			C	0	PY		
APPOINTMENT OF CAMPA AND DESIGNATION O DEPOSITORY FOR O (Section 106.021)	F CAMPAIGN ANDIDATES	ER				NOV 1	L2 PH 3:26 SAA
(PLEASE PRINT O	R TYPE)						
NOTE: This form must be on for officer before opening the campa	angen - bene stateden - hunden en graden stere en ere ere ere ere ere ere ere ere e	ing					OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(E] Tre	easurer/D	eputy	Depositor	у 🗆	Office 🗌 Party
2. Name of Candidate (in this orde	r: First, Middle, Last)	3. Add	ress (inclue	de post office	e box or s	treet, city, state, zip
BEN JACOBSON			code) 9U≲	5 CO	llins A	the #	<i>†309</i>
4. Telephone 5. E-ma	ail address		50	1 FSIDA	FL	33/54	/
(754) 233-9705 ben.	su (fside 202	0 0900	illion		/ .		
6. Office sought (include district, c						nonparti	<u>san</u> office, check if
				applical			- Muite In condidate
COMMISSIONEr					My intent is	s to run as	s a Write-In candidate.
8. If a candidate for a partisan of	ice, check block an	nd fill ir	n name o	of party as	applicable:	My inte	ent is to run as a
Write-In 🕅 No Party Aff	iliation				n aparta da se de casa da se	Pa	
9. I have appointed the following	person to act as m	у [Cam	paign Trea	surer	Deput	y Treasurer
10. Name of Treasurer or Deputy T	reasurer	L					
Ben Julobson							
11. Mailing Address			1	AL D		12. Telep	phone
9455 Collins A	Ve #309 .	SUG	FSILLE	fl 3	3154	()59)	233 9 105
11. Mailing Address 9455 Collins 13. City 14. C SU(FSIM Mu	County 1: ami Date	5. State	e 16.2 33	Zip Code <i>154</i>	17. E-mail	address sill 7-ad	of grail.com
18. I have designated the following		R		y Deposito			ry Depository
			20. Addre		,		
19. Name of Bank			zu. Addre	55			
21. City	22. County			23. State			24. Zip Code
UNDER PENALTIES OF PERJURY, I DEC DESIGNATION	LARE THAT I HAVE REA	D THE I	FOREGOIN	IG FORM FO	R APPOINTME	ENT OF CA	MPAIGN TREASURER AND
25. Date		2	26. Signat	ture of Car	ndidate		
11/12/19			х 🗸	12	>		
27. Treasurer's Acc	eptance of Appoint	ment (fill in the	blanks and	I check the a	ppropriat	e block)
I. <u>BEN</u> JACOBSO, (Plea	N Distanting Nam				, do here	by accep	t the appointment
			_	Deput	0000000		
designated above as:	Campaign Trea			Deputy Tr	easurer.		
11/12/18	X		14	35			1. T
Date		US	Signature	of Campai	gn Treasure	r or Depu	ity Treasurer

Rule 1S-2.0001, F.A.C.

DS-DE 9 (Rev. 10/10)

	OFFICE USE ONLY
STATEMENT OF	NOV 12 PM 3:26 SK
CANDIDATE (Section 106.023, F.S.)	
(Please print or type)	
I, BEN JACOBSON	1
candidate for the office of Commi	SSIONEr;
have been provided access to read ar	nd understand the requirements of
Chapter 106, Florida Statutes.	
X A	11/12/19
Signature of Candidate	Date
Each candidate must file a statement with t	the qualifying officer within 10 days after the
failure to file this form is a first degree misde	gnation of Campaign Depository is filed. Willful emeanor and a civil violation of the Campaign
Financing Act which may result in a fine of up to Statutes).	to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida

DS-DE 84 (05/11)

APPOINTMENT OF CAMPAIGN TREASURER	NOV 12 PM 3:26 54
AND DESIGNATION OF CAMPAIGN	NUV 1211 0120
DEPOSITORY FOR CANDIDATES	NOV 15 AM 9:08
(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):	
Initial Filing of Form Re-filing to Change:	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
BEN JACOBSON	9455 COllins ALE #309
4. Telephone 5. E-mail address	SULESING EL BRICH
4. Telephone 5. E-mail address (754) 233-9705 ben SU(FSide 2020)	Prilcon
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
COMMISSIONER	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fil	
Write-In X 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 Ben JacobSon	
11. Mailing Address	12. Telephone
9455 Collins Ave #309 50	(Fside AL 33154 (754) 233 9705
13. City 14. County 15. Sta SUCFSIM Minimi Dale FL	ate 16. Zip Code 17. E-mail address
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
IBeria Bank	40 ACTING God Frep Rond
21. City 22. County Minni Beau Minni Pul	23. State 24. Zip Code 33/40
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	26. Signature of Candidate
11/12/19	x A
27. Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)
1. BEN JACOBSON	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	r Deputy Treasurer.
X	AA
Date	Signature of Campaign Treasurer or Deputy Treasurer

1

CANDIDATE OATH –	
NONPARTISAN OFFICE	A.
(Do not use this form if a Judicial or School Board Candidate)	NOV 21 PM 2:23
Check box only if you are seeking to qualify as a write-in candidate:	
Write-in candidate	
	OFFICE USE ONLY
Condid	ate Oath
	(a), Florida Statutes)
I. Ben Jacobson	
-	. 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. ballot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of Commissione	er
	(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
	of which office or any part thereof runs concurrent with the office
	required to resign pursuant to Section 99.012, Florida Statutes;
and I will support the Constitution of the United States and the	
Candidate's Florida Voter Registration Number (located on y	rour voter information card): 123879039
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (<i>see</i> instructio	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]
X (754) 223-9705	bensurfside2020@gmail.com
Signature of Candidate Telephone Number	Email Address
9455 Collins Ave #309 Surfside	FL 33154 State ZIP Code
Address City	State Rehand
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF <u>Miqui-Dade</u>	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this $-\frac{21}{2}$	EVELYN HERBELLO Notary Public - State of Florida
day of <u>November</u> , 20 <u>19</u> .	Commission # GG 230572 My Comm. Expires Jun 19, 2022 Bonded through National Notary Assn.
Personally Known: or Produced Identification:	
Type of Identification Produced: Flonda Drivers	
DS-DE 302NP (Rev. 11/17)	Rule 1S-2.0001, F.A.C.



TOWN OF SURFSIDE MUNICIPAL BUILDING

9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 21 PM 2:23 K

GENERAL ELECTION – MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE }

}

}

TOWN OF SURFSIDE

I solemnly swear (or affirm) under oath, that my name is $\beta E \sqrt{TACOBSON}$,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9455 Collins Are # 309 SURFSile PL 33/54,
my occupation is Loralth Consultant; that I have been
a resident of the Town of Surfside since $20/6$; that I will be at least twenty-one (21) years of
age by November 22, 2019 and that if elected, I will willingly serve as _ Connission
(Mayor or Commissione)) of the Town of Surfside, if elected.

<u>||/2|/|9</u> Date Signature of Candidate

Hovember Sworn to and subscribed before me this 21 day of ______ 2019. NOTARY PUBLIC EVELYN HERBELLO Notary Public - State of Florida Commission # GG 230572 My Comm. Expires Jun 19, 2022 Bonded through National Notary Assn. PRINTED NAME OF NOTARY

FORM 1		STATEM	IENT OF		2018
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL			FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID Jacobson, Ben	DLE NA	AME :			
MAILING ADDRESS : 9455 Collins Ave #309					
					Æ
CITY : Surfside	2 3315	COUNTY: 54 Miami-Dad	e		NOV 21 PM 2:23
NAME OF AGENCY : Town Of Surfside					
NAME OF OFFICE OR POSITION H	HELD O	R SOUGHT :			
Commissioner You are not limited to the space on the	e lines o	n this form Attach additional she	ets if necessary		
CHECK ONLY IF CANDIDAT					
**** BO DISCLOSURE PERIOD:	<u>ГН</u> РА	ARTS OF THIS SECT	TION <u>MUST</u> BE CO	MPLET	ED ****
THIS STATEMENT REFLECTS YO YEAR OR ON A FISCAL YEAR. F EITHER (must check one):	our fi Please	NANCIAL INTERESTS FOR T STATE BELOW WHETHER	THE PRECEDING TAX YEA THIS STATEMENT IS FOR	R, WHETH THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING
DECEMBER 31,	2018	OR 🗆 SPECII	FY TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF L CALCULATIONS, OR USING COI for further details). CHECK THE (ISING F	REPORTING THRESHOLDS T TIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON	LAR VALU I PERCEN	IES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions
		ENTAGE) THRESHOLDS	1	AR VALU	JE THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to	F INCON report, v	IE [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME	5		JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
BJC VIP Services LLC		1 State Street 29th F	loor New York, NY	Loyalty	<pre>/ Consulting</pre>
Ben Jacobson Consultant	ts	9455 Collins Ave #30	09 Surfside FL	IT Con	sulting
£					
				March Science	
PART B SECONDARY SOURCE [Major customers, clients (If you have nothing to	s, and ot	her sources of income to busines	sses owned by the reporting pe	erson - See	instructions]
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A					
PART C REAL PROPERTY [Land (If you have nothing to n	l, buildin eport, v	on - See instructions]	and w	G INSTRUCTIONS for when where to file this form are ad at the bottom of page 2.	
N/A				INSTR	RUCTIONS on who must file orm and how to fill it out
					on page 3.

NOV 21 PM 2:23

r				
PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certifica e" or "n/a")	ates	of deposit, etc See inst	ructions]
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
	r I			S OF CREDITOR
		D .		
US BANK	PU Box 068,	Вι	uffalo, NY 14240	
PART F — INTERESTS IN SPECIFIED BUSINESSES {If you have nothing to report, write "none"	" or "n/a")		s in certain types of busi	nesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	IN/A			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
PART G - TRAINING			und to position 110 2140	F 8
For elected municipal officers required to complete an				
	HAVE CONF	-		JIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE		ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:		CPA or ATTC	DRNEY SIGNATURE ONLY
Signature:				untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:
		-	instructions to the form.	, prepared the CE ith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
Date Signed:			disclosure herein is true	
			CPA/Attorney Signature:	·
////////		-	Date Signed:	
FILING INSTRUCTIONS:			A	
If you were mailed the form by the Commission on E	thics or a County	Ca	ndidates file this form	together with their filing papers.
Supervisor of Elections for your annual disclosure form to that location. To determine what category y under, see page 3 of instructions.	filing, return the	1 v	JLTIPLE FILING UNNE with a qualifying officer Supervisor of Elections	ECESSARY: A candidate who files a Form is not required to file with the Commission
Local officers/employees file with the Supervise of the county in which they permanently reside. permanently reside in Florida, file with the Supervise where your agency has its headquarters.) Form 1 fit the Supervisor of Elections may file by mail or em Supervisor of Elections for the mailing address or use. Do not email your form to the Commission on returned	(If you do not sor of the county lers who file with ail. Contact your email address to	Wi dat Ap coi ap	HEN TO FILE: <i>Initially</i> d specified state emp te of his or her appoin pointees who must be nfirmation, even if that pointment.	r, each local officer/employee, state officer, ployee must file <i>within 30 days</i> of the tment or of the beginning of employment. confirmed by the Senate must file prior to is less than 30 days from the date of their the same time they file their qualifying
returned. State officers or specified state employees w Commission on Ethics may file by mail or email. send the completed form to P.O. Drawer 15709,	To file by mail,	pa Th	pers.	following each calendar year in which they
32317-5709; physical address: 325 John Knox Rd, Tallahassee, FL 32303. To file with the Commission your completed form and any attachments as a pdf other format) and send it to CEForm1@leg.state.fl.t both mail and email. Choose only one filing method. be accepted via email.	Bldg E, Ste 200, n by email, scan f (do not use any us. Do not file by	<i>Fir</i> lea of	n ally , file a final discleaving office or employm Financial Interests) doe	osure form (Form 1F) within 60 days of tent. Filing a CE Form 1F (Final Statement as <u>not</u> relieve the filer of filing a CE Form 1 or position on December 31, 2018.

CE FORM 1 - Effective: January 1, 2019. Incorporated by reference in Rule 34-8.202(1), F.A.C.

**	For	unredacted	version,	please	contact the	Town	Clerks	Office**
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**Web Version Only **

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23

	e e	
We the undersigned electors of the Town of Surfside,	Florida, hereby nominate	Ben Jacobson
		at an election to be held on March 17,
2020.		

This petition must be filed with the Town Clerk betwee	en November 1, 2019 and November 22, 2019 (by 12:00pm).
Signature:	Date: NIA 7, 711 D.O.B.
Print Name: Fevera Eisenberg.	Address:
Signature:	Date: \$1-17-19 D.O.B.
Print Name: SATURIK ZAMAN UPSKAR	Address:
Signature:	Date: 11/17/19 D.O.B.
Print Name: RIVKAH LIPSKAR	Address:
Signature: Au	Date: 11/17/19 D.O.B.
Print Name: ALRIEL WASSERMAN	Address:
Signature:	Date: <u>1117/19</u> D.O.B.
Print Name: Chang Wasternan	Address:
Signature: Mendy to	Date: 11/17/19 D.O.B.
Print Name: Menachem KAtz	Address:
Signature: <u><u></u><u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u>	Date: 11-11.19 D.O.B.
Print Name: Zeize ketz	Address:
Signature:	Date: 11/17/19_D.O.B.
Print Name: Gordon Braun	Address:
Signature:	Date: 11/17/19 D.O.B.
Print Name: Marigan Braun	Address:
Signature:	Date: 1/11/19 D.O.B.
Print Name: Yohuda Bost	Address:
Signature: Wounter	Date: 11 17 19 D.O.B.
Print Name: Chaye Woonter ler	Address:
Signature:	Date: D.O.B
Print Name: Dariel (rielchiosky	Address:
Signature: A. angmai	Date: 11 - 13 - 19D.O.B.
Print Name: A. T Alice Tungman	Address:

STATEMENT OF CIRCULATOR

thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Address of Circulator: Email address of Circulator: C 2011AJ ML # 309 Email address of Circulator: Acceptance of N	SLIGGE FL 33154
I hereby accept the nomination of Onn'Sh' w	(Mayor or Commissioner) and agree to
	111 1 1
Signature of Candidate:	Date:/) •//?

For unredacted version, please contact the Town C		**Web Version Only **
YOU MUST BE A REGISTERED VOTER OF PLEASE SIGN AND	F THE TOWN OF SURFSIDE PRINT YOUR NAME CLEAR	
NOMINATING PETITION P		
TOWN OF S	URFSIDE, FLORIDA	
We the undersigned electors of the Town of Surfsic		Ben JACOBSON
for the office of <u>Conniscional</u> 17, 2020.	(Mayor or Commissioner)	at an election to be held on March
This petition must be filed with the Town Clerk betw	ween November 1, 2019 and Nove	ember 22, 2019 (by 12:00pm).
Signature: X W///////////////////////////////////	/ Date: / 12/0	D.O.B.
Print Name: / n/1/5 J	C/ZAddress;	
Signature: R. Cusatto	Date: 1115	D.O.B.
Print Name: RADKO Chydaitor	Address:	
Signature: Struct Frozerow	Date: 11/15/19	D.O.B.
Print Name: SIHON TRUCMON	Address:	
signature:	Date: 11/15/19	_D.O.B.
rint Name: SEVERS GUNVITSCH	Address:	/
ignature:	Date: ///16/19	_D.O.B.
rint Name: CBAFFY Cokey	Address:	
ignature:	Date: <u>11/15/19</u>	_D.O.B.
rint Name: RUTH relouL	Address: Date: 1/15/19	
ignature: <u>Frank</u> rint Name: Lawen Bardos	Date: <u>[]//////9</u> Address:	_D.O.B.
ignature: Mar Maril	Date: 11/15/19	D.O.B.
rint Name: Marissa Jacobson	Address:	
ignature:	Date: [1] [16] [9	D.O.B.
rint Name: Shomo Danzingen	Addross:	
ignature: Irig Her	Date: 11/16/19	D.O.B.
rint Name: tris Herssein	Address:	
ignature:	Date:	_D.O.B.
rint Name: SAMUEL ROTTENSTOIN	Address:	
ignature: Unna Cottention	Date: 111719	_D.O.B
rint Name: Anna Kottenstein	Address:	
ignature:	Date: <u>///77//9</u>	_D.O.B
rint Name: <u><i>Yisroel</i> El</u> Ginslurg	Address:	
STATEME	NT OF CIRCULATOR	1
he undersigned is the circulator of the foregoing paper nereto was made in my presence and is the genuine sig		es. Each signature appended arre it purports to be.
Signature of Circulator:		
ignature of Circulator: $24-5$ coll h H 2 co	GREEM CL 3315	-

Iddress of Circulator: 9455 collMS # 309 SUFKU pl 3	315
Email address of Circulator: ben 200 mil .com	
ACCEPTANCE OF NOMINATION	\sim
I hereby accept the nomination of <u>Commission</u>	(Mayor or Commissioner) and agree to
Signature of Candidate:	Date: <u>1/_17/_1</u> 9

**Web Version Only **

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER NOV 21 PM 2:23 8

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate <u>BEN</u> JACOBSON for the office of <u>CommSsono</u> (Mayor or Commissioner) at an election to be held on March 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

					-	
Signature:	Date:	1]-15-19	D.O.B.			
Print Name: SI-IARON, HAKAM	Address:					
Signature:	Date:	11/15/19	D.O.B.			
Print Name: Josh Grisman	Address:					
Signature: Dr Henne	Date:	11	D.O.B		7	
Print Name: Derech Haberstan	Address:			. .		•
Signature:	Date:	11-15-19	D.O.B.			
Print Name: Jong Hacu Rubinstein	Address:					-
Signature:	Date:	11-15-19	D.O.B.			
Print Name: 500 BARDAS	Address:					
Signature:	Date:	11/10/2	D.O.B.		, in the second se	
Print Name: Paal Sult	Address:				A Co	- n
Signature:	Date:	1/15/18	D.O.B.			1
Print Name: RUSENS ICICH	Address:					
Signature: S. M	Date:	11-15-19	D.O.B.			
Print Name: Shlomy, Diamont	Address:					
Signature: Shop (Zamy) Shapiro	Date:	11-15-19	D.O.B.			
Print Name:	Address:			Start Start		
Signature:	Date:	11-15-19	D.O.B.			
Print Name: BALEL GAMISSAR	Address:					
Signature:	Date:	11/15/19	D.O.B.			
Print Name J JUSEPH GOUSSEWNER	Address:		1.1			
Signature: MA J. AM	Date:	11/15/19	D.O.B.			
Print Name: Dov SCHOCHET	Address:					
Signature:	Date:	7/13/19	В.О.В.			
Print Name: Elisa septimus	Address:					

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Address of Circulator: 9581 141 a Email address of Circulator: Shlomimiani @ grail. com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Connission	_ (Mayor or Gemmissioner) and agree to
Signature of Candidate:	Date: N / 17 / 1 9

** For unredacted version, please contact the Town Clerks Office**	**Web Version Only **

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23

We the under	signed electors of the 7	Town of Surfside, Florida, hereby non	ninate _	Ben	JUCOBSON	
for the office of	COMMISSION	(Mayor or Continis	sioner) a	at an elec	tion to be held	on March
17. 2020.						

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature:	arnora, like Masa)	Date:	11/18/19	_ D.O.B.		
Print Name:	Aurora de la Rosa	Address:				
Signature:	Mat Dekelban	Date:	11/18/19	_ D.O.B.		
Print Name:	MAX DEKELBAUM	Address:				
Signature:	Funene MARKER	Date:	11/18/19	_ D.O.B.		
Print Name:	Fugene Moteles	Address:				
Signature:	Dance C bostoria	Date:	11-18-19	_D.O.B.		
Print Name:	SANDRA C. MOTELES	Address:				
Signature:		Date:		_ D.O.B.		
Print Name:		Address:				
Signature:		Date:		_D.O.B.		
Print Name:		Address:				
Şignature:		Date:		D.O.B.		
Print Name:		Address:		****		
Signature:		Date: _		_ D.O.B.		
Print Name:		Address:			****	
Signature:		Date: _		_D.O.B.		
Print Name:		Address:				
Signature:		Date:		_D.O.B.		
Print Name:		Address:				
Signature:		Date: _		_ D.O.B.		
Print Name:		Address:				
Signature:		Date:		_D.O.B.		
Print Name:		Address:				
Signature:		Date: _		_D.O.B.		
Print Name:		Address:				
The undersig thereto was n	STATEME ned is the circulator of the foregoing paper nade in my presence and is the genuine sig	NT OF CIRCUL containing	signature	es. Each ame it pur	signature append	ed
	NQ					

Signature of Circulator: _	T						
ddress of Circulator:	9455 -07	IPS AW	# 309	SUFFER	FL	33/54	
Émail address of Circulat	or: beysver	ih 2000	a mail . a	on			
				OF NOMINAT	ION	_	
I hereby accept the nomin	nation of	Conn	issiam	-		(Mayor or Comprission	ner) and agree to

I hereby accept the nomination of _____ serve if elected.

Signature of Candidate:

Date:_

**Web Version Only **

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23 8

We the unde	ersigned electors of the T	own of Surfside, Florida, hereby nominate <u>Accesson</u>
for the office of _	COMMISSONDE	(Mayor or Commissiones) at an election to be held on March 17,
2020.		

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature:	Date: U 15/19	_D.O.B.
Print Name: SHEA. SCHNEIDEN	Address:	
Signature: 2	Date: 91-15.79	_ D.O.B.
Print Name: AARON LIPSKA~	Address:	
Signature: SNUM	Date:	D.O.B.
Print Name: (11074 FYNKY))	Address:	
Signature: Matrice	Date: 11/15/19	
Print Name: Debola Forekash	Address:	
Signature:	Date: 11/15/19	_ D.O.B.
Print Name: Shloho Kafan	Address: 4	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Prínt Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	·
Signature:	Date:	_ D.O.B
Print Name:	Address:	
Signature:	Date:	D.O.B
Print Name:	Address:	
Signature:	Date:	_ D.O.B
Print Name:	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing _______ signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Address of Circulator: \$581 Carlyle AU

Email address of Circulator:

shlominiani gmall, com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of C Omm ission	(Mayor or Commissioner) and agree to
serve if elected.	
Signature of Candidate:	Date:1//7/_[9
,	,

**Web Version Only **

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PH 2:23 A

We the undersig	gned electors of the Town of Su	rfside, Florida, hereby nominate	Ben Jacobsc
for the office of	COMMISSIONLI		an election to be held on March
17, 2020.			

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature:	AR AR	Date: _/	1/17/19	D.O.B.		
Print Name:	Dalit Teshuba	Address:		AP. (1.11)		
Signature:	chaza Camissar	Date:	1/17/19	D.O.B.		
Print Name:	CHAYA CAMISSAR	Address:			J	angunnanan.
Signature:		Date:	1/17/19	D.O.B.		
Print Name:	Bezalet Camissar	Address:	กับการเกมาก			
Signature:	22	Date: 11/	11/19	D.O.B.		
Print Name:	michelle ucinseral	Address:				
Signature:	P. Kulust	Date:	11/17/19	D.O.B.		
Print Name:	DOGA RUBINSTEIN	Address:				
Signature:	Un Mit of	Date:	THIM	D.O.B.		
Print Name:	Theel Plint	Address:				
Signature:	<u>Su</u>	Date:i	1-18-19	D.O.B.		
Print Name:	Saval Coole	Address:				
Signature:	Rodin Handwerger	Date:	11/2/19	D.O.B.		
Print Name:	Rochi Mandverst	Address:				
Signature:	Cal 24 m	Date:	117/19	D.O.B.		
Print Name:	Alexandra Handwerg	Address:				
Signature:	1 11 408	Date:	1117-119	Д.О.В		
Print Name:	Addia Weiss	Address:				
Signature:		Date:	11 17 19	D.O.B.		
Print Name:	tacob Weiss	Address:				2
Signature:	Frank	Date: 1	113/19	D.O.B		
Print Name:	Steven B Schwartz	Address:	_			
Signature:	Malist	Date:	118/19	D.O.B.		
Print Name:	Mali Schwarts	Address:				

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator:	n-Aura	
Address of Circulator:	600 guth St Sur	Farde 33154
Email address of Circulator:	Mandifold & genail com	and the second
	ACCEPTANCE OF NOMINATIO	
I hereby accept the nomination	of Commigsm	(Mayor or Commissioner) and agree to
serve if elected.	1	
	A	Die 11/11/14
Signature of Candidate:	set.	Date:(1/J-1/(/

**Web Version Only **

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

TOWN OF SU	RFSIDE, FLORIDA	NOV 21 PH 2:24
We the undersigned electors of the Town of Surfside, for the office of <u>Commissione</u> 17, 2020.		Ben Darchson

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature:	Carlinshouto Date	e: <u>11 21/19</u> D.O.B.
Print Name:	Carene Shayon Address	s:
Signature:	efegal Date	e: _i1[2([19_D.O.B
Print Name:		
Signature:	Date	e:D.O.B.
Print Name:	Address	
Signature:	Date	e: D.O.B
Print Name:		
Signature:	Date	ə: D.O.B
Print Name:		
Signature:	Date	e: D.O.B
Print Name:	Address	
Şignature:	Date	e: D.O.B.
Print Name:	Address	
Signature:		e: D.O.B
Print Name:	Address	
Signature:		: D.O.B.
Print Name:	Address	
Signature:	Date	:: D.O.B
Print Name:	Address	
Signature:	Date	::D.O.B
Print Name:	Address	:
Signature:	Date:	: D.O.B
Print Name:		
Signature:	Date	: D.O.B
Print Name:	Address	:

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing signal	tures. Each signature appended
thereto was made in my presence and is the genuine signature of the person whose	aname it purports to be.
Signature of Circulator: Mar	_
Iddress of Circulator: 9455 Collins bye Apt 309 Sciffside, Fl	33154
Email address of Circulator: Marissa i a cobson 18 @ amail. Com	
ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of Commission	(Mayor or Commissioner) and agree to
serve if elected.	
Signature of Candidate:	Date:(/_) / / _ / _ / _ / _ / _ / _ / _ / _ /
V	



Elections 2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY 305-499-8480

miamidade.gov

November 22, 2019

Sandra Novoa, MMC Town Clerk Town of Surfside 9293 Harding Ave Surfside, FL 33154

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Ben Jacobson, a candidate for the office of Commissioner for Town of Surfside. A total of 63 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 27 petitions were reviewed for verification; of which 26 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

Christina White Supervisor of Elections

Enclosure (1)





Elections 2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY 305-499-8480

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>26</u> signatures submitted by <u>Ben Jacobson</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 22nd DAY OF NOVEMBER, 2019

Christina White Supervisor of Elections



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Mr. Ben Jacobson 9455 Collins Avenue, Apt. 309 Surfside, Fl 33154

Dear Mr. Jacobson:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2020 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra Novoa, MMC Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ben Jacobson	OFFICE USE ONLY					
Name						
(2) 9455 Collins Ave #309	OUN OF SURFSIDE					
Address (number and street) Surfside, FL 33154	DEC5 119 11:06AM					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
(4) Check appropriate box(es):						
(5) Report	Identifiers					
Cover Period: From <u>11</u> / <u>01</u> / <u>2019</u> To	<u>11</u> / <u>30</u> / <u>2019</u> Report Type: <u>2019M11</u>					
✓ Original	cial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,1 , <u>100</u> 00	Monetary Expenditures \$,, <u>88</u> .06					
Loans \$,, <u>100</u> . <u>00</u>	Transfers to Office Account \$, , .					
Total Monetary \$,1, 200 . 00	Total Monetary \$, <u>88</u> .06					
In-Kind \$,,						
	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date \$,1, 20000						
	tification on to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, corr						
(Type name) Ben Jacobson	(Type name) Ben Jacobson					
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)					
X A	x AB					
Signature	Signature					

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

TOWN OF SURFSIDE DECS 19 11:06AM

(1) Name <u>Ben</u> J	CAMPAIGN TREASURER'S RI) EXPENDIT 2) I.D. Number	URES	05 19 11:86
(3) Cover Perio	d / _01 / _2019 through _11		4) Page		
(5) Date (6) Sequence Number	(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
11 /21 /2019 1	Town Of Surfside Surfside, FL	Registration	CAN		\$25.00
¹¹ / ²⁷ / ²⁰¹⁹ 2	Godaddy.com LLC 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260	Website Hosting	CAN		\$18.46
11 27 2019 3	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Fundraising Platform	CAN		\$40.30
11 29 2019 ///	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Fundraising Platform	CAN		\$4.30
/ /					
_ / /					
//					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

(1)	Name	Ben Jacobson

(2) I.D. Number OECS 19 114878M

(3) Cover Period $\frac{11}{2}$ / $\frac{01}{2}$ / $\frac{2019}{2}$ through $\frac{11}{2}$ / $\frac{30}{2}$ / $\frac{2019}{2}$ (4) Page $\frac{1}{2}$ of $\frac{1}{2}$

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name	1			,		
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	pntributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
11 18 2019 / /	Ben Jacobson 9455 Collins #309 Surfside, FL 33154						
1		S	Consultant	LOA			\$100
11 27 2019 / / 1	Devin Freedman 9300 Bay Drive Surfside FL 33154						
2		I	Lawyer	RCT			\$1000
a tan di							
11 / ²⁹ / ²⁰¹⁹	Andrew Septimus 8925 Collins Avenue Surfside FL 33154						
3		I	Finance	RCT			\$100
/ /	-						
1 1							
, ,	1						
1 1							
	1						
1 1	4						

DS-DE 13 (Rev. 11/13)

PAID CAMPAIGN WOR	ELECTIONS DEPARTMENT RKERS PARTICIPATING T ACTIVITIES SUMMARY
Name	OFFICE USE ONLY
Ben JACObson	
I.D. Number	
Address (number and street) 9455 Collins An # 309	DEC10 '19 11:38AM
SUCFSIG FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ∯ Commissioner, District	
Property Appraiser	-
Clerk of the Circuit Courts	
Community Council, Area, Su	Jb-Area
REPORT IDE	INTIFIERS
Report Name <u>→ 0 / 9 / 9 / 1 </u> Cover Perio	ddds>ds
	FICATION
certify that I have examined this report and it is true, correct, and complete.	son 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.
Ben JAGBSON	Ben TACOUSON
B-6 TA-6B60N (Type name) Treasurer Deputy Treasurer	Ben TACobision (Type name) Q Candidate
X AB	XAB
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name _	Ben JACOBSON			(2) I.D. Number	
(3) Report N	ame <u>3019 M11</u> Type DCriginal DAmendment	(4) Cover Period	11/1/14	through/	30/14
(5) Report T	ype 🗘 Original 🛛 Amendment	(6) Page	1	of /	/
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
	<u></u>				
			\		
				<u>`</u>	

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Ben Jacobson	OFFICE USE ONLY				
Name					
(2) 9455 Collins Ave #309					
Address (number and street) Surfside, FL 33154	JAN9 '20 9421RM				
City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):	•••				
✓ Candidate Office Sought: Commissione	er				
Political Committee (PC)					
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	Check here if PC or ECO has disbanded Check here if PTY has disbanded				
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed				
individual making electioneering communications)					
(5) Report	dentifiers				
Cover Period: From <u>12</u> / <u>01</u> / <u>2019</u> To	12 / 31 / 2019 Report Type: 2019M12				
✓ Original Amendment Specific Specific Specific Amendment Specific Specific Amendment Specific Ame	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,5 , <u>167</u> . <u>64</u>	Monetary Expenditures \$, 2, 203, 42				
Loans \$,,,	Transfers to Office Account \$, , .				
Total Monetary \$, 5 , 167 . 64	· · · ·				
	Total Monetary \$, , .				
In-Kind \$,,					
	(8) Other Distributions				
	\$,,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$, <u>6</u> , <u>367</u> . <u>64</u>	\$, <u>2</u> , <u>291</u> . <u>48</u>				
	tification son to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, cor	rect, and complete:				
(Type name) Ben Jacobson (Type name) Ben Jacobson					
Individual (only for IE I Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)				
x AQ	X D				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	acobson			(2)	I.D. Number		
(3) Cover Period	12 / <u>01</u> / <u>2019</u>	throu	gh / _	³¹ / <u>2019</u>	_ (4) Page	1 (of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Са	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12 4 2019 / / 1	Daniel Gielchinsky 9511 Collins Avenue apt 711 Surfside FL 33154		Attorney	RCT			\$50
12 6 2019 2	Michael Blisko 9390 Bay Drive Surfside FL 33154	I	Businessman	RCT			\$1000
12 6 2019 3	Ronit Blisko 9390 Bay Drive Surfside FL 33154	I	Homemaker	RCT			\$1000
12 15 2019 / /	Laura Mitzner 230 Glencoe Street Denver CO 80220	I	Desginer	RCT			\$1000
12 16 2019 / / 5	steven paletz 230 glencoe st denver CO 80220	I	Lawyer	RCT			\$1000
12 18 2019 / / 6	Jacob Bayer 1050 George Street 12L New Brunswick NJ 08901	I	Policy Advis	:			\$150
12 29 2019 / / 7	Steven M. Dunn, PA (submitted by Steven Dunn) 11900 Biscayne Blvd, Suite 600 Miami FL 33181	в	Attorney	RCT			\$500

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	acobson				I.D. Number		
(3) Cover Period	<u> </u>	throu	gh /	³¹ / <u>2019</u>	(4) Page	2	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
.2 9 2019 / /	Samuel Rottenstein 9455 Collins Ave #802 Surfside, FL 33154	I	Businessman	СНЕ			\$250
2 18 2019 / / /	Iris J Herssein Campaign Account 701 94th St Surfside FL 33154	I	Attorney	CHE Reimbursement for joint event on 12/18/19			\$140.73
2 20 2 ⁰¹⁹ 0	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	I	Designer	RCT Reimbursement for joint event on 12/18/19			\$76.91
/ /							
1 1							
DS-DE 13 (Rev. 11/	13)	SEE RI	VERSE FOR		AND CODE VAL	.UES	$\vdash \rightarrow$

CAMPAIGN TREASURER'S REPORT -	- ITEMIZED EXPENDITURES
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(1)	Name	Ben	Jacobson
• •			

(3) Cover Period	12	/	2019	through	1
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Ben Jacobson (2) I.D. Number					
3) Cover Perio	d / / / through /	, <u>31</u> / ²⁰¹⁹ (4	4) Page	of	2
(5) Date (6) Sequence Number	(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
2 /9 /2019 1	Devin Freedman 9300 Bay Drive Surfside FL 33154	Refund	REF		\$432.30
² / ¹⁸ / ²⁰¹⁹ 2	Publix Surfside 9400 Harding Ave Surfside, FL 33154	Drinks and cups for campaign event 12/18/2019	CAN		\$11.06
² / ¹⁹ / ²⁰¹⁹ 3	Lennys Pizza 544 Arthur Godfrey Rd, Miami Beach, FL 33140	Pizza for campaign event 12/18/2019	CAN		\$135
2 19 2019 ////	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs, pens, business cards, shirts.	RMB		\$1009.23
² / ²⁰ / ²⁰¹⁹ 5	webElect.net LLC 10150 Highland Manor Dr, Ste 200 Tampa, FL 33610	website for gotv and voter targeting	CAN		\$330
² ²⁰ ²⁰¹⁹ 6	Ben Jacobson 9455 Collins Apt 309 Surfside, FL 33154	Reimbursment for Costso for snacks and drinks for campaign event 12/18/2019	RMB		\$95.73
² / ⁴ / ²⁰¹⁹ 7	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
¹² / ⁶ / ²⁰¹⁹ 8	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30

CAMPAIGN TREASURER'S REPORT – ITEMIZ	IZED EXPENDITURES
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				-	 		
(1)	Name	Ben	Jacobson				

(2) I.D. Number

(3) Cover Perio	3) Cover Period $\frac{12}{2}$ / ¹ / ²⁰¹⁹ through $\frac{12}{2}$ / ³¹ / ²⁰¹⁹ (4) Page ² of ²					
(5) Date (6) Sequence Number	(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	
12 /6 /2019 9	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$40.30	
10	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$40.30	
11	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$40.30	
12	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$6.30	
13	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$20.30	

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY				
	OFFICE USE ONLY			
Name Ben Jacobson				
	OWN OF SURFSIDE			
I.D. Number	2809 '20 9:219M			
Address (number and street)				
9455 Collins Ave, Apt 309				
City, State, Zip Code				
Surfside, FL 33154				
CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor				
Commissioner, District				
Property Appraiser	_			
Clerk of the Circuit Courts				
Community Council, Area, Su	b-Area			
REPORT IDE	NTIFIERS			
Report Name Cover Period	d <u>12/1/2019</u> through <u>12/31/2019</u>			
Report Type 🖾 Original 🔲 Amendment				
CERTIF	ICATION			
	son 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.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name) 🖾 Treasurer 🗌 Deputy Treasurer	(Type name) 🛛 Candidate			
X A Signature	X Signature			

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Ben Jacobson		(2) I.D. Number	
(3) Report	Name 2019M12	(4) Cover Period	12/1/2019 through 12/31	/2019
(5) Report	Type 🖪 Original 🛛 Amendment	(6) Page1	of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		<u> </u>		
-				
		· · · · · · · · · · · · · · · · · · ·		

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ben Jacobson	OFFICE USE ONLY				
Name	E C				
(2) 9455 Collins Ave #309 Address (number and street)	FEB7 '20 1:10PM				
Surfside, FL 33154	Tilfshild				
City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):	ar .				
Candidate Office Sought: Commissione					
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
 Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an 	Check here if PTY has disbanded Check here if no other IE or EC reports will be filed				
individual making electioneering communications)					
(5) Report	Identifiers				
Cover Period: From 01 / 01 /2020 To	01 / 31 / 2020 Report Type: 2020M1				
✓ Original Amendment Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
¢ 1 600 00	Monetary				
Cash & Checks \$, _1,60000	Expenditures \$,, 89 . 90				
Loans \$,,	Transfers to				
1 600 00	Office Account \$, ,				
Total Monetary \$, 1, 60000	Total Monetary \$				
In-Kind \$, , .	······································				
	(8) Other Distributions				
	\$,,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$,7, _96764	\$, 2 , <u>381</u> . <u>38</u>				
(11) Certification					
	on 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) Ben Jacobson	(Type name) Ben Jacobson				
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)				
x-Aa-	x _ M				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Ben	Jacobson
----------	-----	----------

(2) I.D. Number _______

(3) Cover Period $(1)^{01} / (2020)^{01} / (2020)^{01} / (100)^{01} /$

R

	1 - 1010 - 1000 - 100						
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 14 2020 / /	Gabriel Gliksberg 805 N Milwaukee Ave Ste 301 Chicago IL 60642	I	Investments	RCT			\$500
1	United States	-					
1 22 2020 / /	Chip Englander 1568 Foxland Blvd Gallatin TN 37066 United States	I	Self	RCT			\$1000
1 26 2020 / / 2020	Andy & Eti Bales 9165 FroudeAve Surfside FL 33154						
	United States	I	Architect	RCT		5	\$100
			4			N.	
1 1						-	
					<u> </u>		
1 1							
1 1							
1 1							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson (2) I.D. Number _____ (3) Cover Period $\frac{01}{\sqrt{01}} / \frac{2020}{\sqrt{2020}}$ through $\frac{01}{\sqrt{31}} / \frac{2020}{\sqrt{2020}}$ (4) Page $\frac{1}{\sqrt{010}}$ of $\frac{1}{\sqrt{010}}$ (10) (11) (7) (8) (9) (5) Date Purpose Full Name (add office sought if (Last, Suffix, First, Middle) (6) Expenditure contribution to a Street Address & Sequence Type candidate) Amount City, State, Zip Code Amendment Number Anedot, Inc Processing Fee 14 /2020 01 10821 Rosebud Court Baton Rouge, LA 70815 CAN \$20.30 1 Anedot, Inc Processing Fee 2020 01 ,22 10821 Rosebud Court Baton Rouge, LA 70815 CAN \$40.30 2 Anedot, Inc 10821 Rosebud Court Processing Fee 01 26 2020 Baton Rouge, LA 70815 CAN \$4.30 3 Online advertising Facebook 01 31 2020 1601 Willow Rd Menlo Park, California 94025 CAN \$25.00 4

PAID CAMPAIGN WOR	LECTIONS DEPARTMENT RKERS PARTICIPATING ACTIVITIES SUMMARY
Name Ben Jacobson	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9455 Collins Ave, Apt 309	
City, State, Zip Code Surfside, FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Su	
REPORT IDE	
Report Name2020M1 Cover Period Report Type Image: Original Image: Amendment	01/01/2020 through01/31/2020
	CATION on 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.	I certify that I have examined this report and it is true, correct, and complete.
Bら びんじんちん (Type name) 区 Treasurer ロ Deputy Treasurer	(Type name) Candidate
X Agenture	X A Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

	Ben Jacobson		FEB7 '20 (2) I.D. Number	1:11PM
(3)Report I	Name2020M1	(4) Cover Period _	01/01/2020 through 01/3 ⁻	1/2020
(5) Report	Type 🖾 Original 🛛 Amendment	(6) Page1	of 1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		<u></u>		
	<u>\</u>			
			\	
-				
L	1	/	I	

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ben Jacobson	OFFICE USE ONLY					
Name						
(2) 9455 Collins Ave #309 Address (number and street)						
Surfside, FL 33154						
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): ✓ Candidate Office Sought: Commissioner						
 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 						
(5) Report	Identifiers					
Cover Period: From <u>02</u> / <u>20</u> 2020 To	02 / 20 / 2020 Report Type: 25P1					
✓ Original	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, _1 ,086 .00	Monetary Expenditures \$, _1 , 064 . 47					
Loans \$,, Transfers to Office Account \$,,,						
Total Monetary \$						
In-Kind \$, <u>84</u> .10 (8) Other Distributions \$,,						
(9) TOTAL Monetary Contributions To Date \$,9, _053 64	(10) TOTAL Monetary Expenditures To Date \$, <u>3_</u> , <u>445_</u> . <u>85</u>					
(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) Ben Jacobson (Type name) Ben Jacobson						
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)					
x AD						
Signature	Signature					

DS-DE 12 (Rev. 11/13)

TOWN OF SURFSIDE FEB21 '28 2:30PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1)	Name	Ben	Jacobson
· ·			

(2) I.D. Number ____

(3) Cover Perio	d <u>02 / 01 / 20</u> through <u>02</u>	/ ²⁰ / ²⁰ (4	4) Page	of	2
(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
02 /03 / 20 1	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$25
02 /04 / 20 2	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs	RMB		\$168.20
02 / ¹⁰ / ²⁰ 3	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$25
02 10 20 ////	Costco 14800 Sole Mia Way North Miami, FL 33181	Food, beverage and plates for campaign event	CAN		\$92.48
⁰² / ¹⁰ / ²⁰	Publix 9400 Harding Ave, Surfside, FL 33154	Ice for campaign event	CAN		\$17.94
02 13 20 6	Constant Contact Reservoir Place 1601 Trapelo Road Waltham, MA 02451	Campaign Email System	CAN		\$16
⁰² / ¹⁴ / ²⁰ 7	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$19.16
⁰² / ¹⁸ / ²⁰ 8	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$8.34

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TOWN OF SURFSIDE FEB21 '20 2:31PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1)	Name	Ben	Jacobson
• •			

(2) I.D. Number

(3) Cover Perio	d <u>02</u> / <u>01</u> / <u>20</u> through <u>02</u>	<u>/²⁰/²⁰</u> (4	4) Page	of	2
(5) Date (6) Sequence Number	(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
02 /19 / 20 9	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs, printed material, postage	RMB		\$647.41
⁰² / ⁰⁵ / ²⁰ 10	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
⁰² / ⁰⁹ / ²⁰	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$1.02
⁰² / ⁰⁹ / ²⁰ 12	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
⁰² / ⁰⁹ / ²⁰ 13	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$1.02
⁰² / ¹⁷ / ²⁰ 14	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
/ /					

TOWN OF SURFSIDE CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	lacobson			(2)) I.D. Number	"E821 '20	2:31PM
(3) Cover Period	1 <u>02</u> / <u>01</u> / <u>20</u>	throu	gh /	20 / 20	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
02 05 20 / / 1	Rex Elsass 7669 Stagers Loop Delaware OH 43015 United States	I	CEO	RCT			\$500
02 09 20 / / / 2	SHAYA FARKASH 9273 Collins Ave , Apt 405 Surfside FL 33154 United States	I	Youth	RCT			\$18
02 09 20 / / / 3	Yehuda Best 9272 Dickens Avenue Surfside FL 33154 United States	I	Plumber	RCT			\$50
02 09 20 / / / 4	Adam Ziefer 916 N. 20th Ave. Hollywood FL 33020 United States	I	Sales	RCT			\$18
02 17 20 / / / 5	Wildes & Weinberg P.C. 515 Madison Street New York NY 10002 United States	В	Lawyer	RCT			\$500
02 16 20 / / 6	Shmuly Rubashkin 9499 COLLINS AVENUE APT #403 SURFSIDE, FL 33154	I	Businessman	INK	Hot Dogs		\$84.16

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAID CAMPAIGN WOR	LECTIONS DEPARTMENT RKERS PARTICIPATING ACTIVITIES SUMMARY
	OFFICE USE ONLY
Name Bon Jacobson	
Ben Jacobson	—
I.D. Number	
Address (number and street) 9455 Collins Ave, Apt 309	
City, State, Zip Code Surfside, FL 33154	
Candidate for:	
☐ Mayor —	
Commissioner, District	_
Property Appraiser	
Clerk of the Circuit Courts	
Community Council, Area, Sul	b-Area
REPORT IDEI	NTIFIERS
Report Name25P1 Cover Period	02/01/2020 through 02/20/2020
Report Type 🖾 Original 🔲 Amendment	
	ICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) I Treasurer Deputy Treasurer	(Type name) I Candidate
X Signature	X Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Ben Jacobson	(2) I.D. Number					
(3)Report N	Name25P1	(4) Cover Period	02/01/2020	through	/2020		
(5) Report	Type া점 Original	(6) Page 1		of 1	·····		
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiza	0) ition Employed By red by campaign)	(11) Amendment Type		
				<u>. TOWH OF SUPP</u> FEB21 '20 2	Side Sipm		

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ben Jacobson	OFFICE USE ONLY			
Name (2) 9455 Collins Ave #309	MAR6 '20 3:04PM			
Address (number and street)				
Surfside, FL 33154				
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
 (4) Check appropriate box(es): ^I Candidate Office Sought: ^I Political Committee (PC) ^I Electioneering Communications Org. (ECO) ^I Party Executive Committee (PTY) ^I Independent Expenditure (IE) (also covers an individual making electioneering communications) ^I Check here if PC or ECO has disbanded ^I Check here if PTY has disbanded ^I Check here if no other IE or EC reports will be file 				
(5) Report	Identifiers			
Cover Period: From 02 / 21 2020 To	03 / 05 / 2020 Report Type: 11P1			
✓ Original Amendment Specification	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, Loans \$,,	Monetary Expenditures \$, Transfers to Office Account \$,			
Total Monetary \$, In-Kind \$,	Total Monetary \$,			
	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date \$,9, _05364	(10) TOTAL Monetary Expenditures To Date \$,,			
(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, cor				
_(Type name) Ben Jacobson	(Type name) Ben Jacobson			
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)			
X Signature	X AB			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR6	150	Zerad	Pake	4
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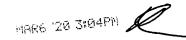
			Ben	Jacobson	
((1)	Name			

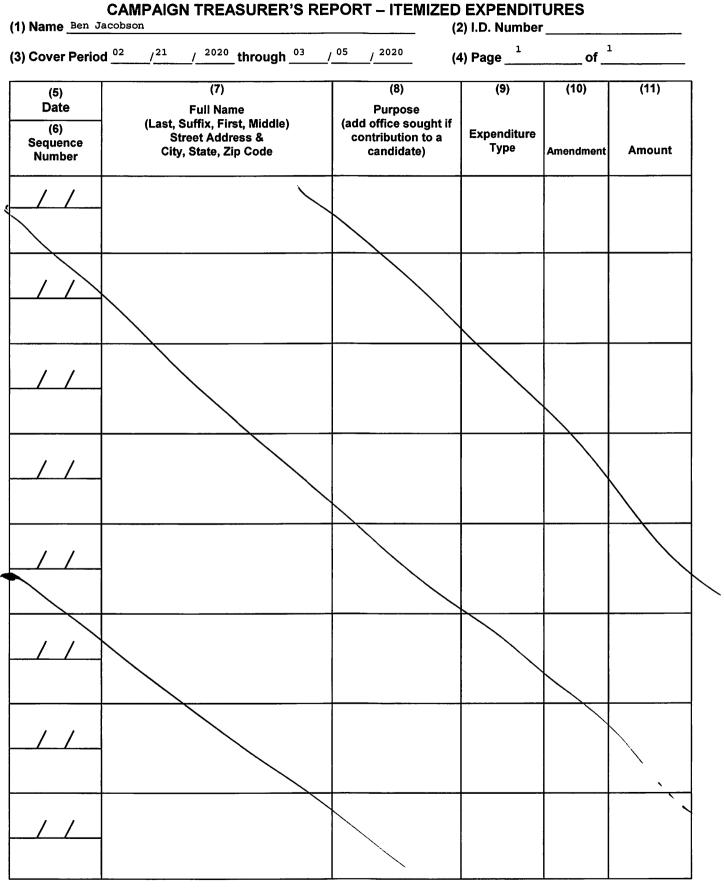
(2) I.D. Number

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0	of

(3) Cover Period	/ /	throu	gh /	05 / <u>2020</u>	_ (4) Page	1 (of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	





PAID CAMPAIGN WOR	RECTIONS DEPARTMENT RERS PARTICIPATING TACTIVITIES SUMMARY
	OFFICE USE ONLY
Name	
Ben Jacobson	
I.D. Number	
Address (number and street) 9455 Collins Ave, Apt 309	MAR6 '20 3:04PM
	-
City, State, Zip Code	
Surfside, FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
🖾 Commissioner, District	_
Property Appraiser	
Clerk of the Circuit Courts	
Community Council, Area, Su	ıb-Area
REPORT IDE	NTIFIERS
Report Name11P1 Cover	02/21/2020 through 03/05/2020
Period Report Type 🖾 Original 🛛 Amendment	
CERTIF	ICATION
It is a first degree misdemeanor for any pers	son 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.	I certify that I have examined this report and it is true, correct, and complete.
BEN JACOBOON	BEN JACOBSON
(Type name) ITreasurer Deputy Treasurer	(Type name) X Candidate
X AA	x AL
Signature	Signature
oignature	orginatorio

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Ben Jacobson		(2) I.D. Number	3:84Pm
(3)Report N	Name11P1	(4) Cover Period _	02/21/2020 through 03/05	/2020
(5) Report	Type 🖾 Original 🛛 Amendment	(6) Page1	of1_	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
~				
	<			

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ben Jacobson	OFFICE USE ONLY			
Name (2) 9455 Collins Ave #309	4			
(2) 9455 Collins Ave #309 Address (number and street)	MAR13 '20 12:35PM			
Surfside, FL 33154				
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):	er			
 Candidate Office Sought: Certifice Certific				
(5) Repor	t Identifiers			
Cover Period: From 03 / 06 2020 To	03 / 12 /2020 Report Type: 4P1			
✓ Original Amendment Sp	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,,	Monetary Expenditures \$, , <u>488</u> . <u>10</u>			
Loans \$, Transfers to Office Account \$,				
Total Monetary \$,,	Total Monetary \$, ,			
In-Kind \$,,	(R) Other Distributions			
	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expenditures To Date \$				
(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, cor	rect, and complete:			
(Type name) Ben Jacobson	(Type name) Ben Jacobson			
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
X A Signature				

C	CAMPAIGN TREASU	RER'S	REPORT	- ITEMIZED			G
(1) Name	acobson			(2)	I.D. Number	IR13 '20 1	
(3) Cover Period	03 06 2020			¹² / ²⁰	_ (4) Page	10	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	1	ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
,							
1 1							
1 1							
1 1							
1 1						*:	

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MAR13 '20 12:35PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

(4) Page _____ of ____ (3) Cover Period ⁰³ /⁰⁶ /²⁰²⁰ through ⁰³ /¹² /²⁰²⁰ (7) (8) (9) (10) (11) (5) Date Full Name Purpose (add office sought if (Last, Suffix, First, Middle) (6) Expenditure contribution to a Street Address & Sequence Type candidate) Amount City, State, Zip Code Amendment Number webElect website for gotv 03 /11 /20 10150 Highland Manor Dr #200, and voter targeting Tampa, FL 33610 CAN \$39 1 Shlomo Danzinger Reimbursement for 3 ,12 20 Campaign Account mailer 9000 Harding Ave RMB \$281.16 Surfside, FL 33154 2 Election day Amazon.com 12 20 3 440 Terry Ave N Seattle, WA supplies CAN \$128.95 3 Election day Amazon.com 3 12 20 440 Terry Ave N Seattle, WA supplies CAN \$38.99 4

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY			
Name Ben Jacobson I.D. Number	OFFICE USE ONLY		
Address (number and street) 9455 Collins Ave, Apt 309	MAR13 '20 12:36PM		
City, State, Zip Code Surfside, FL 33154			
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Su			
REPORT IDE Report Name 4P1 Cover	03/06/2020 through 03/12/2020		
Period Report Type I Original Amendment	through		
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.		
Ben Jacobson (Type name) ITreasurer Deputy Treasurer	Ben Jacobson (Type name) I Candidate		
X AD Signature	X A Signature		

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name _	Ben Jacobson			.D. Number	
(3)Report N	ame4P1	(4) Cover Period	03/06/2020 t	hrough <u>03/12</u>	/2020
5) Report 1	「ype 団 Original 🛛 Amendment	(6) Page1	c	of1	<u></u>
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization (if not directly hired	n Employed By by campaign)	(11) Amendmen Type
		<u> </u>		<u></u>	
		<u></u>		$\underline{\ }$	
	<u></u>			<u> </u>	
		<u> </u>			
		<u> </u>			
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ben Jacobson	OFFICE USE ONLY			
Name				
(2) 9455 Collins Ave #309 Address (number and street)	JUN 11 AM 11:58			
Surfside, FL 33154	JOB II HMII.JO			
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
 Candidate Office Sought: Commission Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) 	Pr □ Check here if PC or ECO has disbanded □ 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 <u>12</u> / <u>01</u> / <u>2019</u> To	12 / 31 / 2019 Report Type: 2019M12			
Original Amendment Specific Sectors	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, _5, 167 64	Monetary Expenditures \$, 2_, 251 12			
Loans \$,,	Transfers to Office Account \$, , .			
Total Monetary \$,5, 167 . 64				
In-Kind \$,,,	Total Monetary \$, , ,			
	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, <u>6, 367</u> . <u>64</u>	\$, <u>2</u> , <u>339</u> . <u>18</u>			
(11) Certification It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, cor	•			
(Type name) Ben Jacobson	(Type name) Ben Jacobson			
Individual (only for IE I Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
x A	X			
Signature	Signature			

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Ben Jacobson (2) I.D. Number					
(3) Cover Peric	d <u>12 / 1 / 2019</u> through <u>12</u>	/ 31 / 2019 (4	4) Page	of _	2
(5) Date (6) Sequence Number	(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
12 /9 /2019 1	Devin Freedman 9300 Bay Drive Surfside FL 33154	Refund	REF	DEL	\$432.30
12 18 2019 2	Publix Surfside 9400 Harding Ave Surfside, FL 33154	Drinks and cups for campaign event 12/18/2019	CAN		\$11.06
12 19 2019 3	Lennys Pizza 544 Arthur Godfrey Rd, Miami Beach, FL 33140	Pizza for campaign event 12/18/2019	CAN		\$135
12 19 2019 ///	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs, pens, business cards, shirts.	RMB		\$1009.23
¹² / ²⁰ / ²⁰¹⁹ 5	webElect.net LLC 10150 Highland Manor Dr, Ste 200 Tampa, FL 33610	website for gotv and voter targeting	CAN		\$330
12 20 2019 6	Ben Jacobson 9455 Collins Apt 309 Surfside, FL 33154	Reimbursment for Coatso for snacks and drinks for Campaign event 12/18/2019	RMB		\$95.73
12 /4 /2019 7	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
12 <u>6</u> 2019 8	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ben Jacobson (2) I.D. Number					
(3) Cover Period	d <u>12</u> / <u>1</u> / ²⁰¹⁹ through <u>12</u> /	, <u>31 / 2019</u> (4) Page	of	2
(5) Date (6) Sequence Number	(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
12 /6 /2019 9	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$40.30
10	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$40.30
11	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$40.30
12	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$6.30
13	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee	CAN		\$20.30
14	Devin Freedman 9300 Bay Drive Surfside FL 33154	Refund	REF	ADD	\$480.00

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ben Jacobson	OFFICE USE ONLY			
Name				
(2) 9455 Collins Ave #309 Address (number and street)	JUN 11 AM11:58			
Surfside, FL 33154				
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
Candidate Office Sought: Commissione	er			
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			
	01 / 31 / 2020 Report Type: 2020M1			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
	Monetary			
Cash & Checks \$, _1 ,600 .00	Expenditures \$,, <u>89</u> .90			
Loans \$, , .	Transform to			
Loans \$,,	Transfers to Office Account \$, , .			
Total Monetary \$, 1 , 600 . 00				
	Total Monetary \$, ,			
In-Kind \$,,				
	(8) Other Distributions			
	φ;;;			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, <u>7</u> , <u>967</u> . <u>64</u>	\$, <u>2</u> , <u>429</u> . <u>08</u>			
(11) Certification				
It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, con				
(Type name) Ben Jacobson	(Type name) Ben Jacobson			
Individual (only for IE I Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
x 10-				
Signature	Signature			

CAMPAIGN TREASURER'S REPORT SUMMARY			
(1) Ben Jacobson	OFFICE USE ONLY		
Name (2) 9455 Collins Ave #309 Address (number and street) Surfside, FL 33154	JUN 11 AM 11:58		
City, State, Zip Code			
Check here if address has changed	(3) ID Number:		
 (4) Check appropriate box(es): ^I Candidate Office Sought: ^I Political Committee (PC) ^I Electioneering Communications Org. (ECO) ^I Electioneering Communications Org. (ECO) ^I Party Executive Committee (PTY) ^I Independent Expenditure (IE) (also covers an individual making electioneering communications) ^I Check here if PC or ECO has disbanded ^I Check here if PTY has disbanded ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC reports will be filed ^I Check here if no other IE or EC r			
(5) Report	Identifiers		
Cover Period: From <u>02</u> / <u>01</u> <u>2020</u> To	02 / 20 / 2020 Report Type: 25P1		
Original Amendment Spe	ecial Election Report		
(6) Contributions This Report Cash & Checks \$, _1, 08600 Loans \$,	(7) Expenditures This Report Monetary		
	(8) Other Distributions \$,,		
(9) TOTAL Monetary Contributions To Date \$,9, _053 64	(10) TOTAL Monetary Expenditures To Date \$,3_, _493 55		
(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) Ben Jacobson I Individual (only for IE or electioneering comm.) I Treasurer Deputy Treasurer (Type name) Ben Jacobson X X X X X Signature Signature X X			

CAMPAIGN TREASURER'S REPORT SUMMARY			
(1) Ben Jacobson	OFFICE USE ONLY		
(2) 9455 Collins Ave #309 Address (number and street)			
Surfside, FL 33154			
City, State, Zip Code			
Check here if address has changed	(3) ID Number:		
(4) Check appropriate box(es):	\r		
 ✓ Candidate Office Sought: 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 <u>02</u> / <u>21</u> <u>2020</u> To	03 / 05 / 2020 Report Type: 11P1		
Original Amendment Spe	ecial Election Report		
(6) Contributions This Report	(7) Expenditures This Report		
Cash & Checks \$,,, Loans \$,,	Monetary Expenditures \$,		
Total Monetary \$, , In-Kind \$, ,	Office Account \$		
\\	(8) Other Distributions \$,,		
(9) TOTAL Monetary Contributions To Date \$,9, _05364	(10) TOTAL Monetary Expenditures To Date \$, <u>3_</u> , <u>493_</u> . <u>55</u>		
(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) Ben Jacobson	(Type name) Ben Jacobson		
X Signature	X Signature		

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Ben Jacobson	OFFICE USE ONLY			
(2) 9455 Collins Ave #309 Address (number and street)	JUN 11 AM 11:57			
Surfside, FL 33154				
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):	r			
 ✓ Candidate Office Sought: ✓ Political Committee (PC) ✓ Electioneering Communications Org. (ECO) ✓ Party Executive Committee (PTY) ✓ Independent Expenditure (IE) (also covers an individual making electioneering communications) ✓ Commissioner ✓ 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 <u>03</u> / <u>06</u> <u>2020</u> To	03 / 12 /2020 Report Type: 4P1			
Original Amendment Spe	cial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,,	Monetary Expenditures \$,, 488 . 10			
Loans \$,	Transfers to Office Account \$,,,			
Total Monetary \$	Total Monetary \$, ,			
	(8) Other Distributions \$,,			
(9) TOTAL Monetary Contributions To Date \$,9, _053 64	(10) TOTAL Monetary Expenditures To Date \$,3_, _981 65			
(11) Certification It is a first degree misdemeanor for any person to faisify 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) Ben Jacobson	(Type name) Ben Jacobson			
(Type name) DEFT SACODSOFT Individual (only for IE or electioneering comm.) Image: Treasurer or electioneering comm.)				
x AD	x A			
Signature	Signature			

SEE REVERSE FOR INSTRUCTIONS

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CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Ben Jacobson	OFFICE USE ONLY
Name(2)9455 Collins Ave #309Address (number and street)	JUN 11 AM 11:57
Surfside, FL 33154 City, State, Zip Code	
Check here if address has changed	(3) ID Number:
 (4) Check appropriate box(es): ☑ Candidate Office Sought: Commission(□ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) 	
(5) Report	t Identifiers
Cover Period: From 03 / 13 2020 To	06 / 15 /2020 Report Type: 18TRG
Original Amendment Sp	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , ,	Monetary Expenditures \$, _5 , 071 . 99
Loans \$,	Transfers to Office Account \$,,,
In-Kind \$,,	Total Monetary \$, ,
<u>۲</u>	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date \$,9, _053 64	(10) TOTAL Monetary Expenditures To Date \$, _9_, _053 64
	tification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, cor	rect, and complete:
(Type name) Ben Jacobson	(Type name) Ben Jacobson
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)
X	X
Signature	Signature

(2) I.D. Number _____

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Ben Jacobson

(3) Cover Perio	d <u>03</u> / <u>13</u> / <u>2020</u> through <u>06</u>	/ 15 / 2020 (4	4) Page	of	2
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03 /17 / 20	Pacebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$16.65
⁰³ / ¹⁷ / ²⁰ 2	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$35.00
03 / ¹⁸ / ²⁰ 3	Godaddy.com LLC 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260	Website Hosting	CAN		\$166.14
03 20 20 / / / 20 4	CHANA DANZINGER 9000 Harding Ave Surfside, FL 33154	Campaign Sign Assembly and placement. Postcard delivery	CAN	·	\$500.00
⁰³ / ²⁰ / ²⁰	YISROEL DANZINGER 9000 Harding Ave Surfside, FL 33154	Campaign Sign Assembly and placement. Postcard delivery	CAN		\$500.00
03 20 20 6	HERSHEL DANZINGER 9000 Harding Ave Surfside, FL 33154	Campaign Sign Assembly and placement. Postcard delivery	CAN		\$500.00
⁰³ / ²⁷ / ²⁰ 7	Ben Jacobson 9455 Collins Ave #309 Surfside, FL 33154	Loan Repayment	RMB		\$100
⁰³ / ³⁰ / ²⁰ 8	Joe Dimmagio Children Hospital Foundation 3329 Johnson Street Hollywood, FL 33021	Donation of remaining funds	DIS		\$2500

JUN 11 AM11:57

1) Name Ben J	CAMPAIGN TREASURER'S RI		2) I.D. Number		
3) Cover Perio	d/ ¹³ / ²⁰²⁰ through _ ⁰⁶	<u>/ 15 / 2020</u> (4) Page	of	2
(5) Date (6) Sequence Number	(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
03 /31 / 20 9	Joe Dimmagio Children Hospital Foundation 3329 Johnson Street Hollywood, FL 33021	Donation of remaining funds	DIS		\$754.20
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DS-DE 14 (Rev. 11/13)

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JUN 11 AM 11:57

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	acobson	(2) I.D. Number					
(3) Cover Period	⁰³ / ¹³ / ²⁰²⁰	through /	¹⁵ / ²⁰²⁰	_ (4) Page	1 C	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount	
~ / /							
1 1							
DS-DE 13 (Rev. 11/1	3)	SEE REVERSE FOR	INSTRUCTIONS	AND CODE VAL	UES		

	ECTIONS DEPARTMENT KERS PARTICIPATING ACTIVITIES SUMMARY
	OFFICE USE ONLY
Name Ben Jacobson	
I.D. Number	
Address (number and street) 9455 Collins Ave, Apt 309	JUN 11 AM11:57
City, State, Zip Code Surfside, FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
I Commissioner, District	_
Property Appraiser	
Clerk of the Circuit Courts	
Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 18TRG Cover	03/13/2020 through 06/15/2020
Period Report Type 🖾 Original 🛛 Amendment	
	ICATION
	son 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.	I certify that I have examined this report and it is true, correct, and complete.
Ben Jacobson	Ben Jacobson
(Type name) I Treasurer Deputy Treasurer	(Type name) X Candidate
X	X AB Signature

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PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

1) Name	Ben Jacobson		(2) I.D. Number	
3)Report Na	ame18TRG	(4) Cover Period	03/13/2020 through 06/1	5/2020
5) Report Ty	ype 🖾 Original 🔲 Amendment	(6) Page1	of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendmer Type
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)