

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOV 5 PM 4:41 SKN

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

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)

Eliana R. Salzhauer

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

9317 Bay Drive  
Surfside, FL 33154

4. Telephone

(917 ) 952-7145

5. E-mail address

esalzhauer@gmail.com

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

Commissioner (Town of Surfside)

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

Eliana R. Salzhauer

11. Mailing Address

9317 Bay Drive

12. Telephone

( 917 ) 952-7145

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

esalzhauer@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

11/5/2019

26. Signature of Candidate

X

*Eliana R. Salzhauer*

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

I, Eliana R. Salzhauer, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11/5/19

Date

X

*Eliana R. Salzhauer*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 5 PM 4:41

*SLM*

I, Eliana R. Salzhauer ,

candidate for the office of Commissioner ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

  
Signature of Candidate

11/5/2019

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)

NOV 5 PM 4:41 *SKN*

**COPY**

NOV 7 PM 3:17 *SKN*

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

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)

Eliana R. Salzhauer

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

9317 Bay Drive  
Surfside, FL 33154

4. Telephone

(917 ) 952-7145

5. E-mail address

esalzauer@gmail.com

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

Commissioner (Town of Surfside)

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

Name of Treasurer or Deputy Treasurer

Eliana R. Salzhauer

11. Mailing Address

9317 Bay Drive

12. Telephone

( 917 ) 952-7145

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

esalzauer@gmail.com

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

19. Name of Bank

BANKUNITED, N.A.

20. Address

12290 BISCAYNE BLVD.

21. City

NORTH MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33181

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

25. Date

11/5/2019

26. Signature of Candidate

*Eliana R. Salzhauer*

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

I, Eliana R. Salzhauer, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer     Deputy Treasurer.

11/5/19  
Date

*Eliana R. Salzhauer*  
Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

NOV 21 PM 2:02

OFFICE USE ONLY

**Candidate Oath**

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

I, ELIANA R. SALZHAUER

(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.)

I am a candidate for the nonpartisan office of Commissioner, \_\_\_\_\_, \_\_\_\_\_  
(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 Eli R. Salzhauer (917) 952-7145 esalzhauer@gmail.com  
Signature of Candidate Telephone Number Email Address

9317 Bay Drive Surfside FL 33154  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 21<sup>ST</sup>  
day of November, 2019.

Personally Known: \_\_\_\_\_ or Produced Identification:

Type of Identification Produced: DL





**TOWN OF SURFSIDE**  
MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

NOV 21 PM 2:03

*[Handwritten mark]*

**GENERAL ELECTION – MARCH 17, 2020**

**SWORN STATEMENT OF QUALIFICATION**

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

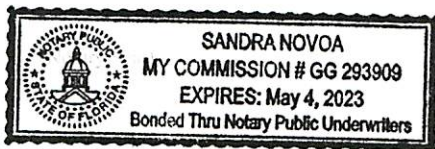
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is ELIANA R. SALZHAVER that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, Florida; that my address is 9317 Bay Drive, Surfside, FL 33154, my occupation is Journalist + TV Producer; that I have been a resident of the Town of Surfside since 2006; that I will be at least twenty-one (21) years of age by November 22, 2019 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

*[Signature]*  
Signature of Candidate

11/21/19  
Date

Sworn to and subscribed before me this 21<sup>ST</sup> day of November, 2019.



*[Signature]*  
NOTARY PUBLIC  
Sandra Novoa  
PRINTED NAME OF NOTARY

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

# 2018

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

FOR OFFICE USE ONLY:


LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Salzhauer, Eliana R.

MAILING ADDRESS :  
9317 Bay Drive

CITY : ZIP : COUNTY :  
Surfside 33154 Miami-Dade

NAME OF AGENCY :  
Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Commissioner

NOV 21 PM 1:49 

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  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):

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
Cast & Crew Production Services (NY Last Week Tonight with John Oliver)	2300 Empire Avenue, 5th floor, Burbank, CA 91504	Media/Entertainment/Journalism/Talk Show Producer (Political Satire)

**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
None	None		
None	None		
None	None		

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

Home- 9317 Bay Drive, Surfside, FL 33154

**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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [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
See Attachment ("Exhibit A")	See Attachment ("Exhibit A")

<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
None	None

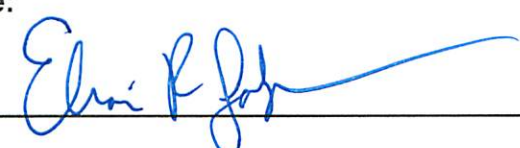
<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
ADDRESS OF BUSINESS ENTITY	n/a	
PRINCIPAL BUSINESS ACTIVITY	n/a	
POSITION HELD WITH ENTITY	n/a	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a	
NATURE OF MY OWNERSHIP INTEREST	n/a	

**PART G — TRAINING**  
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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

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

**SIGNATURE OF FILER:**

Signature: \_\_\_\_\_  


Date Signed: \_\_\_\_\_  
 11/21/2019

**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) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

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

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

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

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

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

## Part- D – Intangible Personal Property (Attachment “Exhibit A”)

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

 11/21/2019



# NOMINATING PETITION FOR MAYOR OR COMMISSIONER

## TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:55 <sup>2</sup>

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Eliana R. Salzhaverz  
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 between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Judy Martinez</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MICHAEL DRANOFF</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Diana Gonzalez</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-11-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Zoya Pashenko Javier</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: _____	D.O.B. _____
Print Name: <u>P.O. SANCHEZ</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>11-12-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>PEDRO SANCHEZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/12/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>KRISTIN SANCHEZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-13-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>GALEN NIRMAN BAIKEN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Charles W. Buckett</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Kindery Miller</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Dana D Blumstein</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sally Mirani</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>DAVID DE CESPEDES</u>	Address: <u>[REDACTED]</u>	

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 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: 9317 Bay Drive, Surfside FL 33154  
Email address of Circulator: esalzhaverz@gmail.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/21/2019

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:55

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. SATZHAVER 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 between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B.:
Print Name: <u>Michael Klahr</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B.:
Print Name: <u>Karla Maguire</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B.:
Print Name: <u>Johanna Ostrander</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>ANTHONY BLAKE</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/10/2019</u>	D.O.B.:
Print Name: <u>PATRICIA FERNANDEZ</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/10/2019</u>	D.O.B.:
Print Name: <u>PAMELA O'HAGAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/10/19</u>	D.O.B.:
Print Name: <u>MARLEEN LEVENSON</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>MARY E. LEVENSON</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>KRISTEN JONES</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>MARSHALL L. PAGE</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>BENJAMIN ACQUARIO</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>SHERYL GOLDBERG</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-10-19</u>	D.O.B.:
Print Name: <u>DAVID EPSTEIN</u>	Address:	

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: 9317 Bay Drive Surfside FL 33154  
Email address of Circulator: esatzhaver@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/21/19

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

#### TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:56 *P*

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. SALZHAUER  
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 between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Jennifer M. Oken</u>	Date: <u>11/14/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>JENNIFER M. OKEN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>EDUARDO YERBES</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11.15.19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MAURICE R. NEVILLE</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>ANGEL BERBEL</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARY MACDONALD</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Phyllis Shemis</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Scott J. SHAMIS</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[REDACTED]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Friedel Arauz</u>	Address: <u>[REDACTED]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 7 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: 9140 Emerson Ave. Surfside FL 33154  
Email address of Circulator: olisan321@gmail.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/21/2019

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:56

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. SALZHAVER  
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 between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/11/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Paul Glasgow</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/11/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Kent Aguero</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/11/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIANA AGUERO</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Lisa Hermas</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Francisca Ippolito-Craig</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Dan Green</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Gretchen Beesing</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Tiffany Cannova</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JOSH HERMAS</u>	Address: <u>[Redacted]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 9 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: 524 90th Street, Surfside FL 33154  
Email address of Circulator: btAguero@gmail.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/21/2019

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. Salzhauser for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020. NOV 21 PM 1:56 *R*

*This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).*

Signature: <i>[Signature]</i>	Date: <u>11/11/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>CLARA DIAZ-LEAL PARKER</u>	Address: <u>[REDACTED]</u>
Signature: <i>[Signature]</i>	Date: <u>11/11/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Bryan Mazliach</u>	Address: <u>[REDACTED]</u>
Signature: <i>[Signature]</i>	Date: <u>11/11/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Yael Mazliach</u>	Address: <u>[REDACTED]</u>
Signature: <i>[Signature]</i>	Date: <u>11/11/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>STEVEN B. PARKER</u>	Address: <u>[REDACTED]</u>
Signature: <i>[Signature]</i>	Date: <u>11/13/19</u> D.O.B. <u>3/15/59</u>
Print Name: <u>A. A. [REDACTED]</u>	Address: <u>1332 Biscayne Blvd</u>
Signature: <i>[Signature]</i>	Date: <u>11/12/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>GENHIFEV KOTHEV</u>	Address: <u>[REDACTED]</u>
Signature: <i>[Signature]</i>	Date: <u>11/12/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ANDRE SOLOVOFF MIRANDA</u>	Address: <u>[REDACTED]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

### STATEMENT OF CIRCULATOR *CRS*

The undersigned is the circulator of the foregoing paper containing 706 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: 9401 COLLINS AVE #901 SURFSIDE FL 33154  
Email address of Circulator: DELOEBEACH@GMAIL.COM

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: *[Signature]* Date: 11/21/19

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. SALZHAUER  
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March  
17, 2020. NOV 21 PM 1:56 *ES*

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u><i>Shari Marron</i></u>	Date: <u>11-17-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Shari Marron</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Victoria M Saife</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Victoria M Saife</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>OSCAR ADRIAN CHAVEZ BATA</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Deborah Cimadexilla</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Elliot B. Kula</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Liza Carmona</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>JEFFREY B CANGOMI</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/18/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>WALTER JAVIER</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/18/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jennifer Hill</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/18/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Paul Baldarf</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Lorena O'Malley</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[Signature]</i></u>	Date: <u>11/17/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>PAUL O'MALLEY</u>	Address: <u>[REDACTED]</u>

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 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: 9317 Bay Drive, Surfside FL 33154  
Email address of Circulator: esalzhaue@gmail.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: *[Signature]* Date: 11/21/19



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

[miamidade.gov](http://miamidade.gov)

November 22, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Eliana R. Salzhauer, a candidate for the office of Commissioner for Town of Surfside. A total of 59 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 26 petitions were reviewed for verification; of which 25 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White  
Supervisor of Elections

Enclosure (1)





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

[miamidade.gov](http://miamidade.gov)

## CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

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

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

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

Christina White  
Supervisor of Elections





**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Ms. Eliana Salzhauer  
9317 Bay Drive  
Surfside, Fl 33154

Dear Ms. Salzhauer:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2020 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra Novoa, MMC  
Town Clerk

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER  
Name

(2) 9317 Bay Drive  
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: Commissioner

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

**OFFICE USE ONLY**

DEC9 '19 4:47PM

### (5) Report Identifiers

Cover Period: From 11 / 01 / 19 To 11 / 30 / 19 Report Type: 2019M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 1,400.00

Loans \$ 100.00

Total Monetary \$ 1,500.00

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 48.89

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 48.89

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 1,500.00

### (10) TOTAL Monetary Expenditures To Date

\$ 48.89

### (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) ELIANA R. SALZHAUER

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X [Signature]  
Signature

(Type name) ELIANA R. SALZHAUER

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

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

DEC9 '19 4:47PM

*R*

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 01 / 19 through 11 / 30 / 19

(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	Amendment	Amount
11 / 7 / 19	Salzhauser, ELIANA 9317 Bay Drive Surfside, FL 33154	S		LOA			\$100
1							
11 / 24 / 19	Donald Lewin 9225 Collins Ave Apt 702 Surfside, FL 33154	I	Retired Management consultant manufacturing Statistician	CHE			\$1000
2							
11 / 25 / 19	Benjamin Acuario 524 90th st. Surfside, FL 33154	I	Sales Executive Financial Services ONEIL	CHE			\$200
3							
11 / 25 / 19	Marc Levenson 9380 Carlisle Ave Surfside, FL 33154	I	Steve Madden MENS	CHE			\$200
4							
/ /							
/ /							
/ /							
/ /							

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

(1) Name ELIANA K. SALZHAUER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 01 / 19 through 11 / 30 / 19

(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
(6) Sequence Number					
11/21/19	Town of Surfside		CAN		\$25
01	(Qualifying Fee)				(check) #9997
11/13/19	Bank United		CAN		\$23.89
	Account ledger				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name ELIANA R. SALZHAVER

I.D. Number \_\_\_\_\_

Address (number and street)  
9317 Bay Drive

City, State, Zip Code  
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

DEC9 '19 4:47PM *[Signature]*

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2019M11 Cover Period 11/01/19 through 11/30/19

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.

ELIANA R. SALZHAVER  
(Type name)  Treasurer  Deputy Treasurer

*[Signature]*  
X  
Signature

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

ELIANA R. SALZHAVER  
(Type name)  Candidate

*[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 ELIANA R. SATZHAUER (2) I.D. Number DEC9 '19 4:47PM  
 (3) Report Name 2019 M17 (4) Cover Period 11/01/19 through 11/30/19  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	None / N/A	N/A	N/A	N/A
<i>NONE</i>				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER  
Name

(2) 9317 Bay Drive  
Address (number and street)

Surfside, FL 33154  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

JAN 10 '20 3:19PM

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

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 12 / 01 / 19 To 12 / 31 / 19 Report Type: 2019M12

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 750 : 00

### (7) Expenditures This Report

Monetary Expenditures \$ 0 , 0 , 0 . 0

Transfers to Office Account \$ 0 , 0 , 0 . 0

Total Monetary \$ 0 , 0 , 0 . 0

### (8) Other Distributions

\$ 0 , 0 , 0 . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 1 , 750 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 48 . 89

### (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) ELIANA R. SALZHAUER

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Eli R. Salzhauer  
Signature

(Type name) ELIANA R. SALZHAUER

Candidate  Chairperson (only for PC and PTY)

X Eli R. Salzhauer  
Signature

*R*

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19

(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		Amount
12 / 14 / 19	Anthony Blate	I	Retired Pharmacist	CHE			\$100
1	9308 Bay Dr. Surfside, FL 33154						
12 / 18 / 19	Pamela Salem O'Hagan	I	actor/ Producer	CHE			\$50
2	9333 Harding Ave Surfside, FL 33154						
12 / 22 / 19	Joseph Graubart	I	Retired Retail Gift Shops	CHE			\$100
3	381 SW 15th St. Boca Raton, FL 33432						
12 / 29 / 19	Keely Kessler Fernald	I	Freelance Graphic Design + Park Naturalist	INK	Campaign Sign design services		\$750
4	36850 Duquesne Hwy Big Pine Key, FL 33043						
/ /							
/ /							
/ /							
/ /							



### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZNER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12/01/19 through 12/31/19

(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
// N/A	N/A	N/A	N/A	N/A	N/A
//					
//					
//					
//					
//					
//					
//					
//					

NONE

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



OFFICE USE ONLY

Name

ELIANA R. SALZHAUER

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 10 '20 3:19 PM

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2019 M12 Cover Period 12/01/19 through 12/31/19

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.

ELIANA R. SALZHAUER

(Type name)  Treasurer  Deputy Treasurer

X

Signature

Elina R. John

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

ELIANA R. SALZHAUER

(Type name)  Candidate

X

Signature

Elina R. John

# PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name ELIANA K. SALZHAVER (2) I.D. Number \_\_\_\_\_  
(3) Report Name 2019M12 (4) Cover Period 12/01/19 through 12/31/19  
(5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	NONE/N/A	N/A	N/A	N/A
NONE				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER  
Name

(2) 9317 Bay Drive  
Address (number and street)

Surfside, FL 33154  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

FEB10 '20 3:24PM

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- 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 01 / 01 / 20 To 01 / 31 / 20 Report Type: 2020M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 600 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 600 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 : 0

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 754 . 75/100

Transfers to Office Account \$ 0 , 0 , 0 . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 754 . 75/100

### (8) Other Distributions

\$ 0 , 0 , 0 . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 2,350 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 803 . 64

### (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) ELIANA R. SALZHAUER

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Eli R. Salzhauer  
Signature

(Type name) ELIANA R. SALZHAUER

Candidate  Chairperson (only for PC and PTY)

X Eli R. Salzhauer  
Signature

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

FEB 10 '20 3:24PM

(1) Name Eliana R. Salzauer

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 20 through 01 / 31 / 20

(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						
1 / 11 / 20 1	Patricia Fernandez Fern Corporation 9332 Harding Ave Surfside, FL 33154	B   Inspection Office Manager	CHE			\$50
1 / 20 / 20 2	Alexander + Irina Kamyshnikov 9033 Byron Ave Surfside, FL 33154	I   IT tech Consulting + inventor	CHE			\$250
1 / 28 / 20 3	Ellen + Elliot Kida 708 Surfside Blvd Surfside, FL 33154	I   Attorney + wellness Coach	CHE			\$300
/ /						
/ /						
/ /						
/ /						
/ /						

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

(1) Name ELIANA R. SALZHAVER (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 01/01/20 through 01/31/20 (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
1/10/20 1	Miami Sign Shop 13899 Biscayne Blvd #155 North Miami, FL 33181	Campaign lawn signs and stickers	CAN		\$695 <sup>00</sup> / <sub>100</sub>
1/28/20 2	Miami-Dade County Elections Department 2700 NW 87th Ave Miami, FL 33172	voter data requests	CAN		\$40 <sup>00</sup> / <sub>100</sub>
1/28/20 3	US Postal Service Priority Mail to Elections Dept	mail service for voter data request detailed above	CAN		\$7.75 <sup>00</sup> / <sub>100</sub>
1/31/20 4	Bank United PO Box 521599 Miami, FL 33152	bank account service charge	CAN		\$12 <sup>00</sup> / <sub>100</sub>
//					
//					
//					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name ELIANA R. SALZHAUER

I.D. Number \_\_\_\_\_

Address (number and street)  
9317 Bay Drive

City, State, Zip Code  
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB10 '20 3:25PM

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2020M1 Cover Period 01/01/2020 through 01/31/2020

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.

ELIANA R. SALZHAUER  
(Type name)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

ELIANA R. SALZHAUER  
(Type name)  Candidate

[Signature]  
Signature

PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name ELIANA R. SALZHAUER (2) I.D. Number FEB 10 '20 3:25PM  
 (3) Report Name 2020M1 (4) Cover Period 01/01/20 through 01/31/20  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	NONE/N/A	N/A	N/A	N/A
NONE				



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER  
 Name

(2) 9317 Bay Drive  
 Address (number and street)

Surfside, FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

TOWN OF SURFSIDE  
 FEB21 '20 2:24PM

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)
- 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: 2SP1

- Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 355.28

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

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 355.28

### (8) Other Distributions

\$ 0.00 , 0.00 , 0.00 , 0.00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 2,550.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 1,158.92

### (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) ELIANA R. SALZHAUER

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

Signature

(Type name) ELIANA R. SALZHAUER

Candidate     Chairperson (only for PC and PTY)

Signature

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

TOWN OF SURFSIDE

FEB 21 '20 2:24PM

(1) Name ELIANA R. Satchauer

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 01 / 2020 through 02 / 20 / 2020 (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	Amendment	Amount
2 / 19 / 20	Oscar Adrian Chavez Batta 9025 Abbott Ave Surfside, FL 33154	I	IT Sales Director	CHE			\$100
1							
2 / 20 / 20	Clara Diaz Leal 425 95th St. Surfside, FL 33154	I	Retail Banking Executive Market President	CHE			\$100
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name ELIANA R. SALZHAUER (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 02/01/2020 through 02/20/2020 (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
02/03/20	Vistaprint 275 Wyman Street Waltham, MA 02451 (online purchase)	Campaign materials door hangers hats + magnet	CAN		\$209.33 <u>100</u>
1					
2/7/20	Costco 14800 Sole Mia Way N. Miami, FL 33181	Epson printer Ink for campaign flyer printing	CAN		\$106.99 <u>100</u>
2					
2/7/20	Costco 14800 Sole Mia Way N. Miami, FL 33181	Food for campaign event (fruit + veggie platters)	CAN		\$38.96 <u>100</u>
3					
//					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Eliana R. Salzhauser

I.D. Number \_\_\_\_\_

Address (number and street) 9317 Bay Drive

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 2SP1 Cover Period 02/01/2020 through 02/20/2020

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.

Eliana R. Salzhauser  
(Type name)  Treasurer  Deputy Treasurer

Eli R. Salzhauser  
Signature

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

Eliana R. Salzhauser  
(Type name)  Candidate

Eli R. Salzhauser  
Signature



DESIGNATION OF POLL WATCHERS FOR:

Surfside 3/17/2020  
(Specify Applicable Election)

Pursuant to Section 101.131, Florida Statutes, I request that the following persons (none of whom is a candidate or a sheriff, deputy sheriff, police officer or other law enforcement officer), who are qualified and registered voters of the county in which they will serve, be approved as poll watchers for (check only one):

- EARLY VOTING
- ELECTION DAY

1. Printed Name: Frank MacBride Jr. Date of Birth (mm/dd/yy): 02/24/1958  
 Address: 8959 Hawthorne Ave, Surfside, FL 33154  
 Location of Polling Room or Early Voting Site: Surfside Town Hall / 9293 Harding Ave

2. Printed Name: Galen <sup>NORMAN</sup> Bakken Date of Birth (mm/dd/yy): 10/11/1946  
 Address: 9225 Abbott Ave, Surfside, FL 33154  
 Location of Polling Room or Early Voting Site: Surfside Town Hall / 9293 Harding Ave

3. Printed Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Location of Polling Room or Early Voting Site: \_\_\_\_\_

4. Printed Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Location of Polling Room or Early Voting Site: \_\_\_\_\_

NOTE: If more lines are needed to designate poll watchers, use DS-DE 125 continuation page(s) and attach to this page. Only sign this top form, but the page count entry must be completed on the bottom of this page.

\*\*\*\*\*

Check applicable box and fill in the blank lines:

- I am a candidate for Commissioner in this election.
- I am the chair of the County Executive Committee of the \_\_\_\_\_ Party.
- I am the chair of \_\_\_\_\_ Political Committee.

Eliana R. Salzhauser  3/2/2020  
 Printed Name Signature Date  
9317 Bay Drive, Surfside 917-952-7145  
 Address Phone

Attention: This form is due to the Supervisor of Elections:

- For Early Voting, no later than noon of the 14<sup>th</sup> day before early voting begins.
- For Election Day, before noon of the second Tuesday preceding the election.

(This form becomes a public record when submitted to the Supervisor of Elections.)

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAVER  
Name

(2) 9317 Bay Dr.  
Address (number and street)

Surfside, FL 33154  
City, State, Zip Code

**OFFICE USE ONLY**

TOWN OF SURFSIDE  
MAR 6 '20 4:51 PM

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)

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 / 21 / 2020 To 03 / 05 / 2020 Report Type: 11P1

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$ \_\_\_\_\_ , 1 , 470 . 00

Loans      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

Total Monetary      \$ \_\_\_\_\_ , 1 , 470 . 00

In-Kind      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 : 0

**(7) Expenditures This Report**

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 838 . 10

Transfers to Office Account      \$ 0 , 0 , 0 . 0

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 838 . 10

**(8) Other Distributions**

\$ 0 , 0 , 0 . 0

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 4 , 020 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , 1 , 997 . 02

### (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) ELIANA R. SALZHAVER

Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

X [Signature]  
Signature

(Type name) ELIANA R. SALZHAVER

Candidate       Chairperson (only for PC and PTY)

X [Signature]  
Signature

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

(1) Name ELIANA R. SALZHAUER (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 21 / 2020 through 03 / 05 / 2020 (4) Page 1 of 2

(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	Amendment	Amount
2 / 21 / 20 1	Galen Bakken 9225 Abbott Ave Surfside, FL 33154	I	retired Real estate manager + accountant	CHE			\$100 <sup>00</sup> / <sub>100</sub>
2 / 21 / 20 2	Elizabeth Cimadevilla 8911 Collins Ave Apt 704 Surfside, FL 33154	I	property management + maintenance	CHE			\$150 <sup>00</sup> / <sub>100</sub>
2 / 21 / 20 3	Michael Dronoff Adriana Dronoff 9316 Abbott Ave Surfside, FL 33154	I	Architect + pharmaceutical wholesale	CHE			\$50 <sup>00</sup> / <sub>100</sub>
2 / 23 / 20 4	Consuelo Suarez Brown 8911 Collins Ave Apt 1001 Surfside, FL 33154	I	portrait Artist	CHE			\$ 200 <sup>00</sup> / <sub>100</sub>
2 / 23 / 20 5	Andre Miranda 9473 Bay Dr. Surfside, FL 33154	I	e-commerce electronics wholesale (self employed)	CHE			\$ 50 <sup>00</sup> / <sub>100</sub>
2 / 26 / 20 6	Jennifer Julia Hill Paul E. Baldauf 9172 Dickens Ave Surfside, FL 33154	I	attorney + environmental science college professor	CHE			\$ 120 <sup>00</sup> / <sub>100</sub>
2 / 26 / 20 7	Robert McMonagle MG McMonagle 9040 Emerson Ave Surfside, FL 33154	I	Retired construction manager + retired Film production management	CHE			\$125 <sup>00</sup> / <sub>100</sub>



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

(1) Name ELIANA SALZHAUER (2) I.D. Number \_\_\_\_\_

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

(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
02 / 26 / 20 8	Carl Henderson 717 Surfside Blvd Surfside, FL 33154	I   IT management	CHE			\$75 <sup>00</sup> / <sub>100</sub>
2 / 29 / 20 9	Ellen Abramson 8864 Froude Ave Surfside, FL 33154	I   retired Art teacher	CHE			\$200 <sup>00</sup> / <sub>100</sub>
3 / 1 / 20 10	Robert McNutt 8911 Collins Ave Apt 505 Surfside, FL 33154	I   retired management	CAS			\$50 <sup>00</sup> / <sub>100</sub>
3 / 1 / 20 11	Sheryl Goldberg 9401 Collins Ave Apt 901 Surfside, FL 33154	I   Realtor (residential)	CHE			\$150 <sup>00</sup> / <sub>100</sub>
3 / 1 / 20 12	Karla McGuire 9232 Harding Ave Surfside, FL 33154	I   physician	CHE			\$50 <sup>00</sup> / <sub>100</sub>
3 / 1 / 20 13	Deborah Dawson 9172 Bynn Ave Surfside, FL 33154	I   Counselor/ Psychologist Therapist	CHE			\$100 <sup>00</sup> / <sub>100</sub>
3 / 4 / 20 14	Evelyn Fernandez 2355 N. Bay Rd Miami Beach, FL 33140 (former Surfside resident)	I   teacher	CAS (money order)			\$50 <sup>00</sup> / <sub>100</sub>

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

(1) Name ELIANA R. SALZHAUER (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 02/21/2020 through 03/05/2020 (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
2/24/20 1	Vistaprint 275 Wyman street Waltham, MA 02451 (online purchase)	Campaign materials door hangers	CAN		\$196 <sup>30</sup> / <sub>100</sub>
2/25/20 2	Mailchimp Rocket Science Group LLC 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	Email service	CAN/ ECC		\$49 <sup>99</sup> / <sub>100</sub>
2/27/20 3	Miami Sign Shop 13899 Bisagne Blvd #155 North Miami, FL 33181	Campaign lawn signs	CAN		\$150 <sup>00</sup> / <sub>100</sub>
3/1/20 4	Vistaprint 275 Wyman street Waltham, MA 02451 (online purchase)	Campaign materials postcards	CAN		\$429 <sup>81</sup> / <sub>100</sub>
2/28/20 5	BANK United PO Box 521599 Miami, FL 33152	Banking monthly service charge	CAN		\$12 <sup>00</sup> / <sub>100</sub>
//					
//					
//					

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



OFFICE USE ONLY

Name

Eliana Salzhaver

I.D. Number

Address (number and street)

9317 Bay Dr.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE  
MAR 6 '20 4:51 PM

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2/21/2020 through 3/05/2020

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.

Eliana R. Salzhaver

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Eliana R. Salzhaver

(Type name)  Candidate

X

Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAVER  
 Name  
 (2) 9317 Bay Drive  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

MAR 12 '20 4:41PM

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)
- 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 03 / 06 / 20 To 03 / 12 / 20 Report Type: 4P1

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

Loans    \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

In-Kind    \$ \_\_\_\_\_, \_\_\_\_\_, 0 : 0

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_, 1,089 . 11

Transfers to Office Account    \$ 0 , 0 , 0 . 0

Total Monetary    \$ \_\_\_\_\_, 1,089 . 11

### (8) Other Distributions

\$ 0 , 0 , 0 . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 4,020 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 3,086 . 13

### (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) ELIANA R. SALZHAVER  
 Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X  
 Signature Eliana R. Salzhaver

(Type name) ELIANA R. SALZHAVER  
 Candidate     Chairperson (only for PC and PTY)

X  
 Signature Eliana R. Salzhaver

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

MAR12 '20 4:41PM

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 06 / 2020 through 03 / 12 / 2020 (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
/ /							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
/ /							
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/ /							
/ /							

NONE

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

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03/06/20 through 03/12/20

(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
(6) Sequence Number					
3/7/20 1	United States Postal Service USPS.com Every Door Direct Mail Surfside post office 250 95th St. Surfside, FL 33154	postage for campaign mailer (EDDM)	CAN		\$703 <sup>07</sup> / <sub>100</sub>
3/11/20 2	Costco 14800 Sole Mia Way N. Miami, FL 33181	Printer Ink for campaign materials	CAN		\$213 <sup>98</sup> / <sub>100</sub>
3/11/20 3	Costco 14800 Sole Mia Way N. Miami, FL 33181	Electron Day Supplies water, disinfecting wipes, <del>safety</del> supplies, tissues	CAN		\$172 <sup>06</sup> / <sub>100</sub>
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name ELIANA R. SATZHAUER

I.D. Number \_\_\_\_\_

Address (number and street) 9317 Bay Dr.

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR12 '20 4:42PM

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 03/06/20 through 03/12/20

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.

ELIANA R. SATZHAUER  
(Type name)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

ELIANA R. SATZHAUER  
(Type name)  Candidate

[Signature]  
Signature



**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



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

MAR12 '20 4:42PM

(1) Name ELIANA R. SALZHAUER (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 4P2 (4) Cover Period 03/06/20 through 03/12/20  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
<u>N/A</u>	<u>MA</u>	<u>MA</u>	<u>N/A</u>	<u>N/A</u>
<u>NONE</u>				

## CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

TOWN OF SURFSIDE  
JUN 15 '20 4:24PM

(1) ELIANA R SALZHAUER  
Name

(2) 9317 Bay Drive  
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: Commissioner
- 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 03 / 13 / 20 To 06 / 15 / 20 Report Type: 18TR6

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

Loans    \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

In-Kind    \$ \_\_\_\_\_, \_\_\_\_\_, 0 : 0

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_, \_\_\_\_\_, 933 . 87

Transfers to Office Account    \$ 0 , 0 , 0 . 0

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, 933 . 87

### (8) Other Distributions

\$ 0 , 0 , 0 . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 4 , 020 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 4 , 020 . 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) ELIANA R. SALZHAUER

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X Eliana R. Salzhauer  
Signature

(Type name) ELIANA R. SALZHAUER

Candidate     Chairperson (only for PC and PTY)

X Eliana R. Salzhauer  
Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

JUN 15 '20 4:24PM

(1) Name Eliana Sabzauer

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 13 / 20 through 06 / 15 / 20

(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
/ /	N/A	NA	N/A	N/A	N/A	N/A	N/A
N/A							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

NONE

0

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

(1) Name ELIANA SALZHAUER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 13 / 20 through 06 / 15 / 20

(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
3/26/20 1	Mailchimp Rocket Science group LLC 675 Ponce De Leon Ave NE suite 5000 ATLANTA, GA 30308	Email service	CAN/ ECC		\$53 <sup>98</sup> / <sub>100</sub>
3/31/20 2	Bank United P.O. Box 521599 Miami, FL 33152	Banking monthly service fee	CAN		\$12 <sup>00</sup> / <sub>100</sub>
4/26/20 3	Mailchimp Rocket Science group LLC 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	Email Service	CAN/ ECC		\$44 <sup>99</sup> / <sub>100</sub>
4/30/20 4	Bank United P.O. Box 521599 Miami, FL 33152	Banking monthly service fee	CAN		\$12 <sup>00</sup> / <sub>100</sub>
5/26/20 5	Mailchimp Rocket Science group LLC 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	Email service	CAN/ ECC		\$44 <sup>99</sup> / <sub>100</sub>
5/29/20 6	Bank United PO Box 521599 Miami, FL 33152	Banking monthly service fee	CAN		\$12 <sup>00</sup> / <sub>100</sub>
6/12/20 7	Eliana Salzhauser 9317 Bay Dr Surfside, FL 33154	loan repayment to self (disposition of funds in terminating report)	DIS		\$100 <sup>00</sup> / <sub>100</sub>
6/12/20 8	Farm Share, Inc 14125 SW 320th street Homestead, FL 33033	disposition of remaining campaign funds to Food Bank On Arity 501(c)(3) (donation)	DIS		\$653 <sup>91</sup> / <sub>100</sub>

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



OFFICE USE ONLY

Name

ELIANA SALZHAVER

I.D. Number

Address (number and street)

9317 Bay Dr.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JUN 15 '20 4:24PM

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/13/2020 through 06/15/2020

Report Type  Original  Amendment

CERTIFICATION

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ELIANA R. SALZHAVER

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

ELIANA R. SALZHAVER

(Type name)  Candidate

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 ELIANA R. SATZHAUER (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 18TRG (4) Cover Period 03/13/20 through 06/15/20  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	N/A	N/A	N/A	N/A
<p align="center">NONE</p>				

JUN 15 '20 4:24PM  
TOWN OF SURFSIDE  
JUN 15 '20 4:24PM