

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 14 PM 3:17

[Handwritten Signature]

I, ELIANA R. SALZHAUER,

candidate for the office of Commissioner;

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

X

[Handwritten Signature]

Signature of Candidate

1/14/2022

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 officer before opening the campaign account.

JAN 14 PM 3:17

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

ELIANA R. SALZHAUER

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

9317 Bay Drive
Surfside, FL 33154

4. Telephone

(917) 952-7145

5. E-mail address

esalzhauser@gmail.com

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

Commissioner

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

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

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

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

ELIANA R. SALZHAUER

11. Mailing Address

9317 Bay Drive

12. Telephone

(917) 952-7145

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

esalzhauser@gmail.com

18. I have designated the following bank as my

☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

1/14/2022

26. Signature of Candidate

X

Eliana R. Salzhauer

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

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

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

1/14/2022

Date

X

Eliana R. Salzhauer

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)

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

JAN 20 PM 2:51

JAN 14 PM 3:17

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

ELIANA R. SALZHAUER

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

9317 Bay Drive
Surfside, FL 33154

4. Telephone

(917) 952-7145

5. E-mail address

esalzhauser@gmail.com

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

Commissioner

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

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

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

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

ELIANA R. SALZHAUER

11. Mailing Address

9317 Bay Drive

12. Telephone

(917) 952-7145

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

esalzhauser@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

BANKUNITED

20. Address

12290 BISCAYNE BLVD

21. City

NORTH MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

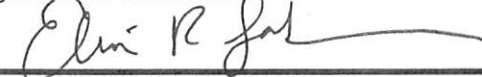
33187

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

1/14/2022

26. Signature of Candidate

X 

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

1/14/2022

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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 Elina R. Salzhauer
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1-21-22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Sonia M. Hadditch</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1-21-22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Ethan Hadditch</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1-21-22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>John Serf Hill</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1-21-22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Paul Balclaw</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1-23-22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Max Alon Imberman</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Marguerite Imberman</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Kathy Imberman</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Cheryl Arnold</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Kenneth Arnold</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1-23-22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Elizabeth Delacata</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>[Blank]</u> D.O.B. <u>[Blank]</u>
Print Name: <u>[Blank]</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1/23/22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>EDWIN DE LA CADENA</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>1/24/22</u> D.O.B. <u>[Blank]</u>
Print Name: <u>Eva KAMAN</u>	Address: <u>[Blank]</u>

STATEMENT OF CIRCULATOR

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

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

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/27/22

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 Eliana R. Salzhauer
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>Pedro O. Sanchez</u>	Date: <u>1/23/22</u> D.O.B. _____
Print Name: <u>Pedro O. Sanchez</u>	Address: _____
Signature: <u>Marsha K. Boef</u>	Date: <u>1/25/22</u> D.O.B. _____
Print Name: <u>Marsha K. Boef</u>	Address: _____
Signature: <u>Linda R. Salzhauer</u>	Date: <u>1/25/22</u> D.O.B. _____
Print Name: <u>Linda R. Salzhauer</u>	Address: _____
Signature: <u>Andrew E. Feldman</u>	Date: <u>1/25/22</u> D.O.B. _____
Print Name: <u>Andrew E. Feldman</u>	Address: _____
Signature: <u>Hector A. Logan</u>	Date: <u>1-25-22</u> D.O.B. _____
Print Name: <u>Hector A. Logan</u>	Address: _____
Signature: <u>Deborah Dawson Lucas</u>	Date: <u>2/25/22</u> D.O.B. _____
Print Name: <u>Deborah Dawson Lucas</u>	Address: _____
Signature: <u>Lee Martin Lucas</u>	Date: <u>1/26/2022</u> D.O.B. _____
Print Name: <u>Lee Martin Lucas</u>	Address: _____
Signature: <u>Eliana R. Salzhauer</u>	Date: <u>1/26/2022</u> D.O.B. _____
Print Name: <u>Eliana R. Salzhauer</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 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: Eli R. for
Address of Circulator: 9377 Bay Drive Surfside FL 33154
Email address of Circulator: _____

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Eli R. for Date: 1/27/22

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 Elia R. Salzhauer
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>Celeste De Armas</u>	Date: <u>1-23-2022</u> D.O.B. _____
Print Name: <u>Celeste De Armas</u>	Address: _____
Signature: <u>Aja Maria De Alba</u>	Date: <u>1-23-2022</u> D.O.B. _____
Print Name: <u>AJA MARIA DE ALBA</u>	Address: _____
Signature: <u>P.O. Sanchez</u>	Date: <u>1/24/2022</u> D.O.B. _____
Print Name: <u>P.O. SANCHEZ</u>	Address: _____
Signature: <u>Kristin Min Sanchez</u>	Date: <u>1/24/2022</u> D.O.B. _____
Print Name: _____	Address: _____
Signature: <u>Maria L. Yusef</u>	Date: <u>1/24/2022</u> D.O.B. _____
Print Name: _____	Address: _____
Signature: <u>Robert F. TOTH</u>	Date: <u>1-23-22</u> D.O.B. _____
Print Name: <u>ROBERT F. TOTH</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Jen Hill
Address of Circulator: 9172 Dickens Ave, Surfside, FL 33154
Email address of Circulator: Jenhillfl@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Elia R. Salzhauer Date: 1/27/22

ELIANA R SALZHAUER
CAMPAIGN ACCOUNT

63-9059 478
2670

9997

DATE 1/27/2022

0 REUSE WALLET OR DUPLICATE

PAY TO
THE ORDER OF

Town of Surfside

\$ 25 ⁰⁰/₁₀₀

Twenty-five dollars

DOLLARS



Security Features
Include
Details on Back



BankUnited

1-877-779-2285
www.bankunited.com

MEMO

Qualifying fee

Eli R. J.

MP



SPECIALTY BLUE

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a
write-in candidate:

☐ Write-in candidate

JAN 27 PM 4:33

OFFICE USE ONLY

Candidate Oath

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

I, ELIANA R. SALZHAUER,

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

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

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

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

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

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

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

9317 Bay Drive Surfside Florida 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

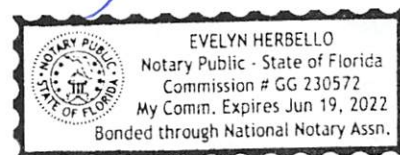
this 27 day of January, 2022.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver's License

Evelyn Herbello
Signature of Notary Public

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





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 }

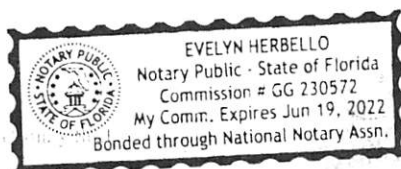
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Eliana R. Salzhauer,
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 Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.

Eliana R. Salzhauer
Signature of Candidate

1/27/2022
Date

Sworn to and subscribed before me this 27 day of January, 20 22.



Evelyn Herbello
NOTARY PUBLIC
Evelyn Herbello
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

Salzhauer Eliana R.

MAILING ADDRESS :

9317 Bay Drive

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

JAN 27 PM 4:33

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

☐

COMPARATIVE (PERCENTAGE) THRESHOLDS OR

☒

DOLLAR VALUE THRESHOLDS

PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Journalism/TV Production	9317 Bay Drive, Surfside, FL 33154	Freelance Journalism/TV Production
Interest & Dividends	See Part D	Interest & Dividends

PART B – SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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

PART C – REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Home- 9317 Bay Drive, Surfside, FL 33154

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attachment (Exhibit "A")	See Attachment (Exhibit "A")

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	None

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	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

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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:

1/27/2022

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), 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 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, 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)

Eliana R. Salzhauer 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,

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 26 signatures submitted by Eliana Salzhauer for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

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

A handwritten signature in blue ink, appearing to be "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 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 TREASURER'S REPORT SUMMARY

(1) ELIANA R SALZHAUER
Name

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

Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

FEB 10 PM 2:31

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 01 / 01 / 2022 To 01 / 31 / 2022 Report Type: 2022M1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 200 . 00

Total Monetary \$ _____ , _____ , 200 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

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

Total Monetary \$ _____ , _____ , 25 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 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) ELIANA R. SALZHAUER

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

X

Signature

(Type name) ELIANA R. SALZHAUER

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

2022M1

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 10 PM 2:31

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2022 through 01 / 31 / 2022 (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		
1 / 14 / 22	ELIANA SALZHAUER	S	Journalist TV Producer	LOA			\$ 200
1	9317 Bay Dr. Surfside, FL 33154						
/ /							
/ /							
/ /							
/ /							
/ /							

2022M1

FEB 10 PM 2:31

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZHAVER (2) I.D. Number _____
 (3) Cover Period 01 / 01 / 22 through 01 / 31 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1 / 27 / 22	Town of Surfside		CAN		\$25
1	(Qualifying fee)				(ca # 9997)
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

2022 M1

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



OFFICE USE ONLY

Name

ELIANA R. SALZHAUER

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 10 PM 2:31

Candidate for:

☐ Mayor

☒ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2022 M1 Cover Period 01/01/22 through 01/31/2022

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAUER

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

Eli R. Salzhaue

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

ELIANA R. SALZHAUER

(Type name) ☒ Candidate

X
Signature

Eli R. Salzhaue

MIAMI-DADE
COUNTY

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

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Eliana R. Salzhauser
Name

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

Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

FEB 18 PM 4:19

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 2022 To 02 / 17 / 2022 Report Type: 2SP1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 800 . 00

Loans \$, , 0 . 0

Total Monetary \$, 1 , 800 . 00

In-Kind \$, , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 0

Transfers to Office Account \$, , 0 . 0

Total Monetary \$, , 0 . 0

(8) Other Distributions

\$, , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$, 2 , 000 . 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) ELIANA R. SALZHAUSER

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X Eli R h
Signature

(Type name) ELIANA R. SALZHAUSER

☒ Candidate

☐ Chairperson (only for PC and PTY)

X Eli R h
Signature

2SP1

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 18 PM 4:19

(1) Name Eliana R. Salzhauer (2) I.D. Number _____(3) Cover Period 02 / 01 / 2022 through 02 / 17 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
2 / 7 / 22 1	Donald Lewin 9225 Collins Ave Apt 702 Surfside, FL 33154	I retired Management Consultant manufacturing Statistician	CHE			\$1000
2 / 1 / 22 2	Consuelo + Gary Brown 8911 Collins Ave Apt 1001 Surfside, FL 33154	I portrait Artist + Industrial Engineer	CHE			\$500
2 / 11 / 22 3	Ellen Abramson 8864 Froude Ave Surfside, FL 33154	I retired Art teacher	CHE			\$50
2 / 13 / 22 4	Mary Estomba Guillaume Rousseau 9349 Abbot Ave Surfside, FL 33154	I marketing + supply chain	CHE			\$150
2 / 14 / 22 5	Kenneth + Cheryl Arnold 9309 Dickens Ave Surfside, FL 33154	I Organic Farmer + property manager	CHE			\$100
/ /						
/ /						

FEB 18 PM 4:19

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2022 through 02 / 17 / 2022(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
/ /	None				
/ /					
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/ /					
/ /					

2SP1

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



OFFICE USE ONLY

Name

ELIANA R. SALZHAVER

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 18 PM 4:20

Candidate for:

☐ Mayor

☒ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2SP1 Cover Period 02/01/2022 through 02/17/2022

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAVER

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

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

ELIANA R. SALZHAVER

(Type name)

☒ Candidate

X

Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

FEB 18 PM 4:20

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

(3) Report Name 2SP1 (4) Cover Period 02/01/2022 through 02/17/2022

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

[illegible]

11P1

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAUER

Name

(2) 9317 Bay Drive

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

MAR 4 PM 4:48

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 02 / 18 / 2022 To 03 / 03 / 2022 Report Type: 11P1☒ Original☐ Amendment☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 318 . 00Loans \$ _____ , _____ , 0 . 0Total Monetary \$ _____ , _____ , 318 . 00In-Kind \$ _____ , _____ , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 390 . 00Transfers to Office Account \$ _____ , _____ , 0 . 0Total Monetary \$ _____ , _____ , 390 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 318 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 415 . 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) ELIANA R. SALZHAUER☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy TreasurerX Eliana R. Salzhauser
Signature(Type name) ELIANA R. SALZHAUER☒ Candidate ☐ Chairperson (only for PC and PTY)X Eliana R. Salzhauser
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR 4 PM 4:49

(1) Name Eliaia R. Salzhaver

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 22 through 3 / 3 / 22(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				
2 / 18 / 22 1	MARC & MARY Levenson 9380 Carlyle Ave Surfside, FL 33154	I	Store Madden mens	CHE			\$50
2 / 24 / 22 2	David & Liza Carmona 8958 Carlyle Ave Surfside, FL 33154	I	Vet + business owner	CHE			\$50
2 / 25 / 22 3	Beth & Walter Lugo 8927 Abbott Ave Surfside FL 33154	I	attorney engineer	CHE			\$118
3 / 1 / 22 4	Lorisa Agresti 625 95th st. Surfside, FL 33154	I	nurse practitioner	CHE			\$100
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

MAR 4 PM 4:49

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Eliana R. Salzhauser (2) I.D. Number _____
 (3) Cover Period 02/18/2022 through 03/03/2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2 / 24 / 22	Miami Sign Shop 13899 Biscayne Blvd #155 North Miami, FL 33181	Campaign yard signs	CAN/ ECC		\$390 (ca #9998)
/ /					
/ /					
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/ /					

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



OFFICE USE ONLY

Name

ELIANA R. SALZHAVER

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

MAR 4 PM 4:49

☐ 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 11P1 Cover Period 02/18/22 through 03/03/22Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAVER

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

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

ELIANA R. SALZHAVER

(Type name)

☒ Candidate

X

Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

MAR 4 PM 4:49

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

(3) Report Name 11P1 (4) Cover Period 02/18/2022 through 03/03/2022

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

4P1

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ELIANA R. SALZHAVER
Name

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

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

MAR 11 PM 4:55

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 03 / 04 / 2022 To 03 / 10 / 2022 Report Type: 4P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 250 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 932 . 43

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

Total Monetary \$ _____ , _____ , 932 . 43

(8) Other Distributions

\$ _____ , _____ , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 568 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 347 . 43

(11) Certification

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

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

(Type name) ELIANA R. SALZHAVER

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

X

Signature

(Type name) ELIANA R. SALZHAVER

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 11 PM 4:55

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number _____

(3) Cover Period 03 / 04 / 22 through 03 / 10 / 22(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
3 / 4 / 22 1	Fernanda Siqueira 9172 Collins Ave Apt 409 Surfside, FL 33154	I	Controller	CHE			\$100 ⁰⁰ / ₁₀₀
3 / 9 / 22 2	Ruben Bravo 9057 Abbott Ave Surfside, FL 33154	I	Project manager	CHE			\$150
/ /							
/ /							
/ /							
/ /							
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/ /							
/ /							

MAR 11 PM 4:55

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ELIANA R. SALZHAUER

(2) I.D. Number _____

(3) Cover Period 03 / 04 / 22 through 03 / 10 / 22(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
3/4/22 1	Vistaprint 170 Data Drive Waltham, MA 02451	Campaign Door Hangers	CAN/ ECC		\$251.90
3/7/22 2	UPS Store 9429 Harding Ave Surfside, FL 33154	Campaign Flyers printing	CAN/ ECC		\$107
3/8/22 3	Vistaprint 170 Data Drive Waltham, MA 02451	Campaign mailer postcards	CAN/ ECC		\$532
3/10/22 4	Mailchimp Rocket Science Group LLC 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308	Email management system	CAN/ ECC		\$41.53
//					
//					
//					
//					

4P1

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



OFFICE USE ONLY

Name

ELIANA R. SALZHAUER

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

MAR 11 PM 4:54

☐ 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 4P1 Cover Period 03/04/22 through 03/10/22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

ELIANA R. SALZHAUER

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

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

ELIANA R. SALZHAUER

(Type name) ☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

AR 11 PM 4:54

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Eliana R. Salzhauser
Name(2) 9317 Bay Drive
Address (number and street)Surfside, FL 33154
City, State, Zip Code☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 3 / 11 / 2022 To 6 / 13 / 2022 Report Type: 18TRG☒ Original☐ Amendment☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 0 , 0 . 0Loans \$ 0 , 0 , 0 . 0Total Monetary \$ 0 , 0 , 0 . 0In-Kind \$ 0 , 0 , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ 0 , 1 , 220 . 57Transfers to Office Account \$ 0 , 0 , 0 . 0Total Monetary \$ 0 , 1 , 220 . 57

(8) Other Distributions

\$ 0 , 0 , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ 0 , 2 , 568 . 00

(10) TOTAL Monetary Expenditures To Date

\$ 0 , 2 , 568 . 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) Eliana R. Salzhauser☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature Eliana R. Salzhauser(Type name) Eliana R. Salzhauser☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature Eliana R. Salzhauser

18TRG

JUN13 '22 3:24PM

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Eliana R. Salzhauer(2) I.D. Number 3 '22 3:24PM(3) Cover Period 3 / 11 / 22 through 6 / 13 / 22(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
3/11/22 1	USPS EDM mailer	Campaign Mailer	CAN		\$78.40
3/11/22 2	UPS Store 9429 Harding Ave Surfside, FL 33154	Campaign Flyer printing	CAN		\$107
3/12/22 3	USPS EDM mailer	Campaign MAILER	CAN		\$670.40
3/26/22 4	Mailchimp Rocket Science Group LLC 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	Email management system	CAN/ ECC		\$90
3/31/22 5	Bank United PO Box 521599 Miami, FL 33152	Bank Account Fee (monthly)	CAN		\$12
4/29/22 ⑥	Bank United PO Box 521599 Miami, FL 33152	Bank Account Fee (monthly)	CAN		\$12
5/31/22 7	Bank United P.O. Box 521599 Miami, FL 33152	Bank Account Fee (monthly)	CAN		\$12
6/10/22 8	Jennifer Hill 9172 Dickens Ave Surfside, FL 33154	reimbursement for campaign supplies food/papergoods	CAN		\$38 ⁷⁷ / ₁₀₀

18TRG

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



OFFICE USE ONLY

Name

Eliana R. Salzhauser

I.D. Number

Address (number and street)

9317 Bay Drive

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JUN13 '22 3:24PM

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 3/11/2022 through 6/13/2022

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

Eliana R. Salzhauser

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

Eliana R. Salzhauser

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

Eliana R. Salzhauser

(Type name)

☒ Candidate

X

Signature

Eliana R. Salzhauser

MIAMI-DADE
COUNTY

JUN13 '22 3:24PM

MD-ED 26 (Rev. 03/13)

18TRG

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Eliana R. Salzhauser (2) I.D. Number _____(3) Cover Period 3 / 11 / 22 through 6 / 13 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE

JUN 13 '22 3:23PM