

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 28 AM 11:42

I, SHANNON GALLAGHER,

candidate for the office of COMMISSIONER;

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

X

Shannon Gallagher

Signature of Candidate

01-28-22

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JAN 28 AM 11:42

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

SHANNON GALLAGHER

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

9195 COLLINS AVE #806  
SURFSIDE FL 33154

4. Telephone

(415) 225-7571

5. E-mail address

SHANNANIGALS12@GMAIL

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.

I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

SHANNON GALLAGHER

11. Mailing Address

9195 COLLINS AVENUE #806

12. Telephone

(415) 225-7571

13. City

SURFSIDE

14. County

MIAMIDADE

15. State

FL

16. Zip Code

33154

17. E-mail address

SHANNANIGALS12@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

01-28-22

26. Signature of Candidate

X 

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

I, SHANNON GALLAGHER, do hereby accept the appointment  
(Please Print or Type Name)


designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

01-28-22

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer



**POINTMENT 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 28 AM 11:42

JAN 28 PM 3:00

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)

SHANNON GALLAGHER

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

9195 COLLINS AVE #806  
SURFSIDE FL 33154

**4. Telephone**

(415) 225-7571

**5. E-mail address**

SHANANIGALS12@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.

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

**10. Name of Treasurer or Deputy Treasurer**

SHANNON GALLAGHER

**11. Mailing Address**

9195 COLLINS AVENUE #806

**12. Telephone**

(415) 225-7571

**13. City**

SURFSIDE

**14. County**

MIAMIDADE

**15. State**

FL

**16. Zip Code**

33154

**17. E-mail address**

SHANANIGALS12@GMAIL.COM

**18. I have designated the following bank as my**

☐ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

SUNTRUST Bank

**20. Address**

9600 Collins Ave, 1

**21. City**

Bal Harbour

**22. County**

Miami Dade

**23. State**

FL

**24. Zip Code**

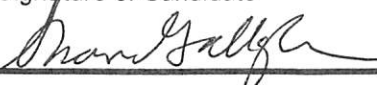
33154

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

**25. Date**

01-28-22

**26. Signature of Candidate**

X 

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

I, SHANNON GALLAGHER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

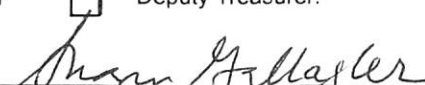
☒ Campaign Treasurer

☐ Deputy Treasurer.

01-28-22

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 29 AM 10:58**

We the undersigned electors of the Town of Surfside, Florida, hereby nominate S HANNON GALLAGHER  
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>Deborah Duvdevani</u>	Date: <u>1/28/2022</u>	D.O.B. _____
Print Name: <u>Deborah Duvdevani</u>	Address: _____	
Signature: <u>Billie A Adelman</u>	Date: <u>1/28/22</u>	D.O.B. _____
Print Name: <u>Billie A Adelman</u>	Address: _____	
Signature: <u>Alex Gilest</u>	Date: <u>01/28/22</u>	D.O.B. _____
Print Name: <u>Alex Gilest</u>	Address: _____	
Signature: <u>Hector Louio</u>	Date: <u>1/29/22</u>	D.O.B. _____
Print Name: <u>Hector Louio</u>	Address: _____	
Signature: <u>Bonnie Pertgen</u>	Date: <u>1/29/22</u>	D.O.B. _____
Print Name: <u>Bonnie Pertgen</u>	Address: _____	
Signature: <u>Elia Spier</u>	Date: <u>1/29/22</u>	D.O.B. _____
Print Name: <u>Elia Spier</u>	Address: _____	
Signature: <u>Caro P. Skarup</u>	Date: <u>29 JAN 22</u>	D.O.B. _____
Print Name: <u>Caro P. Skarup</u>	Address: _____	
Signature: <u>Ava Casanova Skarup</u>	Date: <u>29 JAN 22</u>	D.O.B. _____
Print Name: <u>Ava Casanova Skarup</u>	Address: _____	
Signature: <u>Ivette Pla</u>	Date: <u>1/29/22</u>	D.O.B. _____
Print Name: <u>Ivette Pla</u>	Address: _____	
Signature: <u>Shannon Gallagher</u>	Date: <u>1/29/22</u>	D.O.B. _____
Print Name: <u>Shannon Gallagher</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: _____	

**STATEMENT OF CIRCULATOR**

The undersigned is the circulator of the foregoing paper containing 10 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: Deborah Duvdevani  
Address of Circulator: 9195 Collins Ave, Surfside, FL 33154  
Email address of Circulator: yonkersdeb@yahoo.com

**ACCEPTANCE OF NOMINATION**

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

Signature of Candidate: Shannon Gallagher Date: 1/29/22

**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 29 AM10:58

We the undersigned electors of the Town of Surfside, Florida, hereby nominate SHANNON GALLAGHER  
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:	[Signature]	Date:	28-1-22	D.O.B.	
Print Name:	GASTÓN SOKOLOWICZ	Address:			
Signature:	[Signature]	Date:	1-28-22	D.O.B.	
Print Name:	RAMON SERRANO	Address:			
Signature:	[Signature]	Date:	1-28-22	D.O.B.	
Print Name:	Tina Paul	Address:			
Signature:	[Signature]	Date:	1/29/22	D.O.B.	
Print Name:	Arlene A/MW	Address:			
Signature:	[Signature]	Date:	1/28/22	D.O.B.	
Print Name:	KWASSIA KERSIASARE	Address:			
Signature:	[Signature]	Date:	1/28/22	D.O.B.	
Print Name:	Evelyn Martell	Address:			
Signature:	[Signature]	Date:	1/28/2022	D.O.B.	
Print Name:	Valentina Borges	Address:			
Signature:	[Signature]	Date:	1-28-22	D.O.B.	
Print Name:	PATRICIA SANCHEZ	Address:			
Signature:	[Signature]	Date:	1-28-2022	D.O.B.	
Print Name:	Ann Giccone Capri	Address:			
Signature:	[Signature]	Date:	JAN 28 <sup>th</sup> /22	D.O.B.	
Print Name:	CILADIA CASALE	Address:			
Signature:	[Signature]	Date:	1/28/22	D.O.B.	
Print Name:	JOE THOME	Address:			
Signature:	[Signature]	Date:	1/28/22	D.O.B.	
Print Name:	Stefan Tai	Address:			
Signature:	[Signature]	Date:	1/29/22	D.O.B.	
Print Name:	Taras Litrenko	Address:			

## STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Sherry Gallagher

Address of Circulator: 9195 Collins Ave #806

Email address of Circulator: Shananiqa/s12@gmail

## ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Man Guller Date: 01-29-22

**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 29 AM 10:58**

We the undersigned electors of the Town of Surfside, Florida, hereby nominate SHANNON GALLAGHER  
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>1/29/22</u> P.O.B. <u>FL</u>
Print Name: <u>MARA OLIVER</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/29/22</u> D.O.B. <u></u>
Print Name: <u>Stephanie Romani</u>	Address: <u></u>
Signature: <u>[Signature]</u>	Date: <u>1/29/22</u> D.O.B. <u></u>
Print Name: <u>George A. Romani</u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>
Signature: <u></u>	Date: <u></u> D.O.B. <u></u>
Print Name: <u></u>	Address: <u></u>

**STATEMENT OF CIRCULATOR**

The undersigned is the circulator of the foregoing paper containing 3 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9195 Collins Ave #806 Surfside FL 33154  
Email address of Circulator: Shananigals12@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: 1-29-22

**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 29 AM 10:58**

We the undersigned electors of the Town of Surfside, Florida, hereby nominate SHANNON GALLAGHER  
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>1-29-22</u> D.O.B. _____
Print Name: <u>Nichole Drake</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
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 1 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: 9195 COLIN AVE #806 SURFSIDE FL 33154  
Email address of Circulator: shananigals12@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

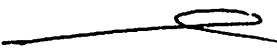

Shannon Gallagher  
Campaign Account

63-215/631

98

DATE 01-29-22

© DELUXE WALLET OR DUPLICATES

PAY TO Town of Surfside \$ 25<sup>00</sup>  
THE ORDER OF  
Twenty-five and 00/100  DOLLARS  Security Features  
Included.  
Details on Back



SUNTRUST

ACH RT 081000104

MEMO Campaign Fee

Shannon Gallagher 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 29 AM 10:58

OFFICE USE ONLY

**Candidate Oath**

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

I, SHANNON GALLAGHER,

(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.]

SHA-NuhN GAL-Luh-GUHR

X Shannon Gallagher  
Signature of Candidate

(415) 225-7571  
Telephone Number

SHANNANIGALS12@GMAIL.COM  
Email Address

9195 COLLINS AVENUE #806 SURFSIDE  
Address

City

FL  
State

33154  
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 ☒

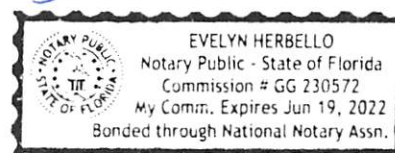
this 22 day of January, 20 22

personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: California ID

Evelyn Herbello  
Signature of Notary Public

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





JAN 29 AM 10:58

## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

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 }

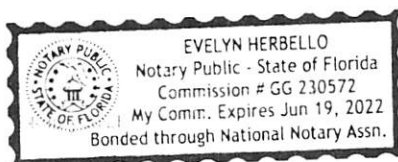
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is SHANNON GALLAGHER  
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 9195 COLLINS AVE # 806 SURFSIDE 33154.  
my occupation is ATTORNEY; that I have been  
a resident of the Town of Surfside since 2019; 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.

Shannon Gallagher  
Signature of Candidate

1-29-22  
Date

Sworn to and subscribed before me this 29 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 :

Gallagher Shannon Patricia

MAILING ADDRESS :

9195 Collins Avenue

Unit 806

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**\*\*\*\* 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
Shannon Gallagher, P.C.	2443 Fillmore St #380-8602 SF CA 94115	Practice of Law
9195 Collins Ave Unit 806	9195 Collins Ave Unit 806 Surfside 33154	Rental Income
2418 Seminary Avenue	2418 Seminary Ave Chicago IL 60614	Rental Income
2121 Laguna Street Unit 1	2121 Laguna St #1 SF CA 94115	Rental Income

**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

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

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

9195 Collins Avenue Unit 806 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

**PART E — LIABILITIES** [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wintrust Mortgage	9700 W. Higgins Road Suite 300 Rosemont IL 60018
Chase Bank	Mail Code LA4-6475700 Kansas Lane Monroe LA 71203

**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		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING** For elected municipal officers, 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:

January 29, 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.

**FORM 1****STATEMENT OF FINANCIAL INTERESTS 2021 (Continued)****Gallagher Shannon Patricia****9195 Collins Avenue #806****Surfside Florida 33154 Miami-Dade County****Town of Surfside, Florida****Commissioner****PART A — PRIMARY SOURCES OF INCOME (Continued)**

<b>NAME OF SOURCE OF INCOME</b>	<b>SOURCE'S ADDRESS</b>	<b>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</b>
TarasTitarenko Rental Prop	274B Lexington St San Francisco CA 94110	Residential rentals
Employ. Developmt Dept State of Ca	PO Box 826880 Sacramento CA 94280-0001	Unemployment insurance

**PART E — LIABILITIES (Continued)**

<b>NAME OF CREDITOR</b>	<b>ADDRESS OF CREDITOR</b>
Wells Fargo Bank	P.O. Box 10335 Des Moines, IA 50306-0335
21 <sup>st</sup> Mortgage Corporation	620 Market Street Knoxville, TN 37902





**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172

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

January 31, 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 Shannon Gallagher, a candidate for the office of Commissioner for Town of Surfside. A total of 27 petitions were reviewed for verification; of which 21 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", written over a faint blue circular stamp.

Christina White  
Supervisor of Elections

Enclosure (1)

MIAMI-DADE  
COUNTY



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172

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 21 signatures submitted by Shannon Gallagher for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

A blue ink handwritten signature, appearing to be "Christina White", written over a horizontal line.

Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 31<sup>st</sup> DAY OF  
JANUARY, 2022

**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

FEB 1 AM 9:59

We the undersigned electors of the Town of Surfside, Florida, hereby nominate SHANNON GALLAGHER  
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>1-31-22</u> D.O.B. _____
Print Name: <u>BEHEAD TORCHI</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/31/22</u> D.O.B. _____
Print Name: <u>Nikita Nestscheret</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-31-22</u> D.O.B. _____
Print Name: <u>MAURICE P NEVILLE</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-31-22</u> D.O.B. _____
Print Name: <u>JESSICA FLAX</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/31/22</u> D.O.B. _____
Print Name: <u>ELAINE KILLEN</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/31/22</u> D.O.B. _____
Print Name: <u>NORMA ROTAS</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-31-22</u> D.O.B. _____
Print Name: <u>9140 COLLINS AV</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-31-22</u> D.O.B. _____
Print Name: <u>Ruben Masceda</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-31-22</u> D.O.B. _____
Print Name: <u>Stefan Tai</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-31-22</u> D.O.B. _____
Print Name: <u>Aisha Palermo</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: _____

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 9 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: 9195 COLLINS AVE #506 SURFSIDE FL 33154

Email address of Circulator: Shanantgals12@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: 1-31-22



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172

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

February 2, 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 Shannon Gallagher, a candidate for the office of Commissioner for Town of Surfside. A total of 4 petitions were reviewed for verification; of which 4 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", with a large, stylized flourish at the end.

Christina White  
Supervisor of Elections

Enclosure (1)







Elections  
2700 NW 87th Avenue  
Miami, Florida 33172

miamidade.gov

## CERTIFICATION BATCH 2

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 4 signatures submitted by Shannon Gallagher for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

A blue ink handwritten signature of Christina White, consisting of stylized loops and a long horizontal stroke.

Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 2<sup>nd</sup> DAY OF  
FEBRUARY B2022





**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

February 2, 2022

Ms. Shannon Gallagher  
9195 Collins Avenue #806  
Surfside, FL 33154

Dear Ms. Gallagher:

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) Shannon Gallagher

Name

(2) 9195 Collins Avenue Unit 806

Address (number and street)

Surfside FL 33154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

FEB 9 AM 9:35

(3) ID Number: 63

(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: 2022 M1

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ , , .

Loans \$ , , 125.00

Total Monetary \$ , , 125.00

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

\$ , , 125.00

### (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) Shannon Gallagher


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

X 

Signature

(Type name) Shannon Gallagher

☒ Candidate ☐ Chairperson (only for PC and PTY)

X 

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 9 AM 9:35

(1) Name SHANNON GALLAGHER (2) I.D. Number 63

(3) Cover Period 01 / 01 / 22 through 01 / 31 / 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	Type	Description		
01 / 28 / 22	Shannon Gallagher	S	Attorney	CAS			\$125.00
M1001	9145 Collins #506 Surfside FL 33154						
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHANNON GALLAGHER(2) I.D. Number 63(3) Cover Period 01 / 01 / 22 through 01 / 31 / 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
(6) Sequence Number					
01/29/22	Town of Surfside 9293 Harding Ave Surfside FL 33154	Candidacy fee	CAN		\$25.00
M1001					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

Shannon Gallagher

I.D. Number

63

Address (number and street)

9195 Collins #806

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 9 AM 9:36

Candidate for:

☐ Mayor

☒ Commissioner, District \_\_\_\_\_

☐ Property Appraiser

☐ Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 2022 MM1 Absentee Ballot Cover Period 01-01-22 through 01-31-22

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.

Shannon Gallagher  
(Type name) ☒ Treasurer ☐ Deputy Treasurer

**X**

Signature

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

Shannon Gallagher  
(Type name) ☒ Candidate

**X**

Signature



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

(1) Name Shannon Gallagher (2) I.D. Number 63  
(3) Report Name 2022 MMI Absentee Ballot (4) Cover Period 01-01-22 through 01-31-22  
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

FEB 18 PM 4:25

(1) SHANNON GALLAGHER  
Name

(2) 9195 COLLINS AVE #806  
Address (number and street)

Surfside 33154  
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 63

(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 / 22 To 02 / 17 / 22 Report Type: 25P1

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$            ,            , 1100.00

Loans \$            ,            ,           

Total Monetary \$            ,            , 1100.00

In-Kind \$            ,            ,           

## (7) Expenditures This Report

Monetary Expenditures \$            ,            , 999.54

Transfers to Office Account \$            ,            , 0.00

Total Monetary \$            ,            , 999.54

## (8) Other Distributions

\$            ,            , 0.00

## (9) TOTAL Monetary Contributions To Date

\$            ,            , 1225.00

## (10) TOTAL Monetary Expenditures To Date

\$            ,            , 999.54  
1024.54 *JS*

## (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) Shanna Gallagher

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

X Shanna Gallagher  
Signature

(Type name) Shannon Gallagher

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Shanna Gallagher  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SHANNON GALLAGHER (2) I.D. Number 63(3) Cover Period 02/01/22 through 02/15/22 (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	Type	Description		
02/10/22 25P101	Deb Duvdevani 9195 Collins #810 Surfside FL 33154	I	Retired	cash			\$100.00
02/11/22 25P102	Donald Lewin 9225 Collins Ave #203 Surfside FL 33154	I	Retired	check			\$1000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SHANNON GALLAGHER (2) I.D. Number 63  
 (3) Cover Period 02/01/22 through 02/17/22 (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
02/15/22		<del>Campaign yard</del> sign printing fees			
25P1					
02/16/22	Amazon.com 1200 12th Ave South Ste Seattle WA 98144-2734	Campaign ad printing fees (paper + ink)	CAN		\$69.50
25P1001					
02/15/22	Freelancer.com 225 George Street Sydney Australia NSW 2000	Campaign sign design	CAN		\$108
25P1002					
2/15/22	Miami Sign Shop 13899 Biscayne Blvd #155 North Miami FL 33181	Campaign yard sign printing	CAN		\$618
25P1003					
2/16/22	Planet Printer 3401 N 29th Ave Ste 101 Hollywood FL 33020	Campaign shirt printing fees	CAN		\$184.04
25P1004					
2/3/22	Miami-Dade Elections Dept 2700 NW 84th Ave Miami FL 33172	Voter Rolls	CAN		\$20.00
25P1005					
/ /					
/ /					

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



OFFICE USE ONLY

Name

SHANNON GALLAGHER

I.D. Number

63

Address (number and street)

9195 Collins Ave #806

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 18 PM 4:25

Candidate for:

☐ Mayor

☒ Commissioner, District SURFSIDE

☐ Property Appraiser

☐ Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/01/22 through 02/17/22

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.

Shannon Gallagher

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

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

Shannon Gallagher

(Type name)

☒ Candidate

X

Signature



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

(1) Name SHANNON GALLAGHER (2) I.D. Number 63

(3) Report Name 25 PI (4) Cover Period 02/01/22 through 02/17/22

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

[illegible]

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHANNON GALLAGHER  
Name

(2) 9195 COLLINS AVE #806  
Address (number and street)

Surfside 33154  
City, State, Zip Code

☐ Check here if address has changed

**OFFICE USE ONLY**

MAR 4 PM 4:42

(3) ID Number: 63

(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 / 22 To 03 / 03 / 22 Report Type: 11P1

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,        , 150.00

Loans \$        ,        ,       

Total Monetary \$        ,        , 150.00

In-Kind \$        ,        ,       

## (7) Expenditures This Report

Monetary Expenditures \$        ,        , 62.80

Transfers to Office Account \$        ,        , 0.00

Total Monetary \$        ,        , 62.80

## (8) Other Distributions

\$        ,        , 0.00

## (9) TOTAL Monetary Contributions To Date

\$        ,        , 1375.00

## (10) TOTAL Monetary Expenditures To Date

\$        ,        , 1087.34

## (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) Shanna Gallagher

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

X [Signature]  
Signature

(Type name) Shanna Gallagher

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]  
Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR 4 PM 4:42

(1) Name SHANNON GALLAGHER (2) I.D. Number 63

(3) Cover Period 02 / 18 / 22 through 03 / 03 / 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	Type	Description		
03, 03, 22	Victor May 9117 Freunde	I		CAS			\$50
11P1 09	Surfside FL 33154						
03, 03, 22	Taras Titorelko 9195 Collins Unit 806 Surfside FL 33154	I		CAS			\$50
11P1 02							
03, 03, 22	Ellen Abrams 8864 Frnde Surfside FL 33154	I		CAE			\$50
11P1 03							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SHANNON GALLAGHER (2) I.D. Number 103  
 (3) Cover Period 02, 18, 22 through 03, 03, 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
(6) Sequence Number					
02/25/22	Freelancer, Com 225 George St Sydney Australia NSW 2000	Campaign literature items design	CAN		25.88
11P101					
03/03/22	"	Campaign literature deposit fee	CAN		20.76
11P102					
03/03/22	"	Campaign literature drafting deposit fee	CAN		12.58
11P103					
03/03/22	"	Campaign literature Project fee	CAN		3.58
11P104					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					



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



OFFICE USE ONLY

Name

SHANNON GALLAGHER

I.D. Number

63

Address (number and street)

9195 Collins Ave #806

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

MAR 4 PM 4:42

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02/18/22 through 03/03/22

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.

Shannon Gallagher

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

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

Shannon Gallagher

(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 Shannan Gallagher (2) I.D. Number 63  
(3) Report Name ~~70100~~ 1181 (4) Cover Period 02/01/22 through 13/03/22  
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHANNON GALLAGHER  
Name

(2) 9195 COLLINS AVE #806  
Address (number and street)

Surfside 33154  
City, State, Zip Code

OFFICE USE ONLY

MAR 11 PM 4:58

☐ Check here if address has changed

(3) ID Number: 63

(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 / 22 To 03 / 10 / 22 Report Type: 4P1

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,        , 1070.00

Loans \$        ,        , 0

Total Monetary \$        ,        , 1070.00

In-Kind \$        ,        , 0

## (7) Expenditures This Report

Monetary Expenditures \$        ,        , 404.10

Transfers to Office Account \$        ,        , 0

Total Monetary \$        ,        , 404.10

## (8) Other Distributions

\$        ,        , 0

## (9) TOTAL Monetary Contributions To Date

\$        ,        , 2545.00

## (10) TOTAL Monetary Expenditures To Date

\$        ,        , 1491.44

## (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) Shannon Gallagher

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

X [Signature]  
Signature

(Type name) Shannon Gallagher

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SHANNON GALLAGHER (2) I.D. Number 63  
 (3) Cover Period 3, 4, 22 through 3, 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
3/6/22 4P101	Freelancer, Con. 225 George Street Sydney NSW 2000 Australia	Campaign Literature Design	CAN		124.56
3/7/22 4P102	Freelancer. com 225 George St Sydney NSW 2000 Australia	"	CAN		10.00
3/9/22 4P103	Instacart, Inc 50 Beale 6th Fl SF CA 94105	Clipboards + supplies for door to door	CAN		38.60
3/8/22 4P104	Amazon, Inc.	Paper	CAN		27.80
3/10/22 4P105	Office Max Hallandale, FL	Paper, ink	CAN		203.14
1/1					
1/1					
1/1					



## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Shannon Gallagher (2) I.D. Number 63(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
(6) Sequence Number		Type	Occupation				
314122	Viktoria Mostow 9195 Collins #1108 Surfside FL 33154	I	-	CASH			\$50.00
4P101							
314122	Anonymers	I	-	CASH			\$20.00
4P102							
314122	Hance Henderson 9195 Collins #706 Surfside FL 33154	I	Accountant	CHECK			1000.00
4P103							
11							
11							
11							
11							

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



OFFICE USE ONLY

Name

SHANNON GALLAGHER

I.D. Number

63

Address (number and street)

9195 Collins Ave #806

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

MAR 11 PM 4:59

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 1/1/22 through 1/1/22

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.

Shannon Gallagher

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X  
Signature

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

Shannon Gallagher

(Type name) ☒ Candidate

X  
Signature

MIAMI-DADE  
COUNTY

2011-11-18 PM 4:59

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

[illegible]