1520 O St. NW Apt 106 Washington DC 20005	I	Press	CHE			100.00
2/28/16 / 2	Shankman, Diane E 13424 NW 8th Ct. Sunrise FL 33325	I	RETIR	CHE			25.00
2/28/16 / 3	Sofield, Lawrence 6601 NW 27th St Sunrise FL 33313	I	Business	CHE			100.00
2/28/16 / 4	Effman, Steven W 1250 S. Pine Island Rd Suite 450 Plantation FL 33324	B	Attorney.	CHE			250.00
2/28/16 / 5	Olivo, Dominic S. 934 NW 133 Ave Sunrise FL 33325	I	RETIR	CHE			25.00
2/27/16 / 6	Fever, Louis C. 2955 NW 126 Ave Apt. 307 Sunrise FL 33323	I	Business	CHE			100.00
2/24/16 / 7	Soufrine, Sheila 2541 Nob Hill Rd Apt 106 Sunrise FL 33322	I	RETIR	CHE			36.00

16 APR -7 PM 2:11

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

666

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamiro Uvi Assidon **(2) I.D. Number** _____

(3) Cover Period 03 / 01 / 16 through 03 / 31 / 16. **(4) Page** 2 of 5

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/28/16 / 8	Cagan, Frank 1852 NW 168th Ave Pembroke Pines FL 33028	I	Firefighter	CHE			100.00
2/28/16 / 9	Deferrari, Jacqueline B. 1115 NW 133rd Ave. Sunrise FL 33323	I	Resident	CHE			150.00
2/28/16 / 10	Homes, Jamal C 400 Oakslane Pompano Beach, FL 33069	I	Business	CHE			25.00
2/28/16 / 11	Jimenez, Jose Franca 4730 NW 113th Ave. Sunrise FL 33323	I	Resident	CHE			100.00
2/26/16 / 12	Malk, Michele 3340 NW 97th way Sunrise, FL 33351	I	Resident	CHE			100.00
2/16/16 / 13	Garder, Elayne 1707 SW 110th ter Davie FL 33324	I	Resident	CHE			25.00
2/28/16 / 14	Schulte, Jack 48 Ely Dr. Fayetteville, NY 13066	I	Retire	CHE			350.00

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

16 APR -7 PM 2:11

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamtov Vivi Assidon **(2) I.D. Number** _____

(3) Cover Period 03 / 07 / 16 through 03 / 31 / 16 **(4) Page** 3 of 8

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/28/16 / 15	Laystrom, William C Jr. 1177 SE 3rd Ave Ft Lauderdale, FL 33316	I	Attorney	CHE			250.00
2/28/16 / 16	Reinstein, Lois 220 NW 101st Ave Plantation FL 33324	I	ATTORNEY	CHE			50.00
2/28/16 / 17	Kerch, Neil C. 8570 NW 31st Ct Sunrise, FL 33351	I	Attorney	CHE			50.00
2/28/16 / 18	Smith, E. A 2602 NW 103rd Ave Apt 204 Sunrise FL 33322	I	Retire	CHE			25.00
2/28/16 / 19	Filla, Sandra 10211 NW 24th St Sunrise FL 33322	I	Resident	CHE			25.00
2/28/16 / 20	Gueits, David 1364 NW 126th Ave Sunrise FL 33323.	I	Resident	CHE			50.00
2/29/16 / 21	Besso, Michel 16015 Nw 9 Ass Corporate Parkway Suite 140 Sunr	I	Business	CHE			500.00

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

16 APR -7 PM 2:11

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yomtov Uri Assidon **(2) I.D. Number** _____

(3) Cover Period 03 / 01 / 16 through 03 / 31 / 16 **(4) Page** 4 of 5

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/28/16 / 22	Schulte, Seth J. 1213 Blackthorn Rd Louisville, KY 40299	I	Physician	CHE			200.00
3/3/16 / 23	Storms, Jane I 10361 NW 20th Ct Sunrise FL 33322	I	Resident	CHE			100.00
2/15/16 / 24	Nob Hill Place LLC 6827 W. Commercial Blvd Tamarac FL 33319	B	Business	CHE			500.00
2/28/16 / 25	Rajput, Nuzhat 7865 NW 11th St Plantation FL 33322	I	Resident	CAS			50.00
2/28/16 / 26	Cagan, Frank 1252 NW 168th Ave Pembroke Pine FL 33028	I	Firefighter	CAS			20.00
2/28/16 / 27	Soufrine, Harvey 2541 Nob Hill Rd Apt 106 Sunrise FL 33322	I	Retire	CAS			50.00
3/22/16 / 28	Nelson, John Robert 4420 Sunrise Lakes Blvd Apt 310 Sunrise FL 33322	I	resident	CHE			50.00

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

16 APR -7 PM 2:11
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamtov Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
16 MAR -8 PM 12:02

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 / 16 To 2 / 29 / 16 Report Type: M2.

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 730 . 46
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 730 . 46

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 12 , 750 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , 1 , 162 . 76

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yamtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yunior Vivi Assidon (2) I.D. Number

(3) Cover Period 2 / 1 / 16 through 2 / 29 / 16 (4) Page 1 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) Amendment	(11) Amount
2/28/16 1	Scotto's Pizza 3455 N. Hiatus Rd. Sunrise, FL 33351	Campaign Kickoff.	MON		711.21
2/28/16 2	Party City 1250 40 W Sunrise Blvd. Sunrise FL 33323 BAY 218	Ballons.	MON		19.25
/ /					
/ /					
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/ /					

CITY CLERK
CITY OF SUNRISE
16 MAR -8 PM 12:02

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Sunrise, Florida 33351-6899

'16 FEB 3 AM10:12

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSNER 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 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 1 / 1 / 16 To 1 / 31 / 16 Report Type: M1

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , 1 , 050 . 00
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 36 . 03
Transfers to Office Account	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 36 . 03

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 12 , 750 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ 432 . 30

(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) YAEL ASSIDON
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 1 / 1 / 16 through 1 / 31 / 16 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1/27/16 / 1	DUNAY, MISKEL and BACKMAN LLP 14 SE 4TH STREET BOCA RATON FL 33432	B	LLP GROUP	CHE	N	N/A	1,000
1/27/16 / 2	Jane Frelich 398 MALZARD LANE WESTON FL. 33327	I	Realtor	CHE			50
/ /							
/ /							
/ /							
/ /							
/ /							

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

'16 FEB 3 AM 10:16

Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Surise, Florida 33351-6899

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 1 / 1 / 16 through 1 / 31 / 16 (4) Page 1 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) Amendment	(11) Amount
1/27/16 / 1	OFFICE DEPOT 3280 12550 W SUNRISE BLV SUNRISE FLA. 33323		MON		36.03
/ /					
/ /					
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Office of the City Clerk
City of Sunrise
10770 West Oakland Park Blvd.
Surise, Florida 33351-6899

'16 FEB 3 AM 10:16

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th TERACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

16 JAN -5 AM 11:03

CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSNER GROUP 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 12 / 1 / 15 To 12 / 31 / 15 Report Type: M12

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,000.00
Loans	$ 00.00
Total Monetary	$ 00.00
In-Kind	$ 00.00

(7) Expenditures This Report

Monetary Expenditures	$ 180.00
Transfers to Office Account	$ 00.00
Total Monetary	$ 00.00

(8) Other Distributions
$ _____

(9) TOTAL Monetary Contributions To Date
$ 11,700.00

(10) TOTAL Monetary Expenditures To Date
$ 396.27

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) Yomtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)
X Assidon
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOMTOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 12 / 1 / 15 through 12 / 31 / 15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12/01/15 / 1	Equity Land Title INC 250 S. Australian Ave STE 702 West Palm Bch, FL 33401	B	THE company	CHE	N	N/A	$500.00
12/1/15 / 2	Greenspoon Marder 100 W. Cypress Creek Rd. SUITE 700 Fort Lauderdale, FL 33309	B	Law grop.	CHE	N	N/A	$500.00.
/ /							
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CITY CLERK
CITY OF SUNRISE
16 JAN -5 AM 11:03

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yomton Vivi Assidon (2) I.D. Number

(3) Cover Period 12 / 1 / 15 through 12 / 31 / 15 (4) Page 1 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) Amendment	(11) Amount
12/2/15 1	SPEEDY PRINT INC 5270 N State Rd 7 Ft Lauderdale, FL 33319		MON		$180.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
16 JAN -5 AM 11:03

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE
15 DEC -7 AM 11:50

OFFICE USE ONLY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSIONER GROUP 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 11 / 1 / 15 To 11 / 30 / 15 Report Type: M11

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 00 . 00
Transfers to Office Account	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 10 , 700 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 216 . 27

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
15 NOV -3 AM 10:40

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 10 / 1 / 15 To 10 / 31 / 15 Report Type: MID

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , 5 , 000 . 00
Total Monetary	$ ___ , 0 , 00 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 00 . 00
Transfers to Office Account	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 10 , 700 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 216 . 27

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yomtov Vivi Assidon
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamtov Vivi Assidon (2) I.D. Number

(3) Cover Period 10 / 1 / 15 through 10 / 31 / 15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10 / 6 / 15 1	Assidon, Yamtov 834 NW 130th Ter. Sunrise FL 33325	5	self employed	LOA			5,000.00
/ / 							
/ / 							
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/ / 							
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CITY CLERK
CITY OF SUNRISE
15 NOV -3 AM 10:51

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TARECE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
15 OCT -7 AM 10:54

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE COMMISSION GROUP 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 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 9 / 1 / 15 To 9 / 30 / 15 Report Type: M9

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 00 . 00
Transfers to Office Account	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 5 , 700 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 216 . 27

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TARECE - N
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10:25

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 8 / 1 / 15 To 8 / 31 / 15 Report Type: M8

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,000.00
Loans	$ 00.00
Total Monetary	$ 00.00
In-Kind	$ 00.00

(7) Expenditures This Report

Monetary Expenditures	$ 00.00
Transfers to Office Account	$ 00.00
Total Monetary	$ 00.00

(8) Other Distributions

$ ____ , ____

(9) TOTAL Monetary Contributions To Date

$ 5,700.00

(10) TOTAL Monetary Expenditures To Date

$ 216.27

(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 ASSIDON

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

X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON

☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Nivi Assidon
Name

(2) 8244 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP -9 AM 10:55
CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group A 2015.
☐ 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 08 / 01 / 15 To 08 / 31 / 15 Report Type: MR.

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,000.00
Loans	$ 0.00
Total Monetary	$ 1,000.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 5,500.00

(10) TOTAL Monetary Expenditures To Date
$ 96.87

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Yomtov Nivi Assidon
☐ Candidate ☐ Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yantov Viri Asridon (2) I.D. Number

(3) Cover Period 8 / 1 / 15 through 8 / 31 / 15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/20/15 / 1	Lewinter-Suskind Leslie 24630 Barton Rd Apt 2313 Redlands, CA 92373-4330	I	Editor	CHE	N		1000.00
/ /							
/ /							
/ /							
/ /							
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/ /							

CITY CLERK CITY OF SUNRISE 15 SEP -9 AM 10:55

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TRACE
Address (number and street)

SUNRISE FLA. 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:25

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE COMMISSIONER 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 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 7 / 31 / 15 Report Type: M 7

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,220.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.0

(7) Expenditures This Report

Monetary Expenditures	$ 76.27
Transfers to Office Account	$ 0.01
Total Monetary	$ 76.27

(8) Other Distributions
$

(9) TOTAL Monetary Contributions To Date
$ 4,700.00

(10) TOTAL Monetary Expenditures To Date
$ 216.27

(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 ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
15 SEP -9 AM 10:56

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CITY COMMISSIONER 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 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 7 / 31 / 15 Report Type: 17

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , 1 , 220 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 76 . 87
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 76 . 87

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 4 , 580 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 96 . 87

(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 ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☐ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOMTOV VIVI ASSIDON **(2) I.D. Number** _____

(3) Cover Period 7 / 1 / 15 through 7 / 31 / 15 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	AMTRUST BANK 9100 WOODLAND PARK SUNRISE FL 33323	B	BANK	REFUND		ADD1	20 00
/ /							
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CITY CLERK
CITY OF SUNRISE
15 SEP -9 AM 10:56

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

CORRECT

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamtov Vivi Assidon
Name

(2) 8844 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 AUG 10 AM 9:22

CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 7 / 31 / 15 Report Type: MT

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,200.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 76.87
Transfers to Office Account	$ 0.00
Total Monetary	$ 76.87

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 4,550.00

(10) TOTAL Monetary Expenditures To Date
$ 76.87

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Yamtov Vivi Assidon
☐ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamon Uri Assidon
Name

(2) 824 NW 80th Terrace
Address (number and street)

Sunrise FL 33305
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 AUG -7 AM 11:34

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 7 / 31 / 15 Report Type: M7

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,200.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 76.27
Transfers to Office Account	$ 0.00
Total Monetary	$ 76.27

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 4,550.00

(10) TOTAL Monetary Expenditures To Date
$ 76.27

(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) Yael Assidon

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

X
Signature

(Type name) Yamon Uri Assidon

☑ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamtov Vivi Assidon (2) I.D. Number

(3) Cover Period 7 / 0 1 / 15 through 7 / 3 1 / 15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7, 13, 15 / 1	Suskind, Dana 5730 S. Kimwood Ave Chicago, IL 60637	I	M.D.	CHE	N		100.00
7, 16, 15 / 2	Suskind, Michael 2012 W Cortez St Chicago IL 60622	I	Advertising	CHE	N		100.00
7, 16, 15 / 3	Leunter-Suskind Leslie 26630 Barton Rd Apt 2313 Redlands CA 92373	I	Editor	CHE	N		1,000.00
/ /							
/ /							
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
15 AUG -7 AM 11:34

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yunior Vivi Absidon (2) I.D. Number

(3) Cover Period 7/1/15 through 7/31/15 (4) Page 1 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) Amendment	(11) Amount
7/8/15 1	GODADDY.com 480-505885AZ	Campaign website	MON		15.17
7/14/15 2	GODADDY.com 480-505885AZ	Campaign website	MON		61.70
/ /					
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/ /					
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CITY CLERK
CITY OF SUNRISE
15 AUG -7 AM 11:34

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

15 SEP 18 AM 10: 25

CITY CLERK
CITY OF SUNRISE

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th TARRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 6 / 1 / 15 To 6 / 31 / 15 Report Type: M6

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,280.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 00.00
Total Monetary	$ 00.00

(8) Other Distributions

$ 00.00

(9) TOTAL Monetary Contributions To Date

$ 3,480.00

(10) TOTAL Monetary Expenditures To Date

$ 140.00

(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) YOM TOV VIVI ASSIDON

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

X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON

☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 6 / 1 / 15 through 6 / 31 / 15 (4) Page 1 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) Amendment	(11) Amount
6 / 1 / 15	AMTRUST BANK 9100 W OAKLAND PARK SUNRISE FL 3335	BANK	DIS 9/21/15 ~~FEE~~	DEC	10°
6 / 1 / 15	AMTRUST BANK 9100 W OAKLAND BLV SUNRISE FL 3335	BANK	CAN ~~FEE~~ 9/21/15	DEC	10°
6 / 19 / 15	AMTRUST BANK 9100 W OAKLAND BLV SUNRISE FL 33351	BANK	CAN ~~FEE~~ 9/21/15	ADD	10°
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK CITY OF SUNRISE 15 SEP 18 AM 10: 25

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP -8 AM 10:56
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE CLUP 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**

(5) Report Identifiers

Cover Period: From 6 / 1 / 15 To 6 / 30 / 15 Report Type: M6

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,250.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.0

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$

(9) TOTAL Monetary Contributions To Date
$ 3,350.00

(10) TOTAL Monetary Expenditures To Date
$ 20.00

(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: YOM TOV VIVI ASSIDON

(Type name) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON ASSI
☐ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TU VIVI ASSIDON (2) I.D. Number

(3) Cover Period 6 / 1 / 15 through 6 / 30 / 15 (4) Page 1 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) Amendment	(11) Amount
6/1/15	AMTRAS BANK 9100 W OAKLAND PARK SUNRISE FL 33351	BANK	FEE	A1D1	$10
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/ /					

CITY CLERK CITY OF SUNRISE 15 SEP -9 AM 10:56

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamtov Vivi Assidon
Name

(2) 884 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 JUL 14 AM 11:11
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 6 / 1 / 15 To 6 / 31 / 15 Report Type: M06

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,250.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 3,350.00

(10) TOTAL Monetary Expenditures To Date

$ 10.00

(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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yamtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 6 / 1 / 15 through 6 / 31 / 15 (4) Page 1 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) Amendment	(11) Amount
6/1/15 / 1	Amtrust Bank 9100 W. Oakland Park Blvd Sunrise FL 33351	FEE	DIS	ADD1	$10.00
/ /					
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/ /					

CITY CLERK
CITY OF SUNRISE
15 JUL 14 AM 11:12

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamtov Vivi Assidon
Name

(2) 804 NW 130th terrace
Address (number and street)
Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
15 JUL -7 PM 2:12

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 6 / 1 / 15 To 6 / 31 / 15 Report Type: M6.

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 1,250.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 3,350.00

(10) TOTAL Monetary Expenditures To Date

$ 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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yamtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 6 / 1 / 15 through 6 / 31 / 15 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6 / 1 / 15 1	Dommar, Allsworth, Laystrom, Voigt, Adair 1177 S.E. 3rd Ave Fort Lauderdale FL 33316	B	Lawyer	CHE	N		250.00
6 / 10 / 15 2	Bergerson, Ronald M 19612 SW 65th PL Fort Lauderdale, FL 33332	I	Business owner	CHE	N		500.00
6 / 10 / 15 3.	City of Sunrise FOP Lodge 80A Assoc Inc PO Box 450581 Sunrise FL 33345	B	Fraternal order of Police	CHE.	N		500.00
/ / 							
/ / 							
/ / 							
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CITY CLERK
CITY OF SUNRISE
15 JUL -7 PM 2:12

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10:25
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 5 / 1 / 15 To 5 / 30 / 15 Report Type: M5

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 100 . 00
Loans	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 10 . 00
Transfers to Office Account	$ ___ , ___ , 00 . 00
Total Monetary	$ ___ , ___ , 00 . 00

(8) Other Distributions
$ ___ , ___ , 00 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 200 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 130 . 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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X Assidon
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 5 / 1 / 15 through 5 / 30 / 15 (4) Page 1 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) Amendment	(11) Amount
5/30/15 / 1	AMTRUST BANK 9100 W OAKLAND PARK SUNRISE FL 33351	FEE	CAN	ADD	10
/ /					
/ /					
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/ /					

CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10: 25

CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT SUMMARY

15 JUN -8 AM 11:50
OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
15 JUN -8 AM 11:50

(1) Yomton Viri Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group A 2015
☐ 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 05 / 01 / 15 To 05 / 30 / 15 Report Type: M5

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 100 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 0 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions

$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date

$ ___ , 2 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yomton Viri Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yamtov Vivi Assidon **(2) I.D. Number** _____

(3) Cover Period 5 / 1 / 15 through 5 / 30 / 15 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
5 / 1 / 15	Rich, Nan H. 2748 Pinehurst Weston, FL 33327	I	Senator	CHE	N		100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TARRACE
Address (number and street)
SUNRISE Fla 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
15 SEP 18 AM 10:25
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 / 1 / 15 To 4 / 30 / 15 Report Type: M4

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 0.0
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 2,100.00

(10) TOTAL Monetary Expenditures To Date
$ 1202.00

(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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 4 / 1 / 15 through 4 / 30 / 15 (4) Page 1 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) Amendment	(11) Amount
4/30/15 / 1	AMTRUST BANK 9100 W OAKLAND PARK SUNRISE FL 33351	FEE	CAN	APP	10
/ /					
/ /					
/ /					
/ /					
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/ /					
/ /					

CITY OF SUNRISE CLERK 15 SEP 18 AM 10:25

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE
15 MAY -7 PM 12:17

OFFICE USE ONLY

Yamilov Vivi Assidon
Name

Sunrise City Commission Group A 2014
Office Sought

824 NW 130th Terrace
Address

Sunrise
City

FL
State

33325
Zip Code

☑ Candidate ☐ Political Committee ☐ Electioneering Communications Organization

☐ Party Executive Committee

☐ 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 and Complete Applicable Line beneath Box)

☑ MONTHLY REPORT ☐ PRIMARY ELECTION ☐ GENERAL ELECTION ☐ OTHER REPORT TYPE

Indicate report # M 4

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

☐ TERMINATION REPORT ☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

4/1/15 THROUGH 4/30/15.

X [signature] 5/6/15.
Signature Date

X ASSIDON 5/6/15.
Signature Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOMTOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10: 25

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 / 15 To 2 / 28 / 15 Report Type: M2

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 2,040.00

(10) TOTAL Monetary Expenditures To Date
$ 100.00

(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) YOMTOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

(Type name) YOMTOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 2 / 1 / 15 through 2 / 30 / 15 (4) Page 1 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) Amendment	(11) Amount
2/20/15 / 1	AMTRUST BANK 9000 W OAKLAND PARK SUNRISE FL 33351	FEE	CAN	ADD	10
/ /					
/ /					
/ /					
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/ /					

15 SEP 18 AM 10:25
CITY CLERK
CITY OF SUNRISE

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT
(Section 106.07(7), F.S.)

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE

15 APR -7 AM 9:06

OFFICE USE ONLY

Yomtal Vivi Assidon — Name

Sunrise City Commissioner Group A 2016. — Office Sought

824 NW 130th terrace — Address

Sunrise — City

FL — State

33325 — Zip Code

[x] Candidate [ ] Political Committee [ ] Electioneering Communications Organization

[ ] Party Executive Committee

[ ] 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 and Complete Applicable Line beneath Box)

[x] MONTHLY REPORT [ ] PRIMARY ELECTION [ ] GENERAL ELECTION [ ] OTHER REPORT TYPE

Indicate report # M 3

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

[ ] TERMINATION REPORT [ ] SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

3/1/15 THROUGH 3/31/15

X [signature] — Signature — 4/7/15 — Date

X Assidon — Signature — 4/7/15 — Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOMTOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10: 25

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 / 15 To 2 / 28 / 15 Report Type: M2

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 2,040.00

(10) TOTAL Monetary Expenditures To Date
$ 100.00

(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) YOMTOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

(Type name) YOMTOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 2 / 1 / 15 through 2 / 30 / 15 (4) Page 1 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) Amendment	(11) Amount
2/20/15 / 1	AMTRUST BANK 9000 W OAKLAND PARK SUNRISE FL 33351	FEE	CAN	ADD	10
/ /					
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15 SEP 18 AM 10:25
CITY CLERK
CITY OF SUNRISE

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE
15 MAR -6 PM 1:27
OFFICE USE ONLY

Yomtov Vivi Assidon
Name

Sunrise City Commissioner Group A 2016
Office Sought

824 NW 130th terrace
Address

Sunrise FL 33325
City State Zip Code

☑ Candidate ☐ Political Committee ☐ Electioneering Communications Organization

☐ Political Committee ☐ Party Executive Committee

☐ 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 and Complete Applicable Line beneath Box)

☑ MONTHLY REPORT ☐ PRIMARY ELECTION ☐ GENERAL ELECTION ☐ OTHER REPORT TYPE

Indicate report # M 2

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

☐ TERMINATION REPORT ☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

2/2/15 THROUGH 2/28/15

X [signature] 3/5/15
Signature Date

X [signature] 3/5/15
Signature Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130th TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
15 SEP 18 AM 10:24
CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 1 / 1 / 15 To 1 / 31 / 15 Report Type: 91

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.0

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 2,046.00

(10) TOTAL Monetary Expenditures To Date
$ 90.00

(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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 1 / 1 / 15 through 1 / 31 / 15 (4) Page 1 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) Amendment	(11) Amount
1/20/15 / 1	AMERICAN BANK 4100 N DIXIE HWY PARKLAND SUNRISE FL 33326	FEF	CAN	ADD	10
/ /					
/ /					
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/ /					
/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:24

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE

15 FEB 10 AM 8:55

OFFICE USE ONLY

Yontor Vivi Assidon
Name

Sunrise City Commissioner Group A 2016
Office Sought

824 NW 130th terrace
Address

Sunrise
City

FL
State

33325
Zip Code

☑ Candidate ☐ Political Committee ☐ Electioneering Communications Organization

☐ Party Executive Committee

☐ 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 and Complete Applicable Line beneath Box)

☑ MONTHLY REPORT ☐ PRIMARY ELECTION ☐ GENERAL ELECTION ☐ OTHER REPORT TYPE

Indicate report # M 1

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

☐ TERMINATION REPORT ☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

1/1/15 THROUGH 1/31/15

X [signature] 2/9/15
Signature Date

X ASSIDON
Signature Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

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.

DS-DE 87 (Rev. 11/13)

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TARCE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10: 24

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 12 / 1 / 14 To 12 / 31 / 14 Report Type: A12

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 0

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 10 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 040 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 80 . 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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yan Tov Uri Assion (2) I.D. Number

(3) Cover Period 12 / 1 / 14 through 12 / 31 / 14 (4) Page 1 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) Amendment	(11) Amount
12/19/14 / 1	AMTRUST TRUNK 9100 W OAKLAND PARK SUNRISE FL 33325	FEF	CAN	APN	10
/ /					
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CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:24

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE

15 JAN -7 AM 11:05

OFFICE USE ONLY

Yomtov Vivi Assidon
Name

Sunrise City Commissioner Group A 2014
Office Sought

824 NW 130th terrace
Address

Sunrise
City

FL
State

33325
Zip Code

☑ Candidate ☐ Political Committee ☐ Electioneering Communications Organization

☐ Political Committee ☐ Party Executive Committee

☐ 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 and Complete Applicable Line beneath Box)

☑ MONTHLY REPORT ☐ PRIMARY ELECTION ☐ GENERAL ELECTION ☐ OTHER REPORT TYPE

Indicate report # M 12

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

☐ TERMINATION REPORT ☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

12/1/14 THROUGH 12/31/14

X _____ Signature 1/6/15 Date

X Assidon Signature 1/6/15 Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TERRACE
Address (number and street)
SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10: 24
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 11 / 1 / 14 To 11 / 30 / 14 Report Type: 911

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date
$ 2,040.00

(10) TOTAL Monetary Expenditures To Date
$ 70.00

(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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDER (2) I.D. Number

(3) Cover Period 11 / 1 / 14 through 11 / 30 / 14 (4) Page 1 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) Amendment	(11) Amount
11/20/14 / 1	AMTRUST 13 Ave 9100 in Oak and Pine SUNRISE FL 33	FEE	CAN	ADD	10
/ /					
/ /					
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/ /					
/ /					

CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:24

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE

14 DEC 10 AM 9:45

OFFICE USE ONLY

Yomtov Vivi Assidon
Name

Sunrise City Commissioner Group A. 2016.
Office Sought

8324 NW 138th terrace
Address

Sunrise FL 33325
City State Zip Code

☑ Candidate ☐ Political Committee ☐ Electioneering Communications Organization

☐ Party Executive Committee

☐ 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 and Complete Applicable Line beneath Box)

☑ MONTHLY REPORT ☐ PRIMARY ELECTION ☐ GENERAL ELECTION ☐ OTHER REPORT TYPE

Indicate report # M 11

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

☐ TERMINATION REPORT ☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

11/1/14 THROUGH 11/30/14

X Yael Assidon — 12/9/14
Signature Date

X Assidon — 12/9/14.
Signature Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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) YAMTOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10:24
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 10 / 1 / 14 To 10 / 31 / 14 Report Type: A10

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , ___ , 0 . 0
Total Monetary	$ ___ , ___ , 0 . 0
In-Kind	$ ___ , ___ , 0 . 0

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 10 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 040 . 02

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 60 . 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) YAMTOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YAMTOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOU TOU VIVI ASSIDON (2) I.D. Number

(3) Cover Period 10 / 1 / 14 through 10 / 31 / 14 (4) Page 1 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) Amendment	(11) Amount
10/20/14 / 1	ANTHEST BANK 9120 W OAKLAND PARK SUNRISE FL 33351	FEE	CAN	AD	10
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CITY OF SUNRISE CLERK
15 SEP 18 AM 10:24

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE
14 NOV 10 PM 12:10

OFFICE USE ONLY

Yomton Vivi Assidon
Name

Sunrise City Commissioner Group A 2016
Office Sought

8241 NW 130th terrace
Address

Sunrise
City

FL 33325
State Zip Code

[✓] Candidate [ ] Political Committee [ ] Electioneering Communications Organization

[ ] Party Executive Committee

[ ] 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 and Complete Applicable Line beneath Box)

[✓] MONTHLY REPORT [ ] PRIMARY ELECTION [ ] GENERAL ELECTION [ ] OTHER REPORT TYPE

Indicate report # M 10

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: _____

[ ] TERMINATION REPORT [ ] SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

10/1/14 THROUGH 10/31/14

X Yael Assidon — Signature — 11/6/14 Date

X ASSIDON — Signature — 11/6/14 Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

15 SEP 18 AM 10: 23

CITY CLERK
CITY OF SUNRISE

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 9 / 1 / 14 To 9 / 30 / 14 Report Type: M9

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$, , 10 . 00
Loans	$, , 0 . 00
Total Monetary	$, , 0 . 00
In-Kind	$, , 10 . 00

(7) Expenditures This Report

Monetary Expenditures	$, , 10 . 00
Transfers to Office Account	$, , 0 . 00
Total Monetary	$, , 0 . 00

(8) Other Distributions
$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
$, 2 , 040 . 00

(10) TOTAL Monetary Expenditures To Date
$, , 50 . 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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDU (2) I.D. Number

(3) Cover Period 9 / 1 / 14 through 9 / 30 / 14 (4) Page 1 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) Amendment	(11) Amount
9/19/14 / 1	AMTRUST BANK 9100 WOODROW PARK SUNRISE FL 33351	FEE	CHK	ADD	10
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/ /					
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CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10: 23

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOM TOV VIV ASSIDON **(2) I.D. Number** _____

(3) Cover Period 9 / 1 / 14 through 9 / 30 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9 / 17 / 14 1	AMTRUST BANK 9100 W OAKLAND PK SUNRISE FLA 33351	B	BANK	REF		ADD	100
/ /							
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/ /							
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CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:24

WAIVER OF REPORT

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

(PLEASE TYPE)

CITY CLERK
CITY OF SUNRISE

14 OCT -8 AM 10: 08

OFFICE USE ONLY

Yomtov Vivi Assidon
Name

Sunrise City Commissioner Group A 2016
Office Sought

824 NW 130th terrace
Address

Sunrise
City

FL
State

33325
Zip Code

☑ Candidate ☐ Political Committee ☐ Electioneering Communications Organization

☐ Party Executive Committee

☐ 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 and Complete Applicable Line beneath Box)

☑ MONTHLY REPORT ☐ PRIMARY ELECTION ☐ GENERAL ELECTION ☐ OTHER REPORT TYPE

Indicate report # M 9

Indicate report # P____

Indicate report # G____

Indicate report type and # as applicable: ____

☐ TERMINATION REPORT ☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

9/1/14 THROUGH 9/30/14

X [signature] Yael Assidon 10/7/14
Signature Date

X [signature] Yomtov Vivi Assidon 10/7/14
Signature Date

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Electioneering Communications Organizations:
Treasurer (s. 106.0703(4)(c), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), 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.

DS-DE 87 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10:23

CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 8 / 1 / 14 To 8 / 31 / 14 Report Type: M8

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 00 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 10 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 030 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 40 . 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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 8 / 1 / 14 through 8 / 31 / 14 (4) Page 1 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) Amendment	(11) Amount
8/20/14	ARTHAST BANK 9100 W OKLAND PAR SUNRISE FL 33351	FEE	CAN	APD	10
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CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:23

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomton Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

CITY CLERK
CITY OF SUNRISE
14 SEP 10 AM 10: 12

(3) ID Number:

(4) Check appropriate box(es):

☒ Candidate Office Sought: Sunrise City Commissioner Group 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 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 08 / 01 / 14 To 08 / 31 / 14 Report Type: M8

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 0 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions

$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date

$ ___ , 2 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 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) Yael Assidon

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

X
Signature

(Type name) Yomton Vivi Assidon

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130 TH TRACE
Address (number and street)

SUNRISE FLA 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10: 28

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 / 14 To 7 / 31 / 14 Report Type: 97

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 20 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . ✓

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 10 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 030 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 30 . 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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Yaritov Vivi Assoon (2) I.D. Number

(3) Cover Period 7 / 1 / 14 through 7 / 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) Amendment	(11) Amount
7/8/14 / 1	AMTRUST BANK 9100 W ORCHARD PARK SUNRISE FL 33351	CAN	FEE	ADD	10°
/ /					
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/ /					

CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:23

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yaakov Vivi Assidon **(2) I.D. Number** _____

(3) Cover Period 7 / 1 / 14 through 7 / 31 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7, 15, 14 / 1	AMTRUST BANK 9100 W OAKLAND PK SUNRISE FL 33351	B	BANK	REF		ADD	10 00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10:23

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

14 AUG -6 PM 1:09

CITY CLERK
CITY OF SUNRISE

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Sunrise City Commissioner Group 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 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 07 / 01 / 14 To 07 / 31 / 14 Report Type: M7

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 2,000.00

(10) TOTAL Monetary Expenditures To Date
$ 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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Yomtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10:23
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 6 / 1 / 14 To 6 / 30 / 14 Report Type: 96

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.0
Total Monetary	$ 0.00
In-Kind	$ 0.0

(7) Expenditures This Report

Monetary Expenditures	$ 10.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date
$ ____ , 2,010.00

(10) TOTAL Monetary Expenditures To Date
$ ____ , ____ , 20.00

(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) YOM TOV VIVI ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)
X ASSIDON
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 6 / 1 / 14 through 6 / 30 / 14 (4) Page 1 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) Amendment	(11) Amount
6/20/14 / 1	AMTRAST BANK 9100 W OAKLAND PARK BLVD SUNRISE FL 33351	BANK FEE	CAN	ADD	10
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CITY CLERK CITY OF SUNRISE 15 SEP 18 AM 10:23

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yamtov Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

14 JUL -2 PM 1:06
CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Sunrise City Commissioner Group 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 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 06 / 01 / 14 To 06 / 30 / 14 Report Type: M6

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 0 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Yamtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YOM TOV VIVI ASSIDON
Name

(2) 824 NW 130TH TERRACE
Address (number and street)

SUNRISE FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

15 SEP 18 AM 10: 23

CITY CLERK
CITY OF SUNRISE

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: SUNRISE 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 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 5 / 1 / 14 To 5 / 31 / 14 Report Type: MS

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 510 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 510 . 00
In-Kind	$ ___ , ___ , 0 . 0

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 10 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 010 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 10 . 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) YOM TOV ASSIDON
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer

X ASSIDON
Signature

(Type name) YOM TOV VIVI ASSIDON
☑ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YOMTOV VIVI ASSIDON **(2) I.D. Number** _____

(3) Cover Period 5 / 1 / 14 through 5 / 31 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
5/27/14 / 2	AMT TRAST BANK 9100 W ORLANDO PARK, B SUNRISE FL, 33351		BANK	REF		ADD	10 00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

15 SEP 18 AM 10:23
CITY CLERK
CITY OF SUNRISE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name YOM TOV VIVI ASSIDON (2) I.D. Number

(3) Cover Period 5 / 1 / 14 through 5 / 31 / 14 (4) Page 1 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) Amendment	(11) Amount
5/20/14	ATTRAST BANK 9100 WOODLAND PARK BLV SUNRISE FL 33351	BANK FEE	CAA	ADD-	10
/ /					
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CITY CLERK
CITY OF SUNRISE
15 SEP 18 AM 10: 23

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Vivi Assidon
Name

(2) 829 NW 130th terrace
Address (number and street)

Sunrise FL 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: Sunrise City Commissioner Group 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 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 05 / 01 / 14 To 05 / 31 / 14 Report Type: MS

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 500 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 500 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 0 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Yomtov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Assidon
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yomton Vivi Assidon **(2) I.D. Number** _____

(3) Cover Period 05 / 01 / 14 through 05 / 31 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
5, 27, 14 / 1	Broward County Council of Professional Fire Fighters PAC account 304 NE 1st St Pompano Beach FL 33060	~~G.~~ F	~~6/12~~ PAC	CHE	N		500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
14 JUN -9 AM 10:08

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Yomtov Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
CITY CLERK
CITY OF SUNRISE
14 MAY -7 PM 4:02

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Sunrise City Commissioner Group 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 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 04 / 01 / 14 To 04 / 30 / 14 Report Type: M4

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , 1 , 000 . 00
Loans	$ ___ , ___ , 500 . 00
Total Monetary	$ ___ , 1 , 500 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 0 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions

$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date

$ ___ , 1 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 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) Yael Assidon
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

(Type name) Yom-tov Vivi Assidon
☒ Candidate ☐ Chairperson (only for PC and PTY)

X ASSIDON
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Yomtov Vivi Assidon **(2) I.D. Number** _____

(3) Cover Period 04 / 01 / 14 through 04 / 30 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04/05/14 / 1	Assidon, Yomtov 824 NW 130th ter. Sunrise FL 33325	S	Self-employed	Loan	N		$500.00
04/15/14 / 2	Metro Broward Professional Firefighters PAC account 304 NE 1st Street Pompano Beach, FL 33060	A F	N 6/12 P E	CHE	N		$1,000.00
/ /							
/ /							
/ /							
/ /							
/ /							

CITY CLERK
CITY OF SUNRISE
14 MAY -7 PM 4:02

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

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK
CITY OF SUNRISE

OFFICE USE ONLY
14 APR -9 AM 10: 19

(1) Yom-tov Vivi Assidon
Name

(2) 824 NW 130th terrace
Address (number and street)

Sunrise FL 33325
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: 46-5255796

(4) Check appropriate box(es):

☒ Candidate Office Sought: Sunrise City Commissioner Group 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 PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 03 / 01 / 14 To 03 / 31 / 14 Report Type: M3

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 0.00

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$ 0.00
Total Monetary	$ 0.00

(8) Other Distributions
$ 0.00

(9) TOTAL Monetary Contributions To Date
$ 0.00

(10) TOTAL Monetary Expenditures To Date
$ 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) YAEL ASSIDON

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

X [signature]
Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X [signature]
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

F

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

2. **Name of Candidate** (in this order: First, Middle, Last)		3. Address (include post office box or street, city, state, zip code)
Yomtov Vivi Assidon		824 NW 130th terrace Sunrise FL 33325
4. Telephone	5. E-mail address	
(954) 4396091	vivi.assidon@gmail.com	

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
Sunrise City Commission Group A 2016	☐ My intent is to run as a Write-In candidate.

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

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Yomtov Vivi Assidon

11. Mailing Address	12. Telephone
824 NW 130th terrace	(954) 4396091.

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Sunrise	Broward	FL	33325	vivi.assidon@gmail.com

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

19. Name of Bank	20. Address

21. City	22. County	23. State	24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date	26. Signature of Candidate
6/10/14	X Assidon

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

I, Yomtov Vivi Assidon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

6/10/14 — Date

X Assidon — Signature of Campaign Treasurer or Deputy Treasurer

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
☒ Initial Filing of Form Re-filing to Change: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. **Name of Candidate** (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Yomtov Vivi Assidon	824 NW 130th terrace Sunrise, FL 33325
4. Telephone: (954) 4396091	5. E-mail address: vivi.assidon@gmail.com.

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
Sunrise City Commission Group A 2016	☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a
☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer: Yael Assidon

11. Mailing Address	12. Telephone
824 NW 130th Terrace	(954) 6089856

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Sunrise	Broward	FL	33325	

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

19. Name of Bank	20. Address
Chase	12590 W Sunrise Blvd

21. City	22. County	23. State	24. Zip Code
Sunrise	Broward	FL	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	26. Signature of Candidate
3/11/14	X Assidon

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

I, Yael Assidon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ 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 MAR 12 AM 10:07

CITY CLERK
CITY OF SUNRISE

I, Yomtov Vivi Assidon,

candidate for the office of Sunrise City Commission Group A 2016

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Assidon
Signature of Candidate

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

CITY OF SUNRISE FLORIDA

NOTICE OF CANDIDACY AND AFFIDAVIT

I, Yomtov Assidon, do hereby affirm that I am a candidate for the office of Commissioner Group A, City of Sunrise, m Broward County, Florida, in the General Election to be held on November 8, 2016, that I am qualified to serve in said office and will serve if elected; and that I am an elector of the City of Sunrise who has resided continuously within the City of Sunrise, Broward County, Florida, for a period of one (1) year prior to qualifying as a candidate for City Commissioner.

Assidon
Signature

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 20th day of June, 2016, by Yomtov Assidon.

, Notary Public

NOTARY PUBLIC STATE OF FLORIDA
FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

(seal)

Personally Known ✓ OR Produced Identification _____
Type of Identification Produced_____

City Charter Section 3.02 Qualifications.

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

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

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

CITY CLERK
CITY OF SUNRISE

16 JUN 20 PM 1:23

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Vivi Assidon

(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 Commissioner (office), _____ (district #),

_____ (circuit #), A (group or seat #); I am a qualified elector of BROWARD 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 ASSIDON (954) 439-6091 vivi.assidon@gmail.com

Signature of Candidate **Telephone Number** **Email Address**

824 NW 130 TERRACE SUNRISE FLA. 33325

Address **City** **State** **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 101623827

* 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 Broward

Sworn to (or affirmed) and subscribed before me this 20th **day of** June, 2016.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

NOTARY PUBLIC STATE OF FLORIDA

FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2015

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

FOR OFFICE USE ONLY:

CITY CLERK
CITY OF SUNRISE
16 JUN 20 PM 1:23

LAST NAME – FIRST NAME – MIDDLE NAME : ASSIDON YOM TOV

MAILING ADDRESS : 824 NW 130 TER.

SUNRISE 33325 BROWARD

CITY : CITY OF SUNRISE ZIP : COUNTY : FLA.

NAME OF AGENCY : COMMISSION GROUP A

NAME OF OFFICE OR POSITION HELD OR SOUGHT : CIT

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

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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

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

☒ DECEMBER 31, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

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

☒ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS**

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
VIVI ELECTRONICS INC	824 NW 130 TER SUNRISE	RETAIL

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NON			

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

NON.

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.

(Continued on reverse side)

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Charles Schwab / Stocks	Charles Schwab Investments

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Vivi Electronics Inc	
ADDRESS OF BUSINESS ENTITY	824 NW 130th Ter	
PRINCIPAL BUSINESS ACTIVITY	Retail	
POSITION HELD WITH ENTITY	Owner / President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

CITY CLERK
CITY OF SUNR SE
16 JUN 20 PM 1:13

PART G — TRAINING
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature:

J Assidon

Date Signed:

6/20/16

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

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

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

WHERE TO FILE:

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

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

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

Candidates file this form together with their qualifying papers.

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

WHEN TO FILE:

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

CITY CLERK
CITY OF SUNRISE

16 JUN 20 PM 1:23

CITY OF SUNRISE FLORIDA

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

HSSIDON
Signature of Candidate

6/20/16
Date

CITY CLERK
CITY OF SUNRISE

16 JUN 20 PM 1:23

CITY OF SUNRISE FLORIDA

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 TOV ASSIDON
Print Name

ASSIDON
Signature

6/20/16
Date

Broward County
Statement of Ethical Campaign Practices

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

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

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

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

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 20 of June, 2016, _____.

WITNESSES:

Avi Assidon

BY CANDIDATE:

Signature

YOM TOV ASSIDON
(Print Name)

CITY CLERK
CITY OF SUNRISE
16 JUN 20 PM 1:24

STATE OF FLORIDA)
) SS.
COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 20th day of June 2016, by Yomtov Assidon who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 20th day of June, 2016.

(NOTARY SEAL)

(Signature of person taking acknowledgment)

(Name of officer taking acknowledgment)
typed, printed, or stamped
FELICIA BRAVO
MY COMMISSION # EE 845644
EXPIRES: February 11, 2017
Bonded Thru Budget Notary Services

NOTARY PUBLIC STATE OF FLORIDA

My commission expires: