

COPY

NOV 12 PM 3:26 *SM*

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)

BEN JACOBSON

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

9455 Collins Ave #309
SURFSIDE, FL 33154

4. Telephone

(754) 233-9705

5. E-mail address

ben.surfside2020@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

Ben Jacobson

11. Mailing Address

9455 Collins Ave #309 SURFSIDE FL 33154

12. Telephone

(754) 233 9705

13. City

SURFSIDE

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

ben.surfside2020@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

11/12/19

26. Signature of Candidate

[Signature]

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

I, BEN JACOBSON, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

11/12/19
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

NOV 12 PM 3:26 *SON*

I, BEN JACOBSON,
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

11/12/19

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).

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

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

(PLEASE PRINT OR TYPE)

NOV 12 PM 3:26 *SM*

NOV 15 AM 9:08 *[Signature]*

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)

BEN JACOBSON

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

*9455 Collins Ave #309
SURFSIDE, FL 33154*

4. Telephone

(754) 233-9705

5. E-mail address

ben.surfside2020@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

Ben Jacobson

11. Mailing Address

9455 Collins Ave #309 SURFSIDE FL 33154

12. Telephone

(754) 233 9705

13. City

SURFSIDE

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

ben.surfside2020@gmail.com

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

19. Name of Bank

IBERIA BANK

20. Address

40 Arthur Godfrey Road

21. City

Miami Beach

22. County

Miami Park

23. State

FL

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

11/12/19

26. Signature of Candidate

X [Signature]

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

I, *BEN JACOBSON*, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/12/19

Date


X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

NOV 21 PM 2:23 

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, Ben Jacobson

(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.)

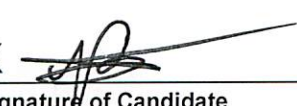
am a candidate for the nonpartisan office of Commissioner, _____, _____
(Office) (District #)

_____ ; 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): 123879039

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

X  (754) 223-9705 bensurfside2020@gmail.com
Signature of Candidate Telephone Number Email Address

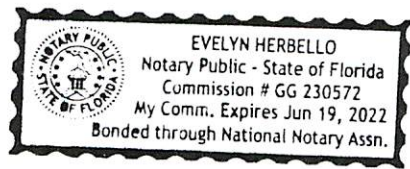
9455 Collins Ave #309 Surfside FL 33154
Address City State ZIP Code

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 21
day of November, 20 19.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: Florida Driver's License





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 PM 2:23 *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 }

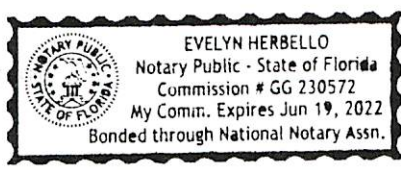
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is BEN JACOBSON,
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 9455 Collins Ave #309 Surfside FL 33154,
my occupation is Loyalty Consultant; that I have been
a resident of the Town of Surfside since 2016; that I will be at least twenty-one (21) years of
age by November 22, 2019 and that if elected, I will willingly serve as Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

11/21/19
Date

Sworn to and subscribed before me this 21 day of November, 2019.



[Signature]
NOTARY PUBLIC
Evelyn Herbello
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:


LAST NAME -- FIRST NAME -- MIDDLE NAME :
Jacobson, Ben

MAILING ADDRESS :
9455 Collins Ave #309

CITY : ZIP : COUNTY :
Surfside 33154 Miami-Dade

NAME OF AGENCY :
Town Of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner

NOV 21 PM 2:23 

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
BJC VIP Services LLC	1 State Street 29th Floor New York, NY	Loyalty Consulting
Ben Jacobson Consultants	9455 Collins Ave #309 Surfside FL	IT Consulting

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
N/A	

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	PO Box 068, Buffalo, NY 14240


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
	N/A	
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

<u>SIGNATURE OF FILER:</u>	<u>CPA or ATTORNEY SIGNATURE ONLY</u>
Signature: _____  Date Signed: <u>11/21/19</u>	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 21 PM 2:23

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ben Jacobson
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>Nov 7, 2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Fereq 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>SUDHAR ZAMAN 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>ARIEL 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>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Menachem Katz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Zein E 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>Yehuda Bast</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 Woonteler</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 Grekhusky</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-18-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>A.T. Alice Tuzman</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: 9455 Collins Ave #809 Surfside FL 33154
Email address of Circulator: benjacobson@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: 11/20/19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ben JACOBSON
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:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: LOUISE J. GATTNER	Address: [REDACTED]	
Signature:	Date: 11/15	D.O.B. [REDACTED]
Print Name: Raphael Chudaitov	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: SIMON TRUMAN	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: SERGEI GURNITSCH	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: Baffly Cohen	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: RUTH MELOUL	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: Lauren Bardos	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: Marissa Jacobsen	Address: [REDACTED]	
Signature:	Date: 11/16/19	D.O.B. [REDACTED]
Print Name: Shlomo Danzinger	Address: [REDACTED]	
Signature:	Date: 11/16/19	D.O.B. [REDACTED]
Print Name: Iris Herstein	Address: [REDACTED]	
Signature:	Date: 11-17-19	D.O.B. [REDACTED]
Print Name: SAMUEL ROTTENSTEIN	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Anna Rottenstein	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Yisroel El. Ginsburg	Address: [REDACTED]	

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:
Address of Circulator: 9455 Collins #309 Surfside FL 3315
Email address of Circulator: ben@boba@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Date: 11/17/19

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

NOV 21 PM 2:23

TOWN OF SURFSIDE, FLORIDA

BEN JACOBSON

We the undersigned electors of the Town of Surfside, Florida, hereby nominate BEN JACOBSON 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:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: SHARON HAKMAN	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: Joshua Carlsson	Address: [REDACTED]	
Signature:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: Deryah Halbrstam	Address: [REDACTED]	
Signature:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: Jonathan Rubinstein	Address: [REDACTED]	
Signature:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: Sam Sanders	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: Paul Schuch	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: ROSENG KLEN	Address: [REDACTED]	
Signature:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: Shlomo Diamant	Address: [REDACTED]	
Signature:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: SHMUEL (ZALMY) SHAPIRO	Address: [REDACTED]	
Signature:	Date: 11-15-19	D.O.B. [REDACTED]
Print Name: JOSEPH GOUBRENNER	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: DOV SCHUCHET	Address: [REDACTED]	
Signature:	Date: 11/15/19	D.O.B. [REDACTED]
Print Name: ELISA SEPHTMUD	Address: [REDACTED]	

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:
Address of Circulator: 9501 Carlyle Av
Email address of Circulator: shlotimian@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Date: 11/17/19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ben Jacobson
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>Aurora de la Rosa</u>	Date: <u>11/18/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Aurora de la Rosa</u>	Address: <u>[REDACTED]</u>
Signature: <u>Max DeKerbaum</u>	Date: <u>11/18/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MAX DEKERBAUM</u>	Address: <u>[REDACTED]</u>
Signature: <u>Eugene Moteles</u>	Date: <u>11/18/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Eugene Moteles</u>	Address: <u>[REDACTED]</u>
Signature: <u>Sandra C. Moteles</u>	Date: <u>11-18-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>SANDRA C. MOTELES</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: _____
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:
Address of Circulator: 9455 Collins Ave #308 Surfside FL 33154
Email address of Circulator: benjacobson2020@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Date: 11/21/19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ben Jacobson
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>SHEA SCHNEIDER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>9-15-79</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>AARON LIPSKAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: _____	D.O.B. <u>[Redacted]</u>
Print Name: <u>SHAYU FINKELH</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Deborah Farkash</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlomo Katan</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: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 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: PSBI Carlyle Av
Email address of Circulator: shlomimiani@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: 11/17/19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:23

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ben Jacobson
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:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Dalit Teshuba	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: CHAYA CAMISSAR	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Bezalet Camissar	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Michelle Weinberg	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: DOGA RUBINSTEIN	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Jacob Pitt	Address: [REDACTED]	
Signature:	Date: 11-18-19	D.O.B. [REDACTED]
Print Name: Sarah Cook	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Rochi Handwerker	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Alexandra Handwerker	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Odelia Weiss	Address: [REDACTED]	
Signature:	Date: 11/17/19	D.O.B. [REDACTED]
Print Name: Jacob Weiss	Address: [REDACTED]	
Signature:	Date: 11/18/19	D.O.B. [REDACTED]
Print Name: Steven B Schwartz	Address: [REDACTED]	
Signature:	Date: 11/18/19	D.O.B. [REDACTED]
Print Name: Mali Schwartz	Address: [REDACTED]	

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: M. Miron
Address of Circulator: 600 94th St Surfside 33154
Email address of Circulator: MandyP06@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Date: 11/21/19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 2:24

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ben Jacobsen
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>11/21/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CARENE CHAYAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/21/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>GILL SEGALL</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: _____
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 2 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: 9455 Collins Ave Apt 309 Surfside, FL 33154
Email address of Circulator: marissa.jacobsen18@gmail.com

ACCEPTANCE OF NOMINATION

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

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



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

miamidade.gov

November 22, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Ben Jacobson, a candidate for the office of Commissioner for Town of Surfside. A total of 63 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 27 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 read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)





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

miamidade.gov

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 **Ben Jacobson** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.

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

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

Christina White
Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Mr. Ben Jacobson
9455 Collins Avenue, Apt. 309
Surfside, FL 33154

Dear Mr. Jacobson:

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

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

Very truly yours,

A handwritten signature in blue ink, appearing to read "Sandra Novoa", is positioned above the typed name.

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ben Jacobson

Name

(2) 9455 Collins Ave #309

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

OFFICE USE ONLY

OWN OF SURFSIDE

DECE 19 11:06AM

(5) Report Identifiers

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

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1,100 . 00

Loans \$, , 100 . 00

Total Monetary \$, 1,200 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 88 . 06

Transfers to Office Account \$, , .

Total Monetary \$, , 88 . 06

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1,200 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 88 . 06

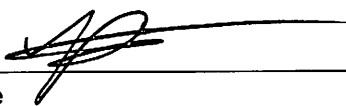
(11) Certification

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) Ben Jacobson

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

X 
Signature

(Type name) Ben Jacobson

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2019 through 11 / 30 / 2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11 / 21 / 2019	Town Of Surfside Surfside, FL	Registration			
1			CAN		\$25.00
11 / 27 / 2019	Godaddy.com LLC 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260	Website Hosting			
2			CAN		\$18.46
11 / 27 / 2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Fundraising Platform			
3			CAN		\$40.30
11 / 29 / 2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Fundraising Platform			
4			CAN		\$4.30
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

(1) Name Ben Jacobson

(2) I.D. Number MECS 19 11:07AM

(3) Cover Period 11 / 01 / 2019 through 11 / 30 / 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
11 / 18 / 2019 1	Ben Jacobson 9455 Collins #309 Surfside, FL 33154	S	Consultant	LOA			\$100
11 / 27 / 2019 2	Devin Freedman 9300 Bay Drive Surfside FL 33154	I	Lawyer	RCT			\$1000
11 / 29 / 2019 3	Andrew Septimus 8925 Collins Avenue Surfside FL 33154	I	Finance	RCT			\$100
/ /							
/ /							
/ /							
/ /							
/ /							

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



OFFICE USE ONLY

Name

Ben Jacobson

I.D. Number

Address (number and street)

9455 Collins Ave #309

City, State, Zip Code

SURFSIDE FL 33154

DEC10 '19 11:38AM

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 2019M11 Cover Period 11/1/19 through 11/30/19

Report Type Original Amendment

CERTIFICATION

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

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

BEN JACOBSON

(Type name)

Treasurer

Deputy Treasurer

X

Signature

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

BEN JACOBSON

(Type name)

Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ben Jacobson
Name

(2) 9455 Collins Ave #309
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY
COUNTY OF SURFSIDE JAN 9 '20 9:21 AM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 01 / 2019 To 12 / 31 / 2019 Report Type: 2019M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 5,167 . 64

Loans \$, , .

Total Monetary \$, 5,167 . 64

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 2,203 . 42

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 6,367 . 64

(10) TOTAL Monetary Expenditures To Date

\$, 2,291 . 48

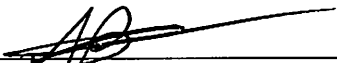
(11) Certification

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) Ben Jacobson

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

X 
Signature

(Type name) Ben Jacobson

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ben Jacobson (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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
12 / 4 / 2019 1	Daniel Gielchinsky 9511 Collins Avenue apt 711 Surfside FL 33154	I	Attorney	RCT			\$50
12 / 6 / 2019 2	Michael Blisko 9390 Bay Drive Surfside FL 33154	I	Businessman	RCT			\$1000
12 / 6 / 2019 3	Ronit Blisko 9390 Bay Drive Surfside FL 33154	I	Homemaker	RCT			\$1000
12 / 15 / 2019 4	Laura Mitzner 230 Glencoe Street Denver CO 80220	I	Desginer	RCT			\$1000
12 / 16 / 2019 5	steven paletz 230 glencoe st denver CO 80220	I	Lawyer	RCT			\$1000
12 / 18 / 2019 6	Jacob Bayer 1050 George Street 12L New Brunswick NJ 08901	I	Policy Advis	RCT			\$150
12 / 29 / 2019 7	Steven M. Dunn, PA (submitted by Steven Dunn) 11900 Biscayne Blvd, Suite 600 Miami FL 33181	B	Attorney	RCT			\$500

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ben Jacobson

(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
12 / 9 / 2019 8	Samuel Rottenstein 9455 Collins Ave #802 Surfside, FL 33154	I	Businessman	CHE			\$250
12 / 18 / 2019 9	Iris J Herssein Campaign Account 701 94th St Surfside FL 33154	I	Attorney	CHE Reimbursement for joint event on 12/18/19			\$140.73
12 / 20 / 2019 10	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	I	Designer	RCT Reimbursement for joint event on 12/18/19			\$76.91
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 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 / 9 / 2019	Devin Freedman 9300 Bay Drive Surfside FL 33154	Refund			
1			REF		\$432.30
12 / 18 / 2019	Publix Surfside 9400 Harding Ave Surfside, FL 33154	Drinks and cups for campaign event 12/18/2019			
2			CAN		\$11.06
12 / 19 / 2019	Lennys Pizza 544 Arthur Godfrey Rd, Miami Beach, FL 33140	Pizza for campaign event 12/18/2019			
3			CAN		\$135
12 / 19 / 2019	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs, pens, business cards, shirts.			
4			RMB		\$1009.23
12 / 20 / 2019	webElect.net LLC 10150 Highland Manor Dr, Ste 200 Tampa, FL 33610	website for gotv and voter targeting			
5			CAN		\$330
12 / 20 / 2019	Ben Jacobson 9455 Collins Apt 309 Surfside, FL 33154	Reimbursement for Costso for snacks and drinks for campaign event 12/18/2019			
6			RMB		\$95.73
12 / 4 / 2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee			
7			CAN		\$2.30
12 / 6 / 2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee			
8			CAN		\$40.30

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 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 / 6 / 2019	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee			
9			CAN		\$40.30
/ /	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee			
10			CAN		\$40.30
/ /	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee			
11			CAN		\$40.30
/ /	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee			
12			CAN		\$6.30
/ /	Anedot, Inc 10821 Rosebud Court Baton Rouge, L	Processing Fee			
13			CAN		\$20.30
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

TOWN OF SURFSIDE
JAN 26 9:21AM

Name

Ben Jacobson

I.D. Number

Address (number and street)

9455 Collins Ave, Apt 309

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 2019M12 Cover Period 12/1/2019 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.

(Type name) Treasurer Deputy Treasurer

X

Signature

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

(Type name) Candidate


X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ben Jacobson
 Name
 (2) 9455 Collins Ave #309
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY


 FEB 7 '20 1:10PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commissioner
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2020 To 01 / 31 / 2020 Report Type: 2020M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 600 . 00

Loans \$, , .

Total Monetary \$, 1 , 600 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 89 . 90

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions
 \$, , .

(9) TOTAL Monetary Contributions To Date
 \$, 7 , 967 . 64


(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 381 . 38

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

X 
 Signature

(Type name) Ben Jacobson
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ben Jacobson

(2) I.D. Number FEB7 '20 1:18PM

(3) Cover Period 01 / 01 / 2020 through 01 / 31 / 2020

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
			Type	Occupation				
1 / 14 / 2020	1	Gabriel Gliksberg 805 N Milwaukee Ave Ste 301 Chicago IL 60642 United States	I	Investments	RCT			\$500
1 / 22 / 2020	1	Chip Englander 1568 Foxland Blvd Gallatin TN 37066 United States	I	Self	RCT			\$1000
1 / 26 / 2020	1	Andy & Eti Bales 9165 FroudeAve Surfside FL 33154 United States	I	Architect	RCT			\$100
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(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 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee			
1			CAN		\$20.30
01 / 22 / 2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee			
2			CAN		\$40.30
01 / 26 / 2020	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee			
3			CAN		\$4.30
01 / 31 / 2020	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising			
4			CAN		\$25.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Ben Jacobson

I.D. Number

Address (number and street)

9455 Collins Ave, Apt 309

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB7 '20 1:10PM

Candidate for:

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

REPORT IDENTIFIERS

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

Report Type Original Amendment

CERTIFICATION

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

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

Ben Jacobson

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Ben Jacobson

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ben Jacobson

Name

(2) 9455 Collins Ave #309

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
TOWN OF SURFSIDE FEB 21 '20 2:38PM

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 20 2020 To 02 / 20 / 2020 Report Type: 25P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 086 . 00

Loans \$, , .

Total Monetary \$, 1 , 086 . 00

In-Kind \$, , 84 . 16

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 064 . 47

Transfers to Office Account \$, , .

Total Monetary \$, 1 , 064 . 47

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 9 , 053 . 64

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 445 . 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) Ben Jacobson

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

X 
Signature

(Type name) Ben Jacobson

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

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

(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
02 / 03 / 20 1	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$25
02 / 04 / 20 2	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs	RMB		\$168.20
02 / 10 / 20 3	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$25
02 / 10 / 20 4	Costco 14800 Sole Mia Way North Miami, FL 33181	Food, beverage and plates for campaign event	CAN		\$92.48
02 / 10 / 20 5	Publix 9400 Harding Ave, Surfside, FL 33154	Ice for campaign event	CAN		\$17.94
02 / 13 / 20 6	Constant Contact Reservoir Place 1601 Trapelo Road Waltham, MA 02451	Campaign Email System	CAN		\$16
02 / 14 / 20 7	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$19.16
02 / 18 / 20 8	Facebook 1601 Willow Rd Menlo Park, California 94025	Online advertising	CAN		\$8.34

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

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

(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
02 / 19 / 20	Shlomo Danzinger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimbursement for signs, printed material, postage	RMB		\$647.41
9					
02 / 05 / 20	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
10					
02 / 09 / 20	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$1.02
11					
02 / 09 / 20	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
12					
02 / 09 / 20	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$1.02
13					
02 / 17 / 20	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
14					

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ben Jacobson

FEB 21 '20 2:31PM
(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 05 / 20 1	Rex Elsass 7669 Stagers Loop Delaware OH 43015 United States	I	CEO	RCT			\$500
02 / 09 / 20 2	SHAYA FARKASH 9273 Collins Ave , Apt 405 Surfside FL 33154 United States	I	Youth	RCT			\$18
02 / 09 / 20 3	Yehuda Best 9272 Dickens Avenue Surfside FL 33154 United States	I	Plumber	RCT			\$50
02 / 09 / 20 4	Adam Ziefer 916 N. 20th Ave. Hollywood FL 33020 United States	I	Sales	RCT			\$18
02 / 17 / 20 5	Wildes & Weinberg P.C. 515 Madison Street New York NY 10002 United States	B	Lawyer	RCT			\$500
02 / 16 / 20 6	Shmuly Rubashkin 9499 COLLINS AVENUE APT #403 SURFSIDE, FL 33154	I	Businessman	INK	Hot Dogs		\$84.16
/ /							

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



OFFICE USE ONLY

Name

Ben Jacobson

I.D. Number

Address (number and street)

9455 Collins Ave, Apt 309

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 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.

(Type name) Treasurer Deputy Treasurer

X

Signature

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

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ben Jacobson
 Name
 (2) 9455 Collins Ave #309
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 6 '20 3:04PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 21 / 2020 To 03 / 05 / 2020 Report Type: 11P1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , .

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , .

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 9 , 053 . 64

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 445 . 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) Ben Jacobson

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

X _____
 Signature

(Type name) Ben Jacobson

Candidate Chairperson (only for PC and PTY)

X _____
 Signature


CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAY 6 '20 3:04PM

(1) Name Ben Jacobson (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		Type	Occupation	Type	Description		
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MAR 6 '20 3:04 PM 

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ben Jacobson

(2) I.D. Number _____

(3) Cover Period 02 / 21 / 2020 through 03 / 05 / 2020

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Ben Jacobson

I.D. Number

Address (number and street)

9455 Collins Ave, Apt 309

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 6 '20 3:04PM

Candidate for:

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

REPORT IDENTIFIERS

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

Period 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.

BEN JACOBSON

(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

BEN JACOBSON

(Type name) Candidate

[Signature]
Signature

