

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

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

(PLEASE PRINT OR TYPE)

NOV 14 AM 9:59

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)

DANIEL EDWARD DERTH

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

9372 BYRON AVENUE

4. Telephone

(305) 298-6568

5. E-mail address

dede@cornell.edu

SURFSIDE, FL 33154

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

MAYOR

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

MICHELLE D'ANTUONO

11. Mailing Address

8842 FLORENCE AVENUE

12. Telephone

(305) 772-5705

13. City

SURFSIDE

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

michellebink@yahoo.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

NOVEMBER 13, 2019

26. Signature of Candidate

X

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

I, MICHELLE D'ANTUONO, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-13-19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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

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

NOV 14 AM 10:02 

(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)

DANIEL EDWARDS DIETRICH

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

9372 BYLAR AVENUE
SUNLIFE, FL 33154

4. Telephone

(305) 290-6560

5. E-mail address

dedy@cornell.edu

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

Mayal

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.

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

10. Name of Treasurer or Deputy Treasurer

DANIEL DIETRICH

11. Mailing Address

9372 BYLAR AVENUE

12. Telephone

()

13. City

SUNLIFE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

dedy@cornell.edu

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

NOVEMBER 14, 2019

26. Signature of Candidate

X 

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

I, DANIEL DIETRICH, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

NOVEMBER 14, 2019

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

NOV 14 AM 9:59 

I, DANIEL DIETZ,
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

November 13, 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 15 AM 9:31

NOV 14 AM 9:59

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)

DANIEL EDWARD DIERTH

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

9372 BYRON AVENUE

4. Telephone

(305) 298-6568

5. E-mail address

deduc@cornell.edu

SURFSIDE, FL 33154

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

MAYOR

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

MICHELLE D'ANTUONO

11. Mailing Address

8842 FLOUDE AVENUE

12. Telephone

(305) 772-5705

13. City

SURFSIDE

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

michelbink@yahoo.com

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

19. Name of Bank

CITY NATIONAL BANK

20. Address

300 H^W STREET

21. City

Miami Beach

22. County

Miami-Dade

23. State

FLORIDA

24. Zip Code

33141

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

November 13, 2019

26. Signature of Candidate



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

I, Michelle D'Antuono, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-13-19

Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

NOV 15 AM 9:31

NOV 14 AM 10:02

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)

DANIEL EDWARD DIETZ

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

9372 BYLAW AVENUE
SUNFISH, FL 33154

4. Telephone

(305) 298-6568

5. E-mail address

dedy@cornell.edu

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

Mayor

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

DANIEL DIETZ

11. Mailing Address

9372 BYLAW AVENUE

12. Telephone

()

13. City

SUNFISH

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

dedy@cornell.edu

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

CITY NATIONAL BANK

20. Address

300 FINE STREET

21. City

MIAMI-DADE BEACH

22. County

MIAMI-DADE

23. State

FLORIDA

24. Zip Code

33141

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

NOVEMBER 14, 2019

26. Signature of Candidate

X 

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

I, DANIEL DIETZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

NOVEMBER 14, 2019

Date

X



Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 AM 11:01 *SKN*

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 DANIA DIETCH,
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 9372 BYRON AVENUE,
my occupation is ENVIRONMENTAL CONSULTANT; that I have been
a resident of the Town of Surfside since 2000; 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 MAYOR
(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:

NOV 21 AM 11:01 *dm*

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, DANIEL DIETCH

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

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

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

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; 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): 002205508

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.]

D - E I - T C H

X *[Signature]*

(25) 798-6568

dietchymayor@gmail.com

Signature of Candidate

Telephone Number

Email Address

9372 Byron Avenue

SURFBOSS

FL

33154

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Signature of Notary Public

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

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

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



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 :

DIETM Daniel EDWARD

MAILING ADDRESS :

9372 BYRON AVENUE

CITY :

SURFSIDE

ZIP :

33154

COUNTY :

MIAMI DADE

NAME OF AGENCY :

TOWNSHIP OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

NOV 21 AM 11:01

SDN

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 or 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
DIETM	3156 SW 28 AVENUE, MIAMI, FL 33156	ENVIRONMENTAL CONSULTANT
SLS ENGINEERS	9500 SOUTH DOWNSWOOD BLVD MIAMI FL 33156	ENVIRONMENTAL CONSULTANTS

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	N/A	N/A	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")

9372 BYRON AVENUE, 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
BANK ACCOUNTS	CITIBANK, PO Box 769013, SAN ANTONIO TX 78245-9013
HELOC	CHASE BANK, 2701 S. BRISBANE DRIVE, MUMFORD FL 33133

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
SALLIE MAE / NATION	PO Box 9533 MILKYS HAVEN, PA 18172-9533
Fidelity Mortgage	PO Box 609067 DALLAS TX 75261-9067

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NA	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:

NOVEMBER 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 our 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.

PART D – INTANGIBLE PERSONAL PROPERTY (CONTINUED)

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	BHK Investment Advisors, LLC, 2200 Lakeshore Drive, Suite 250, Birmingham, AL 35209
401K	Fidelity Brokerage Services LLC, 900 Salem Street, Smithfield, RI 02917
401K	Vanguard, P.O. Box 1101, Valley Forge, PA 19482-
Partnership	Napa Valley Investments LLC. 80 SW 8 th Street, Suite 2250, Miami, FL 33130
Limited Partnership	Kayne Anderson Real Estate Debt II, L.P., c/o Kayne Anderson Capital Advisors, L.P., 1800 Avenue of the Stars, 3rd Floor, Los Angeles, California 90067
Limited Partnership	Kayne Anderson Real Estate Debt III, L.P., c/o Kayne Anderson Capital Advisors, L.P., 1800 Avenue of the Stars, 3rd Floor, Los Angeles, California 90067

PART E – LIABILITIES (CONTINUED)

NAME OF CREDITOR	ADDRESS OF CREDITOR
Ford Credit	PO Box 54200, Omaha, NE 68154
Lexus Financial Services	P.O. Box 2991 Torrance, CA 90501

NOV 21 AM 11:01

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Daniel Dietz, a candidate for the office of _____,
please print your name
MAYOR in the Town of Sweetwater,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 
Signature

November 21, 2019
Date

**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 AM 10:49 *SKN*

We the undersigned electors of the Town of Surfside, Florida, hereby nominate DANCE OLGA
for the office of Mayor (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>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>A-J-BILLEN</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 DIERTH</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MICHELLE D'ANTUONO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SILVIA BINKIEWICZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Dona Kulvin</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rick Finlison</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ADAM C. MARKOW</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARCIA TRITEMA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Patrick Spano</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Claude Schierhoff</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>VITOR SOUZA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>NITDES DE BRUNO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RICARDO DE ARMA</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: 9372 Byron Avenue, Surfside FL 33191

Mail address of Circulator: deluc@cornell.edu

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 11/17/19

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 AM 10:49 SKN

We the undersigned electors of the Town of Surfside, Florida, hereby nominate DANIEL DEAN
for the office of MAYOR (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>[Handwritten Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Karen Geller</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>10-29-2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Stanley Flax</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/6/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JESSICA FLAX</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>VINCIVUS SOUZA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ALBA BRIZO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Edith M. Bendler</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DALY MITRANI</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JUAN C VALDEZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ETI COHEN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/18/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Celida Cuenca</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Branon Cuenca</u>	Address: <u>[Redacted]</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIAN ESTOMBA</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: [Handwritten Signature]
Address of Circulator: 9372 BURNING AVENUE, SURFSIDE, FL 33154
Email address of Circulator: dedy.cornell.edu

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Handwritten Signature] Date: 11/17/19

NOV 21 AM 10:49 SKM

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 DANIEL DIETCH
for the office of MAYOR (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>Barbara Cohen</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
Print Name: <u>BARBARA COHEN</u>	Address: [REDACTED]	
Signature: <u>Louis A Cohen</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
Print Name: <u>LOUIS A. COHEN</u>	Address: [REDACTED]	
Signature: <u>Richard Stone MD</u>	Date: <u>10/18/19</u>	D.O.B. [REDACTED]
Print Name: <u>RICHARD Stone MD</u>	Address: [REDACTED]	
Signature: <u>Gail Stone</u>	Date: <u>10/18/19</u>	D.O.B. [REDACTED]
Print Name: <u>GAIL STONE</u>	Address: [REDACTED]	
Signature: <u>Sandra Aronow</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
Print Name: <u>SANDRA ARONOW</u>	Address: [REDACTED]	
Signature: <u>Anna Blachar</u>	Date: <u>9/3/19</u>	D.O.B. <u>11/10/19</u>
Print Name: <u>ANNA ANA BLACHAR</u>	Address: <u>934 Collins Ave #1008</u>	
Signature: <u>Anna Blachar</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
Print Name: <u>ANNA ANA BLACHAR</u>	Address: [REDACTED]	
Signature: <u>Jacobo Blachar</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
Print Name: <u>JACOBO BLACHAR</u>	Address: [REDACTED]	
Signature: <u>Toni Stransky</u>	Date: <u>11-19-19</u>	D.O.B. [REDACTED]
Print Name: <u>TONI STRANSKY</u>	Address: [REDACTED]	
Signature: <u>Michael Beckish</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
Print Name: <u>MICHAEL BECKISH</u>	Address: [REDACTED]	
Signature: <u>Helaryddwan</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
Print Name: <u>305-0220-5150</u>	Address: [REDACTED]	
Signature: <u>Cynthia Lepoutre</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
Print Name: <u>CYNTHIA LEPOUTRE</u>	Address: [REDACTED]	
Signature: <u>Eva Rist</u>	Date: <u>11-19-19</u>	D.O.B. [REDACTED]
Print Name: <u>EVARIST SOLOZA</u>	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: Barbara Cohen
Address of Circulator: 9341 Collins Avenue #1008 Surfside, FL 33154
Email address of Circulator: 160bar1008@gmail.com

ACCEPTANCE OF NOMINATION

over

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

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

[Redacted]

[Redacted]

NOV 21 AM 10:49 *sen*

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 DANIEL DIETZ
for the office of MAYOR (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><i>Norma Somiza</i></u>	Date: <u>11-19-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>NORMA SOMIZA</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[REDACTED]</i></u>	Date: <u>11/19/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>[REDACTED]</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[REDACTED]</i></u>	Date: <u>11/19/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>JURITA ZISMAN</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[REDACTED]</i></u>	Date: <u>11/19/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>[REDACTED]</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[REDACTED]</i></u>	Date: <u>11-19-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>[REDACTED]</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[REDACTED]</i></u>	Date: <u>11-20-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>BASIA LEDERMAN</u>	Address: <u>[REDACTED]</u>
Signature: <u><i>[REDACTED]</i></u>	Date: <u>11-20-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>BERNARDO LEDERMAN</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: *Barbara Cohen*
Address of Circulator: 9341 Collins Avenue #1008 Surfside, FL 33154
Email address of Circulator: barbar1008@gmail.com

ACCEPTANCE OF NOMINATION

over 7

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

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

[Redacted text block]



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 Daniel Dietch, a candidate for the office of Mayor for Town of Surfside. A total of 45 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 **Daniel Dietch** for the office of **Mayor** 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

Mr. Daniel Dietch
9372 Byron Avenue
Surfside, Fl 33154

Dear Mr. Dietch:

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 Mayor 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, light blue circular stamp.

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch
 Name
 (2) 9372 Byron Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

DEC 10 AM 8:21 *SD*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(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 \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , 100 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 25 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25 . 00

(11) Certification

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

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

(Type name) Michelle D'Antuono

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

X *Michelle D'Antuono*

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X *Daniel Dietch*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

DEC 10 AM 8:21 *SKN*

(1) Name Daniel Dietch (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							
11 / 15 / 19 1	Dietch, Daniel 9372 Byron Avenue Surfside, FL 331564	S	Consultant	LOA			\$100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 18 through 01 / 31 / 18

(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 1	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Qualifying Fee	MON	N/A	\$25.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name
Daniel Dietch

I.D. Number

Address (number and street)
9372 Byron Avenue

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

DEC 10 AM 8:27 *SLH*

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.

Daniel Dietch

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Daniel Dietch

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch

Name

(2) 9372 Byron Avenue

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

JAN 10 AM 8:58

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(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 \$, 3,600 . 00

Loans \$, , 0 . 00

Total Monetary \$, 3,600 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 3 , 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 25 . 00

(11) Certification

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

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

(Type name) Michelle D'Antuono

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

X

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 10 AM 8:58

(1) Name Daniel Dietch

(2) I.D. Number _____

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

(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 / 14 / 19 1	Cohen, Barbara 9431 Collins Avenue, #1008 Surfside, FL 331564	I	Retired	CHE			\$300
12 / 18 / 19 2	Loretta Dietch 7647 Southampton Terrace, #408 Tamarac, FL 33321	I		CHE			\$100
12 / 18 / 19 3	Myers, Douglas 955 Massachusetts Avenue, #342 Cambridge, MA 02139	I	Retired	CHE			\$300
12 / 30 / 19 4	Ed Mahler 7480 SW 156th Street Palmetto Bay, FL 33157	I		CHE			\$100
12 / 30 / 19 5	Hal Gaffin 60 Edgewater Drive, Lanai North Coral Gables, FL 33133	I		CHE			\$100
12 / 30 / 19 6	Ed Sirken 8881 SW 78th Place Miami, FL 33156	I		CHE			\$100
12 / 30 / 19 7	William Portnoy 144 West 18th Street, #2W New York City, NY 10011	I		CHE			\$100

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 10 AM 8:58

(1) Name Daniel Dietch

(2) I.D. Number _____

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

(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				
12 / 30 / 19 8	Charles Stuzin 800 Douglas Road, Suite 500 Coral Gables, FL 33134	I	Attorney	CHE			\$500
12 / 30 / 19 9	Howard Greenberg 13643 Deering Bay Drive, #135 Coral Gables, FL 33158	I	Retired	CHE			\$250
12 / 30 / 19 10	Stephen Kulvin 13611 Deering Bay Drive, #202 Coral Gables, FL 33158	I	Retired	CHE			\$500
12 / 30 / 19 11	Joshua Dietch 51 Landseer Street West Roxbury, MA 02132	I	Financial Ad	CHE			\$150
12 / 30 / 19 12	Arthur Gilbert 13637 Deering Bay Drive, #282 Coral Gables, FL 33158	I		CHE			\$100
12 / 30 / 19 13	Stephen Cypen 975 Arthur Godfrey ROad, #500 Miami Beach, FL 33140	B		CHE			\$1,000
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(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	N/A
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Daniel Dietch

I.D. Number

Address (number and street)

9372 Byron Avenue

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 10 AM 8:58

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2019M12 Cover Period 12/01/2019 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.

Michelle D'Antuono
(Type name) Treasurer Deputy Treasurer

X
Signature

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

Daniel Dietch
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch

Name

(2) 9372 Byron Avenue

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

OFFICE USE ONLY

FEB 10 AM 8:33

(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 \$, 3,550 . 00

Loans \$, , 0 . 00

Total Monetary \$, 3,550 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 4,120 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 4,120 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 7 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 145 . 00

(11) Certification

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

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

(Type name) Michelle D'Antuono

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

X

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 10 AM 8:33



(1) Name Daniel Dietch

(2) I.D. Number _____

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

(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
01 / 03 / 20 1	Peck, Michael 101 Main Street Chester, CT 06412	I		CHE			\$100
01 / 03 / 20 2	Jacobs, Richard 6246 SW 99th Terrace	I		CHE			\$100
01 / 11 / 20 3	Schneider, Sheldon 4082 Battersea Road Miami, FL 33133	I	Retired	CHE			\$200
01 / 18 / 20 4	Gassman, Philip 8325 SW 143 Street Miami, FL 33154	I	Banking	CHE			\$200
01 / 18 / 20 5	Deane, Walter 525 95th Street Surfside, FL 33154	I	Real Estate	CHE			\$250
01 / 18 / 20 6	Ray Ellen Yarkin 9401 Collins Avenue, #607 Surfside, FL 33154	I	Museum Trust	CHE			\$1000
01 / 18 / 20 7	Allan Yarkin 9401 Collins Avenue, #607 Surfside, FL 33154	I	Wealth Manag	CHE			\$1000

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 10 AM 8:34

(1) Name Daniel Dietch

(2) I.D. Number _____

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

(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				
01 / 25 / 20 8	Radulescu, Mihai 8777 Collins Avenue, #404 Surfside, FL 33154	I	Retired	CHE			\$200
01 / 25 / 20 9	Spindel, Sally 8826 Hawthorne Avenue Surfside, FL 33154	I	Retired	CHE			\$200
01 / 27 / 20 10	Elias, Lourdes 9577 Harding Avenue Surfside, FL 33154	B		CHE			\$100
01 / 30 / 20 11	Glynn, Peter 9940 NW 79th Avenue Hialeah Gardens, FL 33016	B	Business Own	CHE			\$200
/ / 12							
/ / 13							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(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
(6) Sequence Number					
01 / 13 / 20	Blueprint Consulting, LLC 936 SW 1st Avenue, Suite 980 Miami, FL 33130	Campaign Consulting			
1			CAN		\$2,500
01 / 16 / 20	Miami-Dade County Elections 2700 NW 87th Avenue Miami, FL 33172	Voter Data			
2			CAN		\$120
01 / 30 / 20	MDW Communications 2201 Wisconsin Avenue NW, Suite 200 Washington, DC 20007	Campaign Consulting			
			CAN		\$1,500
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Daniel Dietch

I.D. Number

Address (number and street)

9372 Byron Avenue

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 10 AM 8:34

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.

Michelle D'Antuono

(Type name) Treasurer Deputy Treasurer

X

Signature

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

Daniel Dietch

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch
 Name
 (2) 9372 Byron Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE
FEB21 '20 9:23AM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 20 To 02 / 20 / 20 Report Type: 25P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 479 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 479 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 2 , 762 . 70

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 2 , 762 . 70

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 7 , 729 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 6 , 927 . 70

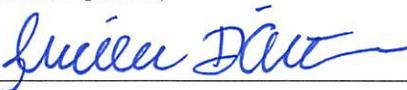
(11) Certification

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) Michelle D'Antuono

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

X 

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

(1) Name Daniel Dietch

(2) I.D. Number FEB21 '20 9:23AM

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
02 / 07 / 20 1	Findlay, Ann 8859 Dickens Avenue Surfside, FL 33154	I		CHE			\$100
02 / 07 / 20 2	Cohen, Barbara 9341 Collins Avenue, #1008 Surfside, FL 33154	I	Retired	CHE			\$200
02 / 07 / 20 3	Oppenheimer, Martin 8934 Emerson Avenue Surfside, FL 33154	I		CHE			\$100
02 / 07 / 20 4	Gielchinsky, Daniel 9511 Collins Avenue, # 711 Surfside, FL 33154	I		CHE			\$54
02 / 20 / 20 5	Sa Carvahlo, Flavio 8925 Collins Avenue Surfside, FL 33154	I		CHE			\$25
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02 / 13 / 20	Blueprint Consulting, LLC 936 SW 1st Avenue, Suite 980 Miami, FL 33130	Campaign Consulting	CAN		\$2,742.70
1					
02 / 15 / 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fee	CAN		\$20
2					
// /					
// /					
// /					
// /					
// /					

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



OFFICE USE ONLY

Name
Daniel Dietch

I.D. Number

Address (number and street)
9372 Byron Avenue

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/2020 through 02/20/2020

Report Type Original Amendment

CERTIFICATION

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

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

Michelle D'Antuono
(Type name) Treasurer Deputy Treasurer

Signature

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

Daniel Dietch
(Type name) Candidate

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch

Name

(2) 9372 Byron Avenue

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAR 6 AM 9:31

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 20 To 02 / 20 / 20 Report Type: 25P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 479 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 479 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 2 , 767 . 77

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 2 , 767 . 77

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 7 , 729 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 6 , 932 . 77

(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) Michelle D'Antuono

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

X

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 6 AM 9:32

(1) Name Daniel Dietch

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
02 / 07 / 20 1	Findlay, Ann 8859 Dickens Avenue Surfside, FL 33154	I		CHE			\$100
02 / 07 / 20 2	Cohen, Barbara 9341 Collins Avenue, #1008 Surfside, FL 33154	I	Retired	CHE			\$200
02 / 07 / 20 3	Oppenheimer, Martin 8934 Emerson Avenue Surfside, FL 33154	I		CHE			\$100
02 / 07 / 20 4	Gielchinsky, Daniel 9511 Collins Avenue, # 711 Surfside, FL 33154	I		CHE			\$54
02 / 20 / 20 5	Sa Carvahlo, Flavio 8925 Collins Avenue Surfside, FL 33154	I		CHE			\$25

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
02 / 13 / 20 1	Blueprint Consulting, LLC 936 SW 1st Avenue, Suite 980 Miami, FL 33130	Campaign Consulting	CAN		\$2,742.70
02 / 15 / 20 2	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fee	CAN		\$20
02 / 09 / 20 3	Stripe 510 Townsend Street San Francisco, CA 94103	Donation Fee	CAN	ADD	\$5.07
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name
Daniel Dietch

I.D. Number

Address (number and street)
9372 Byron Avenue

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 6 AM 9:32

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/2020 through 02/20/2020

Report Type Original Amendment

CERTIFICATION

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

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

Michelle D'Antuono
(Type name) Treasurer Deputy Treasurer

X
Signature

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

Daniel Dietch
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch
 Name
 (2) 9372 Byron Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 6 AM 9:32 

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 02 / 21 / 20 To 03 / 05 / 20 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 550 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 550 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 2 . 78

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 2 . 78

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 279 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 6 , 935 . 55

(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) Michelle D'Antuono

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

X 
 Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 6 AM 9:32

(1) Name Daniel Dietch

(2) I.D. Number _____

(3) Cover Period 02 / 21 / 20 through 03 / 05 / 20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
02 / 24 / 20 1	Condotti, Sergio 9486 Harding Avenue Surfside, FL 33154	B	Retail	CHE			\$500
02 / 27 / 20 2	Moonves, Melissa 1501 NW 90th Street Seattle, WA 98117	I		CHE			\$50
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(2) I.D. Number _____

(3) Cover Period 02 / 21 / 20 through 03 / 05 / 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
(6) Sequence Number					
02 / 22 / 20	Stripe 510 Townsend Street San Francisco, CA 94103	Donation Fee			
1			CAN		\$1.03
03 / 01 / 20	Stripe 510 Townsend Street San Francisco, CA 94103	Donation Fee			
2			CAN		\$1.75
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Daniel Dietch

I.D. Number

Address (number and street)

9372 Byron Avenue

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 6 AM 9:33

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

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

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.

Michelle D'Antuono
(Type name) Treasurer Deputy Treasurer

X

Signature

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

Daniel Dietch
(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch
 Name
 (2) 9372 Byron Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 13 AM 8:33

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 03 / 06 / 20 To 03 / 12 / 20 Report Type: 4P1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 250 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 230 . 58

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 1 , 230 . 58

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 529 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 8 , 166 . 13

(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) Michelle D'Antuono

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

X

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 13 AM 8:33



(1) Name Daniel Dietch

(2) I.D. Number _____

(3) Cover Period 03 / 06 / 20 through 03 / 12 / 20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
03 / 07 / 20 1	Kulvin, Dana 9372 Byron Avenue Surfside, FL 33154	I	Lawyer	CHE			\$250
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(2) I.D. Number _____

(3) Cover Period 03 / 06 / 20 through 03 / 12 / 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
03 / 12 / 20	Compdealings 2040 NE 123 Street North Miami Beach, FL 33162	Shirts and Stickers	CAN		\$624.63
1					
03 / 12 / 20	Blueprint Consulting 936 SW 1st Avenue, #980 Miami, FL 33130	Consultng	CAN		\$605.95
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name
Daniel Dietch

I.D. Number

Address (number and street)
9372 Byron Avenue

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED


MAR 13 AM 8:32

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 03/06/2020 through 03/12/2020

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.

Michelle D'Antuono
(Type name) Treasurer Deputy Treasurer

X 
Signature

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

Daniel Dietch
(Type name) Candidate

X 
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniel Dietch

Name

(2) 9372 Byron Avenue

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE
JUN 1 '20 8:44AM

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 03 / 13 / 20 To 06 / 15 / 20 Report Type: 18TRG

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . 00

Loans \$ _____, _____, 0 . 00

Total Monetary \$ _____, _____, 0 . 00

In-Kind \$ _____, _____, 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 362 . 87

Transfers to Office Account \$ _____, _____, 0 . 00

Total Monetary \$ _____, _____, 362 . 87

(8) Other Distributions

\$ _____, _____, 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____, 8, 529 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 8, 529 . 00

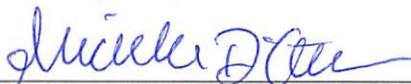
(11) Certification

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

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

(Type name) Michelle D'Antuono

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

X 

Signature

(Type name) Daniel Dietch

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Daniel Dietch (2) I.D. Number _____

(3) Cover Period 03 / 13 / 20 through 06 / 15 / 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	Amendment	Amount
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniel Dietch

(2) I.D. Number _____

(3) Cover Period 03 / 13 / 20 through 06 / 15 / 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
(6) Sequence Number					
03 / 16 / 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fees	CAN		\$20.00
1					
04 / 16 / 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fees	CAN		\$20.00
2					
04 / 29 / 20	Blueprint Consulting 936 SW 1st Avenue, #980 Miami, FL 33130	Consulting	CAN		\$127.89
3					
05 / 16 / 20	City National Bank 25 West Flagler Street Miami, FL 33130	Bank Fees	CAN		\$20.00
4					
05 / 28 / 20	Dietch, Daniel 9372 Byron Avenue Surfside, FL 33154	Loan Repayment	RMB		\$100.00
5					
05 / 28 / 20	Amazon PO Box 81226 Seattle, WA 98108	Thank You Notes	CAN		\$75.45
6					
05 / 28 / 20	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Donation	DIS		\$2.53
7					

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



OFFICE USE ONLY

Name
Daniel Dietch

I.D. Number

Address (number and street)
9372 Byron Avenue

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
JUN 1 '20 8:44AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/13/2020 through 06/15/2020

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.

Michelle D'Antuono
(Type name) Treasurer Deputy Treasurer

X
Signature

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

Daniel Dietch
(Type name) Candidate

X
Signature

