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 4 AM11:00 SUN

officer before opening the camp	aign account.					OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(E	ES):							
Initial Filing of Form R	e-filing to Change: 🔲 T	Treasurer/	Deputy [Depository		Office		Party
2. Name of Candidate (in this ord	er: First, Middle, Last)		1	de post office b			state, z	zip
Shomo Danzi 4. Telephone 5. E-m	Maen	code	90	00 Han	tina	Ave		
4. Telephone 5. E-m	ail address			infside,			4	
(786) 350-9331 das	nzinger Egmail.	10M						
6. Office sought (include district,	circuit, group number)		989	didate for a <u>no</u>	npartis	an office,	, checl	k if
Commissio	Nov		applicat	ore: My intent is to	run as	a Write-In	candi	date.
		• • • • • • • • • • • • • • • • • • • •						
8. If a candidate for a <u>partisan</u> of	fice, check block and fil	l in name	of party as	applicable:	My inter	nt is to run	as a	
Write-In No Party Af	filiation				Part	y cand	idate.	
9. I have appointed the following	person to act as my	Car	mpaign Trea	surer	Deputy	Treasure	r	
10. Name of Treasurer or Deputy								
Shlow	no Danzinge	≥√						
11. Mailing Address					. Teleph			
4000	HardingAve County 15. St					350-9	733	
13. City . 14. Mi	County 15. Strain Dade Fl	ate 16	33154	17. E-mail ad		Cami	ail.c	om
18. I have designated the following	ng bank as my	Prima	ary Depositor	ry Se	condary	y Deposito	ory	
19. Name of Bank		20. Addı	ress					
21. City	22. County		23. State		1	24. Zip Co	ode	
UNDER PENALTIES OF PERJURY, I DEC DESIGNATION	CLARE THAT I HAVE READ TH N OF CAMPAIGN DEPOSITOR					PAIGN TRE	ASURE	R AND
25. Date		26. Sign	ature of Can	didate /				
11-4-19	*	X	Miles	Ans				
27. Treasurer's Acc	ceptance of Appointmen	t (fill in the	e blanks and	check the app	ropriate	block)		
I, Shomo Danzinger, , do hereby accept the appointment (Please Print or Type Name)								
designated above as:	☑ Campaign Treasure	er 🔲	Deputy Tre	easurer.				
11-4-19 X								
Date		Signatur	e of Campaig	gn Treasurer or	r Deputy	/ Treasure	er	

STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 4 AM11:00

1, _ Shlomo Danzinger,				
candidate for the office of;				
have been provided access to read and understand the requirements of				
Chapter 106, Florida Statutes.				
X Signature of Candidate Date				

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



NOV 4 AM 11:00 SM

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)	3. Address (include post office box or street, city, state, zip				
Shlomo Danzingen	good Handing Ave				
4. Telephone 5. E-mail address	Surfside, FL 33154				
(786) 350-9331 danzinger@gmaile	6M				
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if				
, ,	applicable:				
Commissioner	My intent is to run as a Write-In candidate.				
8. If a candidate for a <u>partisan</u> office, check block and fill	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					
Shlomo Danzinge	\sim				
11. Mailing Address	12. Telephone				
9000 HardingAve	(786) 350-9331				
13. City 14. County 15. Sta					
Surfside Miami Dade FL	- 33154 dauzinger@amail.com				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank	20. Address				
IBERIABANK	400 Arthur Godfrey Rd. #102				
21. City 22. County	23. State 24. Zip Code				
Miami Beach Miami-Dad	de Florida 33140				
	FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26. Signature of Candidate				
11-4-19	X Shalan				
27. Treasurer's Acceptance of Appointment	(fill in the blanks and check the appropriate block)				
011					
(Please Print or Type Name)	, do hereby accept the appointment				
designated above as:					
//- <i>U-19</i> X Date	Signature of Campaign Treasurer or Deputy Treasurer				
Date	orginature or Campaign reasoner or Deputy Treasurer				



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154 NOV 19 PM 2:12

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

STATE OF FEORIDA)
COUNTY OF MIAMI-DADE }
TOWN OF SURFSIDE }
I solemnly swear (or affirm) under oath, that my name is Shlomo Danzinger,
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 9000 Harding Ave., Surfside FL 33154
my occupation is <u>Director</u> , <u>Oser Experience</u> ; that I have been
a resident of the Town of Surfside since 5/18/2012; 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 Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate Date
Sworn to and subscribed before me this 19th day of November, 2019.
SANDRA NOVOA NY COMMISSION # GG 293909 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters PRINTED NAME OF NOTARY

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:

		A.
NOV	19 PM	2:09

∐ Write-in candidate	OFFICE USE ONLY				
Candid	ate Oath				
(Section 99.021(1)(a), Florida Statutes)					
	15 F23				
1, Shlomo Danzinge					
hyphen, check box . (See page 2 - Compound Last	t. 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.)				
am a candidate for the nonpartisan office of	Commissioner				
am a candidate for the nonpartisan office of	Commissioner ' (District #)				
	, ,				
(Circuit #) (Group or Seat #) ; I am a qualified elector of	Miami-Dade County, Florida;				
I am qualified under the Constitution and the Laws of Florida	to hold the office to which I desire to be nominated or elected; I				
•	of which office or any part thereof runs concurrent with the office				
	required to resign pursuant to Section 99.012, Florida Statutes;				
and I will support the Constitution of the United States and the					
and I will support the Constitution of the Office States and the	s Constitution of the State of Florida.				
Candidate's Florida Voter Registration Number (located on y	your voter information card): 118554799				
	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]				
X // Sen. (786) 350-9	331 dansinger@amail com				
Signature of Candidate Telephone Number	danzinger@gmail.com Email Address				
9000 Harding Ave Surfside	FL 22/54				
Address City	State ZIP Code				
STATE OF FLORIDA	Signature of Notary Public				
COUNTY OF MIGMI-Dade.	Print, Type, or Stamp Commissioned Name of Notary Public below:				
Sworn to (or affirmed) and subscribed before me this 194 ay of November, 20 19.	SANDRA NOVOA MY COMMISSION # GG 293909 EXPIRES: May 4, 2023				
Personally Known: or Produced Identification: Bonded Thru Notary Public Underwriters					
Type of Identification Produced:					

2018 FORM 1 STATEMENT OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : shlomo anzinger MAILING ADDRESS : 000 NOV 19 PM 2:0 COUNTY surfside 33154 Mjami - Dade NAME OF AGENCY: Town of NAME OF OFFICE OR POSITION HELD OR SOUGHT ommissioner You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF M CANDIDATE OR NEW EMPLOYEE OR APPOINTEE **** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** 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): **DECEMBER 31, 2018** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR 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): d DOLLAR VALUE THRESHOLDS COMPARATIVE (PERCENTAGE) THRESHOLDS OR PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") DESCRIPTION OF THE SOURCE'S SOURCE'S NAME OF SOURCE PRINCIPAL BUSINESS ACTIVITY OF INCOME **ADDRESS** 3.3025 TPay, Inc 10981 Miramay Pknow Technolog PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") PRINCIPAL BUSINESS NAME OF MAJOR SOURCES **ADDRESS** NAME OF OF SOURCE ACTIVITY OF SOURCE **BUSINESS ENTITY** OF BUSINESS' INCOME PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for when (If you have nothing to report, write "none" or "n/a") and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file

this form and how to fill it out

begin on page 3.



PART D — INTANGIBLE PERSONAL PROPERTY [Sto	cks. bonds. certificates	of deposit, etc See ins	tructions			
(If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Checking & Savings Acct.	C	hase Bank				
Ketirement	Fi	delity Inves	tments			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none						
NAME OF CREDITOR		ADDRES	S OF CREDITOR			
US Bank	P.O. Box 218	8. Oshkosh.	1 54903-2188			
() () () () () () () () () ()		· / · · · · · · · · · · · · · · · · · ·				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY		14				
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 and						
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE 🔲			
SIGNATURE OF FILE	R:	CPA or ATTO	ORNEY SIGNATURE ONLY			
Signature:		ountant licensed under Chapter 473, or attorney ne Florida Bar prepared this form for you, he or following statement:				
Date Signed: //-/9-/9		disclosure herein is true and correct. 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. <u>Do not file by both mail and email. Choose only one filing method</u>. 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

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

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

**Website Version Only

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

The second secon	TOWN OF S	URFSIDE,	FLORIDA	NOU 19	9 PM 2:09
We the undersigned el	lectors of the Town of Surfsic	de, Florida, here	by nominate	Shlom	o Dan Zin
for the office of _Com	M13310 NEV			at an election to	be held on March
17, 2020.					
This petition must t	be filed with the Town Clerk betv	ween November 1	, 2019 and Nove	mber 22, 2019 (b	y 12:00pm).
Signature:		Date:	11/17/19	D.O.B.	
Print Name: Miche	he weisseng	Address:			
Signature:	- N 0	Date:	11717114	D.O.B	
Print Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L MA	Address:	The state of the s	Mostar Carron in .	
Signature:	ــــــــــــــــــــــــــــــــــــــ	Date:	11-18-19	D.O.B.	
Print Name:	LL Cook Sarah Cook	Address:			
Signature: fostu 8	Handverger	Date:	p9-071019	D.O.B	
Print Name: ROSKI	Mandverger	Address:			7
Signature:	HAR BOOKES	∠ Date:		_ D.O.B	
Print Name: Alexano	tra-H	Address:			
Signature:	9/1	Date:	4-149	D.O.B.	
Print Name:	Landwer	Address:			
Şignature:	9/100	Date:	117/19	D.O.B.	1
Print Name:	the Handwers	Address:			
Signature:	9-1-1	Date:	1117/19	D.O.B.	7
Print Name: Alexar	Adea Handwer	Address:			
Signature:		Date:	1118/19	D.O.B.	7
Print Name: Yisrole E	Et-Rinsburg	Address:			
Signature:	00	Date: _	1147-119	D.O.B.	
Print Name: Ovely	a Weiss	Address:			
Signature:		Date: _	1111719	D.O.B.	
Print Name: Tak	of Weiss	Address:		# 17 - V	
Signature: \$9	5302	Date:	11/18/19	D.O.B.	
Print Name: Steven,	B. Schroatz	Address:			127
Signature: Mol.	Victor -	Date:	11/18/19	D.O.B.	
Print Name: mali Sc	hwatz)	Address:			
	STATEME	NT OF CIRCUL	ATOR		
The undersigned is the size	ulator of the foregoing paper		?	oo Eoob sisaas	ura annendad
그리고 그 아이들에 그리고 그리고 있다면 독일이 가 있는 이용에 그리고 없었다. 그 아이들이 그를	esence and is the genuine sign			es. Each signat ame it purports	
Signature of Circulator:	Shely	, ; ,	0 0	1 Di -	2,51
ddress of Circulator:	, 4000 Har	ding Ave	Surfsk	de FL 33	3134
Email address of Circulator:		raily com	ATION		
I hereby accept the nominal	\circ			avor or Commis	ssioner) and agree to
serve if elected.	1.1		(14	ayar ar commis	, and agree to
Signature of Candidate:	SIII Non	•		Data: 1/-19	-10

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

TOWN OF S	URFSIDE, FI	LORIDA	NOV 19 PM	2:10	
We the undersigned electors of the Town of Surfsid for the office of $\underbrace{\text{OMWISSIONEV}}$	N 20170	nominate <u>SV</u> nmissioner) at an		CINZINCY eld on March	V
17, 2020.					
This petition must be filed with the Town Clerk betw	reen November 1, 20	019 and November	22, 2019 (by 12:0	0pm).	
Signature: 2	Date: (\	/15/20 D.	о.в. 🤦	ં ફ્રે	4
Print Name: Dovid Duchnan	Address:		The state of the s	į	
Signature:	Date: _//	1/5/20 D.0	о.в.		
Print Name: Joshua Greisman	Address:			<i>i</i> :	n.
Signature:	Date:	11-15-720 D.	D.B		
Print Name: Derorch Halbrostan	Address:				n.
Signature:	Date: <u>↓</u>	-15-19 D.C	D.B		*
Print Name: Torshau Kubinstein	Address:			1 ,	n.
Signature:	Date:	1(F/20 D.C	D.B		
Print Name: Day & Schotz	Address:				
Signature: JAJY YERUSHALAMAY	Date:	1/15.19 D.C	D.B	Î	r
Print Name:	Address:	union lapara		<u> </u>	a.
Signature: Oraja Carribbi	Date:	1/15 19 D.C	D.B.		
Print Name: CHAYA CAMISSAR	Address:			12	۸.
Signature:	Date: 1	115/19 D.C	D.B	\$ £	
Print Name: SONAM BARDS	Address:				
Signature:	Date:	/15/11 D.C	D.B. /	J. A.	
Print Name: FBYIAS Roller	Address:				, A
Signature:	Date: _/	1/15 R0190.0	D.B.		
Print Name: Strang Phay on	Address:	· · · · · · · · · · · · · · · · · · ·			j.,
Signature:	Date:	1)15/19 D.C	D.B	·	
Print Name: SALOMUN JVROVICY	Address:		<u> </u>	i	٠.
Signature:	Date:li	15/19 D.C	D.B		
Print Name: ZSEM KIEN	Address:				٠.
Signature:	Date: <u> </u>	19/14 D.C	D.B		
Print Name: Dov ScHZH67	Address:		<u> </u>		١
STATEMEN	NT OF CIRCULAT	OR			!
The undersigned is the circulator of the foregoing paper of thereto was made in my presence and is the genuine significant.	containing <u>/ 3</u> nature of the pers		Each signature a it purports to be.		
Signature of Circulator:					
	Ave, Surfsi	de FL 3319	54		
Email address of Circulator: danzinger@gm	nail.com				
Thereby accept the nomination of Commission	CE OF NOMINAT		or Commissione	r) and agree to)
serve if elected.					
Signature of Candidate:		Date	:11-19-19	_	

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 SU	IRFSIDE, FLORIDA NOV 19 PM 2:10.
We the undersigned electors of the Town of Surfside	
for the office of Commissioner	(Mayor or Commissioner) at an election to be held on March
17, 2020.	
This petition must be filed with the Town Clerk betwe	en November 1, 2019 and November 22, 2019 (by 12:00pm).
Signature:	Date: Not /3 D.O.B. 9019, 4
Print Name: GIARI	Address:
Signature:	Date: ///2//9 D.O.B.
Print Name: Rocall Lech Danzinger	Address:
Signature:	Date:
Print Name: SMPUT 2. Wolff	Address:
Signature:	Date:
Print Name: Showed Friedman	Address:
Signature: Nathur Hiller	Date: 14/19 D.O.B.
Print Name: Nathan Miller	Address:
Signature:	Date: # 1# -19 D.O.B.
Print Name: MOSHR KNOWSON	Address:
Signature:	Date:
Print Name: Shlomo Danzingen	Address:
Signature: 9 C	Date:
Print Name: SCHER Z DUCHMAR	Address:
Signature: Dlaww	Date:
Print Name: Descut Duch Man	Address:
Signature:	Date: 11-15-19 D.O.B.
Print Name: SHARW HUKAW	Address:
Signature: 2000 2000	Date: 11/15/19 D.O.B.
Print Name: Makie Tevardou72	Address:
Signature: Signature:	Date: D.O.B.
Print Name: Carene Chayon	Address:
Signature:	Date: 11-15-19 D.O.B.
Print Name: W, KW () () () () () ()	Address:
STATEMEN	T OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co	ontaining 13 signatures. Each signature appended
thereto was made in my presence and is the genuine sign	ature of the person whose name it purports to be.
Signature of Circulator:	
Address of Circulator: 9000 Ha	erding Ave, Surfside FL 33154
Email address of Circulator: Ganzinger @ a	man com
I hereby accept the nomination of	E OF NOMINATION (Mayor or Commissioner) and agree to
serve if elected.	(major of commissioner) and agree to
Signature of Candidate:	Date: //-/9-/9

** 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	R MAYOR OR COMMISSIONER
TOWN OF SUF	RFSIDE, FLORIDA NOV 19 PM 2:10
We the undersigned electors of the Town of Surfside, For the office of OVN WISSIONEY 17, 2020.	Florida, hereby nominate Showo Dan 21113e (Mayor or Commissioner) at an election to be held on March
This petition must be filed with the Town Clerk between	n November 1, 2019 and November 22, 2019 (by 12:00pm).
S:	Date: 11/16/19 D.O.B.
Signature: TRIS Joy Hersser	
	Address: Date: (1-17-19 D.O.B.
Signature: DOR O. O. D.	
Print Name: DOBA/R. RUBINSTEIN	Address:
Signature:	Date:
Print Name: Vaacoo Sa. do C	Address:
Signature:	Date:
Print Name: Dall TRShuba	Address:
Signature:	Date: D.O.B
Print Name: 3H/MUEL_TEVALDOVITZ	Address:
Signature: Conna Callenation	Date: <u> 7 9 </u> D.O.B
Print Name: Anna Rottenstein	Address:
Signature:	Date: 11-17-19 D.O.B.
Print Name: SAMYEL ROTTENSTEI'N	Address:
Signature: Simon for que	Date: ///7//9 D.O.B
Print Name: SIMON TRUITMAN	Address:
Signature:	Date: 11/12/ 2015 D.O.B
Print Name: Steven Eisenhers	Address:
Signature:	Date: //~/7~/9 D.O.B.
Print Name: SCHNCUL, ZMUAN LICKER	Address:
Signature:	Date: 11/17/19 D.O.B.
Print Name: RIVKAH LIPSKAR	Address:
Signature: AVIV	Date: /7 9 D.O.B.
Print Name: AZRIEL WASSERMAN	Address:
Signature: //////	Date: 11/17/1/9 D.O.B.
Print Name: Chana Wasser, Man	Address:
	OF CIRCULATOR
	10
The undersigned is the circulator of the foregoing paper conthereto was made in my presence and is the genuine signat	
Signature of Circulator:	
Address of Circulator: 9000 /	Harding Ave, Surfside FL 33/54
Email address of Circulator: davrunger @ gmax	OF NOMINATION
I hereby accept the nomination of <u>Sommissioner</u> serve if elected.	
Signature of Candidate:	Date: //-19-19

**Website Version Only

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

10WN OF St	UKFSIDE,	FLORIDA	(2) I	IDA TA by S:	TŲ
We the undersigned electors of the Town of Surfside for the office of	e, Florida, here (Mayor or C	by nominate ommissioner) a	SNIOV t an election		121VIQEV on March
This petition must be filed with the Town Clerk betw	een November 1	, 2019 and Novel	mber 22, 20	019 (by 12:00p	m).
Signature: 8 100	Date:	11-15-19	D.O.B.		
Print Name: Shlony Diamant	Address:				
Signature:	Date:	11/15/19	D.O.B.		
Print Name: 1) JOSEPH GOUS BREWNER	- Address:				
Signature: My Signature:	Date:	11-15-19	D.O.B		
Print Name: SUNRUE (Zalmy) Shapiro	Address:			J	
Signature:	Date:	11/15/19	D.O.B.		
Print Name: SHEA Y SCHNEIDEA	Address:				
Signature:	Date:	11/15/19	_D.O.B		
Print Name: ELISA SEPTIMUS	Address:	10		punner.	
Signature: AACON LICSKA	Date: _	11.13.19	D.O.B.		
Print Name: AAKON LISKA -	Address:	4-1-0			J
Signature: 2	Date:	11/15/19	D.O.B.	The Addition of the Addition o	
Print Name: Devorableah Cipskan	Address:				3
Signature:	4	11/15/19	D.O.B.	Table 11	
Print Name: Elyakin Boynels (zen	Address:	11-15-19			
Signature:	Date:	11-13 4	D.O.B.		
Print Name: Merra Georgiania	Address:	11/15/19	D O D		
Signature: Q. Hunt	Date:	11/13/19	_D.O.B		
Print Name: AARON CEWIRTZ	Address:	11-15-19	D.O.B.		
Signature: Print Name: Rockel (. Ostrov	Date:	1) (3 ()	_ D.O.B		
W - 1-11/	Address:	11/16/19	D.O.B.	(7
Signature: Marssa Jacobson	Address:	11/10/1/	_ D.O.D	A Maria Car	A PARTY OF THE
Print Name: / VALSSG JGONSCO		13/16/PP	D.O.B.		
Print Name: Ben Oncobson	Address:				
THE NOTICE	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/	3 signature		signature appoorts to be.	ended
Signature of Circulator:			0		
Address of Circulator: donzinger (a) grand	nail·com NCE OF NOMIN	ing Ave., So	urtside	FL 3315	<u>4</u>
I hereby accept the nomination of			ayor or Co	mmissioner)	and agree to
Signature of Candidate:	ji-		Date:	11-19-19	-

Signature of Candidate:

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

TOWN OF SURI	FSIDE, FLORIDA NOV 19 PM 2:10	
We the undersigned electors of the Town of Surfside, Florence of Covnwission (No. 17, 2020.	orida, hereby nominate <u>Shovno Day 21</u> layor or Commissioner) at an election to be held on	
This petition must be filed with the Town Clerk between h	lovember 1, 2019 and November 22, 2019 (by 12:00pm).	
Signature:	Date: 11-15-19 D.O.B.	
	Address:	
Signature: SHUM FUNCTION	Date: 11 [0 D.O.B.	
AVA CAMVE I	Address:	
Signature: Dham	Date: 11/15/1989 D.O.B.	
CALLY	Address:	
Signature:	Date: D.O.B.	
Print Name:	Address:	
Signature:	Date: 11 [5] 9 D.O.B.	
Print Name: / Alay Wenklund	Address:	
Signature: Len minter	Date: 11 11 19 D.O.B.	<u></u>
Print Name: SERGIO GURVITSCH	Address:	
Signature:	Date: ///5//9_D.O.B.	
Print Name: BATTY Co Veyw	Address:	
Signature:	Date:	
Print Name: RUTH MELOUL	Address:	
Signature: Signature:	Date: 11/15/19 D.O.B.	
Print Name: Shmvel Rybashkin	Address:	
Signature:	Date: 11/15/19 D.O.B.	
Print Name: Rochel Rubash Kin	Address:	
Signature: De la De la	Date: 11//5//9 D.O.B.	
Print Name: NEW JP Brod.	Address:	
Signature: Champa Ehrelich	Date: 1/5/19 D.O.B.	
Print Name: Grana Ehrlich	Address:	<u></u>
Signature:	Date: 11/8/19 D.O.B.	
Print Name: 90569 700 700 112	Address:	
STATEMENT O	FCIRCULATOR	ı
The undersigned is the circulator of the foregoing paper conta thereto was made in my presence and is the genuine signature		ded
Signature of Circulator:	2 0 .	
Address of Circulator: 9000 Harding Ave.,		-
Émail address of Circulator: <u>danzinger @gn</u> ACCEPTANCE C		
I hereby accept the nomination of		d agree to
serve if elected.		_

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

TOWN OF SU	JRFSIDE, FI	LORIDA		NOV-19 PM 2:1	0
We the undersigned electors of the Town of Surfside for the office of OVIMISSIONEY			Mon an election	1 /	INGEY
2020.					
This petition must be filed with the Town Clerk between	een November 1, 2	019 and Nover	nber 22, 201	19 (by 12:00pm).	
Signature: Mend	Date: _ ((/(7/19	D.O.B.		
Print Name: Menachen KAK	Address:		5.0.D.		Clean to the
Signature:		1-17-15	D.O.B.		
Print Name: Zaroa Rockel Kerr	Address:				
Signature:		/17/19	D.O.B.		1
Print Name: Gordon Brown	Address				
Signature: Signature:	Date: 🚺	117/19	D.O.B		
Print Name: Marian Brown	Address:				
Signature:	Date: 10	17 19	D.O.B.		
Print Name: Voluda Best	Address:				
Signature: Chaya Woon terles	Date: <u>)</u> (17/19	D.O.B		
Print Name:	Address:	7. 41.15			
Signature:	-	11/11/19	D.O.B		
Print Name: Virginia Jack VIIIs	Address:	11 10 10		,	
Signature: Www 0	Date:	11-19-19	D.O.B		
Print Name: Daniel Shapio	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:		D () 0		
Signature: Print Name:	Date: Address:		D.O.B	·	-
FIIII Name.	Address.				
	IT OF CIRCULAT	OR			
The undersigned is the circulator of the foregoing paper of				nature appended	
thereto was made in my presence and is the genuine sign	lature of the perso	on whose nam	ne it purpor	its to be.	
Signature of Circulator:					
Address of Circulator: 9000 Harding Email address of Circulator: 9000 Harding	Ave, Suri	Side FL	3315	59	
ACCEPTANG	CE OF NOMINAT	TION			
· ·	,				
I hereby accept the nomination of	olbher	(May	or or Com	missioner) and a	ree to
serve if elected.					

(1) Shlomo Danzinger Name 9000 Harding Ave Address (number and street) Surfside, FL 33154 City, State, Zip Code Check here if address has changed (3) ID Number:
Address (number and street) Surfside, FL 33154
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) (5) Report Identifiers Cover Period: From 11 / 1 / 19 To 11 / 30 / 19 Report Type: 2019M11 Original Amendment Special Election Report (6) Contributions This Report Cash & Checks \$ _ , _ , 100 . 00 Loans \$ _ , 1 , 200 . 00 Total Monetary \$ _ , 1 , 300 . 00 In-Kind \$ _ , _ , _ ,
Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Commissioner Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if PTY has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed
(4) Check appropriate box(es): Candidate
Candidate Office Sought: Commissioner ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Check here if PC or ECO has disbanded ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed (5) Report Identifiers Cover Period: From 11 / 1 / 19 To 11 / 30 / 19 Report Type: 2019M11 ② Original ☐ Amendment ☐ Special Election Report (6) Contributions This Report Cash & Checks \$, , 100 00
Cover Period: From 11 / 1 / 1 / 19 To 11 / 30 / 19 Report Type: 2019M11 2019M11 ✓ Original Amendment Special Election Report (6) Contributions This Report Cash & Checks \$, 100.00 Expenditures This Report Monetary Expenditures \$, 29.30 Loans \$, 1 , 200.00 Transfers to Office Account \$,, Total Monetary \$, 1 , 300.00 Total Monetary \$,, In-Kind \$,,
✓ Original ☐ Amendment ☐ Special Election Report (6) Contributions This Report (7) Expenditures This Report Cash & Checks \$
(6) Contributions This Report (7) Expenditures This Report Cash & Checks \$
Cash & Checks \$,, 100 . 00 Monetary Expenditures \$,, 29 . 30 Loans \$, 1 , 200 . 00 Transfers to Office Account \$,,
Cash & Checks \$
Total Monetary \$, 1 , 300 . 00 In-Kind \$, , , , , ,
Total Monetary \$,
(8) Other Distributions \$,
\$,
(9) TOTAL Monetary Contributions To Date \$,1 , _30000
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete:
(Type name) Shlomo Danzinger (Type name) Shlomo Danzinger
Individual (only for IE or electioneering comm.)
X Signature X Signature

DEC4 '19 4:51PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES 5.15%

(1) Name SHLOMO DANZINGER (2) I.D. Number								
(3) Cover Perio	d/	_/_30/_19(4	4) Page	of _	L			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount			
11 / 19/19	Town of Surfside 9293 HARDING AVENUE SURFSIDE, FL 33154	Filing Fee	CAN		\$25.00			
. 29/19	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$4.30			
/ /								
/ /								
/ /								
/ ·/								
/ /								
					,			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTEONS 3:53PM

(1) Name SHLOM	O DANZINGER			(2)	I.D. Number		Je
(3) Cover Period	//	throu	gh /	30 / 19	_ (4) Page	EC4 '19 3: (53PM
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	6.	(8)	(9)	(10) In-kind	(11)	(12)
Sequence Number	City, State, Zip Code	Type	1	Туре	Description	Amendment	Amount
11 13 19 / /	Danzinger, Shlomo 9000 Harding AveSurfside FL 33154 United States	s	U.X.	LOA			\$1,200.00
11 / 29 / 19	Wasserman, Azriel 9032 Emerson Avenue Surfside FL 33154 United States	I	E-Commerce	RCT			\$100.00
1 1		9					
1 1							
						٠	
1 1					-		
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



Name Shlomo Danzinger	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9000 Harding Ave	DEC4 '19 3:54PM
City, State, Zip Code Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor☑ Commissioner, District Town of Surfside☐ Property Appraiser	_
☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	b-Area
REPORT IDE	
Report Name 2019M11 Cover Period	d 11/01/2019 through 11/30/2019
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.
Shlomo Danzinger	Shlomo Danzinger
(Type name)	(Type name)
X Signature	X Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Shlomo Danzinger		(2) I.D. Number	54PM 9
(3) Report	Name 2019M11	(4) Cover Period		through _11/30/	
(5) Report	Type ☑ Original ☐ Amendmen	t (6) Page		of _1	
(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
None	None	None	None		None
			1		
				· · · · · · · · · · · · · · · · · · ·	
					,
				\	
		·			

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	SHLOMO DANZINGER	OFFICE USE ONLY
(2)	Name	
(2)	9000 HARDING AVE Address (number and street)	
	SURFSIDE, FL 33154	JAN8 '20 9:42AM
	City, State, Zip Code	(2) ID Number
(4)	Check here if address has changed Check appropriate box(es):	(3) ID Number:
(+)	□ Candidate Office Sought: Commission □ 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
Cov		Identifiers 12 /31 /2019 Report Type: 2019M12
1 O	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	h & Checks \$,4 , <u>568</u> . <u>46</u>	Monetary Expenditures \$,3 , 231 . 29
Loar	s,,,	Transfers to Office Account \$, , 0.00
Tota	Monetary \$,4, _56846	Total Monetary \$, 3 , 231 . 29
In-K	ind \$	
		(8) Other Distributions
(9)	TOTAL Monetary Contributions To Date \$, 5 , _86846	(10) TOTAL Monetary Expenditures To Date \$, 3 , _260 . 59
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
	certify that I have examined this report and it is true, corrections	ect, and complete:
	ype name) Shlomo Danzinger	(Type name) Shlomo Danzinger .
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	✓ Candidate
Х	· Sell Lie	x Milia
Si	gnature	Signature Signature .

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name _	HLOMO	DANZING	GER					(2) I.	D. Number	48 '20	9:42AN	
(3) Cover Pe	riod	12	/	/	through	/	31 /	2019	(4) Page	1	of _	1.

(5)	(7)		(8)	(9)	(10)	(11)	(12)
·Date	Full Name		(0)	(3)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)		10 au 1				
Sequence	Street Address &		ontributor	Contribution	In-kind		D. 0.
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
12 04 2019	Daniel Gielchinsky						
1	9511 Collins Avenue Apt.# 711 Surfside FL 33154	I	Attorney	RCT		·	\$50.00
12 04 2019	Velvel Freedman						
2	9500 W Bay Harbor Dr. Apt 7A Bay Harbor Islands FL 33154	I	Attorney	RCT	æ æ		\$500.00
12	Michael Blisko						
3	9390 Bay Drive Surfside FL 33154	I	Businessman	RCT			\$1,000.00
12	Ronit Blisko 9390 Bay Drive Surfside FL 33154	I	Homemaker	RCT			\$1,000.00
12 19 2019 / 5	Ben Jacobson Campaign Account 9455 Collins Ave. #309 Surfside FL 33154	I	Consulting	CHE Reimyursem Printing Expenses	ent		\$1,009.23
12 19 2019	Iris J Herssein Campaign Account	ı	Attorney	CHE			\$1,009.23
6	701 94th St Surfside FL 33154			Reinburseme Printing Expenses	wt ·		
. 1 1							•
7.0							•

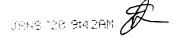
DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(2) Cover Pariod 12 (01 / 2019 through 12 / 31 / 2019 (4) Page 1	(1) Name SHLOMO	DANZINGER				(2) I.D. Number	
	(2) Cover Beried	12 , 01 ,	2019 through	12 , 3	1 , 2019	1	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 /02 /2019	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
2	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CÀN		\$2.30
. 3	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		·\$20.30
12 05 2019	USPS Surfside 250 95th Street Surfside, FL 33154	Stamps	CAN		\$11.00
12 /05 /2019	CVS Pharmacy 9578 Harding Ave Surfside, FL 33154	Envelopes	CAN .		\$4.49
12 06 2019	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$40.30
7	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$40.30
12 /17 /2019	Overnight Prints 7582 Las Vegas Blvd. S. Suite #487, Las Vegas, NV, 89123	Printing: Business Cards Brochures Postcards	CAN		\$789.86



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	SHLOMO	DANZI	NGER	1							(2) I.D. N	umber			
(3) Cover I	Period	12	/	01	/ 2019	through	12	1	31	/ ²⁰¹⁹	(4) Page	2	of	2	

					
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
· · · · · · · · · · · · · · · · · · ·	Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104	Printing: Lawn Signs	CAN		\$1,544.91
12 /18 /2019	Underground Printing 260 Metty Dr., Suite G Ann Arbor, MI 48103	Printing: T-Shirts	CAN		.\$564.10
11 19 2019	Ben Jacobson Campaign Account 9455 Collins Ave. #309 Surfside FL 33154	Reimbursement: Condo event Food /drinks	CAN		\$76.91
20 2019	Quality Logo Products, Inc. 724 North Highland Avenue Aurora, Illinois 60506	Printing: Pens	CAN		\$128.82
13	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
/ /					
/ /					

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



Name SHLOMO DANZINGER	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9000 HARDING AVE	JAN8 '20 9:42AM
City, State, Zip Code SURFSIDE, FL 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	·
☐ Commissioner, District Town of Surfside	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
Community Council, Area, Su	ib-Area
REPORT IDE	NTIFIERS
Report Name 2019M12 Cover Period	d 12/01/2019 through 12/31/2019
Report Type	
CERTIF	CATION
	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.
Shlomo Danzinger	Shlomo Danzinger
(Type name)	(Type name)
X Signature	X Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	SHLOMO DANZINGER			(2) I.D. Number	42HMO
(3) Report	Name 2019M12	(4) Cover Period	12/01/2019	through	2019
(5) Report	Type 🗹 Original 🔲 Amendmen	t (6) Page 1		of _1	
(7) · Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organ	(10) ization Employed By hired by campaign)	(11) Amendment . Type
None	None	None	None		None
			/		
				•	
1					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	SHLOMO DANZINGER	OFFICE USE ONLY
(2)	Name 9000 HARDING AVE Address (number and street) SURFSIDE, FL 33154	TOWN OF SURFSIDE FEB18 128 12844PM
	City, State, Zip Code Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es): Candidate Office Sought: Commission Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	
	(5) Report	01 01 0000
1 200 LOC 101	er Period: From 01 / 01 /2020 To	01 / 31 /2020 Report Type: 2020M1
10000000		cial Election Report
(6) Cas	h & Checks \$,, 600.00	(7) Expenditures This Report Monetary Expenditures \$, , 8 . 60
Loai Tota In-K	al Monetary \$,, 600.00	Transfers to Office Account \$, , , 0 00 Total Monetary \$, , , 28 . 60
		(8) Other Distributions \$,,,
(9)	TOTAL Monetary Contributions To Date \$, 6, _468 46	(10) TOTAL Monetary Expenditures To Date \$,3, _289 . 19 ·
(1 or	certify that I have examined this report and it is true, correctly shaded in the strue of the structure of t	on to falsify a public record (ss. 839.13, F.S.)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	O DANZINGER			(2)	I.D. Number	810 '20 12	144P1 SUN
(3) Cover Period	//	throug	gh / _	31 //	(4) Page	(of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
01 14 2020	Gabriel Gliksberg 805 N Milwaukee Ave Ste 301 Chicago IL 60642 United States	,ī	Investments	RCT			\$500.00
01 26 2020	Andy & Eti Bales 9165 FroudeAve Surfside FL 33154 United States	I	Architect	RCT			\$100.00
1 . 1							
					,		•
1. 1							•
1 1							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FEB10 '20 12:45PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

0	1	n
0	4	

(1) Name							_			(2) I.D. Number			
(3) Cover	Period	01	/_01	/2020 .	through _	01	_/_	31	/ 2020	(4) Page	of	1	

(F)	(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	Amount
01 / 14/2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$20.30
01 / 26 2020 2	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$4.30
01 / 27 202.0	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
11					
/ /					
/ /					
				,	

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



•	OFFICE USE ONLY
Name . SHLOMO DANZINGER	TOWN OF SURFSIDE
I.D. Number	
	FEB10 '20 12:45PM
Address (number and street) 9000 HARDING AVE	- gn
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
 ☐ Mayor ☑ Commissioner, District Town of Surfside ☐ Property Appraiser ☐ Clerk of the Circuit Courts 	_
☐ Community Council, Area, Sub	o-Area
REPORT IDE	NTIFIERS
	01/01/2020 through 01/31/2020
Report Type	
CERTIFI	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete.
Shlomo Danzinger	Shlomo Danzinger
(Type name)	(Type name)
X Signature	X Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	SHLOMO DANZINGER			FEB10 '20 12:4 (2) I.D. Number	15PM SW
(3) Report	Name <u>2020M1</u>	(4) Cover Period	01/01/2020	through 01/31/	2020
(5) Report	Type ☑ Original ☐ Amendmen	t (6) Page 1		of _1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
None	None	None	None		None
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	SHLOMO DANZINGER	OFFICE USE ONLY				
(2)	Name 9000 HARDING AVE	FE821 '20 12:54PM				
(-)	Address (number and street) SURFSIDE, FL 33154	TOWN OF SURFSIDE				
	City, State, Zip Code					
(4)	Check here if address has changed Check appropriate box(es):	(3) ID Number:				
	✓ Candidate Office Sought: Commission ☐ 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 02 / 01 /2020 To 02 / 20 /2020 Report Type: 25P1					
	<u> </u>	cial Election Report				
(6) Cas	Contributions This Report th & Checks \$,1, 987. 61	(7) Expenditures This Report Monetary Expenditures \$, 2, 599 . 26				
Loa		Transfers to Office Account \$,				
Tota	al Monetary \$,1, <u>987</u> . <u>61</u>	Total Monetary \$,2 , <u>599</u> . <u>26</u>				
111-11	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$,o, o oooo				
(9)	TOTAL Monetary Contributions To Date \$, 8 , _456 07	(10) TOTAL Monetary Expenditures To Date \$, 5 , _88845				
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
	I certify that I have examined this report and it is true, correct, and complete:					
	Type name) Shlomo Danzinger Individual (only for IE Treasurer Deputy Treasurer relectioneering comm.)	(Type name) Shlomo Danzinger ☐ Candidate ☐ Chairperson (only for PC and PTY)				
-	Signature Signature	X Signature .				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	O DANZINGER			(2)	I.D. Number		
(3) Cover Period	/	throu	gh/	20 /	. (4) Page	(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
02 , 04 2020 / /	Steven Dunn 11900 Biscayne Blvd, Suite 600 Miami FL 33181	I	Attorney	RCT			\$500.00
02	Ben Jacobson Campaign Account 9455 Collins Ave #309 Surfside FL 33154	Ι	Consulting	RCT Reimbursemen Printing Expenses	t	·	\$168.20
02 / 09 / 2020 3	Shmuel Levy 9432 Carlyle Ave Surfside FL 33154 United States	ı.	Self Employ	RCT			\$100.00
02 / 09 / 2020	Shaya Farkash 9273 Collins Ave #405 Surfside FL 33154 United States	I	Youth Prgrm	RCT			\$18.00
02 09 2020	Adam Ziefer 916 N. 20th Ave Hollywood FL 33020 United States	I	Sales	RCT			\$18.00
02 11 2020 / /	Hershy Goldberger 9940 W Bay Harbor Dr Unit 4BS Bay Harbor Islands FL 33154 United States	I	Software	RCT			\$36.00
02 17 2020 / /	Wildes & Weinberg P.C. 515 Madison Street New York NY 10002 United States	В .	Law	RCT			\$500.00

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	O DANZINGER			(2)	I.D. Number		•
(3) Cover Period	//	throug	gh / _	20 /	(4) Page	2	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02 20 2020	Ben Jacobson Campaign Account	I	Consulting	RCT			\$647.41
8 .	9455 Collins Ave #309 Surfside FL 33154			Reimbursement Printing Expenses			
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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 SHLOMO DANZINGER		(2) I.D. Number	
(3) Cover Period	ough/	(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
02 / 04/2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN	·	\$20.30
02	Signs.com 1550 South Gladiola Street Salt lake City, UT 84104	Printing: Lawn Signs	CAN		\$504.60
02 05 2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN	·	\$25.00
02 06 2020	Amazon.com 410 Terry Ave. North Seattle, WA, 98109-5210	Food /Drink Meet & Greet Campaign Event	CAN		\$49.79
C2 / 09 2020 5	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$4.30
02 09 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$1.02
7	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$1.02
02 / 11 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN .		\$1.74

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO	DANZI	NGER						(2) I.D. Nu	umber		•
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(3) Cover Period	UZ	, 01	,2020	through	02	1 20	, 2020	(A) Page	_	οf	

(5)	(7) (8)		(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02 / 17/2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN	•	\$20.30
10	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$25.00
11	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$3.97
02 18 2020	Print Place 1130 Ave H East Arlington, TX 76011	Printing & Distribution: Postcard Mailers	CAN		\$1,369.08
13	Signs.com 1550 South Gladiola Street Salt lake City, UT 84104	Printing: Lawn Signs	CAN	•	\$573.14
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name SHLOMO DANZINGER	
I.D. Number	
Address (number and street) 9000 HARDING AVE	
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
 ☐ Mayor ☑ Commissioner, District Town of Surfside ☐ Property Appraiser ☐ Clerk of the Circuit Courts 	
Community Council, Area, Su	
REPORT IDE	•
Report Name 25P1 Cover Period	d 02/01/2020 through 02/20/2020
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.
Shlomo Danzinger	Shlomo Danzinger
(Type name)	(Type name)
X Mileson	X Alastona
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	SHLOMO DANZINGER		(2	2) I.D. Number	
(3) Report	Name <u>25P1</u>	(4) Cover Period	02/01/2020	through <u>02/20/</u>	2020
	Type ☑ Original ☐ Amendmen	t (6) Page 1		_ of _1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
None	None	None	None		None
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	SHLOMO DANZINGER	OFFICE USE ONLY
(0)	Name	
(2)	9000 HARDING AVE Address (number and street)	— Blood to the
	SURFSIDE, FL 33154	MAR6 20 12:08PM
	City, State, Zip Code	(0) 12 11 22
(4)	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es): Candidate Office Sought: Commission	er
	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 02 / 21 /2020 To	03 / 05 /2020 Report Type: 11P1
✓ C	Original Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , <u>865</u> . <u>61</u>	Monetary
Loai	s	Transfers to Office Account \$, , 0 . 00
Tota	al Monetary \$, , <u>865</u> . <u>61</u>	Total Monetary \$, , 72 . 97
In-K	ind \$,, <u>0</u> .00	
2169		(8) Other Distributions
(9)	TOTAL Monetary Contributions To Date \$, 9, 321 68	(10) TOTAL Monetary Expenditures To Date \$,5, _96142
	and the control of th	ification on to falsify a public record (ss. 839.13, F.S.)
	certify that I have examined this report and it is true, corr	ect, and complete:
	Shlomo Danzinger	(Type name) Shlomo Danzinger
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
Х		x All La
-	ignature	Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

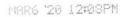
SHLOMO DANZINGER

MAR6 20 12:08PM

(1) Name	O DANZINGER			(2)	I.D. Number		<i>V</i>
(3) Covér Period	l / / /	throu	gh/	05 / 2020	(4) Page	0	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	. Co	(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
. 1	Iris J Herssein Campaign Account 701 94th St Surfside FL 33154	I	Attorney	RCT Reimbursemen Printing Expenses	t		\$815.61
03	David B Karp 9341 Collins Ave Apt. 1208 Surfside FL 33154	I	Educator	СНЕ			\$50.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SHLOMO	Name SHLOMO DANZINGER Cover Period 02 / 21 /2020 through 03 / 05 / 20						(2) I.D. Number	•	
(3) Cover Period	02	/ 21	/2020	through	03	/ 05	/ 2020	(4) Page ¹	of ¹

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02 /21 /2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN	٠	\$25.00
02 / 25 202.0	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$35.00
3	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
03 04 2020	PUBLIX Surfside 9400 Harding Ave Surfside, FL 33154	Food /Drink Meet & Greet Campaign Event	CAN		\$8.97
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



N	OFFICE USE ONLY
Name SHLOMO DANZINGER	
I.D. Number	
r.b. Number	MAR6 '20 12:09PM
Address (number and street) 9000 HARDING AVE	
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
☐ Mayor ☐ Commissioner, District Town of Surfside	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
•	
Report Name 11P1 Cover Period	02/21/2020 through 03/05/2020
Report Type Original Amendment	
	ICATION
I certify that I have examined this report and it is true,	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.	correct, and complete.
Shlomo Danzinger	Shlomo Danzinger
(Type name)	(Type name)
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x /////	x ////
Signature	Signature

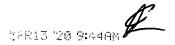
PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	SHLOMO DANZINGER			MAR6 '20 12*6 (2) I.D. Number	
(3) Report	Name <u>11P1</u>	_ (4) Cover Period	02/21/2020	through <u>03/05/</u>	2020
(5) Report	Type 🛭 Original 🔲 Amendmen	t (6) Page 1		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organia	(10) zation Employed By nired by campaign)	(11) Amendment Type
None	None	None	None		None
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CAMPAIGN TREASURE	ER'S REPORT SUMMARY						
(1) SHLOMO DANZINGER	OFFICE USE ONLY						
Name (2) 9000 HARDING AVE Address (number and street) SURFSIDE, FL 33154	TOWN OF SURFSIDE						
City, State, Zip Code	(2)						
Check here if address has changed	(3) ID Number:						
	□ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an □ 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						
. , .	t Identifiers						
Cover Period: From $03 / 06 / 2020$ To							
	pecial Election Report						
(6) Contributions This Report Cash & Checks \$, , 562. 32	(7) Expenditures This Report Monetary Expenditures \$, , 862 . 50						
Loans \$,, _0 . 00	Transfers to Office Account \$, , 000						
Total Monetary \$	Total Monetary \$, , <u>862</u> . <u>50</u>						
, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$,,,, 0 0000						
(9) TOTAL Monetary Contributions To Date \$, 9 , _88400							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, correct, and complete:							
(Type name) Shlomo Danzinger	(Type name) Shlomo Danzinger						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)						
Signature	Signature						



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO	DANZI	NGER	_				(2) I.D. Number _		
(3) Cover Period	03	, 06	,2020	through ⁰³	, 12	, 2020	(4) Page ¹	of ¹	

(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
03 /09 /2020	123RF LLC 220 N Green St Chicago, IL 60607	Advertising & Marketing	CAN	·	\$9.00
03 /09 /2020	123RF LLC 220 N Green St Chicago, IL 60607	Advertising & Marketing	CAN .		\$10.00
03 /09 /2020	Print Place 1130 Ave H East Arlington, TX 76011	Printing & Distribution: Postcard Mailers	CAN		\$843.50
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	O DANZINGER			(2)	I.D. Number	l3 '20 9:44 	
(3) Cover Period	//	throu	gh / .	12 /	/ 4\ D		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
03 12 2020 , / / 1	Iris J Herssein Campaign Account 701 94th St Surfside FL 33154	I	Attorney	RCT Reimbursement Printing Expenses			\$281.16
03 12 2020 2	Ben Jacobson Campaign Account 9455 Collins Ave #309 Surfside FL 33154	ъ.	Consulting	RCT Reimbursement Printing Expenses	t		\$281.16
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



**	OFFICE USE ONLY
Name SHLOMO DANZINGER	•
I.D. Number	
· ;	
Address (number and street) 9000 HARDING AVE	MAR13 '28 '9:43AM
City, State, Zip Code SURFSIDE, FL 33154	en e
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
<u> </u>	
☐ Mayor	
☐ Commissioner, District Town of Surfside	_
Property Appraiser	•
☐ Clerk of the Circuit Courts	
Community Council, Area, Sub	o-Area
REPORT IDEN	NTIFIERS
Report Name 4P1 Cover Period	03/06/2020 through 03/12/2020
Report Type	
CERTIFI	CATION
It is a first degree misdemeanor for any personal state of the state o	
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.
Shlomo Danzinger	Shlomo Danzinger
(Type name)	(Type name)
1101	no!
X : Ill has	X Allen
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	SHLOMO DANZINGER			MAR13 '20 9: (2) I.D. Number	Idaam 7	
(3) Report	Name <u>4P1</u>	_ (4) Cover Period	03/06/2020	through <u>03/12/2020</u>		
(5) Report	Type 🔽 Original 🔲 Amendmen	nt (6) Page 1		of 1		
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organ	(10) ization Employed By hired by campaign)	(11) Amendment Type	
None	None	None	None	g g	None	
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