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

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

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file officer before opening the campai	State of the second sec	lifying					OFFICE	E USE	ONLY
1. CHECK APPROPRIATE BOX(ES	6): filing to Change:	☐ Tr	easurer/D	eputy [	<b>D</b> epository		Office		Party
2. Name of Candidate (in this order	: First, Middle, La	ast)	3. Add	dress (includ	e post office	box or s	treet, city,	state,	zip
DANIEL EDWARD DETC	#		code)	4STU B	AND AND				
4. Telephone 5. E-mai	il address			SUFSIDE	F. FL 32150	1			
(305) 298-6568 ded4	ecornell-edu				10 5513				
6. Office sought (include district, cir	cuit, group numb	per)			lidate for a <u>r</u>	onparti	san office	, chec	k if
10.4				applicat		to run o	o o Mrito I	n oond	lidata
MAION				Ш	My intent is	to ruir as	s a write-i	Cario	iluale.
8. If a candidate for a partisan offi	ce, check block	and fill	in name	of party as	applicable:	My inte	ent is to rui	ı as a	
☐ Write-In ☐ No Party Affil	liation					Pa	rty can	didate.	
9. I have appointed the following p	person to act as	my	🔀 Can	npaign Treas	surer	Deput	y Treasure	er	
10. Name of Treasurer or Deputy Tr									
11. Mailing Address					1	12. Telep	ohone		
8842 FRONDE A	ANG				(	355)	772-	570F	Š
	ounty	15. Sta	te 16.	Zip Code	17. E-mail a	address			
SULFSIDE MI	AMIC- DADGS	FL	3	3154	michelt	oink e	yahas. (0	W	
18. I have designated the followin	g bank as my		] Prima	ry Depositor	ту 🔲 🤄	Seconda	ry Deposit	ory	
19. Name of Bank			20. Addr	ess		-			
21. City	22. County			23. State			24. Zip C	ode	
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			26. Signa	ature of Can	didate				
No WAMBER 13, 20,9	No WAMBER 13, 23,9								
27. Treasurer's Acce	ptance of Appo	intment	(fill in the	blanks and	check the ap	propriat	e block)		
1. Michelle D'Anti	ano				do herel	ov accer	ot the appo	intmer	nt
	se Print or Type N	Name)			, do noto.	oy dooop	it the appe		
designated above as:	Campaign T	reasurer		Deputy Tre	easurer.				
11-13-19		Χ	llice	eller	Ote				
Date			Signature	of Campai	gn Treasurer	or Depu	ıty Treasur	er	

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

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

NOV 14 AM10:02

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

NOTE: This form must be on file with the qualifying OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: X Treasurer/Deputy Depository Office Party Initial Filing of Form 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) 9372 BYRAN AVENT DANIEL EDWARD DIETCH 5. E-mail address 4. Telephone SULPSIDE PO BICH (355) 298-6568 | dedy @cornell.edu 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. MAYAN. 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 No Party Affiliation candidate. Write-In Party I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer DANIEL DIETUT 12. Telephone 11. Mailing Address 9572 Byller Avrille 14. County 15. State 16. Zip Code 17. E-mail address 13. City dely Ocornelled SULFSIDE MIAMI-DADE 33154 Primary Depository □ Secondary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 24. Zip Code 23. State 22. County 21. City 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. 26. Signature of Candidate 25. Date 1196 Navember 14,2019 X Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Strict DIETLY , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: Campaign Treasurer November 14, Zy? Signature of Campaign Treasurer or Deputy Treasurer

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

#### OFFICE USE ONLY

NOV 14 am 9:59

I, DANICE DIETUH,
candidate for the office of;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X Signature of Candidate 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)

NOTE: This form must be on file with the qualifying



officer before opening the ca	mpaign account.	1				OFFICE	USE	ONLY			
1. CHECK APPROPRIATE BO	X(ES):										
Initial Filing of Form	Re-filing to Change:	Treasurer	Deputy 🔲 I	Depository	П	Office	П	Party			
2. Name of Candidate (in this	order: First, Middle, Last)	3. Ac	Idress (include p	post office box	or stre	eet. citv. s	state. z	zip			
0		code	`	and Arthe		,,	, -				
DANIEL EDWARD D											
	E-mail address		SULFSIDE	FC 22154							
(305) 298-6566 d	eductornell-edu			23 1							
6. Office sought (include distri	ct, circuit, group number)		There are no services	late for a <u>non</u>	partisa	<u>ın</u> office,	, chec	k if			
10T = -			applicable								
MAIOR				ly intent is to ru	un as a	Write-In	candi	idate.			
8. If a candidate for a partisa	n office, check block and f	ill in name	of party as ap	pplicable: My	y intent	is to run	as a				
☐ Write-In ☐ No Part	y Affiliation				_ Party	cand	idate.				
9. I have appointed the follow	ving person to act as my	₩ Ca	mpaign Treasur	rer D	eputy 7	Treasure	r				
10. Name of Treasurer or Depu											
Michelle D'mi	Chou										
11. Mailing Address				12. T	Γelepho	one	14				
8842 FROJOK	AVANG			(35	( )(	772-5	705	5			
y 1900/191 (#D)	14. County 15. S	State 16		7. E-mail addre	ess						
SULFSOF	MIMMI-DADUS F		33154	michelbint	t @ ya	Na). (an	M				
18. I have designated the foll	owing bank as my	Prim	ary Depository	Seco	ondary	Deposito	ory				
19. Name of Bank		20. Add	ress								
City NATIONA	L Brown	300	HIS STAKET								
21. City	22. County		23. State		2	4. Zip Co	ode				
Mami levelt	MiAmi -DADE		FLOUID	A		33141					
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		26. Sigr	ature of Candid	date							
No NEW 13, 2, 9 X Society											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
1. Michelle D'A	ntuono			, do hereby a	ccept th	ne appoir	ntment	t			
(1	Please Print or Type Name)					a 6					
designated above as:	Campaign Treasu	rer _	Deputy Treasu	urer.							
11-13-19											
								Signature of Campaign Treasurer or Deputy Treasurer			

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

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

(PLEASE PRINT OR TYPE)

NOV 15 AM 9:31

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: X Treasurer/Deputy Depository Initial Filing of Form Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip DANIEL EDWALD DIERH

5. E-mail address 9372 BYEN MINE 4. Telephone SULPSIDE, PO 33104 (305) 298-6564 ded4 @carrell.edu 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. MAYAM 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 candidate. Write-In No Party Affiliation Party I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer DANIE DIETUT 11. Mailing Address 12. Telephone 9572 Bylon Marlie 14. County 15. State 16. Zip Code 13. City 17. E-mail address dely ocornelled SALFSIDE MIAMI-DAD= PL 33154 Primary Depository Secondary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 200 71ct 15mot 24. Zip Code 21. City MIMI - DADE FLOUIDA 23141 MIAMI DADA BEACH 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. 26. Signature of Candidate 25. Date Navember 14,2019 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Druck DIETLY , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Campaign Treasurer designated above as: November 14, 247 Signature of Campaign Treasurer or Deputy Treasurer



#### TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 21 AM 11:01 GW

#### **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
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 9372 by lon MENK,
my occupation is <u>FNULLA MENTAL</u> (SIKJUTANT ; that I have been
a resident of the Town of Surfside since; 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
(Mayor or Commissioner) of the Town of Surfside, if elected.
ac 1/2/19
Signature of Candidate Date
Sworn to and subscribed before me this 21st day of Wovember, 2019.
Show.
NO TARY PUBLIC
MY COMMISSION # GG 293909
Bonded Thru Hotary Public Underweiters  PRINTED NAME OF NOTARY
I MINIED NAME OF NOTARY

### CANDIDATE OATH – NONPARTISAN OFFICE

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

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

NOV 21 AM11:0140

☐ Write-in candidate

OFFICE USE ONLY

	A THE RESIDENCE OF THE PARTY OF		THE STREET COURSE STATE OF THE STREET, STATE OF THE S		
	Candidat (Section 99.021(1)(a)				
I, DANIEL DIETCH					
hyphen, check box . (See page	2 - Compound Last Na	f your last name consists of two or mo mes). No change can be made after llot, the name must be printed above fo	the end of qualifying.		
am a candidate for the nonpartisan office	ce of	(Office)	(District #)		
			(District #)		
(Circuit #) , (Group or Seat #)	am a qualified elector of _	MIAMI - DADE	County, Florida;		
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; I will support the Constitution of the United States and the Constitution of the State of Florida.					
Candidate's Florida Voter Registration	n Number (located on you	r voter information card): 00220550	S &		
Phonetic spelling for audio ballot: Pr ballot as may be used by persons with di					
		dieta	ymayor egmanl can		
X M	(25) 294 -6564	e down an	markely		
Signature of Candidate	Telephone Number	Email Ad	dress		
9372 BYRON MENUE	Spiral	R M	23154		
Address	City	State	ZIP Code		
STATE OF FLORIDA		19100			
COUNTY OF Miami-Dade		Signature of Notary Public Print, Type, or Stamp Commissioned Name of	Notary Public below:		
Sworn to (or affirmed) and subscribed of	<u>-</u> .	SANDRA NOVOA MY COMMISSION # GG 29: EXPIRES: May 4, 2023 Bonded Thru Notary Public Under	B		

### FORM 1

## STATEMENT OF

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idress, agency name, and position belo	w:	FINANCIAL						
LAST NAME FIRST NAME MID	DDLE NA	ME :						
	DUANO	<u> </u>						
MAILING ADDRESS :	5							
9372 BYRUN AWNU	;							
1								
CITY:		IP: COUNTY:	ž					
SUMPSIDE	33	154 MIAMI	DANE					
NAME OF AGENCY:								
NAME OF OFFICE OR POSITION H	HELD OF	R SOUGHT :						
MAJOR					NOV 21 AM11:016			
You are not limited to the space on th	e lines or	this form. Attach additional she	ets, if necessary.		E That T does also [11] also also "Mal" also			
CHECK ONLY IF 🚺 CANDIDAT	E OR	■ NEW EMPLOYEE OF	RAPPOINTEE					
	interior inco							
	<u>TH</u> PA	RTS OF THIS SECT	TION MUST BE CO	MPLET	EU ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	OUR FIN	NANCIAL INTERESTS FOR	THE PRECEDING TAX YEA	R, WHETH	HER BASED ON A CALENDAR			
YEAR OR ON A FISCAL YEAR. FEITHER (must check one):	PLEASE	STATE BELOW WHETHER	THIS STATEMENT IS FOR	THE PRE	CEDING TAX YEAR ENDING			
1.53 (14.53) € APP PAGE 13 PAGE 24 (1.1 € 1.144) 24 APP 24 APP 25 APP 25 APP 26 APP 25 APP 25 APP 26 APP 2	2018	OR   SPECI	FY TAX YEAR IF OTHER TH	HAN THE C	AI ENDAR YEAR			
8			I I IVV I LAKTI OTILIK II	IIIL O				
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF U	REPORT	FEORTING THRESHOLDS	THAT ARE ARSOLUTE DOL	I AR VALL	ES WHICH REQUIRES FEWER			
CALCULATIONS, OR USING CO	MPARA <sup>T</sup>	TIVE THRESHOLDS, WHICH	I ARE USUALLY BASED O	N PERCEN	ITAGE VALUES (see instructions			
or further details). CHECK THE (				AD \/41 !	IF TUDESHOLDS			
☐ COMPARATIVE	(PERC	ENTAGE) THRESHOLDS	OR 📮 DOLI	LAR VALU	IE THRESHOLDS			
PART A PRIMARY SOURCES OF			the reporting person - See in	structions]				
(If you have nothing to	report, v	vrite "none" or "n/a")						
NAME OF SOURCE	1		URCE'S		SCRIPTION OF THE SOURCE'S			
OF INCOME		AD	ADDRESS PRINCIPAL BUSINESS ACTIVITY					
1		3150 SW 28 AWARE, MIMM, FL 23156 CHUMONAMONIA CONSULCANT						
GALORS		3150 SW 38 ANDWE "	Mirm, FL 33156	Chun				
SLS BULNESUS		of aurient exist only						
			MIAMIR MIAMIR		orthoning Consulcant			
					orthoning Consulcant			
SUS (FINGUISE)	S OF IN	9700 SUTH MANIMUM BY	JAMAN MIAMIR 33170	lvus)	WHITH CONSTANT			
PART B - SECONDARY SOURCE	s, and otl	COME ner sources of income to busine	JAMAN MIAMIR 33170	lvus)	WHITH CONSTANT			
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to	s, and otle report,	COME ner sources of income to busine write "none" or "n/a")	33170 sses owned by the reporting p	lvus)	INDUSTRICE (CONCATANT)  INSTRUCTIONS]			
PART B - SECONDARY SOURCE	s, and oth report, NA	COME ner sources of income to busine	JAMAN MIAMIR 33170	lvus)	WHITH CONSTANT			
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY	s, and oth report, NA	COME ner sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES owned by the reporting parties of SOURCE	lvus)	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to	s, and oth report, NA	COME ner sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES	SSES owned by the reporting p	lvus)	instructions]			
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PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  NAME OF BUSINESS ENTITY	s, and other report,  NA	COME ner sources of income to busine write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME  NA gs owned by the reporting person	SSES owned by the reporting particles of SOURCE	erson - See	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  DIA  GINSTRUCTIONS for when			
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, NA d, buildin report, w	COME ner sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  NA  gs owned by the reporting persorrite "none" or "n/a")	SSES owned by the reporting particles of SOURCE	erson - See	INCIPAL BUSINESS ACTIVITY OF SOURCE			
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  NAME OF BUSINESS ENTITY	s, and oth report, NA d, buildin report, w	COME ner sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  NA  gs owned by the reporting persorrite "none" or "n/a")	SSES owned by the reporting particles of SOURCE	FILING and willocate	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  DIA  GINSTRUCTIONS for when there to file this form are			
PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, NA d, buildin report, w	COME ner sources of income to busine write "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME  NA  gs owned by the reporting persorrite "none" or "n/a")	SSES owned by the reporting particles of SOURCE	FILING and we located in STF this for	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  DA  GINSTRUCTIONS for when there to file this form are end at the bottom of page 2.			

PART D — INTANGIBLE PERSONAL PROPERTY [Sto			of deposit, etc See ins	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
BANK ALLOUNTS	Citis	HAR PO BO	x 769013, 500 Au	T was	78245-9013	
Iteloc	Carr	u Grave	Brun , 2701 5. B	MILLY !	Druc Minni Pl 33133	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a	a")				
NAME OF CREDITOR			ADDRES	S OF CRE	DITOR	
SALLE MAE /NAMENT	Po Box	( 9633 h	nuces amone , PA	18472	.9533	
Fation Menters			Druk Tx 707			
PART F — INTERESTS IN SPECIFIED BUSINESSES   (If you have nothing to report, write "none"	Ownersh or "n/a")	BUSINESS	s in certain types of bus S ENTITY # 1	inesses - S	BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	1				1	
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST		1			V	
	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	CONT	INUED ON	A SEPARATE SHE	ET, PLE	ASE CHECK HERE	
SIGNATURE OF FILE	R:		CPA or ATTO	ORNEY	SIGNATURE ONLY	
Signature:			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:			
Alex			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.			
Date Signed:						
November 21, 2019			CPA/Attorney Signature:  Date Signed:			
FILING INSTRUCTIONS:						
If you were mailed the form by the Commission on E	thics or a	County Ca	andidates file this form	together	with their filing papers.	

Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan our completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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, 2018.

#### PART D - INTANGIBLE PERSONAL PROPERTY (CONTINUED)

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	BHK Investment Advisors, LLC, 2200 Lakeshore Drive, Suite 250, Birmingham, AL 35209
401K	Fidelity Brokerage Services LLC, 900 Salem Street, Smithfield, RI 02917
401K	Vanguard, P.O. Box 1101, Valley Forge, PA 19482-
Partnership	Napa Valley Investments LLC. 80 SW 8 <sup>th</sup> Street, Suite 2250, Miami, FL 33130
Limited Partnership	Kayne Anderson Real Estate Debt II, L.P., c/o Kayne Anderson Capital Advisors, L.P.,1800 Avenue of the Stars, 3rd Floor, Los Angeles, California 90067
Limited Partnership	Kayne Anderson Real Estate Debt III, L.P., c/o Kayne Anderson Capital Advisors, L.P.,1800 Avenue of the Stars, 3rd Floor, Los Angeles, California 90067

#### PART E - LIABILITIES (CONTINUED)

NAME OF CREDITOR	ADDRESS OF CREDITOR
Ford Credit	PO Box 54200, Omaha, NE 68154
Lexus Financial Services	P.O. Box 2991 Torrance, CA 90501

#### DECLARATION AND FIRST AMENDMENT WAIVERNOU 21 am 11:01

FOR CANDIDATES WHO AGREE TO COMPLY WITH THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

#### **VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

- 1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- 2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- 3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
- 4. I shall not, without just cause, attack or question my opponent's patriotism.
- 5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
- 6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
- 7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
- 8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
- 10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
- 11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

#### BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- · ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I. DANIE	d Dieth			, a candida	ate for the office o	f
0.00 / 0.00	please print your name					
MA	IDIL	in	Tito	Tan OF	SINESIDY	,
	elective office sought			county, municipal	lity, or other jurisdiction	

agree to abide by the voluntary Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the voluntary Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the voluntary Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is voluntary, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the voluntary nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

* All	NOW M 9/24 21, 209
Signature	Date

COE, revised 5/2010 2 of 2

#### 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 AM 10:49 SUN

We the undersigned electors of the Town of Surfside,	Florida, hereby nominate	DANICE OWN
for the office of	(Mayor or Commissioner)	at an election to be held on March
17, 2020.		
This petition must be filed with the Town Clerk between	n November 1, 2019 and Nove	ember 22, 2019 (by 12:00pm).
Signature:	Date: _(///6//	7D.O.B.
Print Name:	Address:	
Signature: 925	Date: 11/6/19	D.O.B
Print Name: DAWIEL DIETCH	Address:	
Signature: Julilly D'att	Date: 11-16-19	D.O.B
Print Name: MICHELIC DANTUONO	Address:	
Signature: Wilvia Bimbin	Date: 11-16-19	D.O.B
Print Name: SILV OF BINKIEWICZ	Address:	
Signature:	Date: <u>リ</u> ール・リタ	D.O.B
Print Name: Dova Kolvin	Address:	
Signature:	Date: 11-16-19	_ D.O.B
Print Name: Rick Finlinson	Address:	25
Signature: And C.///	Date: 1//18/2014	D.O.B.
t Name: ADAM C. MARKOW	Address:	
Signature: Mun of feisoner	Date: 1 16 2019	D.O.B.O
Print Name: MARCIA TEITERA	Address:	in the second second
Signature: 100 Sparro	Date: 11/6/19	D.O.B.
Print Name: Yatrick Spano	Address: 9	
Signature: Claudele Schiero 11	Date: 1/16/ 9	D.O.B. '
Print Name: Church Schierling	Address:	
Signature:	Date: 11/16/19	D.O.B
Print Name: UITOR Soylo	Address:	<u></u>
Signature: Yeldy Do (10010)	Date: [   1620	D.O.B
Print Name: NTO 9. DEPRU95	Address	
Signature: Puarli ce aux	Date: 17-46	D.O.B
Print Name: RICARNU De ARMA)	Address:	<u></u>
STATEMENT	OF CIRCULATOR	· I
The undersigned is the circulator of the foregoing paper conthereto was made in my presence and is the genuine signat		es. Each signature appended ame it purports to be.
Signature of Circulator:		
	7 PE PL \$3194	
ail address of Circulator: dely ( બાળા ચાં	OF NOMINATION	
I hereby accept the nomination of		ayor or Commissioner) and agree to
SCI YO II CIECIEU.		1-10
Signature of Candidate:		Date: <u>נו  ו אוף</u>

### 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 AM 10:49 SKM

We the undersigned electors of the Town of Surfside,	
for the office of(MX)01	(Mayor or Commissioner) at an election to be held on March
17, 2020.	
This petition must be filed with the Town Clerk between	en November 1, 2019 and November 22, 2019 (by 12:00pm).
Signature: Kan Sul	Date: 1 - 16 - 19 D.O.B.
Print Name: Kacya Calla	Address:
Signature:	Date: 10-119-2019b.O.B.
Print Name: Fanle Flex	Address:
Signature: Signature:	Date: 1 16 D.O.B.
Print Name: TESSICH FLAX	Address:
Signature: Vullage	Date: 11/16/19 D.O.B.
Print Name: VINICUS Sov 22	Address:
Signature:	Date: 1 //6 / 19 D.O.B.
Print Name: 92BA 1912a	Address:
Signature: Eschamico	Date: 11117/2819 D.O.B.
Print Name: Edith M. Gerdler	Address:
signature:	Date: 1(//7//9D.O.B.
t Name: Ally ATTVU n )	Address:
Signature:	Date: 11/17/2019 D.O.B.
Print Name: JUAU ( VANE!	Address:
Signature:	Date: 11/17/19 D.O.B.
Print Name: E/1 Co/-/ E~	Address:
Signature:	Date: 11/14/10/ D.O.B.
Print Name: Cp 190 KC AT	Address:
Signature:	Date: 11/17/19 D.O.B.
Print Name: (Plida Cuon Ca	Address:
Signature:	Date: 11/17/19 D.O.B.
Print Name: Scando Cuenco	Address:
Signature:	Date: D.O.B.
Print Name: YY MINANN Estomba	Address:
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co	ontaining signatures. Each signature appended
thereto was made in my presence and is the genuine signal	ature of the person whose name it purports to be.
Signature of Circulator:	
press of Circulator: 9272 Bynan Aushut SA	F106, 27317
mail address of Circulator: aldy Cornelled	
ι Α Α	E OF NOMINATION  (Mayor or Commissioner) and agree to
I hereby accept the nomination of	(Mayor or Commissioner) and agree to
	Date: 11/17/19
Signature of Candidate:	Date: N[[1]]

NOV 21 AM10:49 SKM

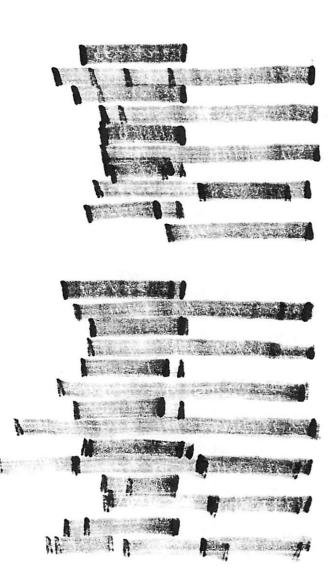
### YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

#### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surf for the office of $MADR$ 2020.	rfside, Florida, hereby nominate <u>JANIEL DIFTCIA</u> (Mayor or Commissioner) at an election to be held on March 17,
This petition must be filed with the Town Clerk b	between November 1, 2019 and November 22, 2019 (by 12:00pm).
Signature: Darbara Cohrn	Date: 11 18 19 D.O.B.
Print Name: BARBARA COHEN	Address:
Signature: Lang A Color	Date: 11/18/19 D.O.B.
Print Name: Equis A. Gatten	Address:
Signature: Hilard Rhy	Date: 10//8/19 D.O.B.
Print Name: RICHARD Strove MID	Address
Signature: Sul Stre	Date: 10/18/19 D.O.B.
Print Name: GAIL STONE	Address:
Signature:	Date: <u>4/19/19</u> D.O.B.
Print Name: SAVIDA AROOW	Address:
Signature: And Ballon	Date: 934 Kole D.O.B. and XOI
Print Name: Wash Brings	Address: 934 Quloi Naft // /
Signature: Mula Decom	Date: 11/19/19 D.O.B.
Print Name: ANTA Ana 191 ACHAR	Address:
Signature: Jakob Bluchun	Date: 11/9/9 D.O.B.
Print Name: JACOBO BLACKAR.	Address:
Signature: 5tomsty	Date: 11-19-19 D.O.B.
Print Name: JOH; STRANSKY	Address:
Signature: Mult Mill	Date: 77/9/19 D.O.B.
Print Name: MICHAEL BECKISH	Address
Signature: Holangeldman	Date: 1/ 1/9 D.O.B.
Print Name: 305 0294 - 5150	Address: Address:
Signature: Confidence Signature:	Date: 11 19 19 D.O.B.
Print Name: Cynthiat. Lepoliter	
Signature:	Date: 1/4,9-15 D.O.B.
Print Name: 5-VA/CIST SOMOZ	Address: \$
STATE	MENT OF CIRCULATOR
	per containing 12 signatures. Each signature appended
thereto was made in my presence and is the genuine	e signature of the person whose name it purports to be.
Signature of Circulator:	hen 5. 1 1 22 154
Address of Circulator: 934 5/1NS Email address of Circulator: 160 bas 1008 (2) 4	ABRUE #1008 Surfaide 71 33154
40000	TANCE OF NOMINATION

over



NOV 21 AM 10:49 SKM

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

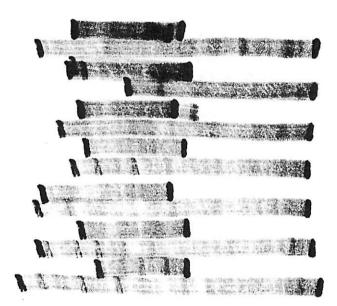
#### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA We the undersigned electors of the Town of Surfside, Florida, hereby nominate (Mayor or Commissioner) at an election to be held on March 17, for the office of 2020. This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm). 1-19-19 DOB Address: Print Name 11/11/1 D.Q.B. Signature: Address: Print Name: /1119/19 D.O.B Signature: Date: Address: Print Name: Date: 11/19/19 D.O.B. Signature: Print Name: Address: -19-190.0.B. Signature: Date: / Address: Print Name: Date: 11-20-19 D.O.B. Signature: Address: 9 Print Name: Date: (1-20-19 D.O.B. Signature: ERNARDO 1 Address: Print Name: D.O.B. Signature: Date: Print Name: Address: D.O.B. Date: Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: Date: D.O.B. Signature: Print Name: Address: D.O.B. Date: Signature: Print Name: Address: STATEMENT OF CIRCULATOR 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: Email address of Circulator:

ACCEPTANCE OF NOMINATION

\*\* Web Version Only\*\*

I hereby accept the nomination of	Magan Mayan	(Mayor or Commissioner) and agree to
serve if elected.		1 1
Signature of Candidate:	1	Date: 11/21/19





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 Daniel Dietch, a candidate for the office of Mayor for Town of Surfside. A total of 45 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 26 petitions were reviewed for verification; of which 25 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>25</u> signatures submitted by <u>Daniel Dietch</u> for the office of <u>Mayor</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. Daniel Dietch 9372 Byron Avenue Surfside, Fl 33154

Dear Mr. Dietch:

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 Mayor 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)	Daniel Dietch	OFFICE USE ONLY						
	Name							
(2)	9372 Byron Avenue							
	Address (number and street) Surfside, FL 33154	DEC 10 AM 8:21 S						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Mayor							
	☐ 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							
Cove	er Period: From 11 / 01 / 19 To	11 / 30 / 19 Report Type: 2019M11						
<b>V</b> 0	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$ , , 000	Monetary Expenditures \$ , , _25 . 00						
Loar	s, <u>100</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , , 100 . 00	Total Monetary \$ , 25 . 00						
In-K	ind \$,, 0.00							
		(8) Other Distributions						
		\$ , , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$ , , <u>100</u> . <u>00</u>	\$ , <u></u> , <u>25</u> . <u>00</u>						
	(11) Cert							
1.	It is a first degree misdemeanor for any pers							
	ertify that I have examined this report and it is true, corrections and corrections are corrected and it is true, corrections and corrections are corrected and corrections are corrected and corrections are corrected and corrections are corrected and corrected and corrections are corrected and co							
	ype name) Michelle D'Antuono	(Type name) Daniel Dietch						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
_X	Luclle D'acc	x Loc						
Si	gnature	Signature						

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS DEC 10 AM 8:21 540

(1) Name		(2) I.D. Number					
(3) Cover Period	11 / 01 / 19	throu	gh /	30 / 19	_ (4) Page		of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	E constant	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
11 15 19 / /	Dietch, Daniel 9372 Byron Avenue Surfside, FL 331564						
1		S	Consultant	LOA			\$100.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

Daniel Dietch

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Daniel Dietch			(2) I.D. Number	
(3) Cover Period 01 /	<sup>01</sup> / <sup>18</sup> throug	h <sup>01</sup> / <sup>31</sup> / <sup>18</sup>	(4) Page	of

(5)	(7)	(8)	(9)	(10)	(11)
(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
11 /21 / 19	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Qualifying Fee	MON	N/A	\$25.00
//					
//					
/ /					
/ /					
//					
//					
//					

## MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name Daniel Dietch	
I.D. Number	
Address (number and street) 9372 Byron Avenue	DEC 10 AM 8:27 SW
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, Sub-	Area
Community Council, Area, 3ub-	Alca
REPORT IDEN	TIFIERS
Report Name 2019M11 Cover Period	11/01/19 through 11/30/19
Report Type 🗵 Original 🔲 Amendment	
CERTIFIC	
It is a first degree misdemeanor for any perso	n to falsify a public record (ss. 839.13, F.S.)
	certify that I have examined this report and it is true, correct, and complete.
Daniel Dietch	Daniel Dietch
	(Type name) 🗂 Candidate
v 162 - 6-	X
Signature	Signature
i Siurialure	3.

### 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	Daniel Dietch			DEC 10 (2) I.D. Number	0 AM 8:21	184°
	Name 2019M11					
(5) Report	Type  Original  Amendment					
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By		(10) nization Employe hired by campa		(11) nendment Type
N/A	N/A	N/A	N/A			N/A
				4		

	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Daniel Dietch	OFFICE USE ONLY						
	Name							
(2)	9372 Byron Avenue	—— JAN 10 AM 8:58						
	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: Mayor							
	Political Committee (PC)	Check here if PC or ECO has disbanded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	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	Identifiers						
Cove	er Period: From 12 / 01 / 19 To	12 / 31 / 19 Report Type: 2019M12						
<b></b> ✓ 0	riginal Amendment Spe	cial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	0.000	Monetary						
Casl	n & Checks \$ , 3, 600 . 00	Expenditures \$ , , 000						
Loar	s , , 0.00	Transfers to						
		Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , 3 , 60000							
	0 00	Total Monetary \$ , , 000						
In-Ki	ind \$,, <u>0</u> .00							
		(8) Other Distributions \$ , , 000						
		,,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,3,	\$ , , <u>25</u> . <u>00</u>						
	(11) Cert	ification						
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)						
	certify that I have examined this report and it is true, corr							
_(T	ype name) Michelle D'Antuono	(Type name) Daniel Dietch						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	Mina Dy							
X	guille Vat	X						
Si	gnature	Signature						

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

De .

(1) Name	Daniel	Dietch		7				(2)	JH .D. Number	M LU	BCIB MA	tout
(3) Cover F	Period	12	/ <sup>01</sup>	/ <sup>19</sup>	through	12	/ <sup>31</sup>	/ <sup>19</sup>	(4) Page	1	of <sup>2</sup>	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12 14 19 / /	Cohen, Barbara 9431 Collins Avenue, #1008		Retired	СНЕ			\$300
12 / 18 / 19	Loretta Dietch 7647 Southampton Terrace, #408 Tamarac, FL 33321	I		СНЕ			\$100
12 / 18 / 19	Myers, Douglas 955 Massachusetts Avenue, #342 Cambridge, MA 02139	I	Retired	СНЕ			\$300
12 / 30 / 19	Ed Mahler 7480 SW 156th Street Palmetto Bay, FL 33157	I		СНЕ			\$100
12 30 19	Hal Gaffin 60 Edgewater Drive, Lanai North Coral Gables, FL 33133	I		СНЕ			\$100
12 30 19 / /	Ed Sirken 8881 SW 78th Place Miami, FL 33156	I		СНЕ			\$100
12 30 19 / /	William Portnoy 144 West 18th Street, #2W New York City, NY 10011	I	ı	СНЕ			\$100

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Daniel	Dietcl	h			•	_ (2)	JA I.D. Number	N 10 AM 8:	58	
(3) Cover F	Period	12	/ <sup>01</sup>	/ <sup>19</sup>	through 12	/ 31	/ 19	(4) Page	2	f <sup>2</sup>	

		•	,					
	(5)	(7)		(8)	(9)	(10)	(11)	(12)
	Date	Full Name						
	(6)	(Last, Suffix, First, Middle)						
	Sequence	Street Address &		ontributor	Contribution	In-kind		-
	Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
12	30 19 / /	Charles Stuzin 800 Douglas Road, Suite 500						
8		Coral Gables, FL 33134	I	Attorney	CHE			\$500
12	, 30 , 19 / /	Howard Greenberg 13643 Deering Bay Drive, #135						
9		Coral Gables, FL 33158	I	Retired	CHE			\$250
12	/ <sup>30</sup> / <sup>19</sup>	Stephen Kulvin 13611 Deering Bay Drive, #202						
10			I	Retired	СНЕ			
12	30 19 / /	Joshua Dietch 51 Landseer Street West Roxbury, MA 02132	I	Financial Ad	CHE			\$150
12	30 19	Arthur Gilbert 13637 Deering Bay Drive, #282 Coral Gables, FL 33158	I		СНЕ			\$100
		Stanhan Ciman						
12	30 19 / /	Stephen Cypen 975 Arthur GOdfrey ROad, #500 Miami Beach, FL 33140						
13		Hamil Beach, FH 33140	В		CHE			\$1,000
	1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



) Name Dani	CAMPAIGN TREASURER'S R		2) I.D. Number		
l) Cover Peri	od 12 / 01 / 19 through 12	/ 31 / 19	4) Page	of _	1
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9)	(10)	(11)
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
/n/A/	N/A	N/A	N/A	N/A	n/a
N/A					
	_			•	
	_				
//					
//					
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## MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name	OTTIOE SOE SHET
Daniel Dietch	
I.D. Number	
	_   # P
Address (number and street)	JAN 10 AM 8:58
9372 Byron Avenue	AUN TO HU O'OO
	_
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, Sul	
REPORT IDEI	ITIFIERS
Report Name 2019M12 Cover Period	12/01/2019 through 12/31/2019
Report Type 🖾 Original 🔲 Amendment	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Michelle D'Antuono (Type name) ☐ Treasurer ☐ Deputy Treasurer	
(Type hame) La Treasurer La Deputy Treasurer	(Type hame)
X Slucely Dan	X / S
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	Dar	niel Dietc	h					_ (2)	I.D. Numb	oer	<u> </u>
(3) Report	Name	2019M1	2			(4) Cover Period _	12/01/2019		through _	12/3	1/2019
(5) Report	Туре	Origina	al C	Amendment	:	(6) Page1			of	1	
(7) Row Number	(L	Full ast, Suffix	(8) Nam , Firs			(9) Employed By	Name of Organ	nizatio	on Employ d by camp	ed By	(11) Amendment Type
N/A		N/A				N/A	N/A				N/A
								****			
									***************************************		
			-								
		·									
						,		-			

CAMPAIGN TREASU	RER'S REPORT SUMMARY
(1) Daniel Dietch	OFFICE USE ONLY
Name	A
Address (number and street) Surfside, FL 33154 City, State, Zip Code	FEB 10 AM 8:33
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
☐ Candidate Office Sought: Mayor ☐ 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) Rep	port Identifiers
Cover Period: From 01 / 01 / 20	To 01 / 31 / 20 Report Type: 2020M1
✓ Original	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ , 3, <u>550</u> . <u>00</u>	Monetary
Loans \$ , , 000	Transfers to Office Account \$ , , 000
Total Monetary \$ , 3 ,55000	Total Monetary \$ , _4 , _12000
In-Kind \$ , , 000	
	(8) Other Distributions \$ , , 000
(9) TOTAL Monetary Contributions To Date \$,7_,25000_	(10) TOTAL Monetary Expenditures To Date \$ ,4 ,14500
(11) It is a first degree misdemeanor for any	Certification person to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true,	
(Type name) Michelle D'Antuono	(Type name) Daniel Dietch
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	
x Muller Date	x Alexander
Signature	Signature

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

m

\$250

\$1000

\$1000

,					FE	B 10 AM 8:	33
(1) Name	l Dietch			(2)	I.D. Number		
	01 / 01 / 20				_ (4) Page		of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01 03 20 / / 1	Peck, Michael 101 Main Street Chester, CT 06412	I	·	СНЕ			\$100
01	Jacobs, Richard 6246 SW 99th Terrace	I		СНЕ			\$100
01 / 11 / 20	Schneider, Sheldon 4082 Battersea Road Miami, FL 33133	I	Retired	СНЕ			\$200
01	Gassman, Philip 8325 SW 143 Street Miami, FL 33154	I	Banking	CHE			\$200
01 18 20	Deane, Walter 525 95th Street						

Real Estate

Museum Trust CHE

Wealth Manag CHE

CHE

DS-DE 13 (Rev. 11/13)

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#607

#607

Surfside, FL 33154

Ray Ellen Yarkin 9401 Collins Avenue,

Surfside, FL 33154

9401 Collins Avenue,

Surfside, FL 33154

Allan Yarkin

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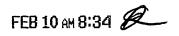
SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

C	AMPAIGN TREASUR	RER'S	REPORT -	- II EMIZED	CONTRIBUT	IONS	A
(4) Mana	l Dietch			(2)	I.D. Number	B 10 AM 8:	34 4
(3) Cover Period	01 01 20	throug	01	<sup>31</sup> /	(4) Page	² c	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01 25 20 / /	Radulescu, Mihai 8777 Collins Avenue, #404 Surfside, FL 33154	I	Retired	СНЕ			\$200
01	Spindel, Sally 8826 Hawthorne Avenue Surfside, FL 33154	I	Retired	СНЕ			\$200
01	ELias, Lourdes 9577 Harding Avenue Surfside, FL 33154	В		СНЕ			\$100
01	Glynn, Peter 9940 NW 79th Avenue Hialeah Gardens, FL 33016	В	Business Own	( 35,5 5,60 tm 27			\$200
1 /							
1 13							
1 1							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



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

(1) Name	Daniel	Dietch								(2) I.D. Nu	ımber		
(3) Cover	Period	01 /	01	, 20	through	01	/ 31	_/_	20	(4) Page _	1	of	1

(5)	(7)	(8)	(9)	(10)	(11)
(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
01 / 13 / 20	Blueprint Consulting, LLC 936 SW 1st Avenue, Suite 980 Miami, FL 33130	Campaign Consulting	CAN		\$2,500
01 / 16 / 20	Miami-Dade County Elections 2700 NW 87th Avenue Miami, FL 33172	Voter Data	CAN		\$120
01 / 30 / 20	MDW Communications 2201 Wisconsin Avenue NW, Suite 200 Washington, DC 20007	Campaign Consulting	CAN		\$1,500
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11					
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## MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Daniel Dietch  I.D. Number	OFFICE USE ONLY
	_
Address (number and street) 9372 Byron Avenue	FEB 10 AM 8:34
City, State, Zip Code Surfside, FL 33154	_
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
	-
Community Council, Area, Sub	-Area
REPORT IDEN	TIFIERS
Report Name 2020M1 Cover Period	01/01/2020 through 01/31/2020
Report Type  Original  Amendment	
CERTIFIC	
	I certify that I have examined this report and it is true, correct, and complete.
X Juelle Date	X Signature



(1) Name	1) Name <u>Daniel Dietch</u> (2) I.D. Number										
(3) Report	Name _2020M1	(4) Cover Period	01/01/2020	through01/3	31/2020						
(5) Report	Type  Original  Amendment	(6) Page1_		of1							
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organi	(10) zation Employed By hired by campaign)	(11) Amendment Type						
N/A	N/A	N/A	N/A		N/A						
		-									
				***	-						
1	1		1		1						

	CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Daniel Dietch	OFFICE USE ONLY									
	Name										
(2)	9372 Byron Avenue										
	Address (number and street) Surfside, FL 33154	TOWN OF SURFSIDE									
	City, State, Zip Code	FEB21 '20 9:23AM									
	Check here if address has changed	(3) ID Number:									
(4)	Check appropriate box(es):										
	✓ Candidate Office Sought: Mayor										
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	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										
Cove	er Period: From $02 / 01 / 20$ To	02 / 20 / 20 Report Type: 25P1									
<b>✓</b> 0	✓ Original										
(6)	Contributions This Report	(7) Expenditures This Report									
Casl	h & Checks \$ , , <u>479</u> . <u>00</u>	Monetary Expenditures \$ , _2 , _76270									
Loar	s , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00									
Tota	I Monetary \$ , , <u>479</u> . <u>00</u>	Total Monetary \$ , 2 , 762 . 70									
In-K	ind \$,, <u>0</u> .00	. , , ,									
		(8) Other Distributions									
		\$									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
	\$,7_,72900	\$,6,92770									
	(44) 0	1.65									
	(11) Cert It is a first degree misdemeanor for any pers										
lo	certify that I have examined this report and it is true, corr	ect, and complete:									
(T	<sub>ype name)</sub> Michelle D'Antuono	<sub>(Type name)</sub> Daniel Dietch									
	Individual (only for IE  ☑ Treasurer  ☐ Deputy Treasurer electioneering comm.)	✓ Candidate ☐ Chairperson (only for PC and PTY)									
X	Lucle Dat	x Sca									
Si	gnature	Signature									

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

(1) Name	Daniel	Dietch	1				(2)	I.D. Number	FEB21	'20 9:23AM
(3) Cover F	Pariod	02	, 01	, <sup>20</sup>	through 02	, 20	/ <sup>20</sup>	(4) Page	1	of 1

(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02 07 20	Findlay, Ann 8859 Dickens Avenue Surfside, FL 33154	I		СНЕ			\$100
02 , 07 , 20	Cohen, Barbara 9341 Collins Avenue, #1008 Surfside, FL 33154	I	Retired	СНЕ			\$200
02 , 07 , 20	Oppenheimer, Martin 8934 Emerson Avenue Surfside, FL 33154	I		СНЕ	**************************************		\$100
02 , 07 , 20	Gielchinsky, Daniel 9511 Collins Avenue, # 711 Surfside, FL 33154	ī		СНЕ			\$54
02	Sa Carvahlo, Flavio 8925 Collins Avenue Surfside, FL 33154	I		СНЕ			\$25
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Daniel Dietch			(2) I.D. Number	
(3) Cover Period <u>02</u> / <u>1</u>	01 / 20	through _02	(4) Page	of

(5)	(7)	(8)	(9)	(10)	(11)
(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 / 13 / 20	Blueprint Consulting, LLC 936 SW 1st Avenue, Suite 980 Miami, FL 33130	Campaign Consulting	CAN		\$2,742.70
02 / 15 / 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fee	CAN		\$20
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_//					
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/ /					
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Name Daniel Dietch	OFFICE USE ONLY
I.D. Number	
Address (number and street)  9372 Byron Avenue	
City, State, Zip Code Surfside, FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
REPORT IDE	
Report Name 25P1 Cover Period  Report Type	1 <u>02/01/2020</u> through <u>02/20/2020</u>
	ICATION
It is a first degree misdemeanor for any personal 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.
X Luceller Data Signature	X Signature



(1) Name	Danie	Dietch						(2)	I.D. Numb	er	
(3) Report							02/01/2020		through _	02/2	0/2020
(5) Report	Type 🗵	Original	☐ Amen	dment	(6) Page _	1			of	1	
(7) Row Number	(Last	(8) Full Na , Suffix, F		e)	(9) Employed	Ву	Name of Org	(10) ganizatio	n Employ	ed By aign)	(11) Amendment Type
N/A	N	/A			N/A		N/A				N/A
									TOWN	OF SUB	(FSIDE
									FEE:	21 '20	9:23AM
											,
		Section of the sectio									
							-				

	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Daniel Dietch	OFFICE USE ONLY								
	Name	- A								
(2)	9372 Byron Avenue	MAR 6 AM 9:31								
	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: Mayor									
	☐ 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									
Cove	er Period: From <u>02</u> / <u>01</u> / <u>20</u> To	02 / 20 / 20 Report Type: 25P1								
	riginal	cial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , 47900	Monetary Expenditures \$ , _2 , _76777								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , <u>479</u> . <u>00</u>	Total Monetary \$ , 2 , 767. 77								
In-K	ind \$ , , _0 . <u>00</u>									
		(8) Other Distributions								
		\$,,								
(9)	<b>TOTAL Monetary Contributions To Date</b>	(10) TOTAL Monetary Expenditures To Date								
	\$,7_,72900	\$ ,6 ,93277_								
	(11) Cert It is a first degree misdemeanor for any pers									
10	certify that I have examined this report and it is true, corr	ect, and complete:								
(Т	ype name) Michelle D'Antuono	(Type name) Daniel Dietch								
	Individual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)								
Х	ducille Date	x was								
Si	gnature	Signature								

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS MAR 6 AM 9:32

(1) Name Danie	l Dietch			(2)	I.D. Number	4	
(3) Cover Period	02 / 01 / 20	throu	gh /	20 /	_ (4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)
Number  02 07 20 / / / 1	City, State, Zip Code Findlay, Ann 8859 Dickens Avenue Surfside, FL 33154	Туре	Occupation	СНЕ	Description	Amendment	Amount \$100
02	Cohen, Barbara 9341 Collins Avenue, #1008 Surfside, FL 33154	I	Retired	СНЕ			\$200
02 / 07 / 20	Oppenheimer, Martin 8934 Emerson Avenue Surfside, FL 33154	I		СНЕ			\$100
02	Gielchinsky, Daniel 9511 Collins Avenue, # 711 Surfside, FL 33154	I		СНЕ			\$54
02 20 20 / / / 5	Sa Carvahlo, Flavio 8925 Collins Avenue Surfside, FL 33154	I		СНЕ			\$25
1 1							
1 1							s.

DS-DE 13 (Rev. 11/13)

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

(1) Name Danie	l Dietch							(2) I.D. Nu	ımber_		
(3) Cover Perio	<b>d</b> 02	, 01	/ 20	through 0	2 /	20	/ 20	(4) Page	1	of <sup>1</sup>	

(5)	(7)	(8)	(9)	(10)	(11)
(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 / 13 / 20	Blueprint Consulting, LLC 936 SW 1st Avenue, Suite 980 Miami, FL 33130	Campaign Consulting	CAN		\$2,742.70
02 / 15/20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fee	CAN		\$20
02 / 09 / 20	Stripe 510 Townsend Street San Francisco, CA 94103	Donation Fee	CAN	ADD	\$5.07
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(1) Name	Daniel Dietch	MAR 6 AM 3:32 (2) I.D. Number				
(3) Report	Name _25P1	(4) Cover Period	02/01/2020	through(	02/20/2020	
(5) Report	Type    Original	(6) Page1		of1	<u> </u>	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organi	(10) zation Employed hired by campaig	(11) Amendment Type	
N/A	N/A	N/A	N/A		N/A	
	,					
			1			



	OFFICE USE ONLY
Name	
Daniel Dietch	
I.D. Number	
i.b. Halliber	
Address (number and street)	
9372 Byron Avenue	- A
City, State, Zip Code	MAR 6 AM 9:32
Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☑ Mayor	
☐ Commissioner, District	
	<del></del>
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 25P1 Cover Period	d <u>02/01/2020</u> through <u>02/20/2020</u>
Report Type 🔯 Original 🔲 Amendment	
Treport Type La Original Li Americanent	
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,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Michelle D'Antuono	Daniel Dietek
(Type name)	
Company Tourist Supply Household	C. YET INSTITUTE BASE CONTINUED
1	
x duculee Detec	X GREEN
Signature	Signature

	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Daniel Dietch	OFFICE USE ONLY				
	Name					
(2)	9372 Byron Avenue Address (number and street)	——— MAR 6 AM 9:32				
	Surfside, FL 33154					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):  Candidate Office Sought: Mayor  Political Committee (PC)  Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
	☐ 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				
Cove	er Period: From 02 / 21 / 20 To	03 / 05 / 20 Report Type: 11P1				
<b></b> ✓ 0	riginal Amendment Spe	cial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Casl	n & Checks \$ , , <u>550</u> . <u>00</u>	Monetary Expenditures \$ , , 278				
Loar		Transfers to Office Account \$ , , 0 . 00				
Tota	I Monetary \$ , , <u>550</u> . <u>00</u>	Total Monetary \$ , , 278				
In-Ki	ind \$,, <u>0</u> .00					
		(8) Other Distributions \$ , , 000				
(9)	TOTAL Monetary Contributions To Date \$ , 8 _ , 279 00	(10) TOTAL Monetary Expenditures To Date \$ , 6_ , 935 55				
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
lo	certify that I have examined this report and it is true, corre	ect, and complete:				
(T	ype name) Michelle D'Antuono	(Type name) Daniel Dietch				
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X	duller D'ale	X CDC				
51	gnature	Signature				

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

MAR 6 AM 9:32

(1) Name	l Dietch			(2)	I.D. Number		
(3) Cover Period	02 / 21 / 20	throu	gh /	05 /	_ (4) Page		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	1	Туре	Description	Amendment	Amount
02 24 20 / / 1	Condotti, Sergio 9486 Harding Avenue Surfside, FL 33154		Retail	СНЕ			\$500
02 / 27 / 20 2	Moonves, Melissa 1501 NW 90th Street Seattle, WA 98117	I		СНЕ			\$50
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

MAR 6 AM 9:32

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

(1) Name Daniel		AW02004 (419) (104W)		OOILLI				(2) I.D. Number		
(3) Cover Period	02	, 21	, 20	through	03	/ 05	_/20	(4) Page	of	·

	a/tnrougn/		i) Page		
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name	Purpose			
(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
02 / 22 / 20	Stripe 510 Townsend Street San Francisco, CA 94103	Donation Fee	CAN		\$1.03
03 / 01/20	Stripe 510 Townsend Street San Francisco, CA 94103	Donation Fee	CAN		\$1.75
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This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

MAR 6 AM 9:33 (1) Name Daniel Dietch (2) I.D. Number (3) Report Name 11P1 (4) Cover Period 02/21/2020 through 03/05/2020 (5) Report Type Original Amendment (6) Page \_\_\_1 \_\_\_ of \_\_\_\_ 1 (8) (10)(9) (7) (11)Row **Full Name Employed By** Name of Organization Employed By Amendment Number (Last, Suffix, First, Middle) (if not directly hired by campaign) Type N/A N/A N/A N/A N/A



Name Daniel Dietch	OFFICE USE ONLY
I.D. Number	— MAR 6 AM 9:33 #
Address (number and street) 9372 Byron Avenue	
City, State, Zip Code Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
REPORT IDE	
Report Name 11P1 Cover Period  Report Type  Original  Amendment	
	CATION
I certify that I have examined this report and it is true, correct, and complete.	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.
X Juulle Date Signature	X Signature

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Daniel Dietch	OFFICE USE ONLY					
Name						
9372 Byron Avenue	MAR 13 AM 8:33					
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):						
<ul> <li>✓ Candidate Office Sought: Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>	☐ 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 $03$ / $06$ / $20$ To	03 / 12 / 20 Report Type: 4P1					
✓ Original	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , , <u>250</u> . <u>00</u>	Monetary Expenditures \$ , _1 , _23058					
Loans \$ , , 000	Transfers to Office Account \$ , , 0 . 00					
Total Monetary \$	Total Monetary \$ ,1 , _23058					
In-Kind \$ , , 000	(0) Other Distributions					
	(8) Other Distributions \$ , , 000					
(9) TOTAL Monetary Contributions To Date \$ ,8 _ ,52900	(10) TOTAL Monetary Expenditures To Date \$ , 8 _ , 166 13					
	tification on to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, core	rect, and complete:					
(Type name) Michelle D'Antuono	(Type name) Daniel Dietch					
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)					
x Quelle Date	x ale					
Signature	Signature					

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

(1) Name	Dietch		(2)	MA I.D. Number	NR 13 AM 8	,
(3) Cover Period	03 / 06 / 20	through /	12 / 20	_ (4) Page	(	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8)	(9)	(10) In-kind	(11)	(12)
03 07 20	City, State, Zip Code Kulvin, Dana 9372 Byron Avenue Surfside, FL 33154	Type Occupation  Lawyer	СНЕ	Description	Amendment	Amount \$250
1 1						
1 1						
1 1						
1 1	5					
1 1						
1 1			-			

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(1) Name Danie	CAMPAIGN TREASURER'S RE		EXPENDIT 2) I.D. Number		
(3) Cover Perio	d 03 / 06 / 20 through 03	/_12 /_20 (4	4) Page	of _	1
(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)	(11) Amount
03/12/20	Compdealings 2040 NE 123 Street North Miami Beach, FL 33162	Shirts and Stickers	CAN		\$624.63
03 / 12/20	Blueprint Consulting 936 SW 1st Avenue, #980 Miami, FL 33130	Consultng	CAN		\$605.95
/ /					
/ /					
/ /					
/ /					
/ /					



Name Daniel Dietch	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9372 Byron Avenue	MAR 13 AM 8:32
City, State, Zip Code Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
REPORT IDE	
Report Name 4P1 Cover Period  Report Type  Original  Amendment	03/06/2020 through 03/12/2020
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
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.
Michelle D'Antuono (Type name) ☐ Treasurer ☐ Deputy Treasurer	
X Jucille D'Ote Signature	X



(1) Name	Daniel Dietch		MAR 13 (2) I.D. Number	AM 8:33 //
(3) Report	Name 4P1	(4) Cover Period	03/06/2020 through	)3/12/2020
(5) Report	Type  Original  Amendment	(6) Page1	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed (if not directly hired by campaig	(11) Amendment Type
N/A	N/A	N/A	N/A	N/A

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Daniel Dietch	OFFICE USE ONLY			
	Name				
(2)	9372 Byron Avenue	TOWN OF SURFSIDE			
	Address (number and street) Surfside, FL 33154	JUNI '20 8:44AM			
	City, State, Zip Code				
	Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):				
	✓ 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			
Cov	er Period: From <u>03</u> / <u>13</u> / <u>20</u> To	06 / 15 / 20 Report Type: 18TRG			
<b>V</b> C	riginal Amendment Spe	ecial Election Report			
(6) Contributions This Report (7) Expenditures This Report					
Cas	h & Checks \$ , , ,000	Monetary			
Loar	s,,,000	Transfers to Office Account \$ , , 0 . 00			
Tota	Monetary \$,, _000	Total Monetary \$ , , <u>362</u> . <u>87</u>			
In-K	ind \$,,				
		(8) Other Distributions \$ , , 000			
(9)	TOTAL Monetary Contributions To Date \$ , 8 _ , 529 00	(10) TOTAL Monetary Expenditures To Date \$ ,8_ ,52900_			
(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:					
(T	ype name) Michelle D'Antuono	(Type name) Daniel Dietch			
or	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	✓ Candidate ☐ Chairperson (only for PC and PTY)			
Х	Sheller Date	x Deca			
Si	gnature	Signature			

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

(1) Name	l Dietch		(2)	I.D. Number		
(3) Cover Period	03 / <u>13</u> / <u>20</u>	through 06	1 / 20	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)  Contributor Type Occupation	(9)	(10) In-kind Description	(11)	(12)
/ /	City, State, Zip Code	Туре Оссирацион	Type	Description	Anomanon	Amount
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#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Daniel Dieto	<u>h</u>		(2) I.D. Number _	
(3) Cover Period <sup>03</sup>	/ 13 / 20	_through _06	(4) Page	of

(5)	(7)	(8)	(9)	(10)	(11)
(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
03 / 16 / 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fees	CAN		\$20.00
2	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fees	CAN		\$20.00
3	Blueprint Consulting 936 SW 1st Avenue, #980 Miami, FL 33130	Consulting	CAN		\$127.89
05 16 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fees	CAN		\$20.00
05 / 28 / 20	Dietch, Daniel 9372 Byron Avenue Surfside, FL 33154	Loan Repayment	RMB		\$100.00
05 / 28 / 20	Amazon PO Box 81226 Seattle, WA 98108	Thank You Notes	CAN		\$75.45
05 / 28 / 20	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Donation	DIS		\$2.53
//					



Name Daniel Dietch	OFFICE USE ONLY				
I.D. Number	TOWN OF SURFSIDE				
Address (number and street) 9372 Byron Avenue	JUN1 '20 8:44AM				
City, State, Zip Code Surfside, FL 33154					
☐ CHECK IF ADDRESS HAS CHANGED					
Candidate for:					
REPORT IDEI	NTIFIERS				
Report Name 18TRG Cover Period 03/13/2020 through 06/15/2020  Report Type ☑ Original ☐ Amendment					
CERTIFI					
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	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.				
X guilelle Diter	X				



(1) Name	Daniel Dietch	(2) I.D. Number				
(3) Report	Name 18TRG	(4) Cover Period <u>03/13/2020</u>		through06/15/2020		
(5) Report	<b>Type</b> ☑ Original ☐ Amendment	(6) Page1		of1		
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed B ired by campaign	(11) y Amendment Type	
N/A	N/A	N/A	N/A		N/A	
	•		1			
			1		1	