

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

MAR 16 PM 12:30

[Signature]

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☒ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

SHLOMO DANZINGER

3. Address (include post office box or street, city, state, zip
code)

9000 Harding Ave
Surfside FL 33154

4. Telephone

(305) 306-0445

5. E-mail address

shlomoforsurfside@gmail.com

6. Office sought (include district, circuit, group number)
Mayor

7. If a candidate for a nonpartisan office, check if
applicable:

☐ 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

☐ 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 Danzinger

11. Mailing Address

9000 Harding Ave

12. Telephone

(305) 306-0445

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

shlomoforsurfside@gmail.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

03/16/2023

26. Signature of Candidate

X

[Signature]

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

03/16/2023

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

MAR 16 PM 12:30

Kready

I, SHLOMO DANZINGER,

candidate for the office of MAYOR;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Shlomo Danzinger
Signature of Candidate

03/16/2023

Date

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

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

COPY

MAY 2 AM 11:14

MAR 16 PM 12:30

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☒ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

SHLOMO DANZINGER

3. Address (include post office box or street, city, state, zip
code)

9000 Harding Ave
Surfside FL 33154

4. Telephone

(305) 306-0445

5. E-mail address

shlomoforsurfside@gmail.com

6. Office sought (include district, circuit, group number)

Mayor

7. If a candidate for a nonpartisan office, check if
applicable:

☐ 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

☐ 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 Danzinger

11. Mailing Address

9000 Harding Ave

12. Telephone

(305) 306-0445

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

shlomoforsurfside@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

First Horizon

20. Address

400 Arthur Godfrey Rd #102

21. City

Miami Beach

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33140

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

03/16/2023

26. Signature of Candidate

X 

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

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

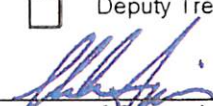
designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

03/16/2023

Date

X


Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Shlomo

First Name

Middle Name

Danzinger

Last name

Mayor

Office Sought (Mayor or Commissioner)

Phone No.:

(305) 306-0446

Fax No.:

Cell Phone:

E-Mail Address:

shlomoforsurfside@gmail.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2022) – Digital Format (USB)
- ☒ Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- ☒ Reporting Dates Schedule (Election Date: March 19, 2024)
- ☒ Campaign Activities Memorandum

Received by:


Candidate Signature

Date:

5/2/23



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Shlomo Danzinger.
Office Sought Mayor
Phone No.: _____ Cell Phone No: (305) 306-0446
E-Mail Address: shlomoforsurfside@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>5/2/2023</u> <u>3/16/2023</u>	<u>SD</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>3/16/2023</u>	<u>SD</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver	_____	_____
Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____

& Voter Registration

2. Important Dates to Remember

5/2/2023

SD

3. Campaign Activities Memorandum

5/2/2023.

SD

Candidate's Signature

Date

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **SHLOMO DANZINGER**

Name

(2) **9000 HARDING AVE**

Address (number and street)

SURFSIDE, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

JUN 1 AM 10:19

(4) Check appropriate box(es):

☒ Candidate Office Sought: **MAYOR**

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From **05 / 01 / 2023** To **05 / 31 / 2023** Report Type: **2023M5**

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , **50 . 00**

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , **0 . 00**

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , **50 . 00**

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , **0 . 00**

(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 or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) **SHLOMO DANZINGER**

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER (2) I.D. Number _____

(3) Cover Period 05 / 01 / 2023 through 05 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
05 02 23 / /	DANZINGER, SHLOMO						
1	9000 HARDING AVE SURFSIDE, FL 33154 USA	S	PRODUCT DEV	LOA			\$50.00
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2023 through 05 / 31 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /					
/ /					
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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 _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023M5 Cover Period 05/01/2023 through 05/31/2023

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, correct, and complete.

SHLOMO DANZINGER

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

SHLOMO DANZINGER

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

(1) Name SHLOMO DANZINGER (2) I.D. Number _____

(3) Report Name 2023M5 (4) Cover Period 05/01/2023 through 05/31/2023

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **SHLOMO DANZINGER**

Name

(2) **9000 HARDING AVE**

Address (number and street)

SURFSIDE, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

JUL 5 PM 4:08



(4) Check appropriate box(es):

☒ Candidate Office Sought: **MAYOR**

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From **06 / 01 / 2023** To **06 / 30 / 2023** Report Type: **2023M6**

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , **0.00**

Loans \$ _____ , _____ , **0.00**

Total Monetary \$ _____ , _____ , **0.00**

In-Kind \$ _____ , _____ , **0.00**

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , **0.00**

Transfers to Office Account \$ _____ , _____ , **0.00**

Total Monetary \$ _____ , _____ , **0.00**

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , **50.00**

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , **0.00**

(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 or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature



(Type name) **SHLOMO DANZINGER**

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER

(2) I.D. Number JUL 5 PM 4:09

(3) Cover Period 06 / 01 / 2023 through 06 / 30 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2023 through 06 / 30 / 2023(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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// /					
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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

JUL 5 PM 4:09

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023M6 Cover Period 06/01/2023 through 06/30/2023

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, correct, and complete.

SHLOMO DANZINGER

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

SHLOMO DANZINGER

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

(1) Name SHLOMO DANZINGER (2) I.D. Number _____

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

JUL 5 PM 4:09

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **SHLOMO DANZINGER**

Name

(2) **9000 HARDING AVE**

Address (number and street)

SURFSIDE, FL 33154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

OCT 4 PM 4:42

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: **MAYOR**

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From **07 / 01 /2023** To **09 / 30 /2023** Report Type: **2023Q3**

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , **0.00**

Loans \$ _____ , _____ , **0.00**

Total Monetary \$ _____ , _____ , **0.00**

In-Kind \$ _____ , _____ , **0.00**

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , **0.00**

Transfers to Office Account \$ _____ , _____ , **0.00**

Total Monetary \$ _____ , _____ , **0.00**

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , **50.00**

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , **0.00**

(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 or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) **SHLOMO DANZINGER**

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2023 through 09 / 30 / 2023(4) Page ¹ of ¹

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER

(2) I.D. Number DOCT 4 PM 4:42

(3) Cover Period 07 / 01 / 2023 through 09 / 30 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number		Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /							
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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

OCT 4 PM 4:42

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023Q3 Cover Period 07/01/2023 through 09/30/2023

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, correct, and complete.

SHLOMO DANZINGER

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

SHLOMO DANZINGER

(Type name) ☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

OCT 4 PM 4:43

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 03/13)

**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 9 PM 2:59

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, SHLOMO DANZINGER,
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MAJOR,
(Office) (District #)
; I am a qualified elector of Miami Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Shlomo Danzinger (305) 306-0445 shlomoforsurfside@gmail.com
Signature of Candidate Telephone Number Email Address
9000 Harding Ave Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 9th day of November, 2023

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Sandra McCreedy
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:





NOV 9 PM 2:59

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

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 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 Self Employed; that I have been
a resident of the Town of Surfside since 2012; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Mayor (Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

11/9/23
Date

Sworn to and subscribed before me this 9th day of November, 2023.



[Signature]
NOTARY PUBLIC

Sandra N. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

DANZINGER, SHLOMO

MAILING ADDRESS :

9000 HARDING AVE

CITY :

SURFSIDE

ZIP :

33154

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

TOWN OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

NOV 9 PM 3:01

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SELF EMPLOYED	9000 HARDING AVE	PRODUCT MANUFACTURING

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
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 [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 WHICH THE PROPERTY RELATES
CHECKING & SAVINGS ACCT.	CHASE BANK
RETIREMENT	FIDELITY INVESTMENTS

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
LOANCARE	P.O. BOX 8068, VIRGINIA BEACH, VA 23450
U.S. BANK	P.O. BOX 2188, OSHKOSH, WI 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		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:



Date Signed:

11/09/2023

CPA or ATTORNEY SIGNATURE ONLY

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:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

COPY

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 5 PM 2:59

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Schneun Lipskar</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RIVKAM LIPSKAR</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ISSER NEW</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alon Alon Davodpour</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Roger G.</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ISMAIL ELISAMIL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11.6.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DAVID FORBES</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11.7.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Greenwald</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11.7.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Moshe Anshel</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mei Schueen</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ISAAC Benmergui</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-12-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PATRICIA ZACLOISKY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Yehuda Best</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]
Address of Circulator: 9000 Harding Ave. Surfside FL 33154
Email address of Circulator: shlomo.forsurfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-9-23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 9 PM 2:59

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danziger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>Nov 7 2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michelle Galt</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>STEVE SETHEN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Baila Shagalow</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>IRAK P. ANWER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>IRAK P. ANWER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Leah Rose</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>A. D. Derman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Daniel Barouk</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Richard Lichter</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Isaac Kaskin</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ANDREW BATES</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JOHN ITALY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JOHN ITALY</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 9000 Harding Ave Surfside FL 33154

Email address of Circulator: ShlomoDan@surfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11-9-23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 9 PM 2:59

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>05/03/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>5/3/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>David Karp</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>5/3/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlomo Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>5/3/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Seana Rose</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HERBERT FUHRMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Howard Woginick</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Hershel Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Levir</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shalom Edelkopf</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Ehrlich</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Friedman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-20-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Menachem Brod</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/2/2023</u> D.O.B. <u>3/</u>
Print Name: <u>Eli Landman</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]
Address of Circulator: 9000 Harding Ave Surfside FL 33154
Email address of Circulator: ShlomoForSurfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-9-23

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

NOV 9 PM 3:00

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlomo Katan</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10.2.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>AARON LIPSKIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10.2.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chaya Mushka Lipskin</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>STEF SCHWEDER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SHAYG FARKHSH</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Joel Roshman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Deena Roshman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Avraham Rubinstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Avi Katan</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bezalel Camissan</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-02-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Dora Rubinstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Esty Scheiner</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]
Address of Circulator: 9000 Harding Ave, Surfside FL 33154
Email address of Circulator: Shlomo for Surfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-9-23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 9 PM 3:00

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Debra Weiss</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacob Weiss</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Miriam Knafo Schapira</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Miriam Knafo Schapira</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Nicole Kovacs</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Aaron Goulerz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Carolyn Baumele</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Janette Vinciguerra</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Vinciguerra</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael J. Anas</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shoshanna Stern</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacob Berns</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shneur Shapiro</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]
Address of Circulator: 9000 Harding Ave., Surfside FL 33154
Email address of Circulator: ShlomoDanzinger@surfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-9-23

Shlomo Danzinger Campaign Account
9000 Harding Ave
Surfside, FL 33154

FIRST HORIZON BANK
165 MADISON AVE
MEMPHIS, TN 38103

11/09/2023

\$ 25.00

PAY

Twenty-five and 00/100 Dollars

TO THE ORDER OF

The Town of Surfside


AUTHORIZED SIGNATURE

MEMO: Qualifying Fee

DETACH  ENDORSE ON BACK

From
Shlomo Danzinger Campaign Account
9000 Harding Ave
Surfside, FL 33154

Amount
\$25.00

Date
11/09/2023

To
The Town of Surfside

Memo
Qualifying Fee

NOV 9 PM 3:00

COPY



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Shlomo Danzinger
Office Sought Mayor
Phone No.: _____ Cell Phone No: (305) 306-0446
E-Mail Address: shlomoforsurfside@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>5/2/2023</u> <u>3/16/2023</u>	<u>SD</u>
Nominating Petition	<u>11/9/2023</u>	
Statement of Candidate	<u>3/16/2023</u>	<u>SD</u>
Sworn Statement of Qualification	<u>11/9/2023</u>	<u>SD</u>
Candidate Oath	<u>11/9/2023</u>	<u>SD</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/9/2023</u>	<u>SD</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>—</u>	
Qualifying Fee \$25.00	<u>11/9/2023</u>	<u>SD</u>
L & A Schedule	<u>—</u>	
Proof of Residency		

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/9/2023 SD

5/2/2023 SD

5/2/2023. SD



Candidate's Signature

11/9/2023

Date



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

miamidade.gov

November 13, 2023

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

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Shlomo Danzinger, a candidate for the office of Mayor for Town of Surfside. A total of 65 petitions were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 29 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,

A handwritten signature in blue ink, appearing to read "Christina White", enclosed within a blue circular stamp.

Christina White
Supervisor of Elections

Enclosure (1)





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CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 25 signatures submitted by Shlomo Danzinger for the office of Mayor for the Town of Surfside matched the signatures on the voter files.



A handwritten signature in blue ink, appearing to read 'Christina White', is written over a horizontal line.

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 13th DAY OF
NOVEMBER, 2023





TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 20, 2023

Mr. Shlomo Danzinger
9000 Harding Avenue
Surfside, FL 33154

Dear Mr. Danzinger:

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 19, 2024 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 N. McCready, MPA, MMC
Town Clerk