STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 14 PM 3:17

I, EliANA R. SAlzhauer	,
candidate for the office of	;
have been provided access to read and understand the requirements of	
Chapter 106, Florida Statutes.	
X Elix R Joylan 1/14/2022	_
Signature of Candidate 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)

NOTE: This form must be on file with the qualifying

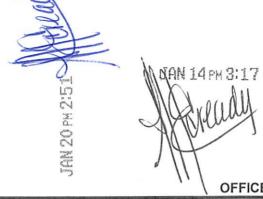
MAAN 14	PM 3:17
1/4/14	ady
1	
, , ,	OFFICE

officer before opening the campaig	ın account.	.,9				1,	OFFICE	USE C	DNLY
1. CHECK APPROPRIATE BOX(ES)):								
Initial Filing of Form Re-fi	iling to Change:	ПТ	reasure	r/Deputy	Depositor	у 🗌	Office		Party
2. Name of Candidate (in this order:		st)		Address (inclu	• *************************************			state, zi	p
Eliana R. Salzhi	aver		cod	121.	7 Bay				
4. Telephone 5. E-mail				Sur	fside, F	L 33	3154		
(917)952-7145 esalz	haveregm	ail.co	3						
6. Office sought (include district, circ	cuit, group numbe	er)		100000	didate for a	nonparti	<u>isan</u> office,	check	if
Commission	000			applica			o o Mrito In	condid	loto
C 31111/132107	reic				wy ment is	s to run a	s a Write-In	Cariulu	iale.
8. If a candidate for a <u>partisan</u> offic	e, check block	and fill	in nan	e of party as	applicable:	My inte	ent is to run	as a	
Write-In No Party Affilia	ation					Pa	rty candi	date.	1
9. I have appointed the following po	erson to act as	my	X.c	ampaign Trea	asurer	Deput	y Treasurer		
10. Name of Treasurer or Deputy Treasurer									
EliANA R. SA	Zhauer						-		
11. Mailing Address 9317 Bay Drue					1	12. Telep			
						A //	952-7	143	
13. City 14. Co	ni-Dade	15. Sta		6. Zip Code	17. E-mail		egmail.	com	
		1 -							
18. I have designated the following	bank as my			nary Deposito	ory \square	Seconda	ry Deposito	ry	
19. Name of Bank			20. Ad	dress					
21. City	22. County			23. State			24. Zip Co	de	
,	•						•		
UNDER PENALTIES OF PERJURY, I DECLA DESIGNATION O	ARE THAT I HAVE R OF CAMPAIGN DEPO							ASUREF	RAND
25. Date			26. Sig	nature of Car	ndidate				
1/14/2022			X	Clin	K for				
27. Treasurer's Accep	tance of Appoi	ntment	t (fill in t	he blanks and	check the a	ppropriat	e block)		
1, _ EliANA R. S.	alzhquer				, do here	by accep	t the appoin	tment	
(Please	Print or Type Na	ame)			- V 20				
designated above as:	Campaign Tre	easure	_ [Deputy Tr	easurer.				
1/14/2022		X	PIE	RX					
Date	-		Signati	ire of Campa	gn Treasurer	or Depu	ty Treasure	r	

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 or officer before opening the can		ing	Product Services	, //	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 of EliANA R. SAL			ode) 9317	le post office box of	ie	state, zip
4. Telephone 5. E (917) 952-7145 es	-mail address , alzhaueregmail	l.com	Surf	side FL 3	3154	
6. Office sought (include distriction)			7. If a cand applicat	lidate for a <u>nonpa</u> ble: My intent is to run		
	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 followi	ng person to act as my	/ X	Campaign Treas	surer Dep	uty Treasure	r
10. Name of Treasurer or Deput						
11. Mailing Address 9317 Bay Dr	ive				ephone)952-7	14-S
		5. State	16. Zip Code 33154	17. E-mail addres esal 2haveณ		com
18. I have designated the follo	wing bank as my	∑ Pi	rimary Depositor	y Second	dary Deposito	ory
19. Name of Bank BANKUNITED			address 190 BESCAYN	E BLUD		
21. City	22. County		23. State		24. Zip Co	ode
NORTH MIANI	MEAME-DAIDE	STANSANTA POR LATE AND ADDRESS.	FL		33187	ACURED AND
UNDER PENALTIES OF PERJURY, I DESIGNAT	ION OF CAMPAIGN DEPOSI					ASURER AND
25. Date		26. S	ignature of Can	0 111		
	Acceptance of Appointr		the blanks and	check the appropri	ate block)	
I, Eliana R.	Salzhauer lease Print or Type Nam	ne)		_ , do hereby acce	ept the appoir	ntment
designated above as:	Campaign Treas	surer	Deputy Tre	asurer.		
1/14/2022 Date	X	Signa	ture of Campaid	n Treasurer or Dep	outy Treasure	er
		- 5				

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 SU	RFSIDE, I	FLORIDA		JAN 27 PM	4:34	
We the	undersigned electors of	the Town of Surfside.	Florida, herel	ov nominate	E): A:	na R.	Salzhau	2
for the office				ommissioner) a				
15, 2022.				·				
7	This petition must be filed	with the Town Clerk betw	een January 10), 2022 and Janu	ary 29, 20	22(by 12:00	om).	
Signature:	Sud		Date: /	· 70 - 22	DOB			
Print Name:	Savah Will	150	Address:		_ D.O.D.	•	_ '	
Signature:	NIII	<u>.</u>	Date: 1	120122	D O B	rseeseesegees _e	***************************************	
Print Name:	141.00	1- O. A. 1/2. 1/2.	/ Address:	hi.	_ D.O.B.	11 L 1.	٠	İ
Signature:			Date: //	120 1202	D.O.B.	Lengman	700	<u></u>
Print Name:	SHELLIN GA	DZER	Address:	~ 	_D.O.B.	777	4173	i
Signature:		1_	Date:	1 /w/22	D.O.B.	∏uğuşadıyını	mpromission y	_11111111
Print Name:	100000	Korb	_	LIWIE	D.O.B.		1.	
Signature:	400 000	PDS	Address: Date: I	20122		<i>a</i>		,,,,, ,
Print Name:	Y	25-11	_	4/22	_ D.O.B.		7	
Signature:			Address:			Margine and a second		₩.
Print Name:	Cod	JS .	Date: _	140100	-D.O.B.			7
ignature:	4001		Address:	1/2/1/22	D.O.B.	Wanter		77777
int Name:	David	V	Date: _		D.O.B.		· -	C.
Signature:	13 10 W 201		Address: \ Date:	15012		1	AT PROPERTY OF THE PROPERTY OF	ı
Print Name:	Holone Fel	120 - 00	-	1201C	D.O.B. ,		n. 1 211	bute
***************************************	Mary	dman	Address:				101100000000000000000000000000000000000	i
Signature:	D. J		Date: _	1.00.00	D.O.B.			i
Print Name:	True laul		Address:		<u> </u>	A	mmmmm=	
Signature:	Da : 1 11116		Date:	1.20.22	D.O.B	-	_	
Print Name:	Daug Wisov	` Ministrational de la company	Address:					mm.
Signature:	David Fortier		Date:	<u> Zv Zv2Z</u> 	D.O.B.		,	.l.,
Print Name:	DAUC FUNCIO	``````````````````````````````````````	Address:	1177 - 2				***************************************
Signature:	DG (C)	0/2/2	Date: _	1125126	,D.O.B.		U	• •
Print Name:	ZA LAN	151C117	Address:		· · ·		. 11"	ı
Signature:	A) 1 1 1 1 1 1 2 2	+CTH	Date: 🗘	1-23-22	D.O.B	~ ~ ~ ~		·
Print Name:			Address:			M.A.A.M.ahaaa	in the second second	
		STATEMENT		1		·		•
The undersignathereto was m	ned is the circulator of the nade in my presence an	he foregoing paper co d is the genoine signa	ntaining iture of the per	signature son whose na	s. Each s me it purj	signature apports to be.	ppended	
Signature of C	Circulator:	~ /C/m		 	- ·-			
dress of Ci		9317 Bay.		sile, FZ	- 55	154	<u> </u>	
∟mail address	s of Circulator:	Salzharrag m ACCEPTANCE	OF NOMINA	TION				
I hereby acce	pt the nomination of	1281 m 6)			vor or Co	mmissione	r) and agree	to
serve if electe		17 DA		(,,,,,	,		., a agi 00	
Signature of C	Candidate:	1 July			Date: 1)	<u> 27/2</u> ′	3	

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 SUF	RFSIDE, FLORIDA JAN 27 PM 4:34
We the undersigned electors of the Town of Surfside,	Ω
	(Mayor or Commissioner) at an election to be held on March
15, 2022.	
This perition must be filed with the Town Clerk betwee	en January 10, 2022 and January 29, 2022(by 12:00pm).
Signature: Discourse of the signature of	Date: 1.21.22 D.O.B.
Print Name: Jonia M. HadditUs	Address:
Signature:	Date: 1.21.22 D.O.B.
Print Name: Ethan Headitch	Address:
Signature: Spulu Hul	Date: 1-2-22 D.O.B.
Print Name: Stuhmber Hill	Address:
Signature: Jaul Belde 4	Date: <u>/-2/-22</u> D.O.B.
Print Name: Paul Balchuf	Address:
Signature: Wax James	Date: <u>/ー 2 3 - とと</u> D.O.B.
Print Name: Max Adiro Merchan	Address:
Signature:	Date: 1/23/22 D.O.B 1/10-
Print Name: MARCHARERMAN	Address:
ignature: Katy (Inlum	Date: 23 2 L D.O.B.
int Name: "Kathy Imbermon	Address:
Signature: Children	Date: 1/23/22 D.O.B
Print Name: Chemi Arnold	Address.
Signature:	Date: 1/23/22 D,O.B
Print Name: Kenneth Arnold	Address:
Signature:	Date: 1-23-28-08
Print Name: F117 aboth Delicate	مرAddress: نــ د
Signature: Signature:	Date: D.O.B
Print Name:	Address:
Signature:	Date: 1 23 72 D.O.B.
Print Name: Edwin DE LA CADELA	Address:
Signature:	Date: 1 2 4 201 = D.O.B.
Print Name: Eva KAMAN	Address: 4
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper cor	
thereto was made in my presence and is the genuine signal	ture of the person whose name it purports to be.
Signature of Circulator:	·
dress of Circulator: 9317 Buy Drive.	Surflik, FL 33154
email address of Circulator: Esalzhaver Coma ACCEPTANCE	OF NOMINATION
I hereby accept the nomination of	
serve if elected.	()
Share of Sandran Clark	- Note: 1127/02

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 JAN 27 PM 4:34

We the undersigned electors of the Town of Surfside.	Florida, hereby nominate <u>Eliana R. SAIzhaur</u> e
for the office of Compissioner	(Mayor or Commissioner) at an election to be held on March
15, 2022.	·
This petition must be filed with the Town Clerk between	een January 10, 2022 and January 29, 2022(by 12:00pm).
Signature: In M	Date: 61-24 - 200 D.O.B.
Print Name: ANTA ON / BLATT	Address:
Signature:	Date: _ /-24-22 D.O.B
Print Name: WALTER JANIER	Address:
Signature:	Date: <u>/・3ゲーチン</u> D.O.B
Print Name: Charles Kerl	Address:
Signature: Rank McBril	Date: 1/24/20>> D.O.B
Print Name: RANDI MACBRIDE	Address:
Signature:	Date: 1/24/2022 D.O.B.
Print Name: Frank! Mac Bride Ir	Address:
Signature: WWSICO	Date: 1/24/2022 D.O.B.
Print Name: Ellioth Kula	Address:
ingnature: Eller D. Kwig	Date: 1-24-27 D.O.B.
int Name: EVEN G. KUIA	Address: , - ,) Jungo Iv.
Signature: July 1/6	Date: <u>I - 74 - 77</u> D.O.B.
Print Name: Hancaly V. Kula	Address: 7
Signature: <u>Laya Pasherto</u>	Date: <u>/-24-2-2</u> D.O.B. ^-
Print Name: Zouga Pashenko Jayer	Address: L / / / / / / / / / / / / / / /
Signature:	Date: 1/25/27 DOR
Print Name: KUSTW MW SANCHES	Address: ^
Signature: SLart	Date: 1-26-Jab.O.B.
Print Name: JESSICA FLAX	Address:
Signature: DOYIE WUNTYOUS	Date: D.O.B
Print Name:	Address:
Signature: Dawfellin Janus	Date: 1-25-22 D.O.B.
Print Name: DOVITBWEINTrans	Address:
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper cor	ntaining 12 signatures. Each signature appended
thereto was made in my presence and is the genuine signal	ture of the person whose name it purports to be.
Signature of Circulator:	· · · · · · · · · · · · · · · · · · ·
dress of Circulator: 9317 Ray Drive	Surfa, de +2 33154 ·
_mail address of Circulator:	mail: com
I hereby accept the nomination of	OF NOMINATION (Mayor or Commissioner) and agree to
serve if elected.	(wayor or Commissioner) and agree to
Din YCh	1/22/65

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

	Т	OWN OF SU	RFSIDE,	FLORIDA	_	JAN 27 PM 4:	34
- Me the unde	ersigned electors of the	Town of Surfeide	Florida her	ehv nominate i	Eliac	nak. SA	Izhaver
for the office of _				Commissioner) a	at an elec	tion to be held	on March
15, 2022.							
This	petition must be filed with	the Town Clerk betw	veen January :	10, 2022 and Janu	ıary 29, 20	022(by 12:00pm)).
Signature:	(II) Am	<u> </u>	Date:	1/23/22	D.O.B.		
Print Name: 7	zdro O- Sar	rahez	Address:	<i>C</i>	-		·
Signature:	MANAX	10d	Date:	125/2	_ D ;O.B.	······	
Print Name:	Marshall	2001	Address:	1	_//	,	~/!
Signature:	Lin A	like	Date:	1/2172	<u>≱</u> D.O.B.		
Print Name:	Lidla R.	LZHAVE	ይ Address:	·			- i.
Signature:	Min		Date:		DOB	-~ ao 1	··~
Print Name:	Andrew E RI	dmay	Address:	9			
Signature:	* 9		Date:	1-25-22	D.O.B.		
Print Name	HEHE LOW	Δ	Address:				
Signature:	Deborah DA	USON LUCA	Date:	2/25/22	_ D.O.B.		
Print Name: De	bergh DAWSO	V LUCAS	Address:			- / / //	C u
់ាំgnature:	Cert Dynam		Date:	(1/26/2022	_ D.O.B.		
int Name:	ee Martile	Lycas	Address:		inamuntum		
Signature:	Eliain R Pal		Date:	<u>1/26/2027</u>	<u>≯</u> D.O.B.		- ,
Print Name:	Eliana ROS	alzhauer	Address:				.
Signature:			Date:		_ D.O.B.		
Print Name:	III III III III III III III III III II	***************************************	Address:			annon anno anno anno anno anno anno ann	
Signature:			Date:	·····	_ D.O.B.		
Print Name:			Address:		***************************************	***************************************	
Signature:			Date:		_ D.O.B.		
Print Name:		***************************************	Address:	Anna			
Signature:			Date:		_ D.O.B.		
Print Name:	THE CONTRACTOR OF THE CONTRACT		Address:	diaman diama Diaman diaman diama	unoventeine cor	เดามาการ์เป็นกับมหาการเหตุ	
Signature:			Date:		_ D.O.B.		
Print Name:			Address:	& COLUMN TO THE STATE OF THE ST			
	•	STATEMENT		_			i i
	is the circulator of the fe in my presence and is						ended
Signature of Circu	ulator:	ffr					
dress of Circul		- Bay DI	, ve Su	rfsde FL	33	127 .	
cmail address of	Circulator:	ACCEPTANC	F OF NOMI	NATION			
I hereby accept th	ne nomination of	Commiss	_		avor or C	ommissioner)	and agree to
serve if elected.	\mathcal{L}	21			,	.1 -	
Signature of Can	didate:				Date:	1/27/20	\

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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	JAN 27 PM 4:34	
	mand almostone of the Tours of Cust	cido Elecido becebu nominato	CliAm R. SAlzhauen	,
we the undersig	ned electors of the Town of Suns	side, riorida, nereby nominate (Mavor or Commissioner)) at an election to be held on March	<u>=</u> 1
15, 2022.	~	()	,	
This petiti	on must be filed with the Town Clerk	between January 10, 2022 and Ja	nuary 29, 2022(by 12:00pm).	
Signature:	By Deller	Date: <u>1-23-2</u> /	02 D.O.B	
Print Name: CEP	steple Amas	Address:	handinanan mananan mananan bananan	******
Signature:	(or (d)	Date: 1 - 23 - 202		
Print Name: ANA	MARIA DE ALBA	Address:	· - 22.	at.
Signature:	2 Jan Jag	Date: 1/24/202	2-D.O.B.	-
Print Name: 20	SANCHEZ-	Address:	~-, ~) ;	
Signature: <u>Kriż</u>	tin Min Saucher	Date: <u>1/24/2022</u>		
Print Name:	///Wy	Address:	mannana Mariana manana man	-
Signature:		Date: <u>」 は</u> 4/20 3	_	
Print Name: AlV	HALL YMONES/	Address: L		
Signature:	ut 3. Tob	Date: <u>J- 75</u> - 22	D.O.B	
Print Name: 120 G	ERT F. TOTH	Address:(•	• •
ignature:		Date:	D.O.B	•
int Name:		Address:		enero.
Signature:	***************************************	Date:	D.O.B	
Print Name:		Address:		
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Print Name:		Address:		mm.
•	CTATEM	IENT OF CIRCULATOR		
	•	_	e de la la companya de d	
	ne circulator of the foregoing pap my presence and is the genuine		ures. Each signature appended name it purports to be.	
Signature of Circulato	ir: Janfuttell	A	7 - 2 54	
dress of Circulator			7 33124 ·	
cmail address of Circ	ACCEPT.	ANCE OF NOMINATION		
I hereby accept the ne	omination of		Mayor or Commissioner) and agree	e to
serve if elected.	()	·	· -	
Signature of Candida	ie: Un Refer		Date: 1/27/22	

ELIANA R SALZHAUER
CAMPAIGN ACCOUNT

DATE 1/27/2022

PAY TO Town of Surfiside \$2500
The ORDER OF

Twesty-five dallare

BankUnited 1-877-779-2285
www.barkunitod.com

MEMO Qualifying fee

I:

CANDIDATE OATH -**NONPARTISAN OFFICE**

Do not use this form if a Judicial or School Board Candidate) neck box only if you are seeking to qualify as a JAN 27 PM 4:33

write-in candidate:	 	-1	0700	
Write-in candidate				

write-in candidate:	
Write-in candidate	OFFICE USE ONLY
Candid	ate Oath
(Section 99.021(1)	(a), Florida Statutes)
1, Eliana R. Salzhauer	3
(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 ames). No change can be made after the end of qualifying. allot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of	missioner,
	(Office) (District #)
(Circuit #) (Group or Seat #); I am a qualified elector of	Miami - Dade County, Florida;
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	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 i	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.
Phonetic spelling for audio ballot: Print name phonetically of	our voter information card): on the line below as you wish it to be pronounced on the audio ans on page 2 of this form): [Not applicable to write-in candidates.]
X Plan R J (917) 952- Signature of Candidate Telephone Number 9317 Bay Drive Surfside	Florida 33154
STATE OF FLORIDA COUNTY OF Miani - Dade	State ZIP Code Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\begin{align*} OR \\ \end{align* physical presence \(\begin{align*} D \\ align* physical presence \(\	EVELYN HERBELLO Notary Public - State of Florida Commission # GG 230572 My Comm. Expires Jun 19, 2022 Bonded through National Notary Assn.



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

JAN 27 PM 4:34

GENERAL ELECTION - MARCH 15, 2022

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }
TOWN OF SURFSIDE }
I solemnly swear (or affirm) under oath, that my name is Eliana R. Salzhaver,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9317 Bay Drive, Surfside, FL 33154,
my occupation is Journalist + TV Producer; that I have been
a resident of the Town of Surfside since 2006; that I will be at least twenty-one (21) years of
age by January 29, 2022 and that if elected, I will willingly serve as Sio ner
(Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate 1/27/2022 Date
Sworn to and subscribed before me this <u>37</u> day of <u>January</u> , 20 <u>39</u> .
EVELYN HERBELLO Notary Public - State of Florida Commission # GG 230572 My Comm. Expires Jun 19, 2022 Bonded through National Notary Assn.
PRINTED NAME OF NOTARY

FORM 1		STATEM	IENT OF		2021		
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MI	DDLE NA	ME:					
Salzhauer Eliana	R.						
MAILING ADDRESS:			İ				
9317 Bay Drive							
CITY:		IP: COUNTY:			JAN 27 PM 4:33		
Surfside	331		ade				
NAME OF AGENCY:							
Town of Surfside							
NAME OF OFFICE OR POSITION Commissioner	HELD C	OR SOUGHT:					
CHECK ONLY IF CANDIDA	re or	NEW EMPLOYEE OF	RAPPOINTEE				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MANNER OF CALCULATIN FILERS HAVE THE OPTION O	YOUR	PORTABLE INTERESTS:	DR CALENDAR YEAR EN	DING DE	·		
FEWER CALCULATIONS, OR					•		
(see instructions for further deta	•		` - ·				
COMPARATIVE	(PERC	ENTAGE) THRESHOLDS	OR V DOLL	AR VALL	JE THRESHOLDS		
PART A - PRIMARY SOURCES O (If you have nothing to			the reporting person - See ins	structions]			
NAME OF SOURCE OF INCOME			JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
Journalism/TV Production	***************************************	9317 Bay Drive, Sursf	ide, FL 33154	FreelanceJournalism/TVProduction			
Interest & Dividends		See Part D	Interest & Dividends				
PART B — SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and ot	her sources of income to busines	sses owned by the reporting p	erson - See	instructions]		
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None	None						
None	None						
None	None						
PART C - REAL PROPERTY (Lan (If you have nothing to Home- 9317 Bay Drive, Su	report, v	vrite "none" or "n/a")	n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.		
Tiome- 7517 Day Dilve, Su	1131UC,	1 D 33137		FILING and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.		
	, , , , , , , , , , , , , , , , , , , ,			INSTR this fo	UCTIONS on who must file rm and how to fill it out on page 3.		

TOM 97 nu 7:99

	unit Z r PM 4:30					
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
See Attachment (Exhibit "A") See Attachment	chment (Exhibit "A")					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
None None						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership of the control of the contr	or positions in certain types of businesses - See instructions] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2					
NAME OF BUSINESS ENTITY None	None					
ADDRESS OF BUSINESS ENTITY n/a	n/a					
PRINCIPAL BUSINESS ACTIVITY n/a	n/a					
POSITION HELD WITH ENTITY n/a	n/a					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS n/a	n/a					
NATURE OF MY OWNERSHIP INTEREST n/a	n/a					
agency created under Part III, Chapter 163 required to complete ann	OMPLETED THE REQUIRED TRAINING.					
IF ANY OF PARTS A THROUGH G ARE CONTINI	UED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY					
Signature: Date Signed:	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.					
1/27/2022	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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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

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, 2021.

2021 Form 1: Statement of Financial Interests for Eliana R. Salzhauer (Continued)

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

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

Elin (1/27/2022



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

miamidade.gov

January 28, 2022

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

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Eliana Salzhauer, a candidate for the office of Commissioner for Town of Surfside. A total of 26 petitions were reviewed for verification; of which 26 were certified.

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

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

Sincerely,

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 <u>26</u> signatures submitted by <u>Eliana Salzhauer</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

Christina White Supervisor of Elections WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 28th DAY OF
JANUARY, 2022



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

January 28, 2022

Ms. Eliana R. Salzhauer 9317 Bay Drive Surfside, Fl 33154

Dear Ms. Salzhauer:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2022 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 N. McCready, MPA, MMC

Town Clerk

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) EliAMA R SAlzhauer	OFFICE USE ONLY							
Name (2) 93/7 Bay Drive	FEB 10 PM 2:31							
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: Commis	sioner							
☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report	Identifiers							
	01 / 31 / 2022 Report Type: 2022M1							
Original Amendment Spe	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, ,	Monetary							
Loans \$,, <u>200</u> . <u> </u>	Transfers to Office Account \$, ,							
Total Monetary \$, , <u>300</u> . <u>oo</u>	Total Monetary \$, , <u>25</u> · • •							
In-Kind \$, ,	, , , , , , , , , , , , , , , , , , , ,							
	(8) Other Distributions							
	\$, ,							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>200</u> . <u>80</u>	\$, , <u>25</u> . <u>00</u>							
(11) Cert It is a first degree misdemeanor for any pers								
I certify that I have examined this report and it is true, corr	ect, and complete:							
(Type name) FIANA R. SAIZHAUER Individual (only for IE	(Type name) Ellana R. Salzhauer Chairperson (only for PC and PTY)							
or electioneering comm.)	x Elini R lat							
Signature	Signature							

2022M1

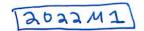
FED 10 PM 2:31

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	DIANA R. SA	Izh	aver	(2) I.D. Number	FEB 10 PA	12:31
(3) Cover Period	01 / 01 / 2022	throu	igh Ol /	31 / 202	2 (4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
1,14,22	Elian Salzhauer 9317 Bay Dr. Sufside, FL 33154			2001-00-00-00-00-00-00-00-00-00-00-00-00-			\$ 200
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1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



FEB 10 PH 2:31

(1) Name	Eliana R. Salzhauer		ED EXPENDIT (2) I.D. Numbe		
(3) Cover Peri	od <u>0 / 0 / 22</u> through <u>0 </u>	131 12027	(4) Page	of	
(5)	(7)	(8)	(9)	(10)	(11)

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/27/22	Town of Surfside (Qualifying fee)		CAN	(\$25 (on#1)
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/ /					

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



Name EliANA R. SAJZhauer	OFFICE USE ONLY
I.D. Number	FEB 10 pm 2:31
Address (number and street) 9317 Bay Drive	
City, State, Zip Code Surfside, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Substituting Substituting Substituting Substituting Substituting Substituting Substituting Subs	
REPORT IDE	NTIFIERS
Report Name 2022 M 1 Cover Period Report Type Poriginal Amendment	01/01/22 through 01/31/2022
CERTIFI	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete.
Type name) Treasurer Deputy Treasurer	(Type name) SAlzhauer (Type name)
X Qui R f	X I R R R

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Eliana R. S.	Alzhauer	(2) I.D. Number	
(3) Report	Name <u>2022 м 1</u>	(4) Cover Period	0 1 2022 through 01	31/2023
(5) Report	Type Amendment	t (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
NA	NONE / NIA	NA	NJA	NA
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		10		
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1				

-	CAMPAIGN TREASURER'S REPORT SUMMARY								
	(1)	EliAna R. SAlzhauer	OFFICE USE ONLY						
	(2)	9317 Bay Drive Address (number and street) Suffside FL 33154 City, State, Zip Code	FEB 18 px 4:19						
		Check here if address has changed	(3) ID Number:						
The second contract of the second contract of	(4)	Check appropriate box(es): Candidate Office Sought: 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						
			Identifiers						
			O2 / 17 / 2022 Report Type: 25P1 ecial Election Report						
	(6)	Contributions This Report	(7) Expenditures This Report						
	, ,	n & Checks \$, , <u>800</u> ·	Monetary Expenditures \$,,						
	Loan		Transfers to Office Account \$,,						
	Tota	Monetary \$,, <u>800</u> · <u>≥ 0</u>	Total Monetary \$, ,						
			(8) Other Distributions \$						
	(9)	TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date						
		It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)						
) 4	(Ty	rertify that I have examined this report and it is true, corresponding to the large of the large	(Type name) Eliana R. Salzharr (Type name) Eliana R. Salzharr						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 18 PM 4:19

(1) Name	EliAna	R.	SAlzh	saver	٢	(2) 1.0). Number		
(3) Cover Period	02/01	/ <u>20</u>	through	02	117	12022	(4) Page	of _	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
2,7,22	Donald Lewin 9225 Collins Are Apt 702 Surfside, FL 33154	エ	retired MANAYMUT CONSULTANT MANUTACTUR Statistician				\$1000
70	33154		-1				
211122	Consuelo 2 GAM Brown 8911 Collinis Are Art 1001 Surfside, FL 33154	工	Portait Actist Industrial Engineed	CHE			\$500
3	Ellen Abranson 8864 Froude Au Surfside, FL 33154	T	retired Art teacher	CHE			\$·50
4	Mary Estomba Guillaume Rousseau 9349 Abbet fre Surfsite IFL 33154		Marceting Surply Chair	CHE		,	\$150
2, 14,22	Kenneth + Cheryl Arnold 9309 Dickers Ave Surfside, FL 33154		Organic Farmer property MANAGEN	CHE			\$100
1 1							
1 1							
				1	S AND CODE VAL		•

FEB 18 PM 4:19

(1) Name Eliana R. SA) Zhave R (2) I.D. Number					
(3) Cover Peri	od <u>02 / 01 / 2020</u> through <u>02</u>	17 1222	4) Page	of	
(5) Date (6) Sequence Number	(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)	(11)
//					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY				
Name EliANA VR. SAlzhauer					
I.D. Number					
Address (number and street) 9317 Bay Drive	FEB 18 pm 4:20				
City, State, Zip Code Svrfs, de, FL 33154					
☐ CHECK IF ADDRESS HAS CHANGED					
Candidate for:					
☐ Mayor					
Commissioner, District	_				
☐ Property Appraiser					
☐ Clerk of the Circuit Courts					
☐ Community Council, Area, Su	b-Area				
REPORT IDE					
Report Name 25P1 Cover Period	Report Name $\frac{25P1}{25P1}$ Cover Period $\frac{02/01/222}{25P1/2022}$ through $\frac{02/17/2022}{25P1/2022}$				
Report Type Doriginal Amendment					
A CONTRACTOR OF THE CONTRACTOR	ICATION				
	ion to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true,				
I certify that I have examined this report and it is true, correct, and complete.	correct, and complete.				
EliANA R. SAKZHAMPR	EliAMA R. SAKhaver				
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate				
x au el	x Elis R Jon				
Signature					

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	ELIANA R. SAI	2 h que?	FEB 18 PM 4 (2) I.D. Number	
			02/01/2022 through 02	
(5) Report	Type Driginal Amendment	t (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
NA	rove/N/A	NA	NA	NA
		,		>
		OND		
)				

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) EliANA R. SAlzhaue	OFFICE USE ONLY			
Name (2) 9317 Bay Drive	MAR 4 PM 4:48			
Address (number and street) Surface FL 33154 City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC)	ssioner			
☐ 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 / 18 / 2022 To Cover Period: From 02 / 18 / 2022 To Amendment Specification				
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, 318	Monetary Expenditures \$, , 390 · _o o			
Loans \$,,	Transfers to Office Account \$,,			
Total Monetary \$, , <u>318</u> · oo	Total Monetary \$, , <u>310</u> . <u>• o</u>			
In-Kind \$,, <u>Ø</u>				
	(8) Other Distributions \$,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, _2,318.00	\$, <u>41S. 00</u>			
(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) Eli Ava V. SAlzh augr □ Individual (only for IE □ Treasurer □ Deputy Treasurer or electionegring comm.)	(Type name) FIAM R. SAIZHAUCK Candidate Chairperson (only for PC and PTY)			
x Elin R Int	x Elik Joh			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR 4 PM 4:49

(1) Name (2) I.D. Number							
(3) Cover Period	1 2 / 18 / 22	throu	gh <u>3</u> /	3 / 22	(4) Page		of
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2,18,22	MARCAMARY Levenson 9380 Caryle Are Svifside, FL 33154	工	Store Maddes Mrs	CHE			\$ 5 0
2,24,22	Davida Liza CArmona 8958 Carlyle Ave Suffsido FL 33154	工	Vet business owner	CHE			\$ 50
3	8927 AbbottAC Surface FL 33154	I	atterney	CHE			\$118
3,1,22	Lovisa Agresti 625 95th st. Surfside, FL 33154	I	nurse	CHE			\$100
1 1							
1 1							
1 1							
DS-DE 13 /Pey 11/1					AND CODE VAL		

(1) Name Eliana R. SAlzhaura (2) I.D. Number					
(3) Cover Perio	od <u>02/18 /202</u> 2through <u>03</u>	103/2022	(4) Page	of	1
(5) Date (6) Sequence Number	(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)	(11)
2 /24/22	Miani Sign Shop 13899 Biscore Blud 4155 4155 Miani, FL 3381	CAmpaign YArd Signs	ECC		\$390 (ca #998)
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name EliANA R. SALZhaver	OFFICE USE ONLY			
Address (number and street) 9317 Bay Drive	MAR 4 PM 4:49			
City, State, Zip Code Surfside 1 33154 CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub				
REPORT IDENTIFIERS				
Report Name P1 Cover Period O2/18/22 through O3/03/22 Report Type Qriginal Amendment				
CERTIFIC				
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. I certify that I have examined this report and it is true, correct, and complete.				
(Type name) Deputy Treasurer Deputy Treasurer (Type name) Candidate				
X Cluir for X Eluir Rfor 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. MAR 4PM 4:49

(1) Name	ELIANA R SA	Izhaver	(2) I.D. Number	
(3) Report N	Name	(4) Cover Period	02/18/2022 through 03	03/2022
(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
MA	None / N/A	MA	NA	Ala
)				
		$\overline{}$		
	\0	/		
	NONE			
1				

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) EliANA R. SAIZHAURR	OFFICE USE ONLY			
(2) 9317 Ray Dr. Address (number and street) Surfsize FL 33154 City, State, Zip Code	MAR 11 pm 4:55			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) ID Number. (6) 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 63 / 04 / 2022 To Original Amendment Special	ecial Election Report Report Type: 491			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, 250 • •	Monetary Expenditures \$, , 932 · 43			
Loans \$,, Ø Ø	Transfers to Office Account \$,,			
Total Monetary \$	Total Monetary \$, , 932 · 43			
	(8) Other Distributions \$,			
(9) TOTAL Monetary Contributions To Date \$,2, 568.50_	(10) TOTAL Monetary Expenditures To Date \$			
(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) E A NA R. SA\Z h ow (R. Individual (only for IE or electioneering comm.)	(Type name) Eli ANA V. SAlzhavek Chairperson (only for PC and PTY)			
X Elm R Jul	X Signature			

MAR 11 PM 4:55

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name FliANA R. SATZHQUER (2) I.D. Number (3) Cover Period 03 / 04 / 22 through 03 / 10 / 23 (4) Page ____ of (5)(8)(9)(10)(11)(12)Date Full Name (6)(Last, Suffix, First, Middle) Street Address & Contributor Sequence Contribution In-kind Number City, State, Zip Code Type | Occupation Type Description Amendment Amount Fernanda Siqueira 9172 Collins Ac CHE 10000 Controller Act 409 Surfside, FL 33154 Rubes Bravo 9057 About Are \$150 Surfrise, FL 33154

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

MAR 11 PM 4:55

(1) Name CAMPAIGN TREASURER'S REPORT - ITEMIZ	ED EXPENDITURES (2) I.D. Number
(3) Cover Period <u>03 / 04 / 22</u> through <u>03 / 10 / 22</u>	(4) Page of

		T			
(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/4/22	Waltham, MA 02451	CAmpaign Door Hangers	CAN/		\$251.90
3/7/22	UPS Store 9429 HArding Are Surfside, FL 33154	Elyas Printing	CANI		\$107
3/8/22	Vista print 170 Data Drue WAITHAM, MA 02451	mailer postcards	CANI		\$532
3/10/22	Mailchimp Rocket Science Grove LLC 675 Ponce De Leon Are NE Suite Sooo Atlanta, GA 30308	Email manyant system	CANI		\$41.53
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



IN ADSENTEE BALLOT	ACTIVITES SOMMAN			
Name	OFFICE USE ONLY			
Eliana R. SAtzhauer				
I.D. Number	WOD 13 ou 4/5/4			
Address (number and street) 9317 Bay Drive	— MAR 11 PM 4:54			
City, State, Zip Code Surside, FL 33)54				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser	_			
☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub	o-Area			
REPORT IDENTIFIERS				
Report Name 4P1 Cover Period 63/04/22 through 63/10/22				
Report Type Original Amendment				
CERTIFI				
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. I certify that I have examined this report and it is true, correct, and complete.				
Tiana R. Salzhaver (Type name) Treasurer Deputy Treasurer (Type name) Candidate				
(Type name) Treasurer Deputy Treasurer X Signature	(Type name) Candidate X Signature			

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Eliana R. S.	Izhaupr		MAK 11 PM 4 (2) I.D. Number	481
(3) Report I	Name 4P1	(4) Cover Period	03/04/22	through <u>v 3</u>	110/22
(5) Report	Type	(6) Page	1	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
NA	None	NA	NA		NA
(c)		0			
		NC			
		01			
	10				
1					

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) EliAin R SAlzhaver	OFFICE USE ONLY				
Name					
Address (number and street)	TOWN OF SURFSIDE				
Surfside FL 33154	JUN (3 "22 3:23PM				
City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es): Candidate Office Sought:	miss ioner				
Political Committee (PC)	_				
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	Check here if PC or ECO has disbanded Check here if PTY has disbanded				
☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed				
individual making electioneering communications)					
(5) Report	Identifiers				
	6 / 13 /2022 Report Type: 18+186				
Original Amendment Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$ 6 , 6 , 6	Monetary Expenditures \$,, 220				
Loans \$ Ø , Ø , Ø .	Transfers to Office Account \$ Ø , Ø , Ø . Ø				
Total Monetary \$ \(\mathcal{O} \), \(\mathcal{O} \).	Total Monetary \$,, 230 · 57				
In-Kind \$_\(\mathcal{Q}\) , _\(\mathcal{Q}\) , _\(\mathcal{Q}\)					
	(8) Other Distributions \$ _Ø , Ø , ØØ				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$, <u>2</u> , <u>568</u> . <u>00</u>	\$, _2, 56800				
(11) Certification					
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, correct, and complete:					
(Type name) Eliana K. Salzhauer ☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer	(Type name) Liana R. Salzhaver Candidate Candidate Chairperson (only for PC and PTY)				
X Clim R Johnson	X Zin Refaller				

JUN13 '22 3:24PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES 22 3424PM

(3) Cover Period 3 / 11 / 22 through 6 / 13 / 22 (4) Page _____ of __2

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/11/22	USPS EDDM mally	Mailer	CAN		\$78.40
3/11/22	UPS Stree 9429 HardingAm Surfside, FL 33154	printing	CAN		\$107
3/12/22	USPS EDDM Mailin	Mailer	CAN		\$ 670.4
3/26/22	Mailchimp Modet Science Group LLC 675 Ponce de Leon Auc M Suite 5000 Atlanta, GA 30308	Email manuent system	CANI		\$ 90
3/31/22	BANK United PO ROX SZIS99 Minni, FL 33152	BANK Account Fel (monthly)	CAN		\$12
4 /29/22	BANN United PO BOX SZIS99 MIGNI, FL 33152	BANK Account Fee (monthly)	CAN		\$12
5/31/22 7	BANK United RO. BOX SZIS99 Migni, FL 33/52	BANK Account Fee (monthly)	CAN		\$12
6/10/22 8	Jennfa Hill 917 2 Dianus Are Surfside, FL 33154	reinsupprent for (Amparija Supplies food) papergroods	CAN	<	38 77

TOWN OF SURFSIDE

(1) Name	CAMPAIGN TREASURER'S RE Eliàna R. SAlzhaven	PORT – ITEMIZEI	D EXPENDITION (2) I.D. Number	TURES:3	'22 3:24PM
(3) Cover Perio	od 3 / 11 / 22 through 6		4) Page		
(5) Date (6) Sequence Number	(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)	(11)
6/10/22	Eliana Salzhauer 9317 Bay Drive Surfside, FL 33154	loan repayment to self disposition of funds on termination report	DIS		\$200%
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE HOLD ONLY					
Name Eliana R. Salzhauer I.D. Number	OFFICE USE ONLY TOWN OF SURFSIDE					
Address (number and street) 9317 Bay Drive City, State, Zip Code Suffide FL 33154 CHECK IF ADDRESS HAS CHANGED	JUN13 '22 3:24PM					
Candidate for:						
☐ Mayor ☐ Commissioner, District ☐ Surfside ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-	o-Area					
REPORT IDEI	NTIFIERS					
Report Name 18 TRG Cover Period 3/11/2022 through 6/13/2022 Report Type Moriginal Amendment						
CERTIFI						
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete.					
(Type name) **Treasurer Deputy Treasurer	(Type name) Salzhauer					
X Clair R John	X Elve R Jozh					

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	EliAna R. S	Alzhauer	JUN13 '22 (2) I.D. Number	3:24PM 8TRG
(3) Report I	Name 18TRG	(4) Cover Period	3/11/2022 through 6/	13/2022
			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
NA	Nono	NA	NA	NIA
		<i>(</i>)		
	101	12		

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Eliana R.S	Ala	zhaver	(2)) I.D. Number		
(3) Cover Period	3/11/22	throu	gh <u>6</u> /	13/22	(4) Page		of \
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendmen	Amount
1 1							,,,
1 1	,						
1 1		\cap					
I I	101	<u> </u>					
1 1							
1 1	•						
DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	4

OWN OF SURFSIDE