

# STATE OF FLORIDA

### FLORIDA ELECTIONS COMMISSION

107 West Gaines Street, Suite 224, Tallahassee, Florida 32399-1050 Telephone Number: (850) 922-4539 www.fec.state.fl.us

#### CONFIDENTIAL COMPLAINT FORM

The Commission's records and proceedings in a case are confidential until the Commission rules on probable cause. A copy of the complaint will be provided to the person against whom the complaint is brought.

1. PERSON BRINGING COMPLAINT:	
Name: Stephanie Kienzle	Work Phone: (305) 335-2093
Address: 1653 NE 178 Street	Home Phone: (305) 335-2093
City: North Miami Beach County: Miami-Dade State	FL Zip Code: 33162
2. PERSON AGAINST WHOM COMPLAINT IS BRO	
A person can be an individual, political committee, committee electioneering communication organization, club, corporation other type of organization. If both an individual and a committee	tee of continuous existence, political party, partnership, company, association, or an
Name of individual: Yvenoline Dargenson	
	Phone: (954) 294-7609
Address: 9620 Boulder Street  City: Miramar County: Broward State:	FL Zip Code: 33025
If individual is a candidate, list the office or position sought:	North Miami Beach City Council
Name of committee or organization:	
Address:	
City: County: State:	
Have you filed this complaint with the State Attorney's Off	
ALLEGED VIOLATION(S):	
Please list the provisions of The Florida Election Code that you violated. The Commission has jurisdiction only to investigation Chapter 106, Section 98.122, and Section 105.071, Florida Sta	on the following provisions: Chapter 104,
The facts and actions that you believe support the vi The names and telephone numbers of persons you be A copy or picture of the political advertisements you A copy of the documents you mention in your statem Other evidence that supports your allegations.	elieve may be witnesses to the facts, i mention in your statement,
o begin with, the respondent claims that her legal addres	s is in North Miami Beach; however
here is presently a lawsuit pending in the Miami-Dade C	
am filing this complaint using her address of record in the	ne Broward County Tax Assessor's
Office.	

Ms. Dargenson filed two Campaign	Treasurer's Reports with the City of North Miami
Beach. One is dated March 29, 20	13. The other is dated April 12, 2013. Both are
attached as exhibits hereto. Accor	ding to these reports, she has not paid the Filing
Fee or the Sign Bod in order to put	up campaign signs. According to the City Clerk's
office, all candidates have paid thei	r Filing Fees and Sign Bonds. Dargenson'
Campaign Treasurer neglected to r	eport these payments.
In addition, Dargenson has placed	campaign signs all over the City of North Miami
Beach without notating the Group (or	r Seat) Number for which she is running. This is in
violation of Florida campaign laws.	
A	Additional materials attached (check one)? Yes No
4. <u>OATH</u>	
STATE OF FLORIDA COUNTY OF 6 COWORD	_
I swear or affirm, that the above informa	ntion is true and correct to the best of my knowledge.
	Stephanie &
	Original Signature of Person Bringing Complaint
	Sworn to and subscribed before me this 26th day of
	April ,20 13
	~ (26 D) ~
	Signature of Officer Authorized to Administer Oaths or Notary public.
	Notary Public State of Florida Nathan I Leder My Commission DD892094 Expires 05/21/2013
	(Print, Type, or Stamp Compissioned Name of Notary Public)
	Personally known Or Produced Identification
	Type of Identification Produced

Any person who files a complaint while <u>knowing</u> that the allegations are false or without merit commits a misdemeanor of the first degree, punishable as provided in Sections 775.082 and 775.083, Florida Statutes.

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY  —					
(1) <u>Vvenoline Dargenson</u> Name (2) <u>15/1 NE 16/st Stract</u> Address (number and street) <u>North Miami Black</u> 3/33/ City, State, Zip Code	□ <b>†.</b>				
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought):	(3) ID Number:    Check if PC has disbanded   Check if CCE has disbanded   Check if No other electioneering				
	COMMUNICATION REPORTS WILL BE FILED				
	TIDENTIFIERS  1 19 13 Report Type 61  Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$ /, /00.00	Monetary Expenditures \$				
Loans \$ 1500.00	Transfers to Office Account \$				
Total Monetary \$ 2600. "  In-Kind \$ 500. "	Total Monetary \$ 892.23				
TIT-IXIII	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$600. **O	(10) TOTAL Monetary Expenditures To Date \$89~・ロン				
(11) CERT					
It is a first degree misdemeanor for any person certify that I have examined this report and it is true, correct, and complete.  (Type name) Frank/ JRan. Many	I certify that I have examined this report and it is true, correct, and complete.  (Typename) Yugnoline Dayson (and				
Individual (only for electioneering commun.)  Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
Signature	Signature				

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Vino line Dargenson (2) I.D. Number

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(3) Cover Period	[111/15	throu	gh ع)/	291/3	(4) Page		of 2
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Yvanoling Davgarson (2) I.D. Number 0312/13 through 031291/3 (3) Cover Period (4) Page (9) (5) Date Full Name (Last, Suffix, First, Middle) (6)Contributor Contribution In-kind Sequence Street Address & Type Occupation Amendment Amount Number City, State, Zip Code Type Description NOE/ NOOMIN Sandardole laves I CAS 9 \$1 223/1 2 123/13 Vadring Josefing 27/1 Nw 21 St Landbordede la res 4 333/1 2 12 113 Vadring Pete 27/1 Nw 21 St 27/1 Nw 21 St CAS 40 1/ SI 28311 3/2/1200 Willia Eduard 3/2/1200 372 NE 16224 St CAS 50 NMB, \$/33162 CAS 10 I 12 3 123 ruly NOEL Papy 3213W 21 St Fort condertale CAS 30 3/ 33215 WIND ASSA 13 Port condendate CAS 30 \$1 32315 DI 10, 2013 Vedrine Junn 321 SW 418 CAS 50 Fort Landald 51 33315 ראשם בונג בלרשע,2 מו ובר 13 YUK -E BN 1: 27

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### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Yvanslin	1 navge-son	(2) I.D. Number
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(3) Cover Perio	od 6) / 1 / 13 through 0)	129113	(4) Page	of _	
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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FLORIDA DEPARTMENT OF S CAMPAIGN TREASUR	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY			
(1) Yvenoline Davginson Name (2) 151/ NE 16/St Stranger Address (number and street) Novel Miam, Doach, 3/33 City, State, Zip Code	į.			
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): North Miami Beau Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication	☐ CHECK IF PC HAS DISBANDED ☐ CHECK IF CCE HAS DISBANDED ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
	n Report ☐ Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 545,35  Loans \$ 440.—  Total Monetary \$ 985.36  In-Kind \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 1664.21  Transfers to Office Account \$ 7  Total Monetary \$ 1664.21			
(8) Other Distributions  \$				
It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, correct, and complete.  (Type name)				

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name 4000/20 Dangonion (2) I.D. Number (4) Page (3) Cover Period 07 / 30/15 (10)(5) (12)Date Full Name (6) (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type Occupation Type Amendment Description Amount 413 113 372 NE 162 10 100 N. mani 3/ B 23/68 183 15/1 NE 16/5+ N. M. Mani Blen I ,10,13 Fritz Jean hay 4 Dania 3/ 33020 4 Dania 3/ 33020 4/ 1/// GILLICUSU/MISSE 1756 NW 146 St 14535 mixmar 31 37025

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

(1) Name Vypus/ Dongenson	(2) I.D. Number
(3) Cover Period 07 34 12 through 04/1	2 / /3 (4) Page / of \

	17)	(8)	(9)	(40)	(44)
(5) Date	(7) Full Name	1	(8)	(10)	(11)
	(Last, Suffix, First, Middle)	Purpose (add office sought if			
(6) Sequence	Street Address &	contribution to a	Expenditure		
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Yugustund Pargerson	(2) I.D. Number
(3) Cover Period 85/13 5/13 through 04/12/13	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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