

NOV 12 PM 3:25 SKN

# 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)  
Iris Joy Herssein

3. Address (include post office box or street, city, state, zip code)  
701 94th St  
Surfside FL 33154

4. Telephone  
(305) 531-1431

5. E-mail address  
IrisSurfside2020@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  
Iris J. Herssein

11. Mailing Address  
701 94th St

12. Telephone  
(305) 531-1431

13. City  
Surfside

14. County  
Miami-Dade

15. State  
FL

16. Zip Code  
33154

17. E-mail address  
IrisSurfside2020@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

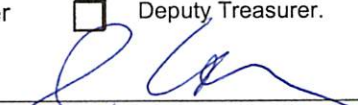
24. Zip Code

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  
X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
I, Iris J. Herssein, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
11/12/19    X   
Date    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 3:25 SKM

I, Iris Joy Herssein,

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.)

NOV 12 PM 3:25 SKN

NOV 14 AM 11:19 SKN

(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)

Iris Joy Herssein

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

701 94th St  
Surfside FL 33154

4. Telephone

(305) 531-1431

5. E-mail address

Iris.Surfside.2020@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

Iris J. Herssein

11. Mailing Address

701 94th St

12. Telephone

(305) 531-1431

13. City

Surfside

14. County

miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Iris.Surfside.2020@gmail.com

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

19. Name of Bank

13eria Bank

20. Address

400 W 41 St

21. City

Miami Beach

22. County

Miami Dade

23. State

FL

24. Zip Code

33170

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

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

I, Iris J. Herssein, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11/12/19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



**TOWN OF SURFSIDE**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

NOV 21 PM 3:31 *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 }

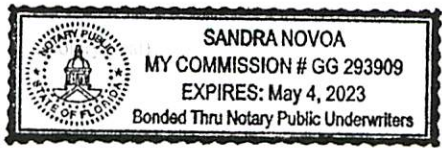
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Iris Herssein,  
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 701 94th St Surfside, Florida 33154,  
my occupation is attorney; that I have been  
a resident of the Town of Surfside since 2017; 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

**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 3:23

OFFICE USE ONLY

**Candidate Oath**

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

I, Iris Herssein

(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** [Signature] (305) 798-8469 Iris.Surfside.2020@gmail.com  
Signature of Candidate Telephone Number Email Address  
701 94th St Surfside FL 33154  
Address City State ZIP Code

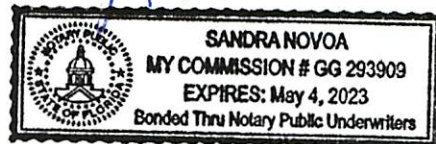
STATE OF FLORIDA  
COUNTY OF Miami-Dade

[Signature]  
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



**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 :

Herssein Iris Joy

MAILING ADDRESS :

701 94<sup>th</sup> St

CITY : ZIP : COUNTY :

Surfside FL 33154 Miami-Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

NOV 21 PM 3:31

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
Law office of Herssein & Herssein, PA	1801 NE 123 <sup>rd</sup> St Ste 314 A. Miami FL 33181	Law office

**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")

9408 Bay Dr 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
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
N/A	N/A

**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	N/A	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

**SIGNATURE OF FILER:**

Signature:

Date Signed:

11/21/19

**CPA or ATTORNEY SIGNATURE ONLY**

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

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

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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

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

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

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

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

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

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

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

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 21 PM 3:24

TOWN OF SURFSIDE, FLORIDA

Iris Herssein

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Iris Herssein  
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>Chaya Camissar</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>CHAYA CAMISSAR</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Bezalel Camissar</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Gabriella Yachad</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Daniel Shapiro</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Dov Schocher</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>RIVKAH LISKAR</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>SCHNEUR ZACHMAN LISKAR</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Rechal Rubinkin</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Josh Greisman</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Devorah Halberstam</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Shlomo Katan</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>Cedone Herz</u>	Address:	[REDACTED]	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B.:	[REDACTED]
Print Name: <u>YAACHV SAIDOF</u>	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: [Signature]

Address of Circulator: 701 94th St Surfside FL 33154

Email address of Circulator: Iris Surfside2020@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 3:25

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Iris Herrsen  
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>11-14-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Galvin Shapiro</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>REUVEN HERSSEIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bellinda Zarob</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bella Fendler Krieger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>David Krieger</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: 701 94th St Surfside FL 33154  
Email address of Circulator: Iris Surfside 2020 @ 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**







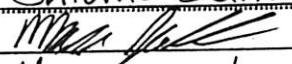


## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 3:25 


We the undersigned electors of the Town of Surfside, Florida, hereby nominate Irvin Hessen 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: <u>11/16/19</u> D.O.B. 
Print Name: <u>Ben Jacobson</u>	Address: 
Signature: 	Date: <u>11/16/19</u> D.O.B. 
Print Name: <u>Silomo Danzinger</u>	Address: 
Signature: 	Date: <u>11/16/19</u> D.O.B. 
Print Name: <u>Marissa Jacobson</u>	Address: 
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
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 3 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: 701 94th St Surfside FL 33154  
Email address of Circulator: Irvin.Surfside.2020@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 3:26

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

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

Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Keith Brian Lopez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Cara Roller</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Dalit Teshuba</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Michelle Weinberg</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DOBA RUBINSTEIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Jonathan Rubinstein</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Sarah Coolc</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Robin Handwerker</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Alexandra Handwerker</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>5/6/85 11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Yisroel Eli Ginsburg</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Odell Weiss</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacob Weiss</u>	Address: <u>[Redacted]</u>	

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: 701 94th St Surfside FL 33154  
Email address of Circulator: irisurfside2020@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 3:27

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Iris Herssein  
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: <u>9/17/2019</u>	D.O.B.:	
Print Name: <u>Steve Eisenberg</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Azrael Wasserman</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Chaya Wasserman</u>	Address:		
Signature:	Date: <u>12/29/19</u>	D.O.B.:	<u>12/20/71</u>
Print Name: <u>Melachem Katz</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Melachem Katz</u>	Address:		
Signature:	Date: <u>11-17-19</u>	D.O.B.:	
Print Name: <u>Raida Rodel Katz</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Gordon Braun</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Marian Braun</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Yehuda Best</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Chaya Womteiler</u>	Address:		
Signature:	Date: <u>11/17/19</u>	D.O.B.:	
Print Name: <u>Daniel Getchinsky</u>	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 11 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: 701 94th St Surfside FL 33154  
Email address of Circulator: iris.surfside.2020@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

NOV 21 PM 3:27

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Iris J. Herrsein  
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>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Steven B Schwartz</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Mali Schwartz</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>KEITH BEAMAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>EVELYN BENDAYAN RELECEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Albert R. BELECEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DAN ARFEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Donette Abraham</u>	Address: <u>[Redacted]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 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: 701 94th St Surfside FL 33157  
Email address of Circulator: iris.surfside.2020@gmail.com

ACCEPTANCE OF NOMINATION

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

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



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

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

November 22, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Iris Herssein, a candidate for the office of Commissioner for Town of Surfside. A total of 52 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 25 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 **Iris Herssein** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.

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

\_\_\_\_\_  
Christina White  
Supervisor of Elections

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



**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. Iris Herssein  
701 94<sup>th</sup> Street  
Surfside, Fl 33154

Dear Ms. Herssein:

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

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

Very truly yours,

Sandra Novoa, MMC  
Town Clerk



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Iris Herssein  
 \_\_\_\_\_  
 Name  
 (2) 701 94th St  
 \_\_\_\_\_  
 Address (number and street)  
 Surfside FL 33154  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**

DEC 10 '19 2:49PM

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es): Commissioner

Candidate Office Sought: \_\_\_\_\_  
 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 11/1/19 / \_\_\_\_ / \_\_\_\_ To 11/30/19 / \_\_\_\_ / \_\_\_\_ Report Type: 2019M11

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Loans \$ 50.00 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , <sup>14</sup> 54 . 00  
 Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , <sup>14</sup> 54 . 00

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

\$ 50.00 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 54 . 00

### (11) Certification

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

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

Iris Herssein  
 (Type name)

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

**X** \_\_\_\_\_  
 Signature


Iris Herssein  
 (Type name)

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Iris Herssein

(2) I.D. Number DEC10 '19 2:49PM 


(3) Cover Period 11/1/19 /      /      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
11/14/19 / /	Herssein, Iris 701 94th St Surfside, FL 33154	S	Attorney	LOA			50.00
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Herssein

(2) I.D. Number EC10 19 2:50PM 

(3) Cover Period 11/1/19 /      /      through 11/30/19 /      /     

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/21/19 / /	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Filing Fee	CAN		25.00
11/27/19 / /	Iberia Bank 400 Arthur Godfrey Road Ste 102 Miami Beach FL 33140	Check order	CAN		29.00
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Iris Herssein

I.D. Number

Address (number and street)

701 94th St

City, State, Zip Code

Surfside FL 33154

DEC 10 '19 2:58PM

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District Town of Surfside

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 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.

Iris Herssein

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Iris Herssein

(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 Iris Herssein (2) I.D. Number DEC10 19 2:58PM *R*

(3) Report Name 2019M11 (4) Cover Period 11/1/19 through 11/30/19

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

(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

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Iris Herssein  
 Name  
 (2) 701 94th St  
 Address (number and street)  
Surfside FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

JAN 9 '20 3:33PM

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: TOWN COMMISSION
- 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 12/1/2019 / \_\_\_\_\_ / \_\_\_\_\_ To 12/31/2019 / \_\_\_\_\_ / \_\_\_\_\_ Report Type: 2019M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 4758.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 4758.00

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

### (7) Expenditures This Report

Monetary Expenditures \$ 1448.80

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

Total Monetary \$ 1448.80

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ 4808.00

### (10) TOTAL Monetary Expenditures To Date

\$ 1502.80

### (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:

Iris Herssein  
 (Type name)

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

X \_\_\_\_\_  
 Signature

Iris Herssein  
 (Type name)

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 9 '20 3:33PM

(1) Name Iris Herssein

(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) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
12/3/2019 / /	Deborah Waserstein 56 Camden Dr Bal Harbour, FL 33154	I	Real Estate	RCT			\$500
1							
12/3/2019 / /	Reuven Herssein 701 94th St Surfside, FL 33154	I	Attorney	RCT			\$1000
2							
12/3/2019 / /	Richard Shuster 1300 Florida A1A #101 Satellite Beach, FL 32937	I	Attorney	RCT			\$108
3							
12/3/2019 / /	Hillary Holland 1830 Ocean Dr Apt Th A Hallandale, FL 33009	I	Homemaker	RCT			\$1000
4							
12/3/2019 / /	Maury Udell 3213 Matilda St Miami, FL 33133	I	Attorney	RCT			\$100
5							
12/4/2019 / /	Daniel Gielchinsky 9511 Collins Ave Apt 711 Surfside, FL 33154	I	Attorney	RCT			\$50
6							
12/6/2019 / /	Michael Blisko 9390 Bay Dr Surfside, FL 33154	I	Businessman	RCT			\$1000
7							

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



**(1) Name** Iris Herssein

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

PDF GENERATED

**(3) Cover Period** 12/1/2019 /    /    through 12/31/2019 /    /   

**(4) Page** 2 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
12/6/2019 / /	Ronit Blisko 9390 Bay Drive Surfside, FL 33154	I	Homemaker	RCT			\$1000
8							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Iris Herssein

(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					
12/3/2019 / /	1 & 1 IONOS, Inc. 701 Lee Road Ste 300 Chesterbrook PA 19087	website hosting	CAN		\$4.00
1					
12/3/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
2					
12/3/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
3					
12/3/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.62
4					
12/3/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
5					
12/3/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.30
6					
12/4/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
7					
12/6/2019 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
8					

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

(1) Name Iris Herssein

(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, LA 70815	Processing Fee			
9			CAN		\$40.30
12/12/2019 / /	26 Sushi & Tapas 9487 Harding Ave Surfside, FL 33154	lunch to discuss campaign strategy with non profit organization			
10			CAN		\$98.12
12/19/2019 / /	Shlomo Danziger Campaign Account 9000 Harding Ave Surfside, FL 33154	Reimburse for collateral including lawn signage, flyers, pens, business cards, t-shirts			
11			RMB		\$1009.23
12/19/2019 / /	Ben Jacobson Campaign Account 9455 Collins Ave Apt 309 Surfside, FL 33154	Reimburse for food and serving wear for campaign event			
12			RMB		\$140.73
12/30/2019 / /	1&1 IONOS, Inc 701 Lee Road Ste 300 Chesterbrook, PA 19087	website hosting			
			CAN		\$4.00
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Iris Herssein

I.D. Number

Address (number and street)

701 94th St

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 9 '20 3:34PM

Candidate for:

Mayor

Commissioner, District Town of Surfside

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 2019M11 Cover Period 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.

Iris Herssein

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Iris Herssein

(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 Iris Herssein (2) I.D. Number JAN9 '20 3:34PM

(3) Report Name 2019 M 11 (4) Cover Period 12/1/19 through 12/31/19

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Iris Herssein  
 \_\_\_\_\_  
 Name  
 (2) 701 94th St  
 \_\_\_\_\_  
 Address (number and street)  
 Surfside, FL 33154  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**

FEB10 '20 11:03AM

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

Check here if address has changed

(4) Check appropriate box(es): Town Commission

- Candidate Office Sought: \_\_\_\_\_
- 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 1/1/2020 / \_\_\_\_\_ / \_\_\_\_\_ To 1/31/2020 / \_\_\_\_\_ / \_\_\_\_\_ Report Type: 2019M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 2050.00 , \_\_\_\_\_ . \_\_\_\_\_

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

Total Monetary \$ 2050.00 , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 88.40 , \_\_\_\_\_ . \_\_\_\_\_

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

Total Monetary \$ 88.40 , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 6858.00 , \_\_\_\_\_ . \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ 1591.12 , \_\_\_\_\_ . \_\_\_\_\_

### (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:

Iris Herssein  
 (Type name)  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

Iris Herssein  
 (Type name)  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 10 '20 11:03AM

(1) Name Iris Herssein

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

(3) Cover Period 1/1/2020 /      /      through 1/31/2020 /      /     

(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
1/9/2020 / /	Menachem Herssein 4030 Meadowbrook Blvd University Heights, OH 44118-3860	I	Attorney	RCT			\$200
1							
1/9/2020 / /	Avrumie Herssein 4516 Pine Tree Dr Miami Beach, FL 33140	I	Investment C	RCT			\$50
2							
1/9/2020 / /	Malkie Nowitz Sderot Nili 44a Zichron Yaakov, IS 3900	I	Architect	RCT			\$100
3							
1/9/2020 / /	Sarah Lehmann 4430 Silsby Rd University Heights, OH 44118	I	RN	RCT			\$50
4							
1/9/2020 / /	Daniel Herssein 4516 Pine Tree Dr Miami Beach, FL 33140	I	Technology	RCT			\$1000
5							
1/10/2020 / /	David Herssein 3450 Wayne Ave 9M Bronx, NY 10467	I	Risk Mgmt	RCT			\$50
6							
1/27/2020 / /	Andrew Bales 9165 Froude Avenue Surfside, FL 33154	I	Real Estate	RCT			\$100
7							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Iris Herssein

(2) I.D. Number FE010 '20 11:03AM

(3) Cover Period 1/1/2020 /      /      through 1/31/2020 /      /     

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
1/30/2020 / /	Bella Krieger 9264 Bay Dr Surfside, FL 33154	I	Healthcare	RCT			\$500
8							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**(1) Name Iris Herssein

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

(3) Cover Period 1/1/2020 / \_\_\_\_\_ / \_\_\_\_\_ through 1/31/2020 / \_\_\_\_\_ / \_\_\_\_\_(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$8.30
1					
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
2					
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.30
3					
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
4					
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$40.30
5					
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$2.30
6					
1/9/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$4.30
7					
1/30/2020 / /	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$20.30
8					



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

(1) Name Iris Herssein

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

(3) Cover Period 1/1/2020 / \_\_\_\_\_ / \_\_\_\_\_ through 1/31/2020 / \_\_\_\_\_ / \_\_\_\_\_

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/30/2020 / /	I&I IONOS, INC 701 Le Road Ste 300 Chesterbrook PA 19087	Website Hosting	CAN		\$4.00
9					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Iris Herssein

I.D. Number

Address (number and street)

701 94th St

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

Candidate for:

Mayor

Commissioner, District Town of Surfside

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 2019M11 Cover Period 1/1/2020 through 1/31/2020

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.

Iris Herssein

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Iris Herssein

(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 Iris Herssein (2) I.D. Number FEB18 '20 11:03AM  
 (3) Report Name 2019M11 (4) Cover Period 1/1/2020 through 1/31/2020  
 (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

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Iris Herssein  
 Name  
 (2) 701 94th St  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**  
 FEB21 '20 12:09PM  
  
 TOWN OF SURFSIDE

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

(4) Check appropriate box(es): Town Commission

Candidate Office Sought: \_\_\_\_\_

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 2/1/2020 / \_\_\_\_\_ / \_\_\_\_\_ To 2/20/2020 / \_\_\_\_\_ / \_\_\_\_\_ Report Type: 25P1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ 18.00, \_\_\_\_\_, \_\_\_\_\_

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

Total Monetary \$ 18.00, \_\_\_\_\_, \_\_\_\_\_

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

**(7) Expenditures This Report**

Monetary Expenditures \$ 415.02, \_\_\_\_\_, \_\_\_\_\_

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

Total Monetary \$ 415.02, \_\_\_\_\_, \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

\$ 6876.00, \_\_\_\_\_, \_\_\_\_\_

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

\$ 2006.14, \_\_\_\_\_, \_\_\_\_\_

### (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:

Iris Herssein  
 (Type name)

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

**X**   
 Signature

Iris Herssein  
 (Type name)

Candidate  Chairperson (only for PC and PTY)

**X**   
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Iris Herssein (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2/1/2020 /      /      through 2/20/2020 /      /      (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							
2/9/2020 / /	Adam Ziefer 916 N. 20th Ave Hollywood, FL 33020	I	Sales	RCT			\$18
1							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Iris Herssein

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

(3) Cover Period 2/1/2020 / \_\_\_\_\_ / \_\_\_\_\_ through 2/20/2020 / \_\_\_\_\_ / \_\_\_\_\_

(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
(6) Sequence Number					
2/7/2020 / / 1	Balloon World & Face Painting 405 SW 148th Ave Unit 101 Davie, FL 33325	Entertainment for meet and greet	CAN		\$414.00
2/9/2020 / / 2	Anedot, Inc 10821 Rosebud Court Baton Rouge, LA 70815	Processing Fee	CAN		\$1.02
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Iris Herssein

I.D. Number

Address (number and street)

701 94th St

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District Town of Surfside

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 2/1/2020 through 2/20/2020

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.

Iris Herssein

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Iris Herssein

(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 Iris Herssein (2) I.D. Number \_\_\_\_\_  
(3) Report Name 25P1 (4) Cover Period 2/1/2020 through 2/20/2020  
(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

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Iris Herssein  
 Name  
 (2) 701 94th St  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

MAR 6 '20 11:04AM

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es): Town Commission

Candidate Office Sought: \_\_\_\_\_

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 2/21/2020 / \_\_\_\_\_ To 3/5/2020 / \_\_\_\_\_ 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 \$ 1036.44 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

Total Monetary \$ 1036.44 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

\$ 6876.00 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

\$ 3042.58 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(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:

<p><u>Iris Herssein</u>                  (Type name)</p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b>                   Signature</p>	<p><u>Iris Herssein</u>                  (Type name)</p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><b>X</b>                   Signature</p>
---	--

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR6 '20 11:04AM



(1) Name Iris Herssein

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

(3) Cover Period 2/21/2020 / \_\_\_\_ / \_\_\_\_ through 3/5/2020 / \_\_\_\_ / \_\_\_\_

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

(1) Name Iris Herssein

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

(3) Cover Period 2/21/2020 / \_\_\_\_\_ / \_\_\_\_\_ through 3/5/2020 / \_\_\_\_\_ / \_\_\_\_\_

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/21/2020 / / 1	Pin Bon Chocolatier 1001 Kane Concourse Bay Harbor Is, FL 33154	Personalized item given in recognition of volunteer service	CAN		104.00
2/21/2020 / / 2	Shlomo Danzinger Campaign Account 9000 Harding Ave. Surfside, FL 33154	Reimburse for collateral including postcard mailers	RMB		815.61
3/2/2020 / / 3	1 & 1 IONOS, Inc. 701 Lee Road Ste 300 Chesterbrook, PA 19087	website hosting	CAN		4.00
3/5/2020 / / 4	Lennys Pizza 544 Arthur Godfrey Road Miami Beach, FL 33140	Food for meet and greet at condo building	CAN		112.83
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Iris Herssein

I.D. Number

Address (number and street)

701 94th St

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

  
MAR 6 '20 11:04AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2/21/2020 through 3/5/2020

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.

Iris Herssein

(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Iris Herssein

(Type name)  Candidate

X

Signature

