

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

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

(PLEASE PRINT OR TYPE)

NOV 4 AM 11:00 *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)

Shlomo Danzinger

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

*9000 Harding Ave
Surfside, FL 33154*

4. Telephone

(786) 350-9331

5. E-mail address

danzinger@gmail.com

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

Commissioner

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

(786) 350-9331

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

danzinger@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

11-4-19

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.

11-4-19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

NOV 4 AM 11:00

gkn

I, Shlomo Danzinger,
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

11-4-19

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).

COPY

NOV 4 AM 11:00 SKN
NOV 13 AM 11:00 A

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.

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

(786) 350-9331

5. E-mail address

danzinger@gmail.com

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

Commissioner

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

(786) 350-9331

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

danzinger@gmail.com

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

19. Name of Bank

IBERIABANK

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

11-4-19

26. Signature of Candidate

X

Shlomo Danzinger

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.

11-4-19

Date

X

Shlomo Danzinger
Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 19 PM 2:12 *R*

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 }

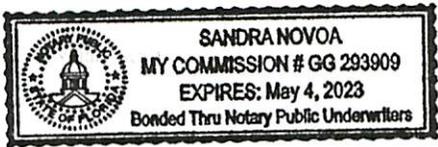
COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is 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 Director, User Experience; that I have been a resident of the Town of Surfside since 5/18/2012; that I will be at least twenty-one (21) years of age by November 22, 2019 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Shlomo Danzinger
Signature of Candidate
11-19-19
Date

Sworn to and subscribed before me this 19th day of November, 2019.



Sandra Novoa
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

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

NOV 19 PM 2:09

Write-in candidate

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 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): 118554799

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.]

Sh-low-mo Dan-zing-guhr

X [Signature] (786) 350-9331 danzinger@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

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

Sworn to (or affirmed) and subscribed before me this 19th
day of November, 20 19.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: DL license



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 :

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 :

Commissioner

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

NOV 19 PM 2:09

**** **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
JPay, Inc.	10981 Miramar Pkwy, Miramar FL 33025	Technology

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
n/a			

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

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

n/a	

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
US 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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NA	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE 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:

11-19-19

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.

**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 19 PM 2:09

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
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>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michelle Weinsang</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 Pitt</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Sarah Cook Sarah Cook</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Roshi Handwerker</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: <u>Alexandra H</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alexandra Handwerker</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alexandra Handwerker</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alexandra Handwerker</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Yisroel Ginsburg</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Obelia Weiss</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacob Weiss</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Steven B Schwartz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mali Schwartz</u>	Address: <u>[Redacted]</u>

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: 9000 Harding Ave. Surfside FL 33154
Email address of Circulator: danzinger@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: 11-19-19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 19 PM 2:10

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
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>11/15/20</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>David Duchman</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/20</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Joshua Greisman</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-15-20</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Devonck Halbrustan</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Jonathan Rubinstein</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/20</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>David Schute</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Sady Yerushalamy</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>CHAYA CAMISSAR</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Sonam Bardos</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Brian Roller</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Edward Ohayon</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SAULOMON JUROVIESKI</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ROBERT KLAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DOV SCHXHET</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: danzinger@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: 11-19-19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 19 PM 2:10. *[Signature]*

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
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: <i>[Signature]</i>	Date: <u>Nov 13</u> D.O.B. <u>2019</u>
Print Name: <u>GILBERT AZARI</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11/12/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rochelle Leah Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11/13/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shneur Z. Wolff</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11/13/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Friedman</u>	Address: <u>[Redacted]</u>
Signature: <u>Nathan Miller</u>	Date: <u>11/13/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Nathan Miller</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11-14-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MOSHE RUBINSTEIN</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11/14/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlomo Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <u>9C</u>	Date: <u>11/14/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Scher Z Duchman</u>	Address: <u>[Redacted]</u>
Signature: <u>D Duchman</u>	Date: <u>11/14/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Debra Duchman</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SHARON HAKMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>202020</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Makie Tevardovitz</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Carene Ohayon</u>	Address: <u>[Redacted]</u>
Signature: <i>[Signature]</i>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Crank</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: danzinger@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: 11-19-19

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

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 19 PM 2:10

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger 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>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>IRIS JOY HERRSAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DOBA/R. RUBINSTEIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Yagcob Sai dof</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Dalit Teshuba</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SHMUEL TEVARDOVITZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Anna Rottenstein</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SAMUEL ROTTENSTEIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SIMON TRUZYMAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Steven Eisenberg</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SCHMUEL ZACHAN LIPSKAR</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>RIVKAH LIPSKAR</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>AZRIEL WASSERMAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Wasserman</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: danzinger@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: 11-19-19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 19 PM 2:10

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger 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>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlomy Diamant</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JOSEPH GOWBROWNER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SHANEUF (ZALMY) SHAPIRO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SHEA Y SCHNEIDER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ELISA SEPTIMUS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>AARON LIPSKAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Devorahleah Lipskan</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Elyakim Boymelgreen</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Meira Benjamin</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>AARON GEWIRTZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rochele L. Ostron</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Marissa Jacobson</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ben Jacobson</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: 4000 Harding Ave., Surfside FL 33154
Email address of Circulator: clanzinger@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: 11-19-19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 19 PM 2:10

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
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>11-15-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>BEZAKEL CAMISSAR</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SHAYLA FARKASH</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/1989</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Deborah Farkash</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Asam Kleinberg</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SERGIO GURVITSCH</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>BARRY COLEMAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>RUTH MELOUL</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Rubashkin</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Rochel Rubashkin</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Menachem Mendel Brod</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Ehrlich</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Yosel Horowitz</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: 9000 Harding Ave., Surfside FL 33154
Email address of Circulator: danzinger@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: 11-19-19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 19 PM 2:10

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger 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>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Menachen KATE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Ester Rachel Kate</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Gordon Brawn</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Marian Brawn</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Valuda Best</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Chaya Woonterles</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Daniel E. Etchings</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-19-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Daniel Shapiro</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

The undersigned is the circulator of the foregoing paper containing 8 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: danzinger@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: 11-19-19

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Shlomo Danzinger
 Name
9000 Harding Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

DEC4 '19 4:51PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commissioner

- | | |
|--|--|
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Party Executive Committee (PTY) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 11 / 1 / 19 To 11 / 30 / 19 Report Type: 2019M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100 . 00

Loans \$ _____ , 1 , 200 . 00

Total Monetary \$ _____ , 1 , 300 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 29 . 30

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

Total Monetary \$ _____ , _____ , 29 . 30

(8) Other Distributions
 \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 1 , 300 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 29 . 30

(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 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
11 / 19 / 19	Town of Surfside 9293 HARDING AVENUE SURFSIDE, FL 33154	Filing Fee	CAN		\$25.00
1					
11 / 29 / 19	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$4.30
2					
// /					
// /					
// /					
// /					
// /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

DEC4 '19 3:53PM

(1) Name SHLOMO DANZINGER

(2) I.D. Number 

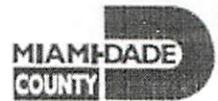
(3) Cover Period 11 / 01 / 19 through 11 / 30 / 19

(4) Page 1 of 1

DEC4 '19 3:53PM

(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							
11 / 13 / 19 1	Danzinger, Shlomo 9000 Harding AveSurfside FL 33154 United States	S	U.X.	LOA			\$1,200.00
11 / 29 / 19 2	Wasserman, Azriel 9032 Emerson Avenue Surfside FL 33154 United States	I	E-Commerce	RCT			\$100.00

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

DEC4 '19 3:54PM

Candidate for:

Mayor

Commissioner, District Town of Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

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

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

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

JAN 13 '20 9:42AM

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

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 4, 568. 46

Loans \$ _____, _____, 0. 00

Total Monetary \$ _____, 4, 568. 46

In-Kind \$ _____, _____, 0. 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, 3, 231. 29

Transfers to Office Account \$ _____, _____, 0. 00

Total Monetary \$ _____, 3, 231. 29

(8) Other Distributions

\$ _____, _____, 0. 0000

(9) TOTAL Monetary Contributions To Date

\$ _____, 5, 868. 46

(10) TOTAL Monetary Expenditures To Date

\$ _____, 3, 260. 59

(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 JAN 20 9:42AM

(3) Cover Period 12 / 01 / 2019 through 12 / 31 / 2019

(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		Amount
12 / 04 / 2019	Daniel Gielchinsky	I	Attorney	RCT			\$50.00
1	9511 Collins Avenue Apt.# 711 Surfside FL 33154						
12 / 04 / 2019	Velvel Freedman	I	Attorney	RCT			\$500.00
2	9500 W Bay Harbor Dr. Apt 7A Bay Harbor Islands FL 33154						
12 / 06 / 2019	Michael Blisko	I	Businessman	RCT			\$1,000.00
3	9390 Bay Drive Surfside FL 33154						
12 / 06 / 2019	Ronit Blisko	I	Homemaker	RCT			\$1,000.00
4	9390 Bay Drive Surfside FL 33154						
12 / 19 / 2019	Ben Jacobson Campaign Account	I	Consulting	CHE Reimbursement Printing Expenses			\$1,009.23
5	9455 Collins Ave. #309 Surfside FL 33154						
12 / 19 / 2019	Iris J Herssein Campaign Account	I	Attorney	CHE Reimbursement Printing Expenses			\$1,009.23
6	701 94th St Surfside FL 33154						
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 2019 through 12 / 31 / 2019

(4) Page 1 of 2

(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					
12 / 02 / 2019	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
1					
12 / 04 / 2019	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$2.30
2					
12 / 04 / 2019	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$20.30
3					
12 / 05 / 2019	USPS Surfside 250 95th Street Surfside, FL 33154	Stamps	CAN		\$11.00
4					
12 / 05 / 2019	CVS Pharmacy 9578 Harding Ave Surfside, FL 33154	Envelopes	CAN		\$4.49
5					
12 / 06 / 2019	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$40.30
6					
12 / 06 / 2019	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$40.30
7					
12 / 17 / 2019	Overnight Prints 7582 Las Vegas Blvd. S. Suite #487, Las Vegas, NV, 89123	Printing: Business Cards Brochures Postcards	CAN		\$789.86
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 2019 through 12 / 31 / 2019

(4) Page 2 of 2

(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					
12 / 17 / 2019	Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104	Printing: Lawn Signs	CAN		\$1,544.91
9					
12 / 18 / 2019	Underground Printing 260 Metty Dr., Suite G Ann Arbor, MI 48103	Printing: T-Shirts	CAN		564.10
10					
12 / 19 / 2019	Ben Jacobson Campaign Account 9455 Collins Ave. #309 Surfside FL 33154	Reimbursement: Condo event Food /drinks	CAN		\$76.91
11					
12 / 20 / 2019	Quality Logo Products, Inc. 724 North Highland Avenue Aurora, Illinois 60506	Printing: Pens	CAN		\$128.82
12					
12 / 27 / 2019	l&l IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
13					
/ /					
/ /					
/ /					
/ /					

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

JAN 8 '20 9:42AM

Candidate for:

- Mayor
- Commissioner, District Town of Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

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

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.

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

Shlomo Danzinger
(Type name) Treasurer Deputy Treasurer

Shlomo Danzinger
(Type name) Candidate

X
Signature

X
Signature

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

TOWN OF SURFSIDE

FEB 18 '20 12:44PM

SD

(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 / 2020 To 01 / 31 / 2020 Report Type: 2020M1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 600.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 600.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 28.60

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 28.60

(8) Other Distributions

\$ _____, _____, 0.0000

(9) TOTAL Monetary Contributions To Date

\$ _____, 6,468.46

(10) TOTAL Monetary Expenditures To Date

\$ _____, 3,289.19

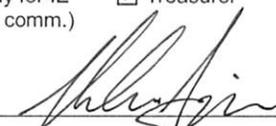
(11) Certification

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

TOWN OF SURFSIDE

FEB 18 '20 12:44 PM

SUN

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2020 through 01 / 31 / 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
01 / 14 / 2020 1	Gabriel Gliksberg 805 N Milwaukee Ave Ste 301 Chicago IL 60642 United States	I	Investments	RCT			\$500.00
01 / 26 / 2020 2	Andy & Eti Bales 9165 Froude Ave Surfside FL 33154 United States	I	Architect	RCT			\$100.00
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SM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2020 through 01 / 31 / 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
(6) Sequence Number					
01 / 14 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$20.30
1					
01 / 26 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$4.30
2					
01 / 27 / 2020	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
3					
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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

TOWN OF SURFSIDE

FEB10 '20 12:45PM

Candidate for:

- Mayor
- Commissioner, District Town of Surfside
- 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.

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

Shlomo Danzinger
(Type name) Treasurer Deputy Treasurer

Shlomo Danzinger
(Type name) Candidate

X
Signature

X
Signature

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

FEB21 '20 12:54PM

TOWN OF SURFSIDE

(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: 25P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,987.61

Loans \$ 0.00

Total Monetary \$ 1,987.61

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 2,599.26

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,599.26

(8) Other Distributions

\$ 0.0000

(9) TOTAL Monetary Contributions To Date

\$ 8,456.07

(10) TOTAL Monetary Expenditures To Date

\$ 5,888.45

(11) Certification

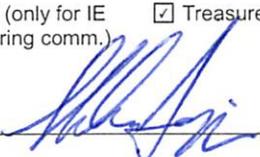
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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 02 / 01 / 2020 through 02 / 20 / 2020 (4) Page 1 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
(6) Sequence Number							
02 / 04 / 2020 1	Steven Dunn 11900 Biscayne Blvd, Suite 600 Miami FL 33181	I	Attorney	RCT			\$500.00
02 / 06 / 2020 2	Ben Jacobson Campaign Account 9455 Collins Ave #309 Surfside FL 33154	I	Consulting	RCT Reimbursement Printing Expenses			\$168.20
02 / 09 / 2020 3	Shmuel Levy 9432 Carlyle Ave Surfside FL 33154 United States	I	Self Employ	RCT			\$100.00
02 / 09 / 2020 4	Shaya Farkash 9273 Collins Ave #405 Surfside FL 33154 United States	I	Youth Prgrm	RCT			\$18.00
02 / 09 / 2020 5	Adam Ziefer. 916 N. 20th Ave Hollywood FL 33020 United States	I	Sales	RCT			\$18.00
02 / 11 / 2020 6	Hershy Goldberger 9940 W Bay Harbor Dr Unit 4BS Bay Harbor Islands FL 33154 United States	I	Software	RCT			\$36.00
02 / 17 / 2020 7	Wildes & Weinberg P.C. 515 Madison Street New York NY 10002 United States	B	Law	RCT			\$500.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 2020 through 02 / 20 / 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
(6) Sequence Number							
02 / 20 / 2020 8	Ben Jacobson Campaign Account 9455 Collins Ave #309 Surfside FL 33154	I	Consulting	RCT Reimbursement Printing Expenses			\$647.41
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2020 through 02 / 20 / 2020

(4) Page 1 of 2

(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					
02 / 04 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$20.30
1					
02 / 04 / 2020	Signs.com 1550 South Gladiola Street Salt lake City, UT 84104	Printing: Lawn Signs	CAN		\$504.60
2					
02 / 05 / 2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$25.00
3					
02 / 06 / 2020	Amazon.com 410 Terry Ave. North Seattle, WA, 98109-5210	Food /Drink Meet & Greet Campaign Event	CAN		\$49.79
4					
02 / 09 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$4.30
5					
02 / 09 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$1.02
6					
02 / 09 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$1.02
7					
02 / 11 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$1.74
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2020 through 02 / 20 / 2020

(4) Page 2 of 2

(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					
02 / 17 / 2020	Anedot Inc. 1920 McKinney Ave, 7th Floor Dallas, TX 75201	Processing Fee	CAN		\$20.30
9					
02 / 17 / 2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$25.00
10					
02 / 18 / 2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$3.97
11					
02 / 18 / 2020	Print Place 1130 Ave H East Arlington, TX 76011	Printing & Distribution: Postcard Mailers	CAN		\$1,369.08
12					
02 / 19 / 2020	Signs.com 1550 South Gladiola Street Salt lake City, UT 84104	Printing: Lawn Signs	CAN		\$573.14
13					

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



OFFICE USE ONLY

Name SHLOMO DANZINGER

I.D. Number

Address (number and street)
9000 HARDING AVE

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District Town of Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25P1 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.

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

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



MAR 6 '20 12:08PM

(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 \$ _____ , _____ , 865 . 61

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 865 . 61

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 72 . 97

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 72 . 97

(8) Other Distributions

\$ _____ , _____ 0 , _____ . 0000

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ 9 , 321 . 68

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ 5 , 961 . 42

(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

MAR 6 '20 12:08PM



(1) Name SHLOMO DANZINGER

(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 24 / 2020 1	Iris J Herssein Campaign Account 701 94th St Surfside FL 33154	I	Attorney	RCT Reimbursement Printing Expenses			\$815.61
03 / 02 / 2020 2	David B Karp 9341 Collins Ave Apt. 1208 Surfside FL 33154	I	Educator	CHE			\$50.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(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) Arndment	(11) Amount
(6) Sequence Number					
02 / 21 / 2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$25.00
1					
02 / 25 / 2020	Facebook, Inc. 1601 Willow Rad Menlo Park, CA 94024-1452	Advertising & Marketing	CAN		\$35.00
2					
02 / 27 / 2020	1&1 IONOS Inc. 701 Lee Road Suite 300 Chesterbrook, PA 19087	Web Domain Web Hosting	CAN		\$4.00
3					
03 / 04 / 2020	PUBLIX Surfside 9400 Harding Ave Surfside, FL 33154	Food /Drink Meet & Greet Campaign Event	CAN		\$8.97
4					
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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

MAR 6 '20 12:09PM

Candidate for:

- Mayor
- Commissioner, District Town of Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02/21/2020 through 03/05/2020

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.

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

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



TOWN OF SURFSIDE

(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 / 2020 To 03 / 12 / 2020 Report Type: 4P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 562. 32

Loans \$ _____, _____, 0. 00

Total Monetary \$ _____, _____, 562. 32

In-Kind \$ _____, _____, 0. 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 862. 50

Transfers to Office Account \$ _____, _____, 0. 00

Total Monetary \$ _____, _____, 862. 50

(8) Other Distributions

\$ _____, _____, 0. 0000

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 9, 884. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 6, 823. 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) 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 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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 09 / 2020	123RF LLC	Advertising & Marketing	CAN		\$9.00
1	220 N Green St Chicago, IL 60607				
03 / 09 / 2020	123RF LLC	Advertising & Marketing	CAN		\$10.00
2	220 N Green St Chicago, IL 60607				
03 / 09 / 2020	Print Place	Printing & Distribution: Postcard Mailers	CAN		\$843.50
3	1130 Ave H East Arlington, TX 76011				
// /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER

(2) I.D. Number MAR13 '20 9:44AM 

(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
(6) Sequence Number							
03 / 12 / 2020 1	Iris J Herssein Campaign Account 701 94th St Surfside FL 33154	I	Attorney	RCT Reimbursement Printing Expenses			\$281.16
03 / 12 / 2020 2	Ben Jacobson Campaign Account 9455 Collins Ave #309 Surfside FL 33154	I	Consulting	RCT Reimbursement Printing Expenses			\$281.16
/ /							
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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


MAR13 '20 9:43AM

Candidate for:

- Mayor
- Commissioner, District Town of Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 03/06/2020 through 03/12/2020

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.

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

Shlomo Danzinger
(Type name) Treasurer Deputy Treasurer

Shlomo Danzinger
(Type name) Candidate

X 
Signature

X 
Signature

