

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

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

(PLEASE PRINT OR TYPE)

01-24-18P01:16 RCVD *gsh*

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)

*JEFFREY L. PLATT*

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

*9225 Collins Ave  
Surfside FL 33154*

**4. Telephone**

*(917) 292-0645*

**5. E-mail address**

*JITSMEYSUR@aol.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**

*Jeffrey Platt*

**11. Mailing Address**

*9225 Collins Ave #608*

**12. Telephone**

( )

**13. City**

*Surfside*

**14. County**

*Miami Dade*

**15. State**

*FL*

**16. Zip Code**

*33154*

**17. E-mail address**

*JITSMEYSUR@aol.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**

*1/24/18*

**26. Signature of Candidate**

*X* 

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

I, *Jeffrey Platt*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*1/24/18*  
Date

*X*   
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

01-24-18P01:16 RCVD *gan*

I, Jeffrey Platt,

candidate for the office of Commissioner;

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

X



Signature of Candidate

1/24/18

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).



# COPY

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

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

(PLEASE PRINT OR TYPE)

01-24-18P01:16 RCVD *gen*

01-24-18P02:25 RCVD *gen.*

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)

JEFFREY L. PLATT

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

9225 Collins Ave  
SURFSIDE FL 33154

### 4. Telephone

(917) 292-0645

### 5. E-mail address

JITSMEYSURP@AOL.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

Jeffrey Platt

### 11. Mailing Address

9225 Collins Ave #608

### 12. Telephone

( )

### 13. City

Surfside

### 14. County

MIAMI DADE

### 15. State

FL

### 16. Zip Code

33154

### 17. E-mail address

JITSMEYSURP@AOL.COM

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

### 19. Name of Bank

Citi Bank

### 20. Address

9525 Harding Ave

### 21. City

Surfside

### 22. County

MIAMI DADE

### 23. State

FLORIDA

### 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

1/24/18

### 26. Signature of Candidate

X *[Signature]*

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

I, Jeffrey Platt, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

1/24/18

Date

X *[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

1/31/18

TB Town Clerk

As of today I am  
withdrawing my ~~candidate~~

name from consideration

as a Commissioner in the

Mar 20 2018 Election



Jeffrey L. Platt

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey L Platt  
Name

(2) 9225 Collins Ave 608  
Address (number and street)

Surfside FL 33154  
City, State, Zip Code

**OFFICE USE ONLY**

FEB 10 10:41 AM

TOWN OF SURFSIDE

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 01/01/18 To 01/31/18 Report Type: 2018M1

- Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$ \_\_\_\_\_, \_\_\_\_\_, 70.00

Loans    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_\_, \_\_\_\_\_, 70.00

Transfers to Office Account    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_, \_\_\_\_\_, 70.00

**(8) Other Distributions**

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_, \_\_\_\_\_, 70.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_, \_\_\_\_\_, 70.00

### (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) Jeffrey L Platt

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

[Signature]  
Signature

(Type name) Jeffrey L Platt

Candidate     Chairperson (only for PC and PTY)

[Signature]  
Signature



## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jeffrey L Platt (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 02/01/18 through 02/16/18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02/01/18 1	PLATT Jeffrey L 9225 Collins Ave Surfside FL 33154		CAS		70
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

FEB 2 10 19AM

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Jeffrey L Platt (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01/01/18 through 01/31/18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
01/27/18	<del>PLATT, Jeffrey L</del> PLATT, Jeffrey L 925 Collins Ave Surfside FL 33154		Retired	CAS			70.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Transaction Receipt

FA Branch  
004 (00055)Surfside  
Transaction  
Closeout W/D

Card Number

Feb 01, 19  
01:12PM

Amount  
\$70.00

Description  
From Checking

xxxxxxx545  
ref 015-01

Cash

\$70.00 To Client

Thank you for banking with Citibank.