NOV 12 PM 3:25 540

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

OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository 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) Ins Joy Herssen

Telephone | 5. E-mail address Surfside FL 33154 (305) 531-1431 Iris Surfside 20200 6. Office sought (include district, circuit, aroup number) 7. If a candidate for a nonpartisan office, check if applicable: commissioner My intent is to run as a Write-In candidate. 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. Party Write-In Campaign Treasurer **Deputy Treasurer** 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer Ivis J. Herssein 12. Telephone 11. Mailing Address (305)531 - 143116. Zip Code 17. E-mail address 15. State 13. City 33154 Ivis Surfside 2020 @gmail. 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.

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

Campaign Treasurer

(Please Print or Type Name), do hereby accept the appointment

26. Signature of Candidate

Deputy, Treasurer.

Signature of Campaign Treasurer or Deputy Treasurer

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

designated above as:

11/12/19 Date

25. Date

27.

STATEMENT OF CANDIDATE

OFFICE USE ONLY

NOV 12 PM 3:25 5K

(Section 106.023, F.S.)
(Please print or type)

1, Iris Joy Herssein	,
candidate for the office of Commission	one,;
have been provided access to read and understand	I the requirements of
Chapter 106, Florida Statutes.	
X	11/12/19
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

NOV 12 PM 3:25 540 NOV 14 AM11:19 540

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip
Iris Joy Herssein	code) 701 94th 5+
4. Telephone 5. E-mail address	Surfside FL 33154
(305)531-1431 Iris Surfside 20	200 com
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
commissioner	applicable:
Contract	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fil	I in name of party as applicable: My intent is to run as a
Write-In No Party Affiliation	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	T 11
	J. Herssein
11. Mailing Address	12. Telephone
701 94th St	(305)531-1431
13. City 14. County 15. St. Mami-Dade F	ate 16. Zip Code 17. E-mail address L 33154 Iv. S Surfs, de 2020 Rgm
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
Beria Bank	400 W 41 St
21. City May Beach 22. County Miami S	23. State 24. Zip Code 33 170
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH	HE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND LY AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date , ,	26. Signature of Candidate
11/12/19	X
27. Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)
1, Ins J. Hersse	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	Deputy, Treasurer.
11/12/19 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154 NOV 21 PM 3:31

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 701 94th St Surfside, Florida 3311
Surfside, Florida; that my address is 701 94th st Surfside, Florida 3311 my occupation is attorney; 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.
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

CANDIDATE OATH – NONPARTISAN OFFICE

(Do 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:

☐ Write-in candidate

NOV 21 PM 3:23

	OFFICE USE ONLY
(Section 99.021(1)) (Print name above as you wish it to appear on the ballot hyphen, check box	ate Oath (a), Florida Statutes) If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.) (Office) (District #)
(Circuit #) , ; I am a qualified elector of	miami - Dade County, Florida;
have qualified for no other public office in the state, the term of	o hold the office to which I desire to be nominated or elected; I f which office or any part thereof runs concurrent with the office equired to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on yo	our voter information card):
Phonetic spelling for audio ballot: Print name phonetically oballot as may be used by persons with disabilities (see instructio	on the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]
Address City STATE OF FLORIDA COUNTY OF Miam wall Sworn to (or affirmed) and subscribed before me this 21 ST day of Wember, 20 19. Personally Known: or Produced Identification:	Email Address g mail. com State Signature of Notary Public Print, Type, or Stamp comprissioned Name of Notary Public below: SANDRA NOVOA MY COMMISSION # GG 293909 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters
Type of Identification Produced:	

FORM 1	STATEM	MENT OF		2018
Please print or type your name, mailing address, agency name, and position belo		INTERESTS		FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIE Hersser MAILING ADDRESS: 94				
NAME OF OFFICE OR POSITION I	e lines on this form. Attach additional she	eets, if necessary.		NOV 21 PM 3:31
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO	TH PARTS OF THIS SECTOUR FINANCIAL INTERESTS FOR THE PLEASE STATE BELOW WHETHER 2018 OR	THE PRECEDING TAX YEAR	R, WHETH THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING
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):				
	(PERCENTAGE) THRESHOLDS FINCOME [Major sources of income to		and the state of the	JE THRESHOLDS
	report, write "none" or "n/a") I SO	URCE'S	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Law office of	office of 1801 NE 123rds+		Law office	
Herssein & Hersse	, A	4		
	1. Miami	FL 33181	4	
	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a")	esses owned by the reporting pe	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A		4		
(3)				
(If you have nothing to r	Surfulde FL 33 (and w locate INSTR this fo	G INSTRUCTIONS for when there to file this form are and at the bottom of page 2. RUCTIONS on who must file form and how to fill it out on page 3.

NOV 21 PM 3:31

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")				
TYPE OF INTANGIBLE		BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES	
NIA				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	6] o" or "p/o")			
	e or ma j			
NAME OF CREDITOR		ADDRES	S OF CREDITOR	
N/A	NA			
·	•			
PART F — INTERESTS IN SPECIFIED BUSINESSES [s in certain types of bus	inesses - See instructions]	
(If you have nothing to report, write "none"	BUSINESS	S ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	NA		NA	
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.				
☐ I CERTIFY THAT I	HAVE COMPLI	ETED THE REQ	UIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R:	CPA or ATT	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:			
		1.	, 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:	CPA/Attorney Signature:			
	Date Signed:			
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.

Signature of Candidate: ___

nredacted version, please contact the Town Clerks Office** YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION **Web Version Only ** PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 3:24

______Date:__\\\\/2\/_19

We the undersigned electors of the Town of Surfsid	e Florida here	by nominate	Iris	Herssein
for the office of Commission of the rown of surface			t an electio	n to be held on March
17, 2020.				
This petition must be filed with the Town Clerk betw	een November 1	, 2019 and Nover	mber 22, 201	9 (by 12:00pm).
Signature: Chrya Camissan	Date: _	11/14/19	D.O.B	
Print Name: CHAYA, CAMISSAR	Address:			
Signature: QQ/U	Date:	11/14/19	_D.O.B	
Print Name: Bezalel Camissar	Address:			7
Signature:	Date:	11/14/19	D.O.B.	
Print Name: Gabriella Yachad	Address:			
Signature:	Date: _	11/4/18	D.O.B	
Print Name: Daniel Shapiro	Address:			<u> </u>
Signature: ### ###	Date: _	11/14/19	D.O.B. 🖣	
Print Name: Ov Schocher	Address:			
Signature: MLL	Date:	11/14/19	_D.O.B	
Print Name: RIVKAH LIPSKAR	Address:		y	
Signature:	Date:	11/14/19	_D,O.B	
Print Name: SCHNEUR ZACHAN LIS	Address:	1	/	
Signature:	Date: _	1114/19	_D.Q.B	
Print Name: Kodyal Kubaynkin	Address:	9	7/11 S	
Signature:	Date:	11/14/19	D.O.B.	
Print Name: Josh Gressnan	Address:	11/1/1/1/20		
Signature:	Date:	1114119	D.O.B.	
Print Name: Ol Voyah Halberstam	Address:			
Signature:		11/14/14	_ D.O.B.	
Print Name: Shlono Katan	Address:			
Signature:	Date:	11/14/19	D.O.B.	
Print Name: Cerdona Mes2	Address:	11/1/11/11/11		
Signature:	Date:	11/19/11	_ D.O.B	
Print Name: YAAUV SAID 0(-	Address:	/		
STATEME	NT OF CIRCUL	ATOR		
The undersigned is the circulator of the foregoing paper thereto was made in my presence and is the genuine significant.	containing gnature of the p			ignature appended orts to be.
Signature of Circulator:		089		
	St Surl	Fride Fl	- 3315	4
Email address of Circulator: Iris Syrfribe 2020 P. Gmail. com				
100	NCE OF NOMIN		over er Ce	mmissioner) and agree to
I hereby accept the nomination of Co mm issues serve if elected.	10461	(M	ayor or Col	mmissioner) and agree to ·

Signature of Candidate: _____

**Web Version Only **

Date: 11/21/19

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 S	URFSIDE, FLORIDA	NOV 21 PM 3:25		
		Tar Harre		
We the undersigned electors of the Town of Surfsid for the office of	e, Florida, hereby nominate (Mayor or Commissioner) at an election to be held on March		
17, 2020.	(mayor or commence	, 4. 4		
This petition must be filed with the Town Clerk betw	een November 1. 2019 and No	vember 22, 2019 (by 12:00pm).		
1/11/s perials must be into fine to the state of the stat				
Signature:	Date: 11-14-19	D.O.B		
Print Name: Zalvny Shaping	Address:			
Signature:	Date: 11-15-19	D.O.B.		
Print Name: REUVEN HERSSETN	Address:			
Signature:	Date: 11 - 16 - 19	D.O.B.		
Print Name: Bellinda Zacot	Address:			
Signature: Bella Ja	Date:	9 D.O.B.		
Print Name: Bella Fendler Kireger	Address:			
Signature:	Date: 11 116/16	9 D.O.B.		
Print Name: Dav. d Kriegor	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
Şignature:	Date:	D.O.B		
Print Name:	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
Signature:	Date:	D.O.B		
Print Name:	Address:			
STATEME	NT OF CIRCULATOR			
The undersigned is the circulator of the foregoing paper containing signatures. Each signature appended				
thereto was made in my presence and is the genuine signature of the person whose name it purports to be.				
O/m				
Signature of Circulator:				
Iddress of Circulator: 701 94th It Surfside Fl 330 7 Email address of Circulator: Iris Surfside 2020 p. gmail. cim				
ACCEPTANCE OF NOMINATION				
I hereby accept the nomination of(a m m. ssi	>^e/	(Mayor or Commissioner) and agree to		

** 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

		SURFSIDE, FLORIC		3:25
	ad also stores of the Town of Su	rfside, Florida, hereby nomina (Mayor or Commission	te Ins He	rsign
We the undersigned	om missioner	(Mayor or Commission	er) at an election to be hel	d on March
17, 2020.				
8	nust be filed with the Town Clerk	between November 1, 2019 and i	November 22, 2019 (by 12:00	pm).
i nis petition n	Tust be filed with the rown old in	, bottoo, , , , , , , , , , , , , , , , , ,		
Signature:	2	Date:	<u>/</u> Γ D.O.B.	
Print Name: Bu	Jugo 6807	Address:		
Signature:	1. Lin	Date: _11/16	9 D.O.B.	
2011	mo Danzingen	Address:		
Signature: Ma		Date: _\(//6//_	9D.O.B.	
	ss Jacobson	Address:		
Signature:	h-k-mildenish-distribution and a second	Date:		
Print Name:		Address:		
Signature:		Date:	D.O.B	
Print Name:		Address:	***************************************	
Signature:		Date:	D.O.B	
Print Name:		Address:		
Signature:	***************************************	Date:		
Print Name:		Address:		
Signature:		Date:	D.O.B	
Print Name:		Address:		
Signature:	***************************************	Date:	D.O.B	
Print Name:		Address:		
Signature:	***************************************	Date:	D.O.B	
Print Name:		Address:		
Signature:		Date:	D.O.B	
Print Name:		Address:		
Signature:		Date:	D.O.B	
Print Name:		Address:	***************************************	
Signature:	***************************************	Date:		
Print Name:		Address:		
Time reality		OF CIDOUS ATOR		
		TEMENT OF CIRCULATOR	gnatures. Each signature	annended
The undersigned is the	ne circulator of the foregoing	paper containing significant signature of the person when	gnatures. Each signature of the control of the cont	аррепосо Э.
thereto was made in	my presence and is the genu	ille signature or the person w		
Signature of Circulato	or:			
ddress of Circulator		St Surtside	FL 3313 9	
Email address of Circ	culator:	STURTO OF NOMINATION	e gmailice.	- 1
11 1	17.00.00000 17.00.00000	nm (JSI Die-	(Mayor or Commission	ner) and agree to
I hereby accept the n serve if elected.	ommadori of			
	Q/N	~	Date: (\ / L	/(9
Signature of Candida	ate:	<u> </u>	Date	

**Web Version Only **

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER NOV 21 PM 3:26

TOWN OF SURFSIDE, FLORIDA

	T. T. Hacco			
We the undersigned electors of the Town of Surfside, Fl	lorida, hereby nominate			
let the emee of	Mayor or Commissioner) at an election to be held on March			
17, 2020.				
This petition must be filed with the Town Clerk between	November 1, 2019 and November 22, 2019 (by 12:00pm).			
	Date: D.O.B.			
Signature:				
Print Name: Ryjth Svigs Koffe V	Address:			
Signature: (MCCACU)	Date: M D.O.B.			
Print Name: LAI O ROLUR	Address:			
Signature:	Date: _///7//9 D.O.B.			
Print Name: Dalit 1854009	Address:			
Signature:	Date: D.O.B			
Print Name: Michelle Weinberg	Address:			
Signature: D. Kulusti	Date: 11/17/19 D.O.B.			
Print Name: DOBA RUBINSTEIN	Address:			
Signature:	Date: 11-17-19 ^t D.O.B.			
Print Name: Danathan Rubinstein	Address:			
Signature:	Date: 7- 9 D.Q.B			
Print Name:	Address:			
Signature:	Date: 1(\18\(\) D.O.B.			
Print Name: Sarah (volc	Address:			
Signature: A. H. M. M. M. Ker	Date: \\ D.O.B.			
Print Name: ROShi Man Welger	Address:			
	Date: \\ 17119 D.O.B.			
Print Name: A Le XX 0 La Handwern's	Address:			
A A A A A A A A A A A A A A A A A A A	Date: 5/6/81 11/17/p.O.B.			
Signature:				
Print Name: Yissel S. Gistra	Address:			
Signature:	Date:			
Print Name: (US) Oction (VCS)	Address:			
Signature:	Date:			
Print Name: Taket Weiss	Address:			
STATEMENT O	OF CIRCULATOR			
The undersigned is the circulator of the foregoing paper conf	taining 13 signatures. Each signature appended			
thereto was made in my presence and is the genuine signature				
OUR				
Signature of Circulator: 701 94 th 5+ Surfside FL 33154				
duress of Circulator.				
ACCEPTANCE	OF NOMINATION			
I hereby accept the nomination of Ca mm, SJ.	(Mayor or Commissioner) and agree to			
serve if elected.				
Signature of Candidate:	Date: (\/2\/\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sq}}}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}\sqrt{\sqrt{\sqrt{\sq}\signt{\sqrt{\sq}\sign}\sign}\signgtit{\sqrt{\sq}\sq}}}\signt{\sqrt{\signt{\sq}\signt{\sq}}}}}			
olynature of Candidate.				

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, FLOR	IDA	NOV 21 pm 3:27		
			erssein		
We the undersigned electors of the Town of Surfside, for the office of	(Mayor or Commissio	ner) at an election to	be held on March 17	,	
2020.					
This petition must be filed with the Town Clerk betwe	en November 1, 2019 an	d November 22, 2019	(by 12:00pm).		
This pearly free, so my try	- / -	····/			
Signature:	Date: 9///	1201 D.O.B.			
Print Name: Here cisenber	Address:				
Signature: 4/4~	Date: [[17	14 D.O.B.			
Print Name: AZRIGL WASSERMAN	Address: 4			п	
Signature:	Date: <u>[/ </u>	1 D.O.B.			
Print Name: Chaza WWSW man	Address:		1. (, () (
Signature: Mandy	Date: 11	# 790.0.B.	70/70	-	
Print Name: Mlandheat KATZ	Address:		" (2004 a 2004 a 2		
Signature: Meny Ket	Bute.	7//9 D.O.B.			
Print Name: Ne haclen KAtz	Address:	2		m	
Signature:		775 D.O.B.			
Print Name: Tuz- Rockel Kctz	Address:	La sos			
Signature:	Date: 11/17	/19 D.O.B.			
Print Name: Gordon Braun	Address: Date: 11/17	119 000			
Signature:	CONTRACTOR OF THE PARTY OF THE	/19_ D.O.B			
Print Name: Marian Bran	Address:	10 DOB	-		
Signature:	Date: 11/17/	<u>/9</u> D.O.B.			
Print Name: Yohuda best	Address:	7 19 D.O.B			
Signature:	Date: _[]_[]	ПТ Б.О.В			
Print Name: Chaya Woontale	Address: Date: 1,117	/19 D.O.B.	J	····	
Signature:		D.O.B			
Print Name: JA1/e/ Melching	Address:	D.O.B		9	
Signature:	Date:				
Print Name:	Address: Date:	D.O.B		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature:	Address:				
Print Name:	Address.				
STATEME	NT OF CIRCULATOR				
The undersigned is the circulator of the foregoing paper	containing	signatures. Each sig	nature appended		
thereto was made in my presence and is the genuine significant significant the genuine significant sig	nature of the person w	vhose name it purpoi	is to be.	•	
Signature of Circulator:					
Address of Circulator: 701 94 +	h St Sur	fside Fl	3315 7		
Email address of Circulator: 1415 Surfs. de 2020 Pg mail. ()					
ACCEPTANCE OF NOMINATION					
. 6					
I hereby accept the nomination of (& Mm, (JJ. 222	(Mayor or Com	missioner) and agree	to	
serve if elected.	m		. / /		
Signature of Candidate:	1	Date:	11/21/19		

** 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 NOV 21 PM 3:27

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, for the office of	Florida, hereby nomina (Mayor or Commission	te			
17, 2020.	()	,			
This petition must be filed with the Town Clerk between	n November 1, 2019 and	November 22, 2019 (by 12:00pm).			
Signature: A S T	Date: 11 18/19	D.O.B.			
Print Name: Steven B, Schwartz	Address:				
Signature:	Date: ((13 19	D.O.B.			
Print Name: Mali Schwartze	Address:				
Signature: Kelmusuduu	Date: 11/6/6	L D.O.B.			
Print Name: KEITH BECKIN	Address:				
Signature: Evelyn Sendayan	Date: 11 18 21	019 D.O.B.			
Print Name: EVELYN BENDAYAN RELECEN	Address:	,			
Signature:	Date: 11 /18 /	[9] D.O.B.			
Print Name: 1- HOEY P. RELECEN	Address:				
Signature:	Date: 1118	(9 D.O.B			
Print Name: DAY AU	Address:				
Signature: Alambel Signature:	Date:	9 D.O.B.			
Print Name: Don'ett Abraham	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:				
STATEMENT OF CIRCULATOR					
The undersigned is the circulator of the foregoing paper conthereto was made in my presence and is the genuine signal					
Signature of Circulator:					
Address of Circulator: 701 94th St Surfs. Che Fi 33157					
Email address of Circulator: iris Surfside 2025 B gmail. com ACCEPTANCE OF NOMINATION					
I hereby accept the nomination of serve if elected.	1711	(Mayor or Commissioner) and agree to			
Signature of Candidate:		Date:			
		! "			



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 Iris Herssein, a candidate for the office of Commissioner for Town of Surfside. A total of 52 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 25 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>Iris Herssein</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

_

Christina White Supervisor of Elections

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



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863 Sandra Novoa, MMC, Town Clerk

November 25, 2019

Ms. Iris Herssein 701 94th Street Surfside, Fl 33154

Dear Ms. Herssein:

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)	Iris Herssein	OFFICE USE ONLY
(2)	Name 701 94th St	
	Address (number and street) Surfside FL 33154	DEC10,13 5:43bW
	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 11/1/19 / / To	11/30//19 / Report Type: 2019M11
\mathbf{Z}	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, ,	Monetary Expenditures \$, 94.00
Loa	\$ 50.00,,	Transfers to Office Account \$, ,
Tota	al Monetary \$, ,	Total Monetary \$ -, \$4.00
In-K	ind \$, ,	
		(8) Other Distributions \$,
(9)	TOTAL Monetary Contributions To Date \$\frac{50.00}{}{}, \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	(10) TOTAL Monetary Expenditures To Date
_(It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, corn from Iris Herssein Type name) Individual (only for IE Treasurer Deputy Treasurer relectioneering comm.)	tification fon to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)
	Signature	Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Herssein)		(2)	I.D. Number	10 '19 2:4'	OPM &
(3) Cover Period	i 11/1/19 / /	throu	gh/	/		1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	Amendment	Amount
Number 1/14/19 / /	City, State, Zip Code Herssein, Iris 701 94th St Surfside, FL 33154	Type s	Occupation	Type LOA	Description	Antenument	Amount 50.00
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1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Herssein				(2) I.D. Number	010 '19 2:50PM	9
(3) Cover Period 11/1/19	1	through 11/30/19	1	(A) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
(5) Date (6)	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if	1,00	(1.5)	(,
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
11/21/19 /	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Filing Fee	CAN		25.00
11/27/19	Iberia Bank 400 Arthur Godfrey Road Ste 102 Miami Beach FL 33140	Check order	CAN		29.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Iris Herssein	OFFICE USE ONLY
I.D. Number	
Address (number and street) 701 94th St	DEC18 '19 2:58PM
City, State, Zip Code Surtside 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 Cover Period	11/1/19 11/30/19 through
Report Type	
	ICATION
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.
Iris Herssein	Iris Herssein
(Type name)	(Type name) Candidate
x	x
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	Iris I	Herssein		(DEC10 '19 2:5 2) I.D. Number	GPM K
	lame 2019M11		(4) Cover Period	11/1/19		
	「ype ☑ Original				of	
(7) Row Number	(8) Full Na (Last, Suffix, F	ame	(9) Employed By	(1) Name of Organiza (if not directly hir		(11) Amendment Type
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	CAMPAIGN TREASURER	R'S REPORT SUMMARY
(1)	Iris Herssein	OFFICE USE ONLY
(2)	Name 701 94th St	JAN9 '28 3:33PM
	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):	-20165
	☐ 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	
Cov	er Period: From 12/1/2019 / To	12/31/2019 / Report Type: 2019M11
V C	Original Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$ 4758.00 , ,	Monetary \$ 1448.80 , ,
Loa	ns \$,,	Transfers to Office Account \$, , .
Tota	\$ 4758.00 , ·	Total Monetary \$ 1448.80
In-K	ind \$, ,	
		(8) Other Distributions \$,
(9)	TOTAL Monetary Contributions To Date \$\frac{4808.00}{\tag{0.00}} \tag{0.000}	(10) TOTAL Monetary Expenditures To Date \$\frac{1502.80}{\tau}, \qquad \tau \tau \tau \tau \tau \tau \tau \tau
	It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
1	certify that I have examined this report and it is true, corr	ect, and complete: Iris Herssein
	Iris Herssein Type name)	(Type name)
	☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer r electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
_>		X
5	Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Iris Herssein				_ (ه 2) I.D. Number	M9 '26	7 3:33PM	
(3) Cover F	12/1/2019 Period /	1	through	12/31/2019	1	(4) Page	1	of 2	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			O a satisfied at a sa	1 - 1 - 1		
Sequence	Street Address &	F	ontributor	Contribution	In-kind	Amendment	A
Number	City, State, Zip Code Deborah Waserstein	Туре	Occupation	Туре	Description	Amenament	Amount
12/3/2019 / / 1	56 Camden Dr Bal Harbour, FL 33154	I	Real Estate	RCT			\$500
12/3/2019	Reuven Herssein 701 94th St Surfside, FL 33154	I	Attorney	RCT			\$1000
12/3/2019	Richard Shuster 1300 Florida A1A #101 Satellite Beach, FL 32937	I	Attorney	RCT			\$108
12/3/2019 / / 4	Hillary Holland 1830 Ocean Dr Apt Th A Hallandale, FL 33009	I	Homemaker	RCT			\$1000
12/3/2019 /	Maury Udell 3213 Matilda St Miami, FL 33133	I	Attorney	RCT			\$100
12/4/2019 / /	Daniel Gielchinsky 9511 Collins Ave Apt 711 Surfside, FL 33154	I	Attorney	RCT			\$50
12/6/2019	Michael Blisko 9390 Bay Dr Surfside, FL 33154	I	Businessman	RCT			\$1000

DS-DE 13 (Rev. 11/13)

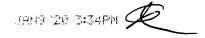
SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(4) Name =	Herssein			(2)	I.D. Number	 .uusa % 0 ?0	
(3) Cover Period	12/1/2019	throu	gh/	19/	_ (4) Page	2	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10) In-kind	(11)	(12)
Number		Type	1	Туре	Description	Amendment	Amount
12/6/2019 / /	City, State, Zip Code Ronit Blisko 9390 Bay Drive Surfside, FL 33154		Homemaker	RCT			\$1000
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1 1							
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DS-DE 13 (Rev. 11/13)

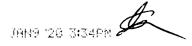
SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Hersse	in			(2) I.D. Number		
(3) Cover Period 12/1	/2019 /	through 12/31/2019	1	(4) Page	of ²	

(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
12/3/2019/	1 & 1 IONOS, Inc. 701 Lee Road Ste 300 Chesterbrook PA 19087	website hosting	CAN		\$4.00
2/3/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
2/3/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
2/3/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.62
2/3/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
2/3/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.30
2/4/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
.2/6/2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
8			:		



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Iris Herssein			(2) I.D. Number		
(3) Cover Period 12/1/2019	/	through 12/31/2019 /	(4) Page	of ²	

(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
9	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
12/12/2019	26 Sushi & Tapas 9487 Harding Ave Surfside, FL 33154	lunch to discuss campaign strategy with non profit organization	CAN		\$98.12
11	Shlomo Danziger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimburse for collateral including lawn signage, flyers, pens, business cards, t-shirts	RMB		\$1009.23
2/19/2019	Ben Jacobson Campaign Account 9455 Collins Ave Apt 309 Surfside, FL 33154	Reimburse for food and serving wear for campaign event	RMB		\$140.73
2/30/2019	1&1 IONOS, Inc 701 Lee Road Ste 300 Chesterbrook, PA 19087	website hosting	CAN .		\$4.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name Iris Herssein	
I.D. Number	
Address (number and street) 701 94th St	JAN9 20 3:34PM
City, State, Zip Code Surtside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District	
REPORT IDE	NTIFIERS
Report Name Cover Period	12/1/2019 12/31/2019 through
Report Type Diginal Diginal Amendment	
	ICATION
	son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Iris Herssein	Iris Herssein
(Type name)	(Type name) Candidate
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	Ivis Herss	·ein	JAN9 '20 3: (2) I.D. Number	
(3) Report	Name 2019 M)	(4) Cover Period	121/19 through 12	131/19
(5) Report	Type Original Amendment	t (6) Page) 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) Amendment Type
		/		
	/			
			9	
	/			
				,

	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1)	Iris Herssein	OFFICE USE ONLY			
(2)	Name 701 94th St				
	Address (number and street) Surfside, FL 33154	FEB10 '20 11:03AM			
	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				
Cov	er Period: From 1/1/2020 / To	1/31/2020 / Report Type: 2019M11			
V C	riginal Amendment Spe	cial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	h & Checks \$ 2050,00 , ,	Monetary Expenditures \$ 88.40,,			
Loai	ns \$,,	Transfers to Office Account \$			
Tota	\$ 2050,00 , ,	Total Monetary \$ 88.40,			
In-K	ind \$, ,				
		(8) Other Distributions \$, ,			
(9)	TOTAL Monetary Contributions To Date 6858.00	(10) TOTAL Monetary Expenditures To Date \$ 1591.12 , ,			
	It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, cornal lines. Herssein Type name) Individual (only for IE Treasurer Deputy Treasurer electioneering communications)				
_ X	ignature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

4.4	Herssein			(2)	FEE I.D. Number	310 20 11: ———————————————————————————————————	:03fim
(3) Cover Period	1/1/2020	throu	gh/	· /	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10) In-kind	(11)	(12)
Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
1/9/2020 / / 1	City, State, Zip Code Menachem Herssein 4030 Meadowbrook Blvd University Heights, OH 44118-3860		Attorney	RCT			\$200
1/9/2020 / / 2	Avrumie Herssein 4516 Pine Tree Dr Miami Beach, FL 33140	I	Investment C	RCT			\$50
1/9/2020 / / / 3	Malkie Nowitz Sderot Nili 44a Zichron Yaakov, IS 3900	I	Architect	RCT			\$100
1/9/2020 / /	Sarah Lehmann 4430 Silsby Rd University Heights, OH 44118	I	RN	RCT			\$50
1/9/2020 / / /	Daniel Herssein 4516 Pine Tree Dr Miami Beach, FL 33140	I	Technology	RCT			\$1000
1/10/2020 / / 6	David Herssein 3450 Wayne Ave 9M Bronx, NY 10467	I	Risk Mgmt	RCT			\$50
1/27/2020 / / 7	Andrew Bales 9165 Froude Avenue Surfside, FL 33154	I	Real Estate	RCT			\$100

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Herssein			(2)	I.D. Number	10 20 11:	03AM
(3) Cover Period	1/1/2020	throu	gh/			2	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number 1/30/2020 / / 8	City, State, Zip Code Bella Krieger 9264 Bay Dr Surfside, FL 33154	Туре I	Occupation Healthcare	Type RCT	Description	Americanent	Amount \$500
1 1							
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1 1							
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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 Iris Herssein				(2) I.D. Number _		
(3) Cover Period 1/1/2020	1	through 1/31/2020	1	(4) Page	of 2	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/9/2820 /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$8.30
1/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
1/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.30
1/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
1/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
1/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
1/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.30
1/30/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Herssein			(2) I.D. Number	
(3) Cover Period 1/1/2020	_/through	1/31/2020 /	(4) Page	of ²

(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
9	1&1 IONOS, INC 701 Le Road Ste 300 Chesterbrook PA 19087	Website Hosting	CAN		\$4.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name	OFFICE USE ONLY
Iris Herssein	
I.D. Number	
Address (number and street) 701 94th St	TOWN OF SURFSIDE
City, State, Zip Code Surtside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District	
REPORT IDE	NTIFIERS
Report Name Cover Period	1/1/2020 through
Report Type	
	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.
Iris Herssein	Iris Herssein
(Type name)	(Type name)
X Signature	X Signature
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		Iris Herssein	FEB18 '20 11: (2) I.D. Number	FEB10 '20 11:03AM (2) I.D. Number	
(3) Report	Name	(4) Cover Period	1/1/2020 through 1/31/2020		
(5) Report Type			1 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) Amendment Type	
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Iris Herssein	OFFICE USE ONLY			
_	Name 701 94th St	FEB21 '20 12:09PM			
_	Address (number and street) Surfside, FL 33154	TOWN OF SURFSIDE			
-	City, State, Zip Code	j.			
	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			
Cover Period: From 2/1/2020 / To 2/20/2020 / Report Type: 25P1					
(6) Cash	Contributions This Report 8 Checks \$ 18.00,	(7) Expenditures This Report Monetary Expenditures \$ \$415,02 ,			
Loan		Transfers to Office Account \$, , .			
Tota	\$ 18.00, ,	Total Monetary \$ \$415.02			
In-Ki	nd \$, ,				
		(8) Other Distributions \$, ,			
(9)	TOTAL Monetary Contributions To Date \$ 6876.00	(10) TOTAL Monetary Expenditures To Date \$ 2006.14			
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: Iris Herssein					
Si	gnature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(4) Name =	Herssein			(2)	I.D. Number		
	2/1/2020 //	throu	2/20/2020 gh/	· /	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
2/9/2020 / / / 1	City, State, Zip Code Adam Ziefer 916 N. 20th Ave Hollywood, FL 33020		Sales	RCT	Bossiphon		\$18
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Herssein		(2) I.D. Number _		
(3) Cover Period 2/1/2020 /	through/	(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
2/7/2020 /	Balloon World & Face Painting 405 SW 148th Ave Unit 101 Davie, FL 33325	Entertainment for meet and greet	CAN		\$414.00
2/9/2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$1.02
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	OFFICE USE ONLY
Name	
Iris Herssein	
I.D. Number	
Address (number and street)	
701 94th St	
City, State, Zip Code	
Surtside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
☐ Mayor ☐ Commissioner, DistrictTown of Surfside	
☐ Property Appraiser	-
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	h-Area
REPORT IDE	
Report Name Cover Period	2/1/2020 2/20/2020 2/20/2020 2/20/2020
Report Type Original	
CERTIE	ICATION
	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.
Iris Herssein	Iris Herssein
(Type name)	(Type name)
0/-	0/
	V
X	X
Signature	Signature



(1) Name		Iris Herssein	(2) I.D. Number	
	25P1 Name	(4) Cover Period	2/1/2020 through	020
(5) Report	Type 🛭 Original 🔲 Amendment	(6) Page	1 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) Amendment Type
			/	
			-	
	/			
		-	7	
		U.		

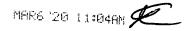
	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Iris Herssein	OFFICE USE ONLY
(2)	Name 701 94th St	MAR6 '20 11:04AM
	Address (number and street) Surfside, FL 33154	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es): Candidate Office Sought: Political Committee (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 2/21/2020 / To	3/5/2020 / Report Type: 11P1
V C	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks	Monetary \$ 1036,44 , ,
Loai	ns \$,,	Transfers to Office Account \$, ,
Tota	ll Monetary \$, ,	Total Monetary \$ 1036.44
In-K	ind \$, ,	
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date \$ 6876.00	(10) TOTAL Monetary Expenditures To Date \$ 3042.58
	It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, corrular Herssein Type name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)
S	ignature	Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR6 '20 11:04A

Iris Herssein (2) I.D. Number (1) Name (3) Cover Period 2/21/2020 / ___ / ___ through 3/5/2020 / ___ / ___ / ___ (4) Page 1 of ___ 1 (12)(10)(11)(5)Date Full Name (Last, Suffix, First, Middle) (6)Contributor Contribution In-kind Street Address & Sequence Amendment Type Occupation Description Amount Number City, State, Zip Code Type

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Iris Herssein		(2) I.D. Number	
(3) Cover Period 2/21/2020 //	through//	(4) Page	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
2/21/2020/	Pin Bon Chocolatier 1001 Kane Concourse Bay Harbor Is, FL 33154	Personalized item given in recognition of volunteer service	CAN		104.00
2/21/2020	Shlomo Danzinger Campaign Account 9000 Harding Ave. Surfside, FL 33154	Reimburse for collateral including postcard mailers	RMB		815.61
3/2/2020	1 & 1 IONOS, Inc. 701 Lee Road Ste 300 Chesterbrook, PA 19087	website hosting	CAN		4.00
3/5/2020	Lennys Pizza 544 Arthur Godfrey Road Miami Beach, FL 33140	Food for meet and greet at condo building	CAN		112.83
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Name It is Hersseln I.D. Number Address (number and street) 701 94m St. City, State, Zip Code Surlade, FL 33154 CHECK IF ADDRESS HAS CHANGED Candidate for: Mayor		OFFICE USE ONLY
Address (number and street) 701 94th St 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 REPORT IDENTIFIERS Report Name 11P1 Cover Period Report Type Original Amendment 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,		
Address (number and street) 701 94th St City, State, Zip Code Surbide, FL 33154 CHECK IF ADDRESS HAS CHANGED Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area REPORT IDENTIFIERS Report Name 11P1 Cover Period 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,	III a riet soeiti	_
Address (number and street) TOT 94th St	I.D. Number	
Address (number and street) TOT 94th St		MARS 28 11:049M
City, State, Zip Code Surfade, FL 33154 CHECK IF ADDRESS HAS CHANGED Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area REPORT IDENTIFIERS Report Name 11P1 Cover Period Report Type Original Amendment 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,		
Candidate for: Mayor	701 94th St	_
Candidate for: Mayor		
Candidate for: Mayor	Surfside, FL 33154	—
Mayor	☐ CHECK IF ADDRESS HAS CHANGED	
Mayor	Candidate for:	
Commissioner, District		
☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Area REPORT IDENTIFIERS Report Name Cover Period 2/21/2020	☐ Mayor	
☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Area REPORT IDENTIFIERS Report Name Cover Period 2/21/2020	☑ Commissioner, District	
REPORT IDENTIFIERS Report Name Cover Period through 3/5/2020 Report Type		
Report Name	2	
Report Name Cover Period	☐ Community Council, Area, Sul	b-Area
Report Type Original Amendment 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, I certify that I have examined this report and it is true,	REPORT IDE	NTIFIERS
Report Type Original Amendment 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, I certify that I have examined this report and it is true,		
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, I certify that I have examined this report and it is true,	Report Name Cover Period	through
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, I certify that I have examined this report and it is true,	Report Type Original Amendment	
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, I certify that I have examined this report and it is true,		
I certify that I have examined this report and it is true,		
Iris Herssein Iris Herssein	Iris Herssein	Iris Herssein
(Type name)	(Type name)	(Type name)
	01	0.7
v XX	v XX	y XI
Signature Signature	Signature	Signature



(1) Name11P1 (3) Report Name		Iris Herssein	(2) I.D. Number	_ (2) I.D. Number		
		(4) Cover Period	2/21/2020 3/5/20 through	3/5/2020 through		
(5) Report	Type	(6) Page	1 of	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) Amendment Type		
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	CAMPAIGN TREASURER	R'S REPORT SUMMARY				
(1)	Iris Herssein	OFFICE USE ONLY				
•	Name 701 94th St					
•	Address (number and street) Surfside, FL 33154	OWN OF SURFSIDE				
	City, State, Zip Code					
	☐ Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es): Town Commissio					
	☐ 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				
Cove	er Period: From 3/6/2020 / / To	3/12/2020 / Report Type: 4P1				
1 0	Original Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Casi	h & Checks \$, ,	Monetary \$ 616.16,				
Loar	ns \$,,	Transfers to Office Account \$,,				
Tota	al Monetary \$, ,	Total Monetary \$ 616.16				
In-K	ind \$,,	(0) 0(1 5) (1) (1				
		(8) Other Distributions \$, ,				
(9)	TOTAL Monetary Contributions To Date \$ 6876.00	(10) TOTAL Monetary Expenditures To Date \$\ \frac{3658.74}{}, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		tification son to falsify a public record (ss. 839.13, F.S.)				
1	certify that I have examined this report and it is true, corr					
	Iris Herssein Type name)	(Type name) Chairmann (only for BC and BTY)				
	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer r electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)				
Х		x				
	Signature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Herssein			(2)	I.D. Number		
(3) Cover Period	3/6/2020	throug	gh/)/	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Herssein			(2) I.D. Number	
(3) Cover Period 3/6/2020	1	through///	(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
3/9/2020 /	Dragon Ice Cream 88 Biscayne Blvd. #4101 Miami, FL 33132	Free treats to encourage community voting	CAN		335.00
3/12/2020	Shlomo Danzinger Campaign Account 9000 Harding Ave. Surfside, FL 33154	Reimburse for collateral including postcard mailers	RMB		281.16
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	OFFICE USE ONLY
Name Iris Herssein	
I.D. Number	
Address (number and street) 701 94th St	TOWN OF SURFSIDE
City, State, Zip Code Surtside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
 ☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Suits 	
REPORT IDE	NTIFIERS
Report Name Cover Period	3/6/2020 through 3/12/2020
Report Type Original	
CERTIF	ICATION
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Iris Herssein	Iris Herssein
(Type name)	(Type name)
x lb	x Ca
Signature	Signature



(1) Name		Iris Herssein	(2) I.D. Number	
	4P1 Name	(4) Cover Period	3/6/2020 through	20
	Type ☑ Original ☐ Amendment	(6) Page	3/6/2020 through 3/5/20 1 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) Amendment Type
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Iris Herssein	OFFICE USE ONLY
(2)	Name 701 94th St	
(-/	Address (number and street) Surfside FL 33154	- John St Eustride Juhus 120 123PM
	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)	On ☐ 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
Cove	(5) Report er Period: From 3/13/2020 / To	Identifiers
回口	original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	h & Checks \$, ,	Monetary \$ 3,217.11 Expenditures \$,
Loar	ns \$,,	Transfers to Office Account \$, ,
Tota	ll Monetary \$, ,	Total Monetary \$ 3,217.11
In-K	ind \$,,	
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date \$ 6,876,00 ,	(10) TOTAL Monetary Expenditures To Date \$ 6,875.85 , ,
		tification on to falsify a public record (ss. 839.13, F.S.)
1 (certify that I have examined this report and it is true, corn	-
	Iris Herssein Type name) Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer Telectioneering comm.)	Iris Herssein
	2/	x Xm
S	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS JUN15 28 1:20PM Iris Herssein **一种,于沙网络196** (2) I.D. Number (1) Name 3/13/2020 6/15/2020 (3) Cover Period ____ / ___ / ___ through ____ / ___ / ___ (4) Page ____ of ____ (8) (9) (10) (11) (12) (5) Date Full Name (Last, Suffix, First, Middle) (6) Contributor Contribution In-kind Sequence Street Address & Amendment Amount Type | Occupation Туре Description Number City, State, Zip Code

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Iris Herssein			(2) I.D. Number		
` , _	3/13/2020		6/15/2020	1	1	
(3) Cover F	Period /	1	through //	(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
3/30/2020	1&1 IONOS, INC. 701 Le Road Ste 300 Chesterbrook, PA 19087	Website Hosting	CAN		\$4.00
4/8/2020	Young Israel of Bal Harbour 9580 Abbott Ave. Surfside, FL 33154	Charitable Contribution	DIS		\$1,545.11
4/29/2020	Shul of Bal Harbour 9540 Collins Ave. Surfside, FL 33154	Charitable Contribution	DIS		\$1,500.00
4/30/2020	1&1 IONOS, INC. 701 Le Road Ste 300 Chesterbrook, PA 19087	Website Hosting	CAN		\$4.00
5/11/2020	Iberia Bank 400 W 41st ST Ste 102 Miami Beach, FL 33140	Bank Service Charge	CAN		\$10.00
6/1/2020	1&1 IONOA, INC. 701 Le Road Ste 300 Chesterbrook, PA 19087	Website Hosting	CAN		\$4.00
6/10/2020	Iberia Bank 400 W 41st ST Ste 102 Miami Beach FL 33154	Bank Service Charge	CAN		\$10.00
6/15/2020	Chai Lifeline 151 W 30th St NY, NY 10001	Charitable Contribution	DIS		\$140.00



	OFFICE USE ONLY
Name Iris Herssein	
I.D. Number	TOWN OF SURFSIDE
	JUN15 *20 1:24PM
Address (number and street) the St	
City, State, Zip Code Surfside FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District	
REPORT IDE	NTIFIERS
Report Name 18TRF Cover Period	3/13/2020 through 6/15/2020
Report Type	
CERTIF	CATION
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Iris Herssein	Iru Herrsein
(Type name) Treasurer Deputy Treasurer	(Type name)
x 2h	x la
Signature	Signature



(1) Name	Iris He	erssein	(2) I.D. Number	
(3) Report	Name 18TRF	(4) Cover Period	(2) I.D. Number 3 (13 /2 <i>0</i> 20 through <u></u> 6/1	5/2020
	Type Doriginal DAmendment		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) Amendment Type
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