

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 20 AM10:18 SMC

I, SHLOMO DANZINGER,

candidate for the office of MAYOR;

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

X


Signature of Candidate

01/20/2026

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)

JAN 20 AM10:18 *GMC*

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

SHLOMO DANZINGER

3. Address (include PO Box or Street, City, State, Zip Code):

9000 Harding Ave
Surfside, FL 33154

4. Telephone:

(786) 350-9331

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

shlomoforsurfside@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

MAYOR

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

Shlomo Danzinger

12. Telephone:

(786) 350-9331

13. Email Address:

shlomoforsurfside@gmail.com

14. Mailing Address:

9000 Harding Ave

15. City:

Surfside

16. State:

Florida

17. Zip Code:

33154

18. I have designated the following bank as my (check appropriate box): 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1-20-2026

26. Signature of Candidate:

X

Shlomo Danzinger

27.

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Shlomo Danzinger do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: January 20, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X

Shlomo Danzinger

**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 filing officer before opening the campaign account.

JAN 20 AM10:18 *SMC*

JAN 20 PM12:36 *GG.*

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):
(Please Print or Type Name)

SHLOMO DANZINGER

3. Address (include PO Box or Street, City, State, Zip Code):

9000 Harding Ave
Surfside, FL 33154

4. Telephone:

(786) 350-9331

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

shlomoforsurfside@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

MAYOR

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

Shlomo Danzinger

12. Telephone:

(786) 350-9331

13. Email Address:

shlomoforsurfside@gmail.com

14. Mailing Address:

9000 Harding Ave

15. City:

Surfside

16. State:

Florida

17. Zip Code:

33154

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

First Horizon

20. Address:

400 Arthur Godfrey Rd

21. City:

Miami Beach

22. County:

Miami-Dade

23. State:

FL

24. Zip Code:

33154

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

25. Date:

1-20-2026

26. Signature of Candidate:

X



27.

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I,

Shlomo Danzinger

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: January 20, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X





Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Shlomo Danzinger

Office Sought Mayor

Phone No.: _____ Cell Phone No: 786-350-9331

E-Mail Address: shlomoforsurfside@gmail.com

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

1/20/26

SD

Nominating Petition

Statement of Candidate

1/20/26

SD

Sworn Statement of Qualification

Candidate Oath

Form 1 – Statement of Financial Interest (2025)

Declaration and First Amendment Waiver

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

L & A Schedule

2. Important Dates to Remember
3. Campaign Activities Memorandum

1/20/26 SD
1/20/26 SD

Candidate's Signature

Date





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

RECEIPT OF DOCUMENTS

Candidate:

Shlomo

First Name

Middle Name

Danzinger

Last name

Mayor

Office Sought (Mayor or Commissioner)

Phone No.: _____

Cell Phone: 786-350-9331

E-Mail Address: shlomoforesurfside@gmail.com

This is to acknowledge my receipt of the following documents:

- The Florida Election Code (2024) – Available on the Town's website
- Candidate and Campaign Treasurer Handbook (2024) – Available on the Town's website
- Guide to the Sunshine Amendment and Code of Ethics (2025) – Available on the Town's website
- Reporting Dates Schedule (Election Date: March 17, 2026)
- Campaign Activities Memorandum

Received by: _____

Shlomo
Candidate Signature

Date: 1-20-26