



The Village of Biscayne Park

640 NE 114th St., Biscayne Park, FL 33161
Telephone: 305-899-8000 Facsimile: 305 891 7241

NOTICE OF CANDIDACY FOR THE OFFICE OF VILLAGE COMMISSION

RECEIVED

AUG 30 2016

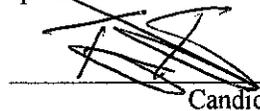
I, Tracy Truppman (Please print name
as you wish it to appear on the ballot – name may not be changed after the end of the qualifying period) residing at
791 NE 116th Street, Biscayne Park, Florida, do hereby give
notice of my candidacy for the office of Village Commission of the Village of Biscayne Park in the
forthcoming election to be held on Tuesday, November 8, 2016.

I do further state that I am a bona fide citizen of the United States of America, and a registered elector and
resident in the Village of Biscayne Park; that I have resided in the Village of Biscayne Park for at least
one (1) year immediately preceding the date of election to be held; that I am at least eighteen (18) years of
age; that I possess all qualifications and have fully satisfied all provisions of the Charter of the Village of
Biscayne Park.


Candidate's Signature

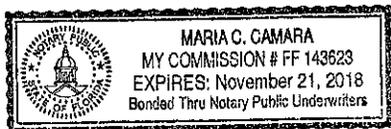
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

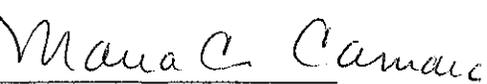
Before me, the undersigned authority, this day personally appeared Tracy Truppman
who upon first being duly sworn, deposes and says that he/she is the
candidate referred to in the foregoing notice; that he/she is familiar with the contents of the notice, and
that the facts and matters therein stated are true; and that he/she did sign notice for the purpose therein
specified.


Candidate's Signature

Signed and sworn to before me on the 29th day of August, 2016, by
Tracy Truppman who is personally known to me or who produced
as identification.

(Seal)




Notary Public State of Florida

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

VILLAGE OF BISCAYNE PARK

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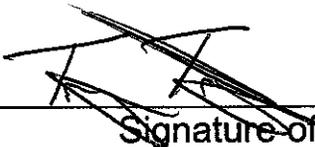
AUG 30 2016

I, Tracy Truppman ,

candidate for the office of Commission for the Village of Biscayne Park ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

8/29/16

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).

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

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

(PLEASE PRINT OR TYPE)

VILLAGE OF BISCAYNE PARK

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AUG 20 2016

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)

Tracy Lynn Truppman

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

791 NE 116th Street
Biscayne Park, FL 33161

4. Telephone

(305) 345-3830

5. E-mail address

ttruppman@gmail.com

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

Office of Commissioner

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

Tracy Truppman

11. Mailing Address

791 NE 116th Street

12. Telephone

()

13. City

Biscayne Park

14. County

Miami-Dade

15. State

FL

16. Zip Code

33161

17. E-mail address

ttruppman@gmail.com

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

19. Name of Bank

TotalBank

20. Address

1865 NE 123rd Street

21. City

North Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

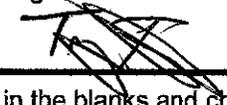
33181

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

8/29/16

26. Signature of Candidate

X 

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

I, Tracy Truppman, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/29/16

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

VILLAGE OF BISCAYNE PARK

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OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, TRACY TRUPPMAN

(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 Office of Commissioner, _____,
(office) (district #)
_____ ; I am a qualified elector of Miami-Dade 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.

X [Signature]

Signature of Candidate

(305) 345 3830

Telephone Number

truppmant@gmail.com

Email Address

791 NE 116th street

Address

Biscayne Park

City

FL

State

33161

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 10891185

* 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):

traisee truhpman

STATE OF FLORIDA

COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 29th day of August, 2016.

Personally Known: _____ or

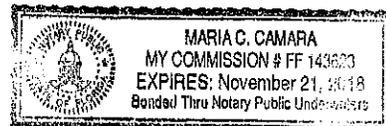
Produced Identification: _____

Type of Identification Produced: _____

Maria C. Camara

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:

LAST NAME – FIRST NAME – MIDDLE NAME :
 Truppman, Tracy Lynn

MAILING ADDRESS :
 791 NE 116th ST

CITY : ZIP : COUNTY :
 Biscayne Park, FL 33161 Miami - Dade

NAME OF AGENCY :
 Village of Biscayne Park - Municipality

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Office of Commissioner

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

VILLAGE OF BISCAYNE PARK

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**** **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
Florida Atlantic University	777 Glades Road, Boca Raton FL 33431	Academic

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
N/A	N/A	N/A	N/A

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

N/A

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.

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
N/A	N/A

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	N/A

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	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A

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:



Date Signed:

8/29/16

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.



The Village of Biscayne Park

640 NE 114th St., Biscayne Park, FL 33161
Telephone: 305-899-8000 Facsimile: 305 891 7241

Access to the Candidate and Campaign Treasurer Handbook and The Election Laws of the State of Florida

VILLAGE OF BISCAYNE PARK

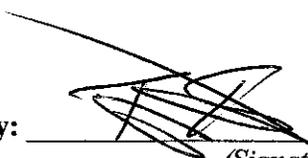
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Candidate: Tracy Truppman
(Print Name)

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the Village of Biscayne Park 2016 Municipal Candidate Election resources available on the Village of Biscayne Park website (www.biscayneparkfl.gov), including but not limited to:

- Candidate and Campaign Treasurer Handbook
- Compilation of the Election Laws of the State of Florida
- Village of Biscayne Park Charter and Code of Ordinances
- Village of Biscayne Park Political Sign Code
- Voter Registration Guide
- Items for Sale from Miami-Dade County Elections Department
- Campaign Financing Forms
- Frequently Asked Questions
- Common Reporting Compliance Errors
- Website links to:
 - Miami Dade County Elections Department
 - State of Florida Division of Elections

Acknowledged by: 
(Signature of Candidate)

Date: 8/29/16

Primary Telephone Number: (305) 345 - 3830

Alternate Telephone Number: (N/A) _____ - _____

E-Mail Address: ttruppman@gmail.com