

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

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

(PLEASE PRINT OR TYPE)

JAN 13 AM 11:46

OFFICE USE ONLY

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

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) 765-0620

5. E-mail address

ShlomoForSurfside@gmail.com

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

Mayor

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

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Shlomo Danzinger

11. Mailing Address

9000 Harding Ave

12. Telephone

(786) 765-0620

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

ShlomoForSurfside@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

1/13/22

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.

1/13/22
Date

X

Shlomo Danzinger
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY


JAN 13 AM 11:48

I, Shlomo Danzinger,

candidate for the office of Mayor;

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

X


Signature of Candidate

01/13/22

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).

JAN 19 AM 11:33

Handwritten signature
JAN 13 AM 11:46

**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) 765-0620

5. E-mail address

ShlomoForSurfside@gmail.com

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

Mayor

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

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Shlomo Danzinger

11. Mailing Address

9000 Harding Ave

12. Telephone

(786) 765-0620

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

ShlomoForSurfside@gmail.com

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

19. Name of Bank

SunTrust Bank

20. Address

9600 Collins Ave

21. City

Bal Harbour

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33154

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

1/13/22

26. Signature of Candidate

X

Handwritten signature

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

1/13/22
Date

X

Handwritten signature
Signature of Campaign Treasurer or Deputy Treasurer

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

JAN 20 AM 11:25

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/19/2022</u>	D.O.B.:
Print Name: <u>Brenda Silberstein</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/17/2022</u>	D.O.B.:
Print Name: <u>Miriam Silberstein</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u>	D.O.B.:
Print Name: <u>Daniel Shapiro</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u>	D.O.B.:
Print Name: <u>David Duchman</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u>	D.O.B.:
Print Name: <u>Shmyel Greenwald</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/2022</u>	D.O.B.:
Print Name: <u>Shosh Schweitzer</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>Richard Koffler</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>[Signature]</u>	Address:	
Signature: <u>[Signature]</u>	Date:	D.O.B.:
Print Name: <u>Laurie Money</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u>	D.O.B.:
Print Name: <u>URI COHEN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u>	D.O.B.:
Print Name: <u>ISSEK NEW</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u>	D.O.B.:
Print Name: <u>Carene Chayon</u>	Address:	
Signature: <u>[Signature]</u>	Date:	D.O.B.:
Print Name:	Address:	

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: Shlomo for Surfside@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/20/22

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

JAN 20 AM 11:26

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: <u>Richard Moore</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/19/2022</u> D.O.B. _____
Print Name: <u>Renee Moore</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Shalom Edelkopf</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Miriam Rosenblum</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Joshua Grisman</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>David Karp</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Levi Yitzhak Schneider</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/29/22</u> D.O.B. _____
Print Name: <u>Isene Halberstam</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Margaret Wolfe</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Fredyne Chiche</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Azriel Wasserman</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Chana Wasserman</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Chana Ainsworth</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: 9000 Harding Ave., Surfside FL 33154
Email address of Circulator: ShlomoForSurfside@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/20/22

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

JAN 20 AM 11:26

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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for the office of Mayor (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Rochel Leah Ostrov</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Shlomo Danzinger</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>BENJAMIN WALDMAN</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>SHARA FARKAS</u>	Address: <u>405 WILSON</u>
Signature: <u>[Signature]</u>	Date: <u>1-19-22</u> D.O.B. _____
Print Name: <u>SAMUEL ROTTENSTEIN</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Anna Rottenstein</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Marissa Jacobson</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Ben Jacobson</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Michael Shonin</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Nicole Shonin</u>	Address: <u>9</u>
Signature: <u>[Signature]</u>	Date: <u>1-19-22</u> D.O.B. _____
Print Name: <u>NAFTALI KAPLAN</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>01-19-22</u> D.O.B. _____
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Devorah Halberstam</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: 9000 Harding Ave., Surfside FL 33154
Email address of Circulator: Shlomo for Surfside@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/20/22

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

JAN 20 AM 11:26

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March 15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>1/20/22</u>
Print Name: <u>Arch Ciran</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>Shlomo Mochkin</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>DAN AREV</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>Danielle Abraham</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>"</u> D.O.B. <u>"</u>
Print Name: <u>"</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>Shmuel Shapiro</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u> D.O.B. <u>"</u>
Print Name: <u>ESTHER MOCHKIN</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>"</u> D.O.B. <u>"</u>
Print Name: <u>"</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>Yosef Schwartz</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1-20-22</u> D.O.B. <u>"</u>
Print Name: <u>DAVID KRAMER</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>MORDECHAI KOHN</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>"</u>
Print Name: <u>ARYEH WENSCH</u>	Address: <u>"</u>
Signature: <u>[Signature]</u>	Date: <u>"</u> D.O.B. <u>"</u>
Print Name: <u>"</u>	Address: <u>"</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

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

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/20/22

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

JAN 20 AM 11:25

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Shlomo Danzinger
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>Rachel M.</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>RACHEL MORANTZ</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. _____
Print Name: <u>Shlomo Danzinger</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. _____
Print Name: <u>SHMUEL TEVAROVITZ</u>	Address: _____
Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/20/22</u> D.O.B. <u>S</u>
Print Name: <u>Yisroel Eli Ginsburg</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 4 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

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

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/20/22

Shlomo Danzinger
Campaign Account

63-215/631

98

DATE 1/20/22

PAY TO THE ORDER OF
Town of Surfside
Twenty Five ^{xx}/_{xx}

\$ 25 ^{xx}/_{xx}

DOLLARS

Security Features
Check on Back.



SUNTRUST

ACH RT 061000104

MEMO

Qualifying Fee

[Signature]

MP

SPECIAL P. 414

**CANDIDATE OATH –
NONPARTISAN OFFICE**

JAN 20 AM 11:57

(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

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 Mayor, —,
(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) 765-0620 ShlomoForSurfside@gmail.com
Signature of Candidate Telephone Number Email Address

9000 Harding Ave Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

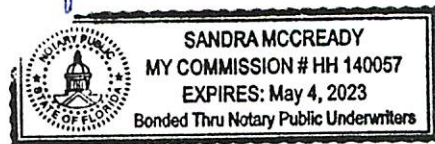
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 20th day of January, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: DL

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





JAN 20 AM 11:34

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

GENERAL ELECTION – MARCH 15, 2022

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

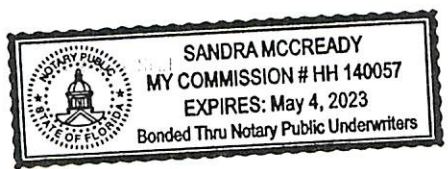
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Shlomo Danzinger,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9000 Harding Ave., Surfside FL 33154,
my occupation is Self Employed; that I have been
a resident of the Town of Surfside since 5/18/2012; that I will be at least twenty-one (21) years of
age by January 29, 2022 and that if elected, I will willingly serve as Mayor
(Mayor or Commissioner) of the Town of Surfside, if elected.

Shlomo Danzinger
Signature of Candidate

1/20/22
Date

Sworn to and subscribed before me this 20th day of January, 20 22.



Sandra N. McCreedy
NOTARY PUBLIC
Sandra N. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

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

JAN 20 AM 11:43

MAILING ADDRESS :

9000 Harding Ave

CITY: Surfside ZIP: 33154 COUNTY: Miami-Dade

NAME OF AGENCY: Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Mayor

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Self Employed, 9000 Harding Ave, Surfside FL 33134, Product Manufacturing.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: NA

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

Table with 1 column: REAL PROPERTY. Row 1: NA

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

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Checking & Savings Account	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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

1/20/22

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.



Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

January 21, 2022

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

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Shlomo Danzinger, a candidate for the office of Mayor for Town of Surfside. A total of 26 petitions were reviewed for verification; of which 26 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.

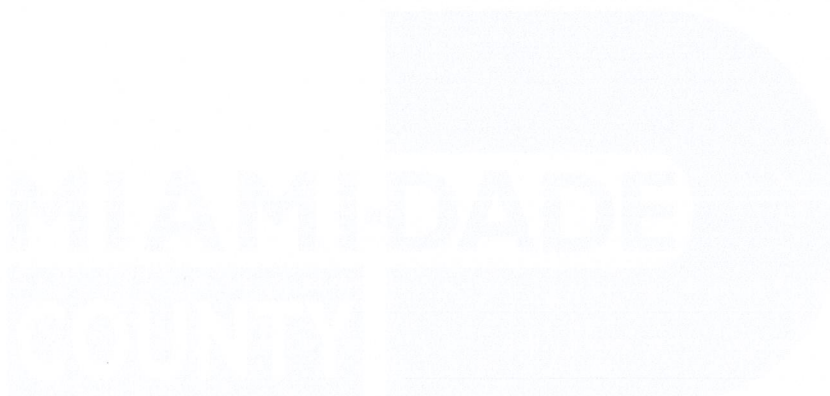
Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to be "CW", written over a faint circular stamp.

Christina White
Supervisor of Elections

Enclosure (1)





Elections
2700 NW 87th Avenue
Miami, Florida 33172

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 **26** signatures submitted by **Shlomo Danzinger** for the office of **Mayor** for the **Town of Surfside** matched the signatures on the voter files.

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

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 21st DAY OF
JANUARY, 2022



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

January 24, 2022

Mr. Shlomo Danzinger
9000 Harding Avenue
Surfside, Fl 33154

Dear Mr. Danzinger:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2022 Municipal Election.

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

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JAN 24 AM 11:48



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) 765-0620

5. E-mail address

ShlomoForSurfside@gmail.com

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

Mayor

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

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Shlomo Danzinger

11. Mailing Address

9000 Harding Ave

12. Telephone

(786) 765-0620

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

ShlomoForSurfside@gmail.com

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

19. Name of Bank

Iberia Bank

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

1/24/22

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.

1/24/22

X



Date

Signature of Campaign Treasurer or Deputy Treasurer

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

FEB 3 PM 3:11

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 01 / 01 / 22 To 01 / 31 / 22 Report Type: 2022M1

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 200 . 00

Total Monetary \$ _____ , _____ , 200 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

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

Total Monetary \$ _____ , _____ , 25 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25 . 00

(11) Certification

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

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

(Type name) Shlomo Danzinger

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

X 
Signature

(Type name) Shlomo Danzinger

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER

FEB 3 PM 3:11
(2) I.D. Number _____

(3) Cover Period 01 / 01 / 22 through 01 / 31 / 22

(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							
01 / 18 / 22 1	Danzinger, Shlomo 9000 Harding Ave Surfside, FL 33154 United States	S	Product	LOA			\$100.00
01 / 24 / 22 2	Danzinger, Shlomo 9000 Harding Ave Surfside, FL 33154 United States	S	Product	LOA			\$100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

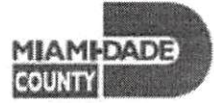
(2) I.D. Number _____

(3) Cover Period 01 / 01 / 22 through 01 / 31 / 22

(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 / 20 / 22	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Filing Fee	CAN		\$25.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

FEB 3 PM 3:11

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2022M1 Cover Period 01/01/2022 through 01/31/2022

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

FEB 18 AM 11:03

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 22 To 02 / 17 / 22 Report Type: 25P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 5,539 . 00

Loans \$, , .

Total Monetary \$, 5,539 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 3,531 . 01

Transfers to Office Account \$, , .

Total Monetary \$, 3,531 . 01

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5, 739 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 3, 556 . 01

(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 / 22 through 02 / 17 / 22 (4) Page FEB 18 AM 11:03 4 of _____

(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 / 02 / 22 1	David B Karp 9341 Collins Ave Apt. 1208 Surfside, FL 33154	I	Educator	CHE			\$100.00
02 / 07 / 22 2	Richard Lichter 9001 Collins Ave S-809 Surfside FL 33154	I	Businessman	CHE			\$200.00
02 / 08 / 22 3	Aaron Gewirtz 9240 Abbott Ave Surfside FL 33154	I	Businessman	RCT			\$100.00
02 / 08 / 22 4	Zalman Lipskar 9289 Dickens Avenue Surfside FL 33154	I	Businessman	RCT			\$25.00
02 / 08 / 22 5	Shmuel Friedman 9349 dickens ave Surfside FL 33154	I	Businessman	RCT			\$50.00
02 / 08 / 22 6	Shlaime Mochkin 9424 Abbott Ave Surfside FL 33154	I	Businessman	RCT			\$50.00
02 / 08 / 22 7	Bernie Waldman 9209 Dickens Avenue Surfside FL 33154	I	Businessman	RCT			\$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 18 AM 11:03

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

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22 (4) Page 2 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
02 / 08 / 22 8	Samuel Rottenstein 9455 Collins Avenue Surfside FL 33154	I	Retired	RCT			\$500.00
02 / 08 / 22 9	Shalom Edelkopf 9265 Byron Avenue Surfside FL 33154	I	Businessman	RCT			\$100.00
02 / 08 / 22 10	Moshe Lew 1149 97th St Bay Harbor Islands FL 33154	I	Businessman	RCT			\$50.00
02 / 08 / 22 11	Charles Scharf 9540 Byron Avenue Surfside FL 33154	I	Businessman	RCT			\$500.00
02 / 08 / 22 12	Elchanan Kagan 10275 Collins Avenue 817 Bal Harbour FL 33154	I	Businessman	RCT			\$50.00
02 / 08 / 22 13	Adam Ziefer 916 N. 20th Ave. Hollywood FL 33020	I	Sales	RCT			\$100.00
02 / 08 / 22 14	Andrew Bales 9165 Froude Avenue Surfside FL 33154	I	Development	RCT			\$500.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 18 AM 11:03

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

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22 (4) Page 3 of 4

(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
02 / 08 / 22 15	Shmuel Hazan 1139, 97 street Bay Harbor Islands FL 33154	I	Self	RCT			\$100.00
02 / 08 / 22 16	Mendel Brod 9124 carlyle ave surfside FL 33154	I	Self	RCT			\$100.00
02 / 08 / 22 17	Eric Rappaport 1211 97th St Bay Harbor Islands FL 33154	I	Consultant	RCT			\$250.00
02 / 09 / 22 18	Chaim Backman 1025 92nd St # 402 Bay Harbor Islands FL 33154	I	PT	RCT			\$100.00
02 / 09 / 22 19	Alexander Rindner 9401 Collins Ave # 1203 Surfside FL 33154	I	Self	RCT			\$100.00
02 / 09 / 22 20	Shmuel Rubashkin 9473 Carlyle Ave Surfside FL 33154	I	Manager	RCT			\$50.00
02 / 09 / 22 21	Daniel Gielchinsky 9511 Collins Ave #711 Surfside FL 33154	I	Lawyer	RCT			\$118.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER

(2) I.D. Number FEB 18 AM 11:03

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22

(4) Page 4 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
02 / 10 / 22 22	Shlomo Danzinger 9000 Harding Ave Surfside, FL 33154	S	Product	CHE			\$36.00
02 / 13 / 22 23	Allen davoudpour 600 94th Street Surfside FL 33154	I	Real Estate	RCT			\$1,000.00
02 / 13 / 22 24	Sharon Hakmon 9516 Bay Drive Surfside FL 33154	I	Investor	RCT			\$1,000.00
02 / 15 / 22 25	Luciano Cohen 9308 Harding Avenue Surfside FL 33154	I	Real Estate	RCT			\$260.00
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22

(4) Page 4 of 4

(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 / 16 / 22	PrintPlace.com 1130 Ave H East Arlington, Texas 76011	Printing & Mailing Tri-Fold Postcards	CAN		\$2,995.39
25					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22

(4) Page 1 of 4

(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 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
1					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$1.30
2					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$2.30
3					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$2.30
4					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
5					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$20.30
6					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
7					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$2.30
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22

(4) Page 2 of 4

(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 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$20.30
9					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$2.30
10					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
11					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$20.30
12					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
13					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
14					
02 / 08 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$10.30
15					
02 / 08 / 22	Shlomo Danzinger 9000 Harding Ave Surfside FL 33154	Loan Reimbursement	RMB		\$75.00
16					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

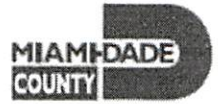
(2) I.D. Number _____

(3) Cover Period 02 / 01 / 22 through 02 / 17 / 22

(4) Page 3 of 4

(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 / 09 / 22	Anedot Inc.	Processing Fee	CAN		\$4.30
17	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 09 / 22	Anedot Inc.	Processing Fee	CAN		\$4.30
18	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 09 / 22	Anedot Inc.	Processing Fee	CAN		\$2.30
19	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 09 / 22	Anedot Inc.	Processing Fee	CAN		\$5.02
20	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 09 / 22	Signs.com	Printing: Lawn Signs	CAN		\$245.90
21	1550 South Gladiola Street Salt Lake City, UT 84104				
02 / 13 / 22	Anedot Inc.	Processing Fee	CAN		\$40.30
22	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 13 / 22	Anedot Inc.	Processing Fee	CAN		\$40.30
23	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 15 / 22	Anedot Inc.	Processing Fee	CAN		\$10.70
24	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				

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

FEB 18 AM 11:04

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/2022 through 02/17/2022

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: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

OFFICE USE ONLY

MAR 4 PM 12:58

(5) Report Identifiers

Cover Period: From 02 / 18 / 22 To 03 / 03 / 22 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 1,075 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 1,075 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 844 . 70

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

Total Monetary \$ _____ , _____ , 844 . 70

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 6 , 814 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 4 , 400 . 71

(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

MAR 4 PM 12:58
(2) I.D. Number _____

(3) Cover Period 02 / 18 / 22 through 03 / 03 / 22

(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 / 21 / 22 1	David Weingot 6500 Deancroft Rd Baltimore MD 21209	I	Self	RCT			\$250.00
02 / 21 / 22 2	Sam Greenwald 9236 Bay Drive Surfside FL 33154	I	CEO	RCT			\$500.00
02 / 21 / 22 3	Yosef Schwartz 9341 Collins Avenue Surfside FL 33154	I	Chef	RCT			\$100.00
02 / 28 / 22 4	DANIEL SRAGOWICZ 275 Bal Bay Drive Bal Harbour FL 33154	I	Self	RCT			\$100.00
03 / 02 / 22 5	Ronald Glass 9401 Collins Ave 1205 SURFSIDE FL 33154	I	Crisis Mgr	RCT			\$100.00
03 / 03 / 22 6	Maggie Manrara 8777 Collins Avenue 1201 Surfside FL 33154	I	Retired	RCT			\$25.00
/ /							

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

(2) I.D. Number _____

(3) Cover Period 02 / 18 / 22 through 03 / 03 / 22(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 / 21 / 22	Constant Contact	Monthly Service Fee	CAN		\$95.00
1	1601 Trapelo Road, Suite 329 Waltham, MA 02451				
02 / 21 / 22	Anedot Inc.	Processing Fee	CAN		\$10.30
2	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 23 / 22	Anedot Inc.	Processing Fee	CAN		\$20.30
3	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 24 / 22	Publix Supermarket	Food /Drinks Meet & Greet Campaign Event	CAN		\$55.12
4	9400 Harding Ave Surfside, FL 33154				
02 / 24 / 22	Anedot Inc.	Processing Fee	CAN		\$4.30
5	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				
02 / 25 / 22	Shlomo Danzinger	Loan Reimbursement	RMB		\$125.00
6	9000 Harding Ave Surfside, FL 33154				
02 / 27 / 22	Publix Supermarket	Food /Drinks Meet & Greet Campaign Event	CAN		\$33.10
7	9400 Harding Ave Surfside, FL 33154				
02 / 28 / 22	Anedot Inc.	Processing Fee	CAN		\$4.30
8	1340 Poydras Street, Suite 1770 New Orleans, LA 70112				

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 02 / 18 / 22 through 03 / 03 / 22

(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					
03 / 01 / 22	GoDaddy.com, LLC 14455 N. Hayden Rd., Suite 219, Scottsdale, Arizona 85260	Web Domain	CAN		\$40.34
9					
03 / 01 / 22	Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104	Printing	CAN		\$416.54
10					
03 / 02 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
11					
03 / 02 / 22	USPS Surfside 250 95th Street Surfside FL 33154	Postage	CAN		\$34.80
12					
03 / 03 / 22	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$1.30
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

MAR 4 PM 12:58

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02/18/2022 through 03/03/2022

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: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

OFFICE USE ONLY

MAR 11 PM 1:02

(5) Report Identifiers

Cover Period: From 03 / 04 / 22 To 03 / 10 / 22 Report Type: 4P1

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 600 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 149 . 14

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

Total Monetary \$ _____ , 1 , 149 . 14

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 7 , 414 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 5 , 549 . 85

(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 / 04 / 22 through 03 / 10 / 22(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 / 04 / 22 1	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$4.30
03 / 03 / 22 2	Anedot Inc. 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	Processing Fee	CAN		\$20.30
03 / 08 / 22 3	Mikes Cigar Dist Inc 1030 Kane Concourse Bay Harbor Islands FL 33154	Cigars and equipment for Campaign Event	CAN		\$350.32
03 / 08 / 22 4	Big Daddy's 9494 Harding Avenue Surfside, FL 33154	Alcoholic Beverages for Campaign Event	CAN		\$106.98
03 / 08 / 22 5	Win Dixie 20355 Biscayne Boulevard Aventura FL 33180	Food & Beverages for Campaign Event	CAN		\$140.92
03 / 10 / 22 6	Chai Wok 1688 NE 164th St North Miami Beach, FL 33162	Sushi Platters and Food for Campaign Event	CAN		\$267.50
03 / 10 / 22 7	Mikes Cigar Dist Inc 1030 Kane Concourse Bay Harbor Islands FL 33154	Cigars and equipment for Campaign Event	CAN		\$129.41
03 / 10 / 22 8	Home Depot 12055 Biscayne Blvd North Miami, FL 33181	Lighting and equipment for campaign event	CAN		\$129.41

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SHLOMO DANZINGER

(2) I.D. Number MAR 11 PM 1:02

(3) Cover Period 03 / 04 / 22 through 03 / 10 / 22

(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
03 / 04 / 22 1	Jonathan Eleff 8909 Irving Avenue Surfside FL 33154	I	Self	RCT			\$100.00
03 / 06 / 22 2	Walter Molofsky 136 East 71st Street New York NY 10021	I	Phycsian	RCT			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

MAR 11 PM 1:02

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 03/04/2022 through 03/10/2022

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

JUN 1 PM 12:37

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 03 / 11 / 22 To 06 / 13 / 22 Report Type: 18TRG

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 864 . 15

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

Total Monetary \$ _____ , 1 , 864 . 15

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 7 , 414 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 7 , 414 . 00

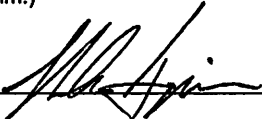
(11) Certification

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

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


(Type name) Shlomo Danzinger

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

X 
Signature

(Type name) Shlomo Danzinger

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHLOMO DANZINGER

(2) I.D. Number _____

(3) Cover Period 03 / 11 / 22 through 06 / 13 / 22

(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 / 11 / 22	Jason Albano 4151 SW 85TH Ave Davie, FL 33328	Coordination and management of campaign events	CAN		\$150.00
1					
03 / 11 / 22	Bernardo Grandinetti 2402 Southwest 54th Street Dania Beach Florida 33312	Coordination and management of campaign events	CAN		\$150.00
2					
03 / 11 / 22	Amazon.com 410 Terry Ave N Seattle, WA 98109	Equipment and supplies for election day	CAN		\$262.14
3					
03 / 13 / 22	Carlo Battiston 10000 W Bay Harbor Dr Bay Harbor Islands, FL 33154	Flyers,Door Hangars and Distribution	CAN		\$1,300.00
4					
05 / 27 / 22	The Shul 9540 Collins Ave Surfside, FL 33154	Donation	DIS		\$2.01
5					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03 / 11 / 22 through 06 / 13 / 22 (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							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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



OFFICE USE ONLY

Name

Shlomo Danzinger

I.D. Number

Address (number and street)

9000 Harding Ave

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/11/2022 through 06/13/2022

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

