

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Churen
 Name
 (2) 407 miniers Ave
 Address (number and street)
Holly Hill, FL 32117
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
2:30 pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 1 City Commissioner of Holly Hill
- 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 8/126/16 To 9/29/16 Report Type: TRP

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 679.72

Transfers to Office Account \$ _____

Total Monetary \$ _____, 679.72

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1745.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1745.00

(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) Karen Churen

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

X Karen Churen
 Signature

(Type name) MIKE CHUREN

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

RECEIVED
11/1/16
DM 2:30
AM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Chuvon

(2) I.D. Number _____

(3) Cover Period 8, 26, 16 through 1, 1, 17

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/2/16	TD Bank 1852 Ridgewood Ave Holly Hill, FL 32117	fee	CAN		1.00
1					
9/13/16	Mike Chuvon 407 Minam Ave Holly Hill, FL 32117	loan reimbursement			100.00
2					
9/13/16	Sophie's Circle 312 Julia St. New Smyrna Bch FL 32168	donation to 501 C3			50.00
3					
9/13/16	B.F.F. A.R. 745 Ridgewood Ave Holly Hill, FL 32117	donation to 501 C3			50.00
4					
9/16/16	Jewish Federation of Volusia/Flagler Counties 470 Andalusia Ave Ormond Beach, FL 32174	donation to 501 C3			478.72
5					
11					
11					
11					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Chaven
Name

(2) 407 Miriam Ave
Address (number and street)

Holly Hill, FL 32117
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
LVM
2:30pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 1 City Commissioner of Holly Hill
- 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 8/13/16 To 8/25/16 Report Type: P6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 650.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 15.94

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 11745.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 1065.28

(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) Karen Chaven

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

X Karen Chaven
Signature

(Type name) MIKE CHAVEN

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Chaven
Name

(2) 407 Miriam Ave.
Address (number and street)

Holly Hill, FL 32117
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
DM
2:30pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: District 1 City Commissioner of Holly Hill

Political Committee (PC)

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

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

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

(5) Report Identifiers

Cover Period: From 7/30/16 To 8/12/16 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 150.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 448.05

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1095.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 1049.34

(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) Karen Chaven

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

X Karen Chaven
Signature

(Type name) MIKE CHAVEN

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Chuvien
 Name
 (2) 401 Miranda Ave
 Address (number and street)
Holly Hill, FL 32117
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
DM
2:30 pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 4 City Commissioner of Holly Hill
- 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 23 1 16 To 7 1 29 1 16 Report Type: P4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 210.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 13.84

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 945.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 601.29

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

X Karen Chuvien
 Signature

(Type name) MIKE CHUVIEN
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Churen
 Name
 (2) 407 Minam Ave.
 Address (number and street)
Holly Hill, FL 32117
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
 2:30pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 4 City Commissioner of Holly Hill
- 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 7/9/16 To 7/22/16 Report Type: P3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 535.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 480.50

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 735.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 587.45

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

X Karen Churen
 Signature

(Type name) MIKE CHUREN
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

RECEIVED
11/1/16
Lm
2:30 PM

(1) Name Mike Chuvens

(2) I.D. Number _____

(3) Cover Period 7, 9, 16 through 7, 22, 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) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
7, 11, 16	8	Mike Chuvens 407 Miriam Ave Holly Hill, FL 32117	S	QC, Analyst	CAS		ADD	\$50.00
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Chivers
Name

(2) 407 Miriam Ave
Address (number and street)

Holly Hill, FL 32117
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

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11/1/16
LIM
2:30pm

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 4 City Commissioner of Holly Hill
- 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 6/25/16 To 7/18/16 Report Type: P2

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 1.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 106.95

(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) Karen Chivers

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

X Karen Chivers

Signature

(Type name) MIKE CHIVERS

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

RECEIVED
11/1/16

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

2:30 pm UM

(1) Name Mike Churen

(2) I.D. Number _____

(3) Cover Period 6, 25, 16 through 7, 18, 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7/3/16	TD Bank 1852 Ridgewood Ave. Holly Hill, NC 27547	fee	CAN	ADD	\$1,00
1					
///					
///					
///					
///					
///					
///					
///					
///					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Churen
 Name
 (2) 407 Miriam Ave.
 Address (number and street)
Holly Hill, FL 32117
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
 1:30pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 1 City Commissioner of Holly Hill
- 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 1 116 To 6 1 24 116 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 91.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 105.95

(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) Karen Churen

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

X Karen Churen
 Signature

(Type name) MIKE CHUREN

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

RECEIVED
11/1/16

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Chores

(2) I.D. Number LM 2:30pm

(3) Cover Period 6, 1, 16 through 6, 24, 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
6/3/16	TD Bank 1852 Ridgewood Ave Holly Hill, FL 32117	fee	CAN	ADD	\$1,00
1					
6/23/16	City of Holly Hill Ridgewood Ave Holly Hill, FL 32117	fee	CAN		\$90,00
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Churen
 Name
 (2) 407 Miriam Ave.
 Address (number and street)
Holly Hill, FL 32117
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

11/1/16
 2:30pm

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: District 4 City Commissioner of Holly Hill
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05/01/16 To 05/31/16 Report Type: MS

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 1.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 14.95

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

X Karen Churen
 Signature

(Type name) MIKE CHUREN
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

RECEIVED
11/1/16

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

2:30 pm

(1) Name Mike Cherven

(2) I.D. Number _____

(3) Cover Period 05/01/16 through 05/31/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
5/3/16	TD Bank	fee	CAN	ADD	\$1.00
1	1852 Ridgewood Ave Holly Hill, FL 32117				
//					
//					
//					
//					
//					
//					
//					
//					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Churen
Name

(2) 407 Miriam Ave.
Address (number and street)

Holly Hill, FL 32117
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

RECEIVED

11/1/16
DM 2:30pm

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: District 1 City Commissioner of Holly Hill

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 04/01/16 To 04/30/16 Report Type: M4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 13.95

(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) Karen Churen

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

X Karen Churen

Signature

(Type name) MIKE CHUREN

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

RECEIVED
11/1/16

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

Ln 2:30 pm

(1) Name mike Churen

(2) I.D. Number _____

(3) Cover Period 04/01/16 through 04/30/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
4/5/16	TD Bank 1852 Ridgewood Ave. Holly Hill, FL 32117	fee	CAN	ADD	\$1,00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Churen
Name

(2) 407 Miriam Ave.
Address (number and street)

Holly Hill, FL 32117
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

RECEIVED

11/1/16

Dm 2:30pm

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: District 4 City Commission of Holly Hill

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 03/01/16 To 03/31/16 Report Type: M3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ . 00

Loans \$ _____ . _____

Total Monetary \$ _____ . _____

In-Kind \$ _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ . 00

Transfers to Office Account \$ _____ . _____

Total Monetary \$ _____ . _____

(8) Other Distributions

\$ _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ . 95

(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) Karen Churen

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

X Karen Churen

Signature

(Type name) MIKE CHUREN

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

RECEIVED

11/1/16
LM
2:30pm

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Churen

(2) I.D. Number _____

(3) Cover Period 03/01/16 through 03/31/16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3/4/16	TD Bank 1852 Ridgewood Ave Holly Hill, FL 32117	fee	CAN	ADD	\$1.00
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					