

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOV 5 PM 4:41 SKN

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Eliana R. Salzhauer

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

9317 Bay Drive
Surfside, FL 33154

4. Telephone

(917) 952-7145

5. E-mail address

esalzhauer@gmail.com

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

Commissioner (Town of Surfside)

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Eliana R. Salzhauer

11. Mailing Address

9317 Bay Drive

12. Telephone

(917) 952-7145

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

esalzhauer@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

11/5/2019

26. Signature of Candidate




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

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

designated above as: Campaign Treasurer Deputy Treasurer.

11/5/19
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 5 PM 4:41

SLM

I, Eliana R. Salzhauer ,

candidate for the office of Commissioner ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X


Signature of Candidate

11/5/2019

Date

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

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

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

(PLEASE PRINT OR TYPE)

NOV 5 PM 4:41 *SKN*

COPY

NOV 7 PM 3:17 *SKN*

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Eliana R. Salzhauer

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

9317 Bay Drive
Surfside, FL 33154

4. Telephone

(917) 952-7145

5. E-mail address

esalzauer@gmail.com

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

Commissioner (Town of Surfside)

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

Name of Treasurer or Deputy Treasurer

Eliana R. Salzhauer

11. Mailing Address

9317 Bay Drive

12. Telephone

(917) 952-7145

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

esalzauer@gmail.com

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

19. Name of Bank

BANKUNITED, N.A.

20. Address

12290 BISCAYNE BLVD.

21. City

NORTH MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33181

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

25. Date

11/5/2019

26. Signature of Candidate

Eliana R. Salzhauer

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

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

Designated above as: Campaign Treasurer Deputy Treasurer.

11/5/19

Date


Eliana R. Salzhauer

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –
NONPARTISAN OFFICE**

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

Write-in candidate

NOV 21 PM 2:02 

OFFICE USE ONLY

Candidate Oath

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

I, ELIANA R. SALZHAUER

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

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

_____, _____; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

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

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

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

X Eliana R. Salzhauer (917) 952-7145 esalzhauer@gmail.com
Signature of Candidate Telephone Number Email Address

9317 Bay Drive Surfside FL 33154
Address City State ZIP Code

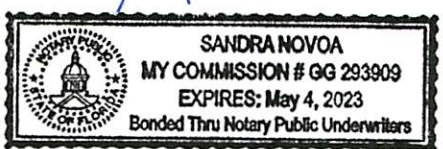
STATE OF FLORIDA
COUNTY OF Miami-Dade

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

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

Personally Known: _____ or Produced Identification:

Type of Identification Produced: DL





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 PM 2:03

[Handwritten mark]

GENERAL ELECTION – MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

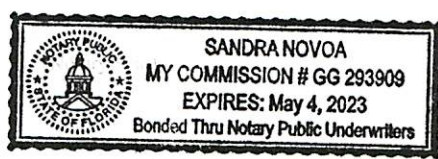
TOWN OF SURFSIDE }

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

[Signature]
Signature of Candidate

11/21/19
Date

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



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:


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

MAILING ADDRESS :
9317 Bay Drive

CITY : ZIP : COUNTY :
Surfside 33154 Miami-Dade

NAME OF AGENCY :
Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner

NOV 21 PM 1:49 

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

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

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Cast & Crew Production Services (NY Last Week Tonight with John Oliver)	2300 Empire Avenue, 5th floor, Burbank, CA 91504	Media/Entertainment/Journalism/Talk Show Producer (Political Satire)

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None	None		
None	None		
None	None		

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

Home- 9317 Bay Drive, Surfside, FL 33154

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

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

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
See Attachment ("Exhibit A")	See Attachment ("Exhibit 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
None	None

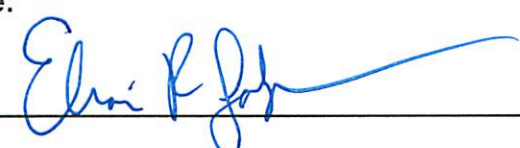
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
ADDRESS OF BUSINESS ENTITY	n/a	
PRINCIPAL BUSINESS ACTIVITY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

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: _____

 Date Signed: _____
 11/21/2019

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

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

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

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

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

 11/21/2019

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:55

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Eliana R. Salzhauer
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
17, 2020.

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

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

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9317 Bay Drive, Surfside FL 33154
Email address of Circulator: esalzhauer@gmail.com

ACCEPTANCE OF NOMINATION

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

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

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

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:55

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. SATZHAVER for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020.

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

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

STATEMENT OF CIRCULATOR

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

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

ACCEPTANCE OF NOMINATION

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

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:56 *P*

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

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

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

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 7 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9140 Emerson Ave. Surfside FL 33154
Email address of Circulator: olisan321@gmail.com

ACCEPTANCE OF NOMINATION

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

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 1:56

We the undersigned electors of the Town of Surfside, Florida, hereby nominate ELIANA R. SALZHAVER
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
17, 2020.

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

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

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 524 90th Street, Surfside FL 33154
Email address of Circulator: btacquala@gmail.com

ACCEPTANCE OF NOMINATION

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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

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

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

STATEMENT OF CIRCULATOR *CRS*

The undersigned is the circulator of the foregoing paper containing 706 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: *[Signature]*
 Address of Circulator: 9401 COLLINS AVE #901 SURFSIDE FL 33154
 Email address of Circulator: DELOEBEACH@GMAIL.COM

ACCEPTANCE OF NOMINATION

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

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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

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

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

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: *Eliana R. Salzhauer*
Address of Circulator: 9317 Bay Drive, Surfside FL 33154
Email address of Circulator: esalzhauer@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: *Eliana R. Salzhauer* 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 Eliana R. Salzhauer, a candidate for the office of Commissioner for Town of Surfside. A total of 59 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 26 petitions were reviewed for verification; of which 25 were certified.

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

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

Sincerely,

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

Christina White
Supervisor of Elections

Enclosure (1)





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

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

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

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

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

Christina White
Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Ms. Eliana Salzhauer
9317 Bay Drive
Surfside, Fl 33154

Dear Ms. Salzhauer:

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

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

Very truly yours,

A handwritten signature in blue ink, appearing to read "Sandra Novoa", is written over a faint, illegible stamp or watermark.

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER
Name

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

Surfside, FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

OFFICE USE ONLY

DEC9 '19 4:47PM

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,400.00

Loans \$ 100.00

Total Monetary \$ 1,500.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 48.89

Transfers to Office Account \$ _____

Total Monetary \$ 48.89

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1,500.00

(10) TOTAL Monetary Expenditures To Date

\$ 48.89

(11) Certification

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

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

(Type name) ELIANA R. SALZHAUER
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

DEC9 '19 4:47PM

R

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
11 / 7 / 19	Salzhauser, ELIANA 9317 Bay Drive Surfside, FL 33154	S		LOA			\$100
1							
11 / 24 / 19	Donald Lewin 9225 Collins Ave Apt 702 Surfside, FL 33154	I	Retired Management consultant manufacturing Statistician	CHE			\$1000
2							
11 / 25 / 19	Benjamin Acuario 524 90th st. Surfside, FL 33154	I	Sales Executive Financial Services ONEIL	CHE			\$200
3							
11 / 25 / 19	Marc Levenson 9380 Carlisle Ave Surfside, FL 33154	I	Steve Madden MENS	CHE			\$200
4							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELIANA K. SALZHAUER

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/21/19 01	Town of Surfside (Qualifying Fee)		CAN		\$25 (check) #9997
11/13/19	Bank United Account ledger		CAN		\$23.89
//					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name ELIANA R. SALZHAVER

I.D. Number _____

Address (number and street)
9317 Bay Drive

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

DEC9 '19 4:47PM

Candidate for:

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

REPORT IDENTIFIERS

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

Report Type Original Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAVER
(Type name) Treasurer Deputy Treasurer

Signature

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

ELIANA R. SALZHAVER
(Type name) Candidate

Signature

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



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

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

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

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER
Name

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

Surfside, FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

JAN 10 '20 3:19PM

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 12 / 01 / 19 To 12 / 31 / 19 Report Type: 2019M12

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 250 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ 0 , 0 , 0 . 0

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

Total Monetary \$ 0 , 0 , 0 . 0

(8) Other Distributions

\$ 0 , 0 , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 750 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 48 . 89

(11) Certification

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

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

(Type name) ELIANA R. SALZHAUER

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

X Eli R. Salzhauer
Signature

(Type name) ELIANA R. SALZHAUER

Candidate Chairperson (only for PC and PTY)

X Eli R. Salzhauer
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
12 / 14 / 19	Anthony Blate	I	Retired Pharmacist	CHE			\$100
1	9308 Bay Dr. Surfside, FL 33154						
12 / 18 / 19	Pamela Salem O'Hagan	I	actor/ Producer	CHE			\$50
2	9333 Harding Ave Surfside, FL 33154						
12 / 22 / 19	Joseph Graubart	I	Retired Retail Gift Shops	CHE			\$100
3	381 SW 15th St. Boca Raton, FL 33432						
12 / 29 / 19	Keely Kessler Fernald	I	Freelance Graphic Design + Park Naturalist	INK	Campaign Sign design services		\$750
4	36850 Duquesne Hwy Big Pine Key, FL 33043						
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZNER

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
// N/A	N/A	N/A	N/A	N/A	N/A
//					
//					
//	None				
//					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name

ELIANA R. SALZHAUER

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN10 '20 3:19PM

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

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

Report Type Original Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAUER

(Type name) Treasurer Deputy Treasurer

X

Signature

Elina R. John

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

ELIANA R. SALZHAUER

(Type name) Candidate

X

Signature

Elina R. John

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

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

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

Table with 5 columns: (7) Row Number, (8) Full Name, (9) Employed By, (10) Name of Organization Employed By, (11) Amendment Type. Contains handwritten entries 'N/A' and 'NONE'.

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER
Name

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

Surfside, FL 33154
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

FEB10 '20 3:24PM

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 01 / 01 / 20 To 01 / 31 / 20 Report Type: 2020M1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 600 . 00

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

(7) Expenditures This Report

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

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

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

(8) Other Distributions

\$ 0 , 0 , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2,350 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 803 . 64

(11) Certification

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

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

(Type name) ELIANA R. SALZHAUER
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Eli R Sal
Signature

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

X Eli R Sal
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 10 '20 3:24PM

(1) Name Eliana R. Salzhauer

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
1 / 11 / 20 1	Patricia Fernandez Fern Corporation 9332 Harding Ave Surfside, FL 33154	B	Inspection Office Manager	CHE			\$50
1 / 20 / 20 2	Alexander + Irina Kamyshnikov 9033 Byron Ave Surfside, FL 33154	I	IT tech Consulting + inventor	CHE			\$250
1 / 28 / 20 3	Ellen + Elliot Kida 708 Surfside Blvd Surfside, FL 33154	I	Attorney + wellness Coach	CHE			\$300
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZHAVER (2) I.D. Number _____
 (3) Cover Period 01/01/20 through 01/31/20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/10/20 1	Miami Sign Shop 13899 Biscayne Blvd #155 North Miami, FL 33181	Campaign lawn signs and stickers	CAN		\$695 ⁰⁰ / ₁₀₀
1/28/20 2	Miami-Dade County Elections Department 2700 NW 87th Ave Miami, FL 33172	voter data requests	CAN		\$40 ⁰⁰ / ₁₀₀
1/28/20 3	US Postal Service Priority Mail to Elections Dept	mail service for voter data request detailed above	CAN		\$7.75 ⁰⁰ / ₁₀₀
1/31/20 4	Bank United PO Box 521599 Miami, FL 33152	bank account service charge	CAN		\$12 ⁰⁰ / ₁₀₀
1/1					
1/1					
1/1					
1/1					

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



OFFICE USE ONLY

Name ELIANA R. SALZHAUER

I.D. Number _____

Address (number and street)
9317 Bay Drive

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB10 '20 3:25PM

Candidate for:

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

REPORT IDENTIFIERS

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

Report Type Original Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAUER
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

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

ELIANA R. SALZHAUER
(Type name) Candidate

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

TOWN OF SURFSIDE
FEB21 '20 2:24PM

(1) ELIANA R. SALZHAUER
Name

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

Surfside, FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 2020 To 02 / 20 / 2020 Report Type: 2SP1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . 00

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 200 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 355 . 28

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

Total Monetary \$ _____ , _____ , 355 . 28

(8) Other Distributions

\$ 0 , 0 , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2,550 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,158 . 92

(11) Certification

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

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

(Type name) ELIANA R. SALZHAUER

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

X _____
Signature

(Type name) ELIANA R. SALZHAUER

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

FEB 21 '20 2:24PM

(1) Name ELIANA R. Satchauer

(2) I.D. Number _____

(3) Cover Period 02/01/2020 through 02/20/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) 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
2 / 19 / 20	Oscar Adrian Chavez Batta 9025 Abbott Ave Surfside, FL 33154	I	IT Sales Director	CHE			\$100
1							
2 / 20 / 20	Clara Diaz Leal 425 95th St. Surfside, FL 33154	I	Retail Banking Executive Market President	CHE			\$100
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZHAUER (2) I.D. Number _____
 (3) Cover Period 02/01/2020 through 02/20/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
02/03/20	Vistaprint 275 Wyman Street Waltham, MA 02451 (online purchase)	Campaign materials door hangers hats + magnet	CAN		\$209.33 <u>100</u>
1					
2/7/20	Costco 14800 Sole Mia Way N. Miami, FL 33181	Epson printer Ink for campaign flyer printing	CAN		\$106.99 <u>100</u>
2					
2/7/20	Costco 14800 Sole Mia Way N. Miami, FL 33181	Food for campaign event (fruit + veggie platters)	CAN		\$38.96 <u>100</u>
3					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name Eliana R. Salzhauser

I.D. Number _____

Address (number and street) 9317 Bay Drive

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

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

Report Type Original Amendment

CERTIFICATION

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

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

Eliana R. Salzhauser
(Type name) Treasurer Deputy Treasurer

Eli R. Salzhauser
Signature

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

Eliana R. Salzhauser
(Type name) Candidate

Eli R. Salzhauser
Signature

DESIGNATION OF POLL WATCHERS FOR:

Surfside 3/17/2020
(Specify Applicable Election)

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

- EARLY VOTING
- ELECTION DAY

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

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

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

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

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

Check applicable box and fill in the blank lines:

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

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

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

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

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

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

TOWN OF SURFSIDE
MAR 6 '20 4:51 PM

(1) ELIANA R. SALZHAVER
Name

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

Surfside, FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,470.00

Loans \$ 0.00

Total Monetary \$ 1,470.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 838.10

Transfers to Office Account \$ 0.00

Total Monetary \$ 838.10

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 4,020.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,997.02

(11) Certification

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

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

(Type name) ELIANA R. SALZHAVER

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

X [Signature]
Signature

(Type name) ELIANA R. SALZHAVER

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
2 / 21 / 20 1	Galen Bakken 9225 Abbott Ave Surfside, FL 33154	I	retired Real estate manager + accountant	CHE			\$100 ⁰⁰ / ₁₀₀
2 / 21 / 20 2	Elizabeth Cimadevilla 8911 Collins Ave Apt 704 Surfside, FL 33154	I	property management + maintenance	CHE			\$150 ⁰⁰ / ₁₀₀
2 / 21 / 20 3	Michael Dronoff Adriana Dronoff 9316 Abbott Ave Surfside, FL 33154	I	Architect + pharmaceutical wholesale	CHE			\$50 ⁰⁰ / ₁₀₀
2 / 23 / 20 4	Consuelo Suarez Brown 8911 Collins Ave Apt 1001 Surfside, FL 33154	I	portrait Artist	CHE			\$ 200 ⁰⁰ / ₁₀₀
2 / 23 / 20 5	Andre Miranda 9473 Bay Dr. Surfside, FL 33154	I	e-commerce electronics wholesale (self employed)	CHE			\$ 50 ⁰⁰ / ₁₀₀
2 / 26 / 20 6	Jennifer Julia Hill Paul E. Baldauf 9172 Dickens Ave Surfside, FL 33154	I	attorney + environmental science college professor	CHE			\$ 120 ⁰⁰ / ₁₀₀
2 / 26 / 20 7	Robert McMonagle MG McMonagle 9040 Emerson Ave Surfside, FL 33154	I	Retired construction manager + retired Film production management	CHE			\$125 ⁰⁰ / ₁₀₀

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ELIANA SALZHAUER (2) I.D. Number _____

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
02 / 26 / 20 8	Carl Henderson 717 Surfside Blvd Surfside, FL 33154	I IT management	CHE			\$75 ⁰⁰ / ₁₀₀
2 / 29 / 20 9	Ellen Abramson 8864 Froude Ave Surfside, FL 33154	I retired Art teacher	CHE			\$200 ⁰⁰ / ₁₀₀
3 / 1 / 20 10	Robert McNutt 8911 Collins Ave Apt 505 Surfside, FL 33154	I retired management	CAS			\$50 ⁰⁰ / ₁₀₀
3 / 1 / 20 11	Sheryl Goldberg 9401 Collins Ave Apt 901 Surfside, FL 33154	I Realtor (residential)	CHE			\$150 ⁰⁰ / ₁₀₀
3 / 1 / 20 12	Karla McGuire 9232 Harding Ave Surfside, FL 33154	I physician	CHE			\$50 ⁰⁰ / ₁₀₀
3 / 1 / 20 13	Deborah Dawson 9172 Bynn Ave Surfside, FL 33154	I Counselor/ Psychologist Therapist	CHE			\$100 ⁰⁰ / ₁₀₀
3 / 4 / 20 14	Evelyn Fernandez 2355 N. Bay Rd Miami Beach, FL 33140 (former Surfside resident)	I teacher	CAS (money order)			\$50 ⁰⁰ / ₁₀₀

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZHAUER (2) I.D. Number _____
 (3) Cover Period 02/21/2020 through 03/05/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2/24/20 1	Vistaprint 275 Wyman street Waltham, MA 02451 (online purchase)	Campaign materials door hangers	CAN		\$196 ³⁰ / ₁₀₀
2/25/20 2	Mailchimp Rocket Science Group LLC 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	Email service	CAN/ ECC		\$49 ⁹⁹ / ₁₀₀
2/27/20 3	Miami Sign Shop 13899 Bisagne Blvd #155 North Miami, FL 33181	Campaign lawn signs	CAN		\$150 ⁰⁰ / ₁₀₀
3/1/20 4	Vistaprint 275 Wyman street Waltham, MA 02451 (online purchase)	Campaign materials postcards	CAN		\$429 ⁸¹ / ₁₀₀
2/28/20 5	BANK United PO Box 521599 Miami, FL 33152	Banking monthly service charge	CAN		\$12 ⁰⁰ / ₁₀₀
//					
//					
//					

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



OFFICE USE ONLY

Name

Eliana Salzhaver

I.D. Number

Address (number and street)

9317 Bay Dr.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
MAR 6 '20 4:51 PM

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

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

Report Type Original Amendment

CERTIFICATION

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

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

Eliana R. Salzhaver

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Eliana R. Salzhaver

(Type name) Candidate

X

Signature

PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name ELIANA SALZHAVER (2) I.D. Number _____

(3) Report Name 11 P1 (4) Cover Period 02/21/2020 through 03/05/2020

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

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