APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

NOV 5 PH 4:41 SM

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

| officer before opening the | | | Charles Laborer | - | Surface Transport | THE PROPERTY OF THE PARTY OF TH | | THE PARTY OF THE | | - |
|--|-------------------|------------------|-----------------|------------------------------|-------------------|--|---------------|-------------------|-----------------------------|------|
| CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: | | | | reasu | urer/D | eputy [|] Deposito | ory 🗌 | Office Pa | arty |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | 3 | 3. Add | ress (includ | de post offic | ce box or s | street, city, state, zip | |
| Eliana R. Salzhauer | | | | code) 9317 Bay Drive | | | | | | |
| 4. Telephone | 5. E-mail address | | | Surfside, FL 33154 | | | | | | |
| (917) 952-7145 | esalzh | auer@gmail.c | om | | | | | | | |
| 6. Office sought (include of | listrict, ci | rcuit, group num | ber) | | | 7. If a cand | didate for a | a <u>nonparti</u> | <u>isan</u> office, check i | f |
| Commissioner (Town o | of Surfs | ide) | | | | applicat | | is to run as | s a Write-In candida | ate. |
| 8. If a candidate for a par | isan off | ice, check block | and fil | l in n | ame c | of party as | applicable | : My inte | ent is to run as a | |
| Write-In No | Party Affi | liation | | Date of the last | | | | Pa | rty candidate. | |
| 9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer | | | | | | | | | | |
| 10. Name of Treasurer or I | Deputy Tr | easurer | | | | | | | | |
| Eliana R. Salzhauer | | | | | | | | | | |
| 11. Mailing Address | | | | | | | | 12. Telep | ohone | |
| 9317 Bay Drive | | | | | | | | | 952-7145 | |
| 13. City | | County | 15. St | ate | 1 | Zip Code | 17. E-ma | | | 55 |
| Surfside | Mian | ni-Dade | FL | 33154 esalzhauer@gmail.com | | | | | | |
| 18. I have designated the | followin | ig bank as my | | | | y Depositor | ry 🗌 | Seconda | ary Depository | |
| 19. Name of Bank | | | | 20. | Addre | ess | | | | |
| 21. City | | 22. County | | | | 23. State | | | 24. Zip Code | |
| 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 | 1 | | | 26. | Signa | ture of Can | didate | | | |
| 11/5/2019 X Elin- R John | | | | | | | | | | |
| 27. Treasur | er's Acc | eptance of Appo | ointmen | t (fill | in the | blanks and | checkthe | appropriat | te block) | |
| 1. | Elia | ana R. Salzha | uer | | | | , do hei | reby accep | ot the appointment | |
| | (Plea | se Print or Type | Name) | | | | | | | |
| designated above as: | \geq | Campaign 7 | Γreasure | er C | | Deputy Tre | easurer. | | | |
| | 2 | | X | Siar | nature | of Campaid | an Treasur | er or Depu | ity Treasurer | |
| Date | - | | | 5' | | | | | The second second | |

STATEMENT OF CANDIDATE

NOV 5 PM 4:41 341

OFFICE USE ONLY

(Section 106.023, F.S.)

(Please print or type)

| Eliana R. Salzhauer |
|--|
| candidate for the office of Commissioner ; |
| have been provided access to read and understand the requirements of |
| Chapter 106, Florida Statutes. |
| |
| |
| |
| x Un R Jyh 11/5/2019 |
| 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 campaign account.

NOV 5 PH 4:41 SU)



OFFICE LISE ONLY

| officer before opening the | campa | gn account. | | - | | Market Street, | | | 011101 | | |
|--|----------------|---------------------------------|----------|-------|--------------------------------------|--|---------------|------------------|---------------|---------|-------|
| 1. CHECK APPROPRIATE Initial Filing of Form | | 6): filing to Change: | т | eası | urer/D | eputy |] Deposito | ory 🔲 | Office | | Party |
| 2. Name of Candidate (in t | his order | : First, Middle, La | ast) | 3 | 3. Add | lress (includ | le post offic | ce box or | street, city, | state, | zip |
| Eliana R. Salzhauer | | | , | code) | | | | | | | |
| 4. Telephone | 5. E-ma | 5. E-mail address | | | 9317 Bay Drive Surfside, FL 33154 | | | | | | |
| 1 | | auer@gmail.co | nm. | 3 | ourisi | ue, i L 33 | 134 | | | | |
| | | | | | | | | | | • | |
| 6. Office sought (include d | istrict, cii | cuit, group numb | per) | | | 7. If a cand | | a <u>nonpart</u> | isan office | e, chec | KIT |
| Commissioner (Town of Surfside) | | | | * | applicab | | is to run a | s a Write-li | n cand | date. | |
| 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a | | | | | | | | | | | |
| Write-In No F | arty Affi | iation | | | | | | Pa | irty cand | didate. | |
| 9 I have appointed the fo | lowing | person to act as | my | X | Cam | paign Treas | surer | Deput | ty Treasure | er | |
| Name of Treasurer or D | eputy Tr | easurer | | | | | | | | | |
| Eliana R. Salzhauer | | | | | | | | · | | | |
| 11. Mailing Address | | | | | | | | 12. Tele | phone | | |
| 9317 Bay Drive | | | | | | | | (917 | 952-71 | 45 | |
| 13. City | 14. C | ounty | 15. Sta | te | e 16. Zip Code 17. E-mail address | | | | | | |
| Surfside | Miam | i-Dade | FL | | 331 | esalzhauer@gmail.com | | | | | |
| 18. I have designated the | followin | g bank as my | × | Į F | Prima | y Depositor | у 🗌 | Seconda | ary Deposit | ory | |
| 19. Name of Bank | | | | 20. | Addre | ess | | | | | |
| BANKUNITED N.A | Α. | | | 12 | 290 | BISCAYN | JE BLUS | D | | | |
| 21. City | | 22. County | | | | 23. State | | | 24. Zip C | ode | |
| NONTH MIAME | | MIAME-1 | ADE | | | FL | | | 33181 | - | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | | | | | | | | | | |
| 25. Date | 1 | | | 26. | Signa | ture of Can | didate | | | | |
| 11/5/00/0 | | | X | 7 | lui (| 2 Jul | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check) | | | | | | | | | | | |
| 1, | 10017171717170 | na R. Salzhau | W. W. W. | | | | , do her | eby accep | ot the appo | intmen | t 📗 |
| 13 | (Pleas | e Print or Type N | Name) | | | | | | | | |
| ignated above as: | \times | Campaign T | reasurer | C | | Deputy Tre | asurer. | • | | | |
| 11/5/19 | | | X | 0 | li | 12 / | | | - T- | | |
| Date | | | | Sigr | nature | of Campaig | gn Treasur | er or Depu | ity Treasur | er | ı |

CANDIDATE OATH – NONPARTISAN OFFICE

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

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

NOV 21 PM 2:02

☐ Write-in candidate

OFFICE USE ONLY

| Candidat (Section 99.021(1)(a) | | |
|--|---|---------------------|
| I, EliANA R. SAlzhaver | , Florida Statutes) | |
| | f | |
| (Print name above as you wish it to appear on the ballot. In hyphen, check box □. (See page 2 - Compound Last Na Although a write-in candidate's name is not printed on the ba | mes). No change can be made after the | end of qualifying. |
| am a candidate for the nonpartisan office of | SSIONEC | |
| | (Office) | (District #) |
| (Circuit #) , (Group or Seat #) ; I am a qualified elector of | Minni-Dade | County, Florida; |
| I am qualified under the Constitution and the Laws of Florida to | hold the office to which I desire to be noming | nated or elected; I |
| have qualified for no other public office in the state, the term of w | | |
| seek; and I have resigned from any office from which I am req | uired to resign pursuant to Section 99.012 | , Florida Statutes; |
| and I will support the Constitution of the United States and the C | constitution of the State of Florida. | |
| Candidate's Florida Voter Registration Number (located on your | r voter information card): | |
| Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions | | |
| x Elmi Pfor (917) 952-7 | 145 esalzhaver @ Email Address | gmail. com |
| Signature of Candidate Telephone Number | Email Address | J |
| 9317 Bay Drive Surfside | FL 1/4 33 | 154 |
| Address | State Z | IP Code |
| STATE OF FLORIDA | Signature of Notary/Rublic | |
| COUNTY OF MIAMI-Dade | Print, Type, or Stamp Commissioned Name of Notar | ry Public below: |
| Sworn to (or affirmed) and subscribed before me this 215T | SANDRA NOVOA MY COMMISSION # GG 29390 | |
| Personally Known: or Produced Identification: | EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwrite | 18 |
| Type of Identification Produced: | | |



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154



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 Eliana R. Salzhaver |
| 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 9317 Bay Drive, Surfside, FL 33154, |
| my occupation is; that I have been |
| a resident of the Town of Surfside since 2006; 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. |
| Signature of Candidate Date |
| Sworn to and subscribed before me this |
| SANDRA NOVOA MY COMMISSION # GG 293909 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters PRINTED NAME OF NOTARY |

FORM 1

STATEMENT OF

| 2 | 0 | 1 | 8 |
|-----|---|---|---|
| And | v | | V |

| Please print or type your name, mailing address, agency name, and position below | , FI | NANCIAL | INTERE | ESTS | | FOR OFFICE USE ONLY: | |
|--|------------------------------------|---|----------------------|---|-----------------|--|--|
| LAST NAME – FIRST NAME MIDDLE NAME : Salzhauer, Eliana R. | | | | | | | |
| MAILING ADDRESS : 9317 Bay Drive | | | | | | A | |
| och bay blive | | | | | | NOV 21 PM 1:49 & | |
| CITY: ZIP: COUNTY: Surfside 33154 Miami-Dade | | | | | | | |
| NAME OF AGENCY : Town of Surfside | | | | | | | |
| NAME OF OFFICE OR POSITION H | ELD OR SOUC | SHT : | | | | | |
| Commissioner | | | | | | | |
| You are not limited to the space on the | | rm. Attach additional shee | | | | | |
| **** <u>BOT</u> | H PARTS | OF THIS SECT | ION <u>MUST</u> E | BE CON | /IPLET | ED **** | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): | | | | | | HER BASED ON A CALENDAR CEDING TAX YEAR ENDING | |
| DECEMBER 31, | 2018 <u>OR</u> | □ SPECIF | TY TAX YEAR IF O | THER THA | AN THE C | ALENDAR YEAR: | |
| MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): | | | | | | | |
| ☐ COMPARATIVE | PERCENTA | GE) THRESHOLDS | <u>or</u> | DOLL | AR VALU | E THRESHOLDS | |
| PART A PRIMARY SOURCES OF (If you have nothing to r | INCOME [Maj | or sources of income to one" or "n/a") | the reporting person | n - See instr | ructions] | | |
| NAME OF SOURCE OF INCOME | Ī | | JRCE'S DRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | |
| Cast & Crew Production Services (NY Last Week Tonight with Jo | hn Oliver) 2300 | Empire Avenue, 5th t | loor, Burbank, C | A 91504 | Media/Entertain | ment/Journalism/Talk Show Producer (Political Satire) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART B SECONDARY SOURCES [Major customers, clients (If you have nothing to | and other soul | rces of income to busines | sses owned by the re | eporting pe | rson - See | instructions] | |
| NAME OF BUSINESS ENTITY | | MAJOR SOURCES SINESS' INCOME | | RESS DURCE | | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| None | Vone | | | | | | |
| None | Vone | | | | | | |
| None | lone | | | | | | |
| PART C REAL PROPERTY [Land (If you have nothing to r | , buildings own eport, write "n | ed by the reporting perso one" or "n/a") | n - See instructions |] | | G INSTRUCTIONS for when there to file this form are | |
| Home- 9317 Bay Drive, Surfside, FL 33154 | | | | | | ed at the bottom of page 2. | |
| | | | | | this fo | orm and how to fill it out on page 3. | |

NOV 21 PM 1:50

| PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non TYPE OF INTANGIBLE | ne" or "n/a") | | tructions] /HICH THE PROPERTY RELATES | | |
|---|------------------------------|---|--|--|--|
| See Attachment ("Exhibit A") | See Attachment ("Exhibit A") | | | | |
| See Attacriment (Exhibit A) | See Attachmen | t (EXHIBIT A) | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non | | | | | |
| NAME OF CREDITOR | | ADDRES | S OF CREDITOR | | |
| None | None | | | | |
| | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none | " or "n/a") | s in certain types of bus | inesses - See instructions] BUSINESS ENTITY # 2 | | |
| NAME OF BUSINESS ENTITY | None | | | | |
| ADDRESS OF BUSINESS ENTITY | n/a | | | | |
| PRINCIPAL BUSINESS ACTIVITY | n/a | | | | |
| POSITION HELD WITH ENTITY | n/a | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | n/a | | | | |
| NATURE OF MY OWNERSHIP INTEREST | n/a | | | | |
| PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. | | | | | |
| IF ANY OF PARTS A THROUGH G ARE | CONTINUED ON | A SEPARATE SHE | ET, PLEASE CHECK HERE | | |
| Signature: Date Signed: | R: | If a certified public according good standing with the she must complete the I, | , prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct. | | |
| FILING INSTRUCTIONS: | | | | | |

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. 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 your 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.

Candidates file this form together with their filing papers.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

NOV 21 PM 1:50

Form 1: Statement of Financial Interests for Eliana R. Salzhauer (Continued)

Part- D - Intangible Personal Property (Attachment "Exhibit A")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------------------------|--|
| Bank Accounts (Checking & Savings) | HSBC Bank |
| Bank Accounts (Checking & Savings) | Chase Bank |
| Bank Accounts (Checking & Savings) | Bank of America |
| Retirement Account (401K Plan) | Fidelity (CBS) |
| Retirement Account (Traditional IRA) | Vanguard (Prime Money Market Fund) |
| Florida Prepaid College Plan | State of Florida Prepaid College Plan |
| College Savings Plan | New York's 529 College Savings Program (Direct Plan) |
| | |
| | |

Emil 2019

** For unredacted version, please contact the Town Clerks Office**

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 SUI | RFSIDE, F | LORIDA | → NOV 2 | 21 PM 1:55 | |
|--|--|-----------------|----------------|-----------------------|---------------------------------------|--|
| We the undersid | gned electors of the Town of Surfside, | Florida, hereb | y nominate(| - liAna 1 | C. Jalzha | New |
| | Commissioner | (Mayor or Co | mmissioner) a | t an election to | be held on Marc | h |
| 17, 2020. | | | | | | |
| This petition | n must be filed with the Town Clerk betwee | n November 1, | 2019 and Nover | nber 22, 2019 (b | y 12:00pm). | |
| Signature: | funy | Date: <u>/</u> | 1-10-19 | D.O.B | | |
| Print Name: | Judy Martinez | Address: 9 | | | | |
| Signature: | SAL " | Date: _ | 11/10/19 | D.O.B | | - |
| Print Name: | M RUGHAEL DRYNOPS | Address: | | | | |
| Signature: | fearly by heros | Date: | 11-10-19 | D.O.B | | - |
| Print Name: | Diana Gonzalez | Address: | | | | |
| Signature: | in Pashele | Date: | 11-11-19 | D.O.B | | |
| Print Name: | Ozoya Pashenko Javier | Address: | | | | |
| Signature: | D./ - | Date: _ | | _D.O.B | | - |
| Print Name: P. C | - SANCHEZ | Address: | | | | |
| Signature: | O. Also | Date: <u>/</u> | 1-12-19 | D.O.B. | | |
| Print Name: PE | DNBOESANCHEZ | Address: | | | ifi | |
| Signature: | | Date: 💆 | 1/12/19 | D.O.B. | 1 | |
| Print Name: | KRISTIN SANCHEZ | Address: | | | | |
| Signature: | Jalu Bake | Date: 1 | 1-13-19 | _D.O.B | | |
| Print Name: 6 | ALEN NIRMAN BAICKEN | Address: | | | | |
| Signature: | 1 (2 1 1 | Date: | 11/16/19 | _D.O.B. \ | | - |
| Print Name | hagle G. Bulkett | Address: | | | | |
| Signature: | Sy III | Date: | 11/19 | _ D.O.B | | . |
| Print Name: K | mberly Miller | Address: | | | | |
| Signature: | white summer | Date: _ | 1117119 | D.O.B. | | Charles and the same of the sa |
| Print Name: Val | a D Blumstan | Address: | | | and the same the same trees. A | |
| Signature: | a de la companya de l | Date: | 11/1/19 | D.O.B. | | |
| Print Name: 3 9 | Hymani | Address: | 12 11 11 | | | minimus |
| Signature: | Per le Cert | Date: _ | | С Б.О.В. | | |
| Print Name: DA | VID DE CESPEDES | Address: | | | | |
| (4) | STATEMEN | T OF CIRCUL | | | | |
| The undersigned is | the circulator of the foregoing paper of | ontaining | Signatur | es. Each sign | ature appended | |
| thereto was made i | n my presence and is the genuine sign | nature of the p | erson whose h | iame it purport | 3 10 BC. | |
| Signature of Circula | ator: Plus Y Cab | | | | | |
| Address of Circulat | | e, Sunfa | de FL | 33154 | | |
| Email address of C | irculator: esalzhauer | | LATION | | | |
| | | CE OF NOMIN | ATTON A) | Mayor or Comm | nissioner) and ag | ree to |
| I hereby accept the serve if elected. | nomination of Control | 31-40 | | versi≢vsko imovi im s | | |
| 55.75 // 5/00/04. | / / lill | | | Date: \(| 12112019 | - |
| Signature of Candi | date: / / / / // | | | - Date. 11 | · · · · · · · · · · · · · · · · · · · | |

Signature of Candidate: _

** For unredacted version, please contact the Town Clerks Office**

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

| 140111114711114011111111111111111111111 | | NOV 21 PM 1:55 |
|---|---|--|
| TOWN OF SUR | FSIDE, FLORIDA | MUV 21 PM 1:335 |
| We the undersigned electors of the Town of Surfside, F | lorida, hereby nominate | EliANA R. SARhave |
| for the office of(SSIO DEC | Mayor or Commissioner) a | t an election to be held on March |
| 17, 2020. | | |
| This petition must be filed with the Town Clerk between | November 1, 2019 and Nove | mber 22, 2019 (by 12:00pm). |
| Signature: Many O. Klam | Date: [] [] 7 | D.O.B. |
| Print Name: My cheel Cahr | Address: | |
| Signature: Karla Emagnire | Date: 11/10/19 | D.O.B. |
| Print Name: Karla Maguire | Address: | |
| Signature:Signature: | Date: 01/18/19 | D.O.B. |
| Print Name: Johanna Ostrander | Address: 4 | , |
| Signature: M M FF | Date: <u>/ </u> | D.O.B e |
| Print Name: ANTHONY BLARE | Address: | |
| Signature: https://www.signature | Date: | 9 D.O.B. |
| Print Name: PATRICIA FERNANDEZ | Address: | 4 |
| Signature: Pamela O'Hagan | Date: 11/10/2019 | D.O.B. 1 |
| Print Name: PAMELA O'HAGAN | Address: | |
| Signature: Meac & Lucus | Date: | D.O.B. |
| Print Name: MARL E. LEVENSON | Address: | |
| Signature: Way & levenson | Date: 11-10-19 | D.O.B. |
| Print Name: MARY ELEVENSON | Address: | |
| Signature: | Date: 11-10-19 | D.Q.B. |
| Print Name: KRISTEN JONES | Address: 11 - 10 - 19 | DOB |
| Signature: MACA POR | | D.O.B. |
| Print Name: MARSING L. Page | Address: | |
| Signature: Despus Grand Account Allia | Address: | Б.О.В. |
| Print Name: 1300 and in ACOUALIO Signature: 1200 Oldler | Date: //-/0-/9 | D.O.B. |
| Print Name: SHERYL GOLDBERS | Address: | |
| Signature: (1) (A) | Date: 1/10-/9 | D.O.B. |
| Print Name: Dauld Eastein | Address: | |
| | 7 | |
| 140 | OF CIRCULATOR | |
| The undersigned is the circulator of the foregoing paper con thereto was made in my presence and is the genuine signat | | es. Each signature appended ame it purports to be. |
| En V k | | - F - 1 |
| Signature of Circulator: | C. fel to | Z3154 |
| Address of Circulator: 9317 Bay Divi | | 27121 |
| | OF NOMINATION | |
| I hereby accept the nomination of | (M. | ayor or Commissioner) and agree to |

serve if elected.

Signature of Candidate:

** 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 1:56 &

| TOWN OF SU | IRFSIDE, FLORIDA | | | | |
|---|---|--|--|--|--|
| We the undersigned electors of the Town of Surfside for the office of | , Florida, hereby nominate <u>Eliana</u> R. <u>Salzhauer</u> _(Mayor or Commissioner) at an election to be held on March | | | | |
| This petition must be filed with the Town Clerk between | en November 1, 2019 and November 22, 2019 (by 12:00pm). | | | | |
| Signature: Jannif M. Oken | Date: 11411 | | | | |
| Print Name: JENNIFER, M. OKEN | Address: | | | | |
| Signature: | Date: 4/49/19/ D.O.B. | | | | |
| Print Name: Elougho grafo | Address: | | | | |
| Signature: TAPT brellen | Date: 11 1 15 19 D.O.B. | | | | |
| Print Name: MAURICE P. NEVILLE | Address | | | | |
| Signature: | Date: 17 19 D.O.B. | | | | |
| Print Name: ANGEL KERBEL | Address: | | | | |
| Signature: Mill Our Drull | Date: \\ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| Print Name: Merzy MacDowel | Address: | | | | |
| Signature: Phyllu & Rous | Date: 11/17/19 D.O.B. | | | | |
| Print Name: J Phylls Shemis | Address: | | | | |
| Signature: /h / h | Date: <u>17 - 19</u> D.O.B. | | | | |
| Print Name: SENTE JOSHAMIS | Address: | | | | |
| Signature: //////////////////////////////////// | Date: 11-17-19 D.O.B. | | | | |
| Print Name: Friedel Availz | 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: | | | | |
| STATEMEN | T OF CIRCULATOR | | | | |
| The undersigned is the circulator of the foregoing paper of | containing signatures. Each signature appended | | | | |
| thereto was made in my presence and is the genuine sign | nature of the person whose name it purports to be. | | | | |
| Signature of Circulator: | | | | | |
| Address of Circulator: 9140 Ernerson American address of Circulator: 0/15an 321@9 | mailien | | | | |
| Zilidii dddi ddd o'i dii ddiaite. | CE OF NOMINATION | | | | |
| I hereby accept the nomination of | (Mayor or Commissioner) and agree to | | | | |
| serve if elected. | | | | | |
| Signature of Candidate: | Date: 11 21 2019 | | | | |

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 SU | RFSIDE, F | LORIDA | ✓ NOV | 21 PM 1:56 | |
|---|------------------------------|--------------------------|----------------|------------------------------|-------------|
| We the undersigned electors of the Town of Surfside, | Florida, hereb | y nominate | EliANA | R. SAlzh | aver |
| for the office of | | | t an election | to be held on Ma | rch |
| 17, 2020. | | | | | |
| This petition must be filed with the Town Clerk between | en November 1, | 2019 and Nover | mber 22, 2019 | (by 12:00pm). | _ |
| Signature: | Date: | 11 11 19 | D.O.B. | | |
| Print Name: Paul Glasgor | Address: | | | Act of Factors | _ |
| Signature: Cent Assess To | Date: | 11 11 19 | D.O.B. | | |
| Print Name: Vouto | Address: | | | | _ |
| Signature: Marie Signature: Marie Signature | Date: | (1111) | D.O.B. | | |
| Print Name: MARLANA A6UENO | Address: | | 13.49 | | |
| Signature: ZAA Human | Date: | 11/13/19 | D.O.B. | | |
| Print Name: LISA/HEYMAS | Address: | | | | |
| Signature: | | 11/13/19 | D.O.B. | | |
| Print Name: Francesa Ippolito-Crait | Address: | | | | |
| Signature: | Date: | 11/13/19 | D.O.B. | | |
| Print Name: Spar Green | Address: | | | | |
| Signature: | Date: 1 | 1/13/19 | D.O.B | | |
| int Name: Gretcher Beering | Address: | | | <u> </u> | |
| Signature: | Date: | 11/13/19 | D.O.B. | | - |
| Print Name: The Hays Connova | Address: | in d ammayaan | | | |
| Signature: Jahh | Date: | 11/93 | D.O.B. | | |
| Print Name: JOSH HERMAN | 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: | 26 1002/2006 | | D.O.B | | - |
| Print Name: | Address: | | ····· | | |
| STATEMENT | T OF CIRCULA | ATOR | | | |
| The undersigned is the circulator of the foregoing paper of thereto was made in my presence and is the genuine sign | ontaining ature of the pe | rson whose na | ame it purport | nature appended ts to be. | |
| Signature of Circulator: | | | of de | FL 33 | 154 |
| Signature of Circulator: Signature of Circulator: Say 90 th 51/ept, 5urfs, dp FL 33154 Acqualus & 6 half color Email address of Circulator: bt Acqualus & 6 half color | | | | | |
| Email address of Circulator: 6 + Acqualto (ACCEPTANC | E OF NOMINA | ATION | | | |
| I hereby accept the nomination of serve if elected. | Sibner | (M | ayor or Comr | missioner) and ag | gree to |
| 910 (L) | | | Date: \(| 121/2010 | |
| Signature of Candidate: | 2.0 | | Date11 | tarlogist | |

** For unredacted version, please contact the Town Clerks Office**
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 Su | rfside, Florida, hereby nomi | nate ELANA K | 2. Salzhauer |
|---|------------------------------|--|--|
| for the office of | (Mayor or Commissi | oner) at an election to be i | |
| 17, 2020. | | | н 1:56 9 |
| This petition must be filed witty be Town Clerk | between November 1, 2019 ar | nd November 22, 2019 (by 12: | 00pm). |
| Signature: William Signature: | Date: 1/11 / | 2019 D.O.B. | |
| Print Name: CARA BIAZ-LESL Tar | Ker Address: | | |
| Signature: Diluja h | Date: 11/11/2 | 2019 D.O.B. | |
| Print Name: Bryan Mazliach | Address: | | |
| Signature: Aul Moylich | Date: (] [| 20 OD.O.B. | |
| Print Name: (VAEL WAZIACH | Address: | majani | The state of the s |
| Signature: | Date: F/M | в (Вр.о.в | / |
| Print Name: SAFOUN BI VACE | Address: | | ,, |
| Signature: | Date: // | 2 19.0.B. 3 | 3/7/5 |
| Print Name: | Address: 133 | 2 Blocg Z P | M |
| Signature: 4 My 7 Kath 7 | Date: // /] | 7 // D.O.B | , |
| Print Name: | UPI/Address: | The state of the s | <u> </u> |
| Signature: | Date: 11/12 | 19 D.O.B. | |
| Print Name: AUDICE SOLOCOFF M IVA | wna 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: | | |
| STAT | EMENT OF CIRCULATOR | ens | i |
| - distantiates of the foregoing n | aner containing | signatures. Each signature | appended |
| thereto was made in my presence and is the genui | ne signature of the person v | vnose name it purports to | Je. |
| Signature of Circulator: | 1/26 | | |
| Address of Circulator: 9401 Collin | SAVE #90, 50 | VERSIDE FL33 | 154 |
| imail address of Circulator: De OFDE | ACHO ONAILI | COM | _ |
| ACCE | PTANCE OF NOMINATION | (Mayor or Commission | oner) and agree to |
| I hereby accept the nomination of serve if elected. | mm: SS ience | (IVIAYOI OI COITIITISSI | |
| Signature of Candidate: | | Date: A | 110 |

** For unredacted version, please contact the Town Clerks Office**

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 SU | JRFSIDE, FLORIDA | | | | |
|---|---|--|--|--|--|
| We the undersigned electors of the Town of Surfside | e, Florida, hereby nominate <u>liana</u> R. <u>Salzhauer</u> (Mayor or Commissioner) at an election to be held on March | | | | |
| for the office of <u>Commissioner</u> 17, 2020. | NOV 21 PM 1:56 | | | | |
| Strike Selections | een November 1, 2019 and November 22, 2019 (by 12:00pm). | | | | |
| | 11 121 | | | | |
| Signature: Mul I Y (MW) | Date: - - D.O.B. | | | | |
| Print Name: Short Marcon | Address | | | | |
| Signature: | Date: D.O.B. | | | | |
| Print Name: Victor III Quit | Address: | | | | |
| Signature: | Date: 11/17/19 D.O.B. | | | | |
| Print Name: Pictoria 1 Saite | Address: | | | | |
| Signature: | Date: | | | | |
| Print Name: OSCAR GONIAN CHAUEZ BA | 1 | | | | |
| Signature: Debinuk (undeutla | Date: 11/17/10/19 D.O.B. | | | | |
| Print Name: Deborah Cimadevilla | Address: | | | | |
| Signature: Signature: | Date: 1/17/2019 D.O.B. | | | | |
| Print Name: Elliot B. Kula | Address: | | | | |
| Signature: | Date: 11 17 20 19 D.O.B. | | | | |
| rint Name: 17a Carmona | Address: | | | | |
| Signature: | Date: 11/17/19 D.O.B. | | | | |
| Print Name: JEFFLEY & CAUGOMI | Address: | | | | |
| Signature: Watt | Date: 11 18 19 D.O.B. | | | | |
| Print Name: WACTER JAULES | Address: | | | | |
| Signature: Supplied | Date: 1118/19 D.O.B. | | | | |
| Print Name: Text Tox Tox | Address: | | | | |
| Signature: Waldad | Date: 11/18/19 D.O.B. | | | | |
| Print Name: Taul Saldart | Address: | | | | |
| Signature: | Date: <u>U/17/ 19</u> D.O.B | | | | |
| Print Name: Loce O'Malley | Address: | | | | |
| Signature: | Date: 1/17/19 D.O.B. | | | | |
| Print Name: FHUL O MACCE 9 | Address: | | | | |
| | IT OF CIRCULATOR | | | | |
| The undersigned is the circulator of the foregoing paper of | containing 12 signatures. Each signature appended | | | | |
| thereto was made in my presence and is the genuine sign | nature of the person whose hame it purports to be. | | | | |
| Signature of Circulator: | | | | | |
| Address of Circulator: 9317 Bay Drive, Su-fside FL 33158 | | | | | |
| | CE OF NOMINATION | | | | |
| I hereby accept the nomination of | (Mayor or Commissioner) and agree to | | | | |
| serve if elected. | Mode | | | | |
| Signature of Candidate: | 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 Eliana R. Salzhauer, a candidate for the office of Commissioner for Town of Surfside. A total of 59 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>Eliana R. Salzhauer</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

Ms. Eliana Salzhauer 9317 Bay Drive Surfside, Fl 33154

Dear Ms. Salzhauer:

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 TREASURE | R'S REPORT SUMMARY | | | | |
|--|---|--|--|--|--|
| .1) Eliana R. SAlzhauer | OFFICE USE ONLY | | | | |
| Name | | | | | |
| (2) 9317 Bay Drive | | | | | |
| Address (number and street) | | | | | |
| Surfs, de FL 33154 | DEC9 '19 4:47PM 4 | | | | |
| City, State, Zip Codé | (2) ID Niumbori | | | | |
| Check here if address has changed | (3) ID Number: | | | | |
| (4) Check appropriate box(es): | | | | | |
| Candidate Office Sought: | 35:006 | | | | |
| ☐ 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 | Check here if no other IE or EC reports will be filed | | | | |
| individual making electioneering communications) | | | | | |
| (5) Report | Identifiers | | | | |
| Cover Period: From // / 0/ / 19 To | 11 / 30 / [q Report Type: 2019 M11 | | | | |
| ☑ Original ☐ Amendment ☐ Spe | ecial Election Report | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | |
| | Monetary | | | | |
| Cash & Checks \$,, 400 · _00 | Expenditures \$, , <u>48</u> . <u>89</u> | | | | |
| Loans \$,, <u>loo</u> | Transfers to | | | | |
| | Office Account \$, , | | | | |
| Total Monetary \$,, <u>Soo</u> · <u>oo</u> | Total Manatania (C. 1920) | | | | |
| | Total Monetary \$, , <u>4-8</u> . <u>89</u> | | | | |
| In-Kind \$, ; : | | | | | |
| | (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, corr | ect, and complete: | | | | |
| (Type name) ElaNA R. SAIZhaur | (Type name) EliANA R. SALZhaver | | | | |
| ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | |
| or electioneering comm.) | $Q = Q \cap Q$ | | | | |
| x clille | x Chille | | | | |
| Signature | Signature | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

DEC9 '19 4:47PM (1) Name Eliana R. Salzhaver (2) I.D. Number (3) Cover Period 11 / 01 / 19 through 11 / 30 / 19 (4) Page 1 of _ (8) (9)(10)(11)(12)(7)(5)Full Name Date (Last, Suffix, First, Middle) (6)Street Address & Contributor Contribution In-kind Sequence Type | Occupation Type Description Amendment Amount Number City, State, Zip Code 11 /7 /19 Salzhaver, EliAMA \$100 9317 Bay Drive Retired Donald Lewin 11/24/19 MANagement 9225 Collins Are \$1000 Apt 702 Surfside, FL 33154 Statisticia SALCS Benjamin Acquario 11/25/19 Executive 524 90 th st. Financial CHE \$200 Surfsier, FL 33154 ONEIL MACC 11/25/19 Levenson Steve CHE \$200 9380 Carlyle Ave Madden Suffsike, FL 33154 Mers

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| | | | 41 |
|-----|----|--------|----|
| :09 | 19 | 4:47PM | 0 |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | SliANA R. SAlzhaver | | 2) I.D. Number | | |
|------------------------------|---|--|----------------------------|----------------|--------------------------|
| (3) Cover Period | d <u> </u> | 30/19 | I) 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) Amendment | (11) Amount |
| 11/21/19 | (QUAlifying Fee) | | CAN | | \$25 (check) #9997 |
| 11/13/19 | Bank United Account ledger | 37 38 (37 M) 1 M | CAN | | \$23.89 |
| / / | | | | | |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY |
|---|---|
| Name Eliana R. Sakhauer | |
| I.D. Number | |
| Address (number and street) 9317 Bay Drive | DEC9 '19 4:47PM |
| City, State, Zip Code Sufside, 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 | NTIFIERS |
| Report Name 2019 M 11 Cover Period | 1 11 01 19 through 11 30 19 |
| Report Type Original | |
| | 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. |
| TIANA R. SAIZHAVER (Type name) Treasurer Deputy Treasurer | (Type name) Candidate |
| X Dw R Ju- | X Elin R JA 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. ELANA R. SAtchauer (2) I.D. Number (2) I.D. Number _____ (4) Cover Period 1/0/19 through 1/30 2019 M11 (3) Report Name ___ (5) Report Type Original Amendment (6) Page _ (11) (7)(8) (9) Name of Organization Employed By Amendment Row **Full Name Employed By** (Last, Suffix, First, Middle) (if not directly bired by campaign) Number

| CAMPAIGN TREASURE | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|---|---|--|--|--|--|--|
| 1) EliANAR, SAlzhaver | OFFICE USE ONLY | | | | | |
| Name (2) 9317 Bay Drive Address (number and street) Surfsite, FL 33)54 City, State, Zip Code | JAN10 '20 3:19PM | | | | | |
| 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 file individual making electioneering communications) | | | | | | |
| (5) Report | Identifiers | | | | | |
| | 12 / 31 / 19 Report Type: 2019/12 | | | | | |
| | ecial Election Report | | | | | |
| Cash & Checks \$,, 250 · | (7) Expenditures This Report Monetary Expenditures \$ | | | | | |
| Loans \$,, <u>Ø</u> . <u>Ø</u> | Transfers to Office Account \$ \overline{\nabla} , \overline{\nabla} , \overline{\nabla} . \overline{\nabla} | | | | | |
| Total Monetary \$,, <u>250</u> · | Total Monetary \$ _Ø , Ø , Ø . | | | | | |
| In-Kind \$,, 750 : 00 | (8) Other Distributions \$ \(\sum_{\overline{\overline{\Omega}}} \), \(\sum_{\overline{\Omega}} \), \(\sum_{\overline{\Omega}} \) . \(\sum_{\overline{\Omega}} \) | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,1, _750oo_ | (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, corr | | | | | | |
| (Type name) EIANA R. SAIZhaver ☐ Individual (only for IE or electioneering comm.) X | (Type name) FIANA R. SAIZHAUR Candidate Chairperson (only for PC and PTY) | | | | | |
| Signature | Signature | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

J.

| (1) Name | EllANA | R. | SAlzhauer | (2) I.D. Number |
|----------|--------|----|-----------|-----------------|
|----------|--------|----|-----------|-----------------|

(3) Cover Period 12 /01 / 19 through 12 / 31 / 19 (4) Page ____ of ____

| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
|--------------------------|---|------------|---|----------------------|--|-----------|--------------|
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 12,14,19 | Anthony Blate 9308 Bay Dr. Surfsiee, FL 33154 | I | Retired Pharmacist | CHE | | | \$100 |
| 12,18,19 | Pamela Salen O'Haga 9333 Harding Ave Surfside, FL 33154 | | actor/ Producer | CHE | | | \$ 50 |
| 3 | Joseph Graubart 381 SW 15th St. Boca Raton, FL 33437 | 1 | Retired Retail Gift Shops | CHE | | | \$100 |
| 12/29/19 | Keely Kessler Final 36850 Duasers Hung Big Pine Key, FL 33043 | I | Fredance Graphic Designa Park Naturalst | INK | CAMPAIGN Sign design services | | \$750 |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



| (1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number | | | | | | | |
|--|--|--|---------------------|-----------|----------|--|--|
| (3) Cover Perio | d <u> 2 /0 /19</u> through <u> 2 /</u> | 31/19 | 4) Page | of _ | | | |
| (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 | | |
| NA | NA | NA | NA | NA | MA | | |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY |
|---|---|
| Name EliANA R. SAlzhauer | |
| | _ |
| I.D. Number | |
| Address (number and street) | |
| 9317 Bay Drive | JAN10 '20 3:19PM |
| City, State, Zip Code | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| * | |
| ☐ Mayor | |
| Commissioner, District | _ |
| ☐ Property Appraiser | |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Sub | -Area |
| REPORT IDEN | ITIFIERS |
| Report Name 2019 M12 Cover Period | 12/01/19 through 12/31/19 |
| Report Type Original Amendment | |
| CERTIFIC | |
| It is a first degree misdemeanor for any person | |
| 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) A Candidate |
| x Elin Polm | X Qui R Jozh |
| 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 | Eliana R. Sala | chauce | (2) I.D. Number |
|----------------------|---|--------------------|---|
| | | | 12/01/19 through 12/3/19 |
| (5) Report | Type Doriginal D Amendment | (6) Page | of |
| (7) Row Number | (8) Full Name (Last, Suffix, First, Middle) | (9) Employed By | (10) (11) Name of Organization Employed By Amendment (if not directly hired by campaign) Type |
| NA | None/N/A | NA | N/A /N/A |
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| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|---|--|--|--|--|--|
| .1) EliANA R. SALZhaver | OFFICE USE ONLY | | | | | |
| (2) 9317 Bay Drive | | | | | | |
| Address (number and street) | FEB10 '20 3:24PM | | | | | |
| Surfside FL 33154 | | | | | | |
| 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 | | | | | |
| Cover Period: From () / () / () To | 0) / 31 / 20 Report Type: 2020M1 | | | | | |
| | cial Election Report | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | |
| Cash & Checks \$,, <u>600</u> · <u>o o</u> | Monetary | | | | | |
| Loans \$, <u>Ø</u> . <u>Ø</u> | Transfers to Office Account \$ _Ø , _Ø , _Ø . | | | | | |
| Total Monetary \$ | Total Monetary \$,, <u>759</u> . <u>75</u> | | | | | |
| In-Kind \$,, <u>\$</u> | (8) Other Distributions | | | | | |
| | (8) Other Distributions \$ <u>Ø</u> , <u>Ø</u> , <u>Ø</u> . | | | | | |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | |
| \$, <u>2</u> , <u>350</u> . <u>oo</u> | \$, , <u>803</u> . <u>64</u> | | | | | |
| (11) Cert It is a first degree misdemeanor for any pers | | | | | | |
| I certify that I have examined this report and it is true, corre | ect, and complete: | | | | | |
| (Type name) EIANA VZ. SAIZhaveC | (Type name) Fliana R. Salzhaver Candidate Chairperson (only for PC and PTY) | | | | | |
| or electioneering comm.) | C. 20 | | | | | |
| x Chi V lad | x Clin K fut | | | | | |
| Signature | Signature () | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | | FliAMA R. SA | 412h | aver | (2 |) I.D. Number | FEB10 '20 | 1 3:24PM |
|---------------------------|-------------|--|-----------|-----------------------------------|----------------------|------------------------|-----------|----------|
| (3) Cover I | Period | 0/0/20 | throu | gh <u>Ol</u> / | 31/20 | (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 | C Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 1/11 | 120 | Patricia Fern Andez Fern Corporation 9332 Harding An Suefsite, FL 3959 | B | Inspectión Office Manage | CHE | | | \$50 |
| 1,20 | , 20 | Alexander + Irina Kamyshni Kov 9033 Rynn Ave Surfabe, † L 33154 | I | IT tech consulting inventor | | | 341 | \$250 |
| 1,28 | 120 | Ellen+Ellist Kale 708 Surfside 181-d Surfside, FL 33154 | I | Attorney wellness Coach | CHE | | | \$300 |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FEB10 '20 3:25 PM'

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name | ELIANA | R. SAIZHAVER | (2) I.D. Number _ | |
|---------------|-----------|------------------------|-------------------|----|
| (3) Cover Per | O VIC boi | 1, 20 through 01 , 31, | 2 (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 |
| 1/10/20 | Miami Sign Shop 13899 Bisrayne Blud #155 North Miami, FL 33181 | Campaign lawn signs And Stickers | CAN | | \$695% |
| 1/28/20 | Minni Dade County Elections Department 2700 NW 87th Ave Minni, FL 33172 | voter data requests | CAN | - | \$40% |
| 1 /28/20 3 | US Postal Service Priority Mail to Elections Dent | mail service for voter data request detailed above | CAN | 9. | 7.75 100 |
| 1/31/20 | BANK United PO BOX SZISA9 MIGNI, FL 33152 | bank account service shage | CAN | | \$12% |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY |
|--|---|
| Name EliANA R. SAlzhaver | |
| I.D. Number | |
| Address (number and street) 9317 Bay Drive | FEB10 '20 3:25PM |
| City, State, Zip Code Svrfs, de, FL 33154 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | £ |
| Candidate for: | |
| ☐ Mayor Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sul | o-Area |
| REPORT IDEI | NTIFIERS |
| Report Name 3030M1 Cover Period Report Type Poriginal Amendment | 01 01 2020 through 01 31 2020 |
| 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. LANA SAIZHOUCK | I certify that I have examined this report and it is true, correct, and complete. |
| (Type name) Treasurer Deputy Treasurer | (Type name) Candidate |
| X Chi J | X Elin P 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 | EliANA R. | SAlzhauer | (2) I.D. Number | 3:25PM |
|----------------------|---|--------------------|---|--------|
| | | | 0 01 20 through 01 | |
| | | | of | |
| (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) |
| NA | NONE NIA | NA | NIA | N(A) |
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| CAMPAIGN TREASURE | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|---|--|--|--|--|--|--|
| .1) EliANA R. SALZhaver Name | OFFICE USE ONLY | | | | | | |
| Address (number and street) Surfside, FL 33154 | TOWN OF SURFSIDE FEB21 '20 2:24PM | | | | | | |
| City, State, Zip Code ☐ Check here if address has changed | (3) ID Number: | | | | | | |
| 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 | | | | | | |
| Cover Period: From 02 / 01 / 2020 To | ecial Election Report | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| Cash & Checks \$,, 200 · 00 | Monetary | | | | | | |
| Loans \$,, <u>Ø</u> <u>Ø</u> | Transfers to Office Account \$ | | | | | | |
| Total Monetary \$,, <u>200</u> | Total Monetary \$, ,3SS - 28 | | | | | | |
| In-Kind \$, , <u>Ø</u> : <u>Ø</u> | (8) Other Distributions \$ _Ø, Ø, _Ø | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,, | (10) TOTAL Monetary Expenditures To Date \$, | | | | | | |
| It is a first degree misdemeanor for any pers | tification son to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| Certify that I have examined this report and it is true, condition | (Type name) EIANA R. SAlzhauer Candidate Chairperson (only for PC and PTY) X Signature | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | Eliana | R. SAlzh | aver | (2) I.D. Number | FEB21 '20 21241 | |
|-----------------|--------|---------------|---------------|-----------------|-----------------|---|
| (3) Cover Perio | d 02/0 | 1 / 2020throi | ugh () 2 / 20 | /3030 (4) Page | of | 1 |

| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
|-------------|-------------------------------|------|--|--------------|-------------|-----------|--------|
| Date | Full Name | | (0) | (9) | (10) | (11) | (12) |
| (6) | (Last, Suffix, First, Middle) | | | | | | |
| Sequence | Street Address & | | ontributor | Contribution | In-kind | | |
| Number | City, State, Zip Code | Туре | Occupation | Туре | Description | Amendment | Amount |
| 2.10.00 | OSCAT Adrian Chaucz Batta | | IT | | | | |
| 2/11/20 | 9025 Abbit Ave | T | Sales Director | OIT | | | \$100 |
| 1 | TOUS ABBIT TO | | Director | CHE | | | 4100 |
| | Sufsiblife 33154 | | | | | | |
| | | | 0.1:1 | | | | |
| 2,20,20 | Clara Diaz Leal | | Retail Rayling | | | | |
| 7 7 7 7 7 7 | 425 95th st. | - | Exection | CHE | | | \$100 |
| | 425 95th St. Surfs de, FL | 1 | Banking Greating Market president | CIT | 15 | 8 | 7100 |
| 4 | 33154 | | president | * | | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name EliaNA 12. SAIZh qu | (2) I.D. Number |
|--|-----------------|
| (3) Cover Period 02 01 /2020through 02 / | <u> </u> |

| | (7) | (9) | (9) | (10) | (11) |
|--------------------|--|------------------------------|-------------|-----------|----------|
| (5) Date | (7) Full Name | (8) Purpose | (3) | (10) | (11) |
| (6) | (Last, Suffix, First, Middle) | (add office sought if | Expenditure | | |
| Sequence Number | Street Address & City, State, Zip Code | contribution to a candidate) | Туре | Amendment | Amount |
| Number | | | | | |
| 02/03/20 | Vistaprint 275 Wyman street | campaig of materials | 04.1 | | ±200 == |
| 1 | waltham, MA 02451 | doorhangers | CAN | | \$209.33 |
| | (online purchase) | hats+magnet | | | |
| 2 | Costco | Epson Printer | | | 1 99 |
| 2/7/20 | N. Miami, FL 33181 | Invefor | CAN | | \$106 99 |
| 2 | 10.7.1 | campaign flya | | | |
| | C cl- | Food for | | | |
| 2/7/20 | Costeo 14800 Sole Mia Lay N. Miami, FL 33181 | campaign | CAN | | \$38 96 |
| 0 | N. Miami FL 33181 | event (C ++ uposie) | CAN | | 1 00 700 |
| 3 | 7874 - 47 | (fruit + veggie) | | | |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| Name EliAna R. SAlzhaver | OFFICE USE ONLY |
|---|---|
| I.D. Number | |
| Address (number and street) 9317 Bay Drive | |
| City, State, Zip Code Surfs, Se, FL 33154 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| □ Mayor Commissioner, District □ Property Appraiser □ Clerk of the Circuit Courts □ Community Council, Area, Sub-Area | |
| REPORT IDENTIFIERS | |
| Report Name ASP1 Cover Period O3/01/2020through O3/20/2020 Report Type Poriginal Amendment | |
| CERTIFICATION | |
| 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. |
| (Type name) Treasurer Deputy Treasurer | (Type name) Acandidate |
| (Type name) Treasurer Deputy Treasurer Signature | (Type name) Candidate X Signature |
| o ignicial o | 0.51.0.010 |



| (1) Name | Eliana R. S | SAlzhaver | (2) I.D. Number | |
|----------------------|---|--------------------|---|---------------------------|
| (3) Report | Name 2SP1 | (4) Cover Period | 02/01/2020through 0 | 2/20/20 |
| (5) Report | Type Criginal Amendmen | t (6) Page | of | 0 |
| (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 |
| NA | Nove (N/A | NA | NA | MA |
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| | | | TOWN OF SUM | SIDE |
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| DESIGNATION OF POLL WATCHERS FOR: (Specify Applicable Election) |
|--|
| Pursuant to Section 101.131, Florida Statutes, I request that the following persons (none of whom is a candidate or a sheriff, deputy sheriff, police officer or other law enforcement officer), who are qualified and registered voters of the county in which they will serve, be approved as poll watchers for (check only one): EARLY VOTING ELECTION DAY |
| 1. Printed Name: Frank Mac Bride Jr. Date of Birth (mm/dd/yy): 02/24/1958 Address: 8959 Hawthoroc Are, Surffite, FL 33154 Location of Polling Room or Early Voting Site: Surfside Town Hall /9293 HArdig Are |
| 2. Printed Name: GALEN BANNED Date of Birth (mm/dd/yy): 10/11/1946 Address: 9225 Abbott Ave, Sufside FL 33154 Location of Polling Room or Early Voting Site: Sufside Town Hall / 9293 Harding Ave |
| 3. Printed Name: Date of Birth (mm/dd/yy): Address: Location of Polling Room or Early Voting Site: |
| 4. Printed Name: Date of Birth (mm/dd/yy): Address: Location of Polling Room or Early Voting Site: NOTE: If more lines are needed to designate poll watchers, use DS-DE 125 continuation page(s) and attach to this page. Only sign this top form, but the page count entry must be completed on the bottom of this page. ************************************ |
| Check applicable box and fill in the blank lines: I am a candidate for |
| Attention: This form is due to the Supervisor of Elections: • For Early Voting, no later than noon of the 14 th day before early voting begins. • For Election Day, before noon of the second Tuesday preceding the election. (This form becomes a public record when submitted to the Supervisor of Elections.) |
| Page 1 of pages. |

| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|---|--|--|--|--|--|--|
| 1) EliANA R. SAlzhaver | OFFICE USE ONLY | | | | | |
| (2) 9317 Ray Dr. | | | | | | |
| Address (number and street) | TOWN OF SURFSIDE | | | | | |
| City, State, Zip Code | MAR6 '20 4:51PM | | | | | |
| Check here if address has changed | (3) ID Number: | | | | | |
| (4) Check appropriate box(es): | (e) is runner. | | | | | |
| Candidate Office Sought: | n'ssia acc | | | | | |
| 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 | Identifiers | | | | | |
| Cover Period: From 02/31 / 2020 To | 03 / 05 / 2030 Report Type: 11P1 | | | | | |
| ☐ Original ☐ Amendment ☐ Spe | ecial Election Report | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | |
| Cash & Checks \$,, <u>47</u> 0 | Monetary Expenditures \$,, <u>838</u> . <u>10</u> | | | | | |
| | Transfers to | | | | | |
| Loans \$,, <u>Ø</u> <u>Ø</u> | Office Account \$ Ø, Ø, Ø. | | | | | |
| Total Monetary \$, , <u>470</u> . <u>oo</u> | | | | | | |
| | Total Monetary \$, , <u>838</u> | | | | | |
| In-Kind \$, <u>Ø</u> | | | | | | |
| | (8) Other Distributions \$ \oscite{\infty} , \oscite{\infty} , \oscite{\infty} . \oscite{\infty} | | | | | |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | |
| \$, <u>4</u> , <u>020</u> . <u></u> | \$, <u>1</u> , <u>997.o2</u> | | | | | |
| (11) Cer | tification | | | | | |
| 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, con | ect, and complete: | | | | | |
| (Type name) Elava V. Salzhav(r. (Type | | | | | | |
| or electioneering comm.) | 9 020 | | | | | |
| x Clin V | x Cla Cyl | | | | | |
| Signature | Signature | | | | | |

(1) Name EliANA R. SALZhaver (2) I.D. Number

(3) Cover Period 02/21/2020 through 03/2020 (4) Page _____ of 2

| (5) Date | (7) Full Name | (8) | (9) | (10) | (11) | (12) |
|---------------------------|---|---|----------------------|------------------------|-----------|-----------|
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Contributor Type Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 2,21,20 | Galen Bakken 9225 Abbott Are Surfside, #L 33154 | T retired real restate management account Ant | CHE | | | \$100% |
| 2,21,20 | Clizabeth Cimadevilla 8911 Collins Are Art 704 Suffade, FL 33154 | I majortenance | CHE | | | \$150;5 |
| 3/31/20 | Michael Dranoff Adrima Dranoff 9316 Abbott Are Surfsibe, FL 33154 | I Architect | CIL | | | \$50% |
| 4 | Consuelo Suarez Brown 8911 Collas Are Apt 1001 Surfside FL 33154 | I portmit artist | CHE | | | \$ 200% |
| 2/23/20 | Andre Miranda 9473 Bay Dr. Surfster, FL 33154 | I e-commence electronia Molesale (self-loss) | CHE | | | \$50% |
| 6 | Jennifer Julia Hill Paul E. Baldauf 9172 Dickers Ave Surfside, FL 33154 | I environmental science college professor | CHE | | | \$ 120% |
| 2,26,20 7 | Robert McMonagle MG McMonagle 9040 Emuson Ac Surfside, FL 33154 | I Retired Construction manager retired Film Product manager | CHE | | | \$125 000 |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| (1) Name | EliANA | SARhquer | (2) | I.D. Number | |
|----------|--------|----------|-----|-------------|--|
|----------|--------|----------|-----|-------------|--|

(3) Cover Period 02 / 21 / 2020 through 03 / 05 / 2020 (4) Page 2 of 2

| (5) | (7) Full Name | | (8) | (9) | (10) | (11) | (12) |
|--------------------------|---|------------|---------------------------------------|----------------------|------------------------|-----------|----------|
| Date (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 02126120 | CARI Herdenson 717 Surssite Blod Surside IFL 33154 | I | magenet | CHE | | | \$75% |
| 2129120 | Flen Abramson | I | retired Act teader | CHE | | | \$200 % |
| 311120 | Robert McNutt 8911 Colles Are Art 505 Stassible FL 33154 | T | MANNEMENT | CAS | - | | \$50°°° |
| 3, 1, 20 | C) 1 C 111 | I | (residential) | CHE | | | \$150,0 |
| 3,1,20 | Warla Maguire 9232 Harding Ave Surfact It 33154 | I | Physician | CHE | | | \$50 700 |
| 3, 1,20 | Deborah Dawson 9172 Byrn Ave Surfade, FL 33154 | I | Counselor Psychologist Therpist | CHE | | | \$100 00 |
| 3,4,20 | Evelyn Fernandez 2355 N. Bay RA Minni Beach, FL Form Susside suddi | T | teacher | CAS (money) | | | \$50 00 |
| 11 | (form Suffice ruder | | | (order) | AND CODE VAL | | |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name EliANAR. SA Zhaver | (2) I.D. Number | er | |
|-----------------------------|-----------------|----|--|
| | 1 | 1 | |
| | (4) Domo | 06 | |

| (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 |
| 2/24/20 | Vistaprint 275 Wyman Street Waltham, MA 02451 (online purchase) | Canpaign materials door hangers | CAN | | \$1963% |
| 2/25/20 | Mailchimp Rochet Science Group LLC 675 Ponce De Leon Are NE Svite S000 Atlanta, GA 30308 | Email Service | CAN/ ECC | £ × | \$49 99 |
| 3 | Miami Sign Shop 13899 Bisagne BLA #155 North Miami, FL 33181 | lawn signs | CAN | | \$150 00 |
| 3/1/20 | Vistaprint 275 Wyman Street Watthem, MA 02451 (online purchase) | campaign materials postcards | CAN | | \$429 700 |
| <u>a /a8/a0</u> S | BAN United PO BOX SAISAA MIANI, FL 33,152 | Banking monthly service Charge | CAN | | \$12 % |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | CTTIOT LIGHT ONLY |
|---|---|
| Name EliAna SAlzhaver | OFFICE USE ONLY |
| I.D. Number | TOWN OF SURFSIDE |
| | MAR6 '20 4:51PM |
| Address (number and street) | |
| City, State, Zip Code Suffice FL 33154 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| ☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sui | |
| REPORT IDE | NTIFIERS |
| Report Name11P 1 Cover Period | $\frac{2 a a0a0}{}$ through $\frac{3 b5 a0a0}{}$ |
| Report Type Goriginal Amendment | |
| | 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. |
| ElianA R. SAlzhaver | EliANA R. SAlzhaver |
| (Type name) | (Type name) Candidate |
| x ch Ru | x Erill |
| Signature | Signature |



| | | _ | | |
|----------------------|---|--------------------|---|---------------------------|
| (1) Name | Flama Salz | haven | (2) I.D. Number | |
| | | | 02 21 20 through 03 | |
| (5) Report | Type Original Amendmen | t (6) Page | of | 7 |
| (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 |
| MA | NA | NA | NA | NA |
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| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|---|--|--|--|--|
| .1) EliANA R. SAlzhaver | OFFICE USE ONLY | | | | |
| Name (2) 9317 Ray Drive Address (number and street) Surfside, FL 33) SY | MAR12 '20 4:41PM | | | | |
| City, State, Zip Code Check here if address has changed | (3) ID Number: | | | | |
| 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 | | | | |
| | Identifiers | | | | |
| Cover Period: From 03/06/20 To | | | | | |
| ₹ | ecial Election Report | | | | |
| (6) Contributions This Report Cash & Checks \$ | (7) Expenditures This Report Monetary Expenditures \$,!,!, | | | | |
| Total Monetary \$ | Office Account \$, , | | | | |
| | (8) Other Distributions \$ \overline{\nabla} , \overline{\nabla} , \overline{\nabla} . | | | | |
| (9) TOTAL Monetary Contributions To Date \$, \(\frac{\mu}{\pi} \gamma \gamma 0 \gamma 0 \cdot \cd | (10) TOTAL Monetary Expenditures To Date \$, 3_,08613 | | | | |
| It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correctly that I have examined the report and it is true, correctly the report and it is true, correctly the re | on to falsify a public record (ss. 839.13, F.S.) | | | | |

MAR12 '20 4:41PM

| (1) Name Eliana R. Salzhaver (2) I.D. Number | | | | | | | |
|--|---|---------|--------------------------|----------------------|------------------------|-----------|--------|
| (3) Cover Period | 03 106 1202 | o throu | gh <u>63</u> / | 12/20 | _QO (4) Page | | of |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Со | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| N/A | NA | AlA | NA | MA | NA | NA | NA |
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| DS-DE 13 (Rev. 11/ | 13) | SEE RE | VERSE FOR I | พอเหมเแบทร | AND CODE VAL | UES | |

DS-DE 13 (Rev. 11/13)

MAR12 '20 4:418

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name E ANA K. S | Alzhauer | (2) I.D. Nun | nber | | | |
|--------------------------------|----------|--------------|------|------|---|--|
| (3) Cover Period (03 / 06 / 20 | | (4) Page | 1 | _of_ | 1 | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|------------------------------|--|---|---------------------|-----------|----------------------|
| (5) 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 | |
| 3/7/20 | United States Portal Sovial USPS.com EveryDoor Direct Mail Surfside post office 250 95th St. 33154 | postage for compaison mailer (EDDM) | CAN | | \$703% |
| 3/11/20 | Costeo 14800 Sole Mia Way N. Miani IFL 33181 | Printer Ink for compaign materials | CAN | | \$213 700 |
| 3/11/20 | Costco 14800 Sole Mia Way N. Miami, FL 33181 | Day Supplies water, disribiting wipes, stafety supplies, tissues | CAN | | \$172 % |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY |
|--|---|
| Name EliANA R. SAtzhaver | |
| I.D. Number | MAR12 '20 4:42PM |
| Address (number and street) 9317 Ray Dr. | |
| City, State, Zip Code Suffside FL 33154 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| ☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Substituting Substituting Substituting Substituting Substituting Substituting Substituting Subs | o-Area |
| REPORT IDEN | ITIFIERS |
| Report Name 4P1 Cover Period | 03/06/20 through 03/12/20 |
| Report Type Griginal Amendment | |
| CERTIFI | |
| 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. |
| (Type name) Treasurer Deputy Treasurer | (Type name) Kcandidate |
| x Elin Ph | x Dur Kfr |
| Signature | Signature |



| | | | MOD 4 % Voc | 4 |
|------------|-------------------------------|------------------|-------------------------------------|--------|
| (4) Na | PIANA R | CA 171,0400 | MINITE ZE | 4:42PM |
| (1) Name | L HANA | MICHAULIC | (2) I.D. Number | |
| (3) Report | Name 4 P 1 | (4) Cover Period | (2) I.D. Number through 0 3 | 12/30 |
| (E) Donort | Type of Original D Amandment | (6) Baga | of | |
| (5) Report | Type Taronginal Li Amendment | (b) Page | 01 | |
| (7) | (8) | (9) | (10) | (11) |
| Row | Full Name | Employed By | Name of Organization Employed By | |
| Number | (Last, Suffix, First, Middle) | | (if not directly hired by campaign) | Type |
| NA | MA | MA | NA | NIA |
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| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|---|--|--|--|--|
| Name Name | OFFICE USE ONLY | | | | |
| Address (number and street) Surfside FL 33154 City, State, Zip Code | TOWN OF SURFSIDE JUN15 20 4:24PM | | | | |
| Check here if address has changed (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) | (3) ID Number: CS:0 ACC 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 | | | | |
| Cover Period: From 63/13 / 20 To | Identifiers Ob / 15 / 20 Report Type: 18TR6 ecial Election Report | | | | |
| Contributions This Report Cash & Checks \$ | (7) Expenditures This Report Monetary Expenditures \$,,933.87 Transfers to Office Account \$ Ø , Ø , Ø . Ø | | | | |
| Total Monetary \$ | Total Monetary \$ | | | | |
| (9) TOTAL Monetary Contributions To Date \$, 4 , _0 20 | (10) TOTAL Monetary Expenditures To Date | | | | |
| It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correctly that I have examined the interest and it is true, correctly that I have examined the interest and it is true, correctly that I have examined the interest and it | | | | | |

| (1) Name | EliANA SAK | hau | er | (2) | I.D. Number | JUNIO 20 | |
|--|--|------|--------------------------|----------------------|------------------------|-----------|--------|
| (3) Cover Period 03 / 13 / 20 through 06 / 15 / 20 (4) Page of | | | | | | | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| Date (6) | Full Name (Last, Suffix, First, Middle) | | | | | | |
| Sequence Number | Street Address & City, State, Zip Code | Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 1 1 | | | | | | | |
| NA | NA | NA | Aln | Alm | MA | MA | NA |
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name LIAPA JAICA GOV | (2) 1.0. 140111061 |
|--|--------------------|
| (3) Cover Period 03/13/20 through 06/15/20 | (4) Page of |

| (5) | (7) | (8) | (9) | (10) | (11) |
|--------------------------|---|---|---------------------|-----------|----------|
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 3/26/20 | Mailchimp Rochet Science group LLC 675 Ponce De Leon Are NE site 5000 Atlanta, GA 30308 | Email. servie | CAN | | \$53 700 |
| 3/31/20 | BANK United P.O. BOX 521599 Mirmi, FL 33152 | Banking monthly some fee | CAN | | \$1200 |
| 4 /26/20 3 | MailChimp Rochet Science group LLC 675 Ponce De Leon Are NE Suite 5000 Atlanta, GA 30308 | Email Service | CAN ECC | | \$44 99 |
| 4 /30/20 | BANK United P.O. BOX 521599 MIRMI, FL 33152 | Banking Roothly reme fee | CAN | | \$12% |
| 5/26/20 5 | Mail Chimp Rocket Science group LLC 675 Ponce De Leon Are NE Suite sooo Atlanta, GA 30308 | Email service | CAN! ECC | | \$44-99 |
| 5/24/20 | Bank United PO BOX SZIS99 Minni, FL 33152 | Banking monthy Service fee | CAN | | \$1200 |
| 6/13/20 7 | Eliana Salzhauer 0317 Bay DR Surfside, FL 33154 | loan repayment to self disposition of funds in termination report | Dis | ¥ | \$1000 |
| 6/12/20 | FARM Share, Inc. | disposition of remaining tunds to tood BAALL (NArity SOI(c)) | Dis - | | \$65391 |

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



| | OFFICE USE ONLY |
|---|---|
| Name EliANA SAlzhaver | |
| I.D. Number | TOWN OF SURFSIDE |
| Address (number and street) 9317 Ray Dr. | JUN15 20 4:24PM |
| City, State, Zip Code | |
| ☐ CHECK IF ADDRESS HAS CHANGED | .a |
| Candidate for: | |
| ☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sul | |
| REPORT IDEI | NTIFIERS |
| Report Name Report Type Original Amendment | 03 13 20 through 66 15/2020 |
| 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. | I certify that I have examined this report and it is true, correct, and complete. |
| (Type name) Treasurer Deputy Treasurer | Eliana R Salzhaver |
| (Type name) | (Type name) Candidate |
| x Efri Rh | x Clin K for |
| Signature | Signature |



| (1) Name | ElANA R. S | Alzhaver | | (2) I.D. Number | |
|----------------------|---|--------------------|--|----------------------|---------------------------|
| (3) Report | Name | (4) Cover Period | 03/13/20 | through 06 | 115/20 |
| (5) Report | Type Original Amendmen | t (6) Page | 1 | _ of | |
| (7) Row Number | (8) Full Name (Last, Suffix, First, Middle) | (9) Employed By | (1 Name of Organiza (if not directly hir | tion Employed By | (11) Amendment Type |
| NA | MA | MA | NIA | | NA |
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| | | | | / | |
| | | . 0 | | JUN15 '20 TOWN OF | 4:24PM SURFSIDE |
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