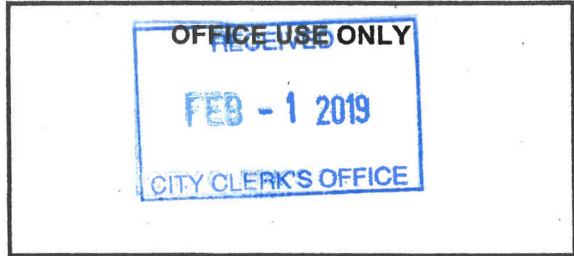


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL "MIKE" TAUSSIG  
Name

(2) 129 NW 73 AVE  
Address (number and street)

PLANTATION, FL. 33317  
City, State, Zip Code



Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: PLANTATION CITY COUNCIL GRP 1

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 / 2 / 18 To 2 / 4 / 19 Report Type: TR

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0 . \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, 2,949 . 93 -

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, 2,949 . 93 -

(8) Other Distributions  
\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_, 19,330 . \_\_\_\_\_ -

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_, 19,330 . \_\_\_\_\_ -

### (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) MICHAEL F. TAUSSIG

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

(Type name) MICHAEL F. TAUSSIG

Candidate  Chairperson (only for PC and PTY)

MICHAEL F. TAUSSIG  
Signature

MICHAEL F. TAUSSIG  
Signature

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

(1) Name MICHAEL F. TAUSSIG (2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 2 / 18 through 2 / 4 / 19 (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
1 / 1	TRADE MARK	PRINTING	CAN		1457 <sup>50</sup>
1					
12/31/18	AMTRUST	BANK SVC CHARGE	CAN		10-
2					
12/31/18	AMTRUST	BANK FEES	CAN		33 <sup>50</sup>
3					
12/31/18	MICHAEL TAUSSIG	REPAYMENT of LOAN	CAN		1448 <sup>93</sup>
4					
1 / 1					
1 / 1					
1 / 1					
1 / 1					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL "MIKE" TAUSSIG  
Name

(2) 129 NW 73 AV  
Address (number and street)

PLANTATION, FL 33317  
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

**NOV - 2 2018**

CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate    Office Sought: PLANTATION CITY COUNCIL    REP 1

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 / 20 / 18 To 11 / 1 / 18 Report Type: 2018G7

Original     Amendment     Special Election Report

(6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_, \_\_\_\_\_, 30.7

Loans    \$ \_\_\_\_\_, \_\_\_\_\_, 0

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, 0

In-Kind    \$ \_\_\_\_\_, \_\_\_\_\_, 0

(7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_, \_\_\_\_\_, 6,251.24

Transfers to Office Account    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, 6,251.24

(8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 19,330.00

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 16,379.84

### (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) MICHAEL "MIKE" TAUSSIG

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

[Signature]  
Signature

(Type name) MICHAEL "MIKE" TAUSSIG

Candidate     Chairperson (only for PC and PTY)

[Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL "MIKE" TAUSSIG (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 20 / 18 through 11 / 1 / 18 (4) Page 3 of 3

(5) Date	(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
(6) Sequence Number		Type	Occupation				
10, 25, 18 /	ROBT + WANDA STENARD. 5791 PINETER PLANTATION 3317	/	RETIRED	CASH			\$30.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name MICHAEL "MIKE" TAUSSIG

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/20/18 through 11/1/18

(4) Page 2 of 3

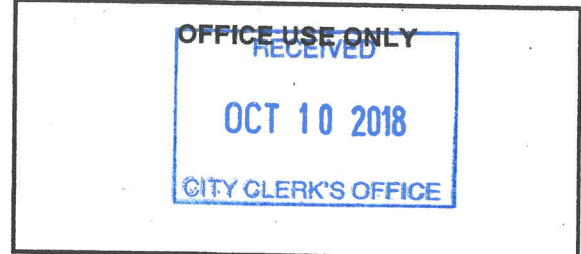
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/24/18	TRADEMARK 2030 NW 93AV PENSACOLA PINES FL 33024	PRINTING	CAN		1277 <sup>30</sup>
1					
10/29/18	TRADEMARK	PRINTING	CAN		212 <sup>x</sup>
2					
10/30/18	TRADEMARK	PRINTING	CAN		583 <sup>x</sup>
3					
10/30/18	USPS	POSTAGE	CAN		2480 <sup>82</sup> <sub>x</sub>
4					
11/1/18	TRADEMARK	PRINTING	CAN		447 <sup>32</sup> <sub>x</sub>
5					
11/1/18	TRADEMARK	PRINTING	CAN		1250 <sup>80</sup>
6					
11					
11					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL "MIKE" TAUSSIG  
Name

(2) 129 N.W. 73 AVE  
Address (number and street)

PLANTATION, FL. 33317  
City, State, Zip Code



(3) ID Number: \_\_\_\_\_

Check here if address has changed

(4) Check appropriate box(es):

Candidate    Office Sought: PLANTATION CITY COUNCIL GRP 1

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 9/1/18 To 10/5/18 Report Type: 2018M19 G4

Original     Amendment     Special Election Report

(6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_, \_\_\_\_\_, 250. \_\_\_\_\_

Loans    \$ \_\_\_\_\_, 6,000. \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_, 3,086. <sup>72</sup> \_\_\_\_\_

Transfers to Office Account    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_, 3,086. <sup>72</sup> \_\_\_\_\_

(8) Other Distributions  
\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_, 15,250. \_\_\_\_\_

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_, 5,809. <sup>84</sup> \_\_\_\_\_

### (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) MICHAEL "MIKE" TAUSSIG

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

[Signature]  
Signature

(Type name) MICHAEL "MIKE" TAUSSIG

Candidate     Chairperson (only for PC and PTY)

[Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MICHAEL "MIKE" TAUSSIG (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9, 1, 18 through 10, 5, 18 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
9, 26, 18	LUCILLE JUSTIN 7541 NW 15 ST PLANTATION FL. 33313	1	RET	CK			\$50-
1							
9, 26, 18	SCOTT TRIPP 1146 LINCOLN ST HOLLYWOOD FL 33019	1	WORT/ BANKER	CK			\$200-
2							
9, 11, 18	MICHAEL TAUSSIG	S		LOA			\$6000
3							
1, 1							
1, 1							
1, 1							

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

(1) Name MICHAEL "MIKE" TAUSSIO (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 9/1/18 through 10/5/18 (4) Page 3 of 3

(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
9/26/18	TRADEMARK 2030 NW 93 AVE PEMBROKE PINES 33024	PRINTING	CASH		\$ 559.68
1					
9/29/18	USPS	POSTAGE	CASH		\$ 2149.04
2					
9/26/18	LANDLUBBER 1851 N. PINE ISLAND RD PLANTATION, FL 33322	REFRESHMENT @ MEET + GREET	CASH		\$ 378
3					
1/1					
1/1					
1/1					
1/1					
1/1					

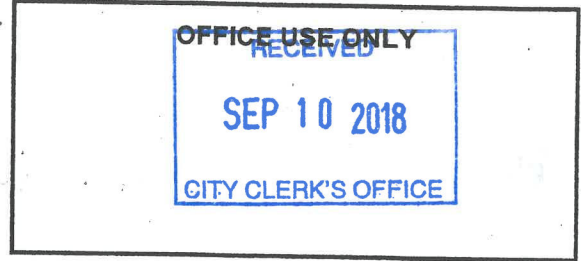


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL "MIKE" TAUSSIG  
Name

(2) 129 N.W. 73 AV  
Address (number and street)

PLANTATION, FL. 33317  
City, State, Zip Code



Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL GRP 1
- 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 8/1/18 To 8/31/18 Report Type: 2018M8

- Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 97.75

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 97.75

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 9,000. ~~XX~~

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 2,183. ~~XX~~

### (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:

MICHAEL TAUSSIG  
(Type name)  
 Individual (only for IE of electioneering comm.)  Treasurer  Deputy Treasurer

MICHAEL "MIKE" TAUSSIG  
(Type name)  
 Candidate  Chairperson (only for PC and PTY)

Michael  
Signature

Michael  
Signature

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

(1) Name MICHAEL TAUSSIG

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/1/18 through 8/31/18

(4) Page 1 of 1

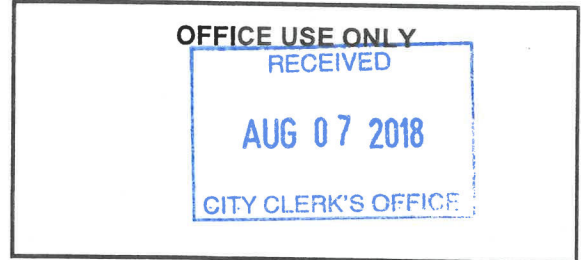
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/22/18	LAUDERDALE WEST NEWS	AD	CAN.		97 <sup>75</sup> / <sub>X</sub>
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL "MIKE" TAUSSIG  
Name

(2) 129 N.W. 73<sup>RD</sup> AVE  
Address (number and street)

PANTATION, FL 33317  
City, State, Zip Code



Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate    Office Sought: PANTATION CITY COUNCIL GRP 1
- 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 / 18 To 7 / 31 / 18 Report Type: M7 2018

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . —

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . —

In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Transfers to Office Account    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 9,000 . 44

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 2,685.42 . 42/p

### (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) MICHAEL TAUSSIG

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

(Type name) MICHAEL "MIKE" TAUSSIG

Candidate     Chairperson (only for PC and PTY)

[Signature]  
Signature

[Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL TAUSSIG (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/1/18 through 7/31/18 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(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
(6) Sequence Number		Type	Occupation				
7/10/18 /	STEPHEN CUMMINGS 9355 NW 18 AVE PLANTATION, FL 33322	I	Retired	CIE			500 <sup>x</sup>
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL "MIKE" TAUSSIG  
Name

(2) 129 N.W. 73 AV  
Address (number and street)

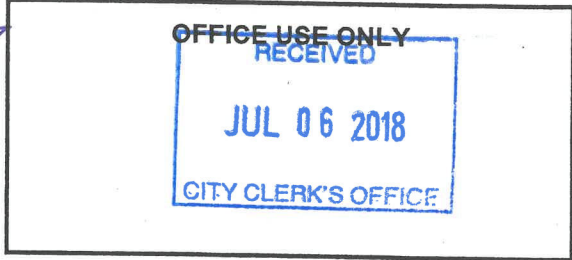
PALMATION, FL 33317  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: PALMATION CITY COUNCIL GROUP
- 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 / 18 To 6 / 30 / 18 Report Type: M6

- Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 8,500.00

Loans \$ 8,500.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ 2,685.42

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 2,685.42

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 8,500.00

### (10) TOTAL Monetary Expenditures To Date

\$ 2,685.42

### (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) MICHAEL E. TAUSSIG  
 Individual (only for IE or electioneering comm)  Treasurer  Deputy Treasurer

(Type name) MICHAEL "MIKE" TAUSSIG  
 Candidate  Chairperson (only for PC and PTY)

Michael E. Taussig  
Signature

Michael "Mike" Taussig  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name MICHAEL TAUSSIG (2) I.D. Number \_\_\_\_\_

(3) Cover Period 6/1/18 through 6/30/18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
6/12/18	MICHAEL TAUSSIG	S		LOA			8500-
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name MICHAEL TAUSSIG (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 6/1/18 through 6/30/18 (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
6/14/18	CITY OF PLANTATION	QUALIFYING	CAN		250 <sup>-</sup>
1					
6/14/18	CITY OF PLANTATION	QUALIFYING	CAN		310 <sup>82</sup>
2					
6/22/18	TRADEMARK GRAPHICS 2030 NW 93 AV PEMBROKE PINES	PRINTING = SIGNAGE	CAN		2125 <sup>30</sup>
3					
11					
11					
11					
11					
11					

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED  
JUN 12 2018  
CITY CLERK'S OFFICE

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

2. Name of Candidate (in this order: First, Middle, Last)

MICHAEL F. TAUSSIG

3. Address (include post office box or street, city, state, zip code)

129 NW 73 AVE  
PLANTATION, FL. 33317

4. Telephone

(954) 980-6099

5. E-mail address

MICHAELTAUSSIG2018@GMAIL.COM

6. Office sought (include district, circuit, group number)

PLANTATION COUNCIL GRP 1

7. If a candidate for a nonpartisan office, check if applicable:

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

MICHAEL F. TAUSSIG

11. Mailing Address

129 N.W. 73 AVE

12. Telephone

(954) 980-6099

13. City

PLANTATION

14. County

BROWARD

15. State

FL

16. Zip Code

33317

17. E-mail address

MICHAELTAUSSIG2018@GMAIL.COM

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

19. Name of Bank

AMTRUST

20. Address

8211 W. BROWARD BL

21. City

PLANTATION

22. County

BROWARD

23. State

FL

24. Zip Code

33324

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

6.12.18

26. Signature of Candidate

X *Michael F. Taussig*

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

I, MICHAEL F. TAUSSIG do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6.12.18  
Date

X *Michael F. Taussig*  
Signature of Campaign Treasurer or Deputy Treasurer

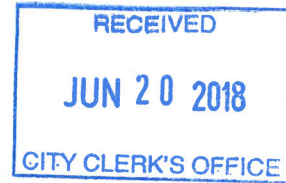


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, MICHAEL "MIKE" TAUSSIG

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COUNCILMEMBER, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)  
GRP 1; I am a qualified elector of BROWARD County, Florida;  
(Circuit #) (Group or Seat #)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 101361609

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

MY KALE "MYKE" TOU SIG

[Signature] (954) 980-6099 MICHAELTAUSSIG2018@GMAIL.COM  
Signature of Candidate Telephone Number Email Address  
129 N.W. 73 AVE PLANTATION FL 33317  
Address City State ZIP Code

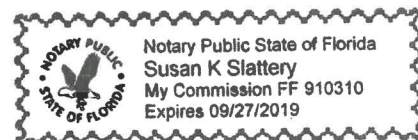
STATE OF FLORIDA  
COUNTY OF Broward

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup>  
day of June, 20 18.

Personally Known:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



**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.**

**OFFICE USE ONLY**

1. CHECK APPROPRIATE BOX(ES): *AMENDED TO CORRECT ERROR.*  
 Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last) *MICHAEL "MIKE" TAUSSIG*  
 3. Address (include post office box or street, city, state, zip code) *129 N.W. 73<sup>RD</sup> AVE  
PLANTATION, FL. 33317*  
 4. Telephone *(954) 980-6099*    5. E-mail address *MICHAELTAUSSIG2018@GMAIL.COM*

6. Office sought (include district, circuit, group number) *PLANTATION CITY COUNCIL GRP. 1*  
 7. If a candidate for a nonpartisan office, check if applicable:  
 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 *MICHAEL F. TAUSSIG*

11. Mailing Address *129 N.W. 73 AVE*    12. Telephone *(954) 980 6099*

13. City *PLANTATION*    14. County *BROWARD*    15. State *FL*    16. Zip Code *33317*    17. E-mail address *MICHAELTAUSSIG2018@GMAIL.COM*

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

19. Name of Bank *SUN BANK*    20. Address *BROWARD BLVD*  
 21. City *PLANTATION*    22. County *BROWARD*    23. State *FL*    24. Zip Code *33317*

**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.**

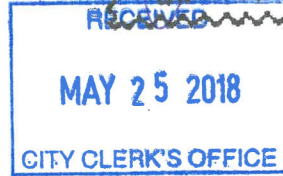
25. Date *5-31-18*    26. Signature of Candidate *[Signature]*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
 I, *MICHAEL F. TAUSSIG*, do hereby accept the appointment  
 (Please Print or Type Name)  
 designated above as:  Campaign Treasurer     Deputy Treasurer.  
*5-31-18*    *[Signature]*  
 Date    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)



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**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)

MICHAEL F. TAUSSIG

3. Address (include post office box or street, city, state, zip code)

129 N.W. 73 AV

4. Telephone

(954) 980-6099

5. E-mail address

MICHAELTAUSSIG2018@GMAIL.COM

6. Office sought (include district, circuit, group number)

PLANTATION CITY COUNCIL  
SEAT 1

7. If a candidate for a nonpartisan office, check if applicable:

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.

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10. Name of Treasurer or Deputy Treasurer

MICHAEL F. TAUSSIG

11. Mailing Address

129 NW 73 AV

12. Telephone

(954) 980-6099

13. City

PLANTATION

14. County

BROWARD

15. State

FL

16. Zip Code

33317

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33317

**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

5-25-18

26. Signature of Candidate

*[Signature]*

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

I, MICHAEL F. TAUSSIG, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5-25-18

Date

*[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer