

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **MICHAEL TUR**

Name

(2) **4914 SW 72ND AVE.**

Address (number and street)

MIAMI, FL 33155

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number

(4) Check appropriate box(es):

☒ Candidate Office Sought:

VILLAGE OF VIRGINIA GARDENS COUNCIL

☐ 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 / 03 / 2026 To 10 / 16 / 2026 Report Type: G2

☒ 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

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 2 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 841 . 54

(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) **JEANNINE MIRANDA**

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

X

Signature

(Type name) **MICHAEL TUR**

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHAEL TUR

(2) I.D. Number _____

(3) Cover Period 10 / 03 / 2026 through 10 / 16 / 2026

(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
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OCT 23 2026

Village of Virginia Gardens
Clerks Office

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL TUR (2) I.D. Number _____

(3) Cover Period 10 / 03 / 2026 through 10 / 16 / 2026 (4) Page 1 of 1

(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
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