

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOV 1 AM 11:29

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form Re-filing to Change: [ ] Treasurer/Deputy [ ] Depository [ ] Office [ ] Party

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

DAVID ALAN FORBES

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

9001 COLLINS AVE #305 SURFSIDE FL 33154

4. Telephone

(248) 310-1499

5. E-mail address

DForbes67@outlook.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 [X] Campaign Treasurer [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

DAVID FORBES

11. Mailing Address

9001 COLLINS #305 SURFSIDE FL 33154

12. Telephone

(248) 310-1499

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

DForbes67@outlook.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

11.1.23

26. Signature of Candidate

[X] [Signature]

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

I, DAVID FORBES, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

[X] Campaign Treasurer [ ] Deputy Treasurer.

11.1.23

Date

[X]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

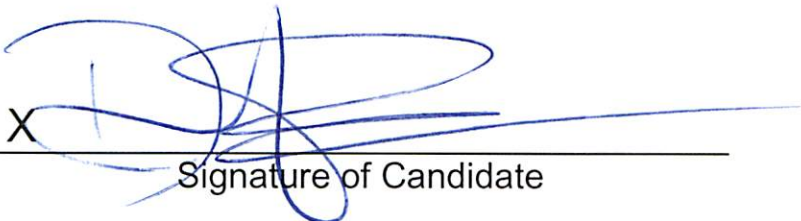


NOV 1 AM 11:20

I, DAVID FORBES,

candidate for the office of Commissioner;

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

X  \_\_\_\_\_ 11.1.23 \_\_\_\_\_  
Signature of Candidate Date

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

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

NOV 1 AM 11:29

NOV 6 AM 11:08

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)

DAVID ALAN FORBES

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

9001 COLLINS AVE #305 SURFSIDE FL 33154

4. Telephone

(248) 310-1499

5. E-mail address

DForbes67@outlook.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

DAVID FORBES

11. Mailing Address

9001 COLLINS #305 SURFSIDE FL 33154

12. Telephone

(248) 310-1499

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

DForbes67@outlook.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

1108 KANE CONCOURSE

21. City

BAY HARBOR

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

11.1.23

26. Signature of Candidate

X [Signature]

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

I, DAVID FORBES, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11.1.23

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 1 AM 11:20

NOV 6 AM 11:08




SMD

I, DAVID FORBES,

candidate for the office of COMMISSIONER;

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

X  \_\_\_\_\_ 11.1.23  
Signature of Candidate Date

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



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

### RECEIPT OF DOCUMENTS

Candidate:

DAVID

ALAN

Forbes

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: 248.310.1499 Fax No.:

Cell Phone: 248.310.1499

E-Mail Address: DForbes67@OUTLOOK.COM

This is to acknowledge my receipt of the following documents:

- The Florida Election Code (2022) – Digital Format (USB)
- Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- Reporting Dates Schedule (Election Date: March 19, 2024)
- Campaign Activities Memorandum

Received by:



Candidate Signature

Date:

11.6.23



Town of Surfside

9293 Harding Avenue  
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate DAVID FORBES  
Office Sought COMMISSIONER  
Phone No.: 248.310.1499 Cell Phone No: \_\_\_\_\_  
E-Mail Address: DForbes67@outlook.com

Contents Date Received Initials

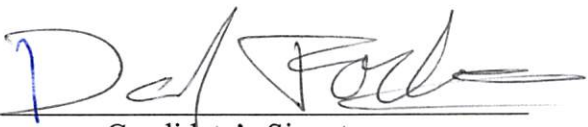
1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/1/2023</u> <u>11/6/2023</u>	<u>DF</u>
Nominating Petition	<u>11/17/2023</u>	<u>DF</u>
Statement of Candidate	<u>11/1/2023</u> <u>11/6/2023</u>	<u>DF</u>
Sworn Statement of Qualification	<u>11/17/2023</u>	<u>DF</u>
Candidate Oath	<u>11/17/2023</u>	<u>DF</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/17/2023</u>	<u>DF</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>—</u>	<u>DF</u>
Qualifying Fee \$25.00	<u>11/17/2023</u>	<u>DF</u>
<u>L &amp; A Schedule</u>	<u>N/A</u>	<u>DF</u>
Proof of Residency		

& Voter Registration

- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

11/17/2023 <sup>DL</sup> \_\_\_\_\_  
11/16/2023 DF  
11/16/2023 DF

  
Candidate's Signature

11.17.23  
Date

**CANDIDATE OATH  
NONPARTISAN OFFICE**

NOV 17 AM 11:26

(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

OFFICE USE ONLY

**Candidate Oath**

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

I, DAVID FORBES

(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 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.]

David Forbes (Signature of Candidate)      1248 310 1499 (Telephone Number)      DforBes67@outlook.com (Email Address)  
9001 Collins Ave #305 (Address)      SURFSIDE (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 17 day of November, 2023

Personally Known  OR Produced Identification

Type of Identification Produced: Driver's License

Evelyn Herbello (Signature of Notary Public)  
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

**GENERAL ELECTION – MARCH 19, 2024**

**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 DAVID FORBES,

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 9001 COLLINS AVE #305 SURFSIDE FL 33154

my occupation is REAL ESTATE DEVELOPER; that I have been a resident of the Town of Surfside since 11.1.2020; that I will be at least twenty-one (21) years of

age by November 22, 2023 and that if elected, I will willingly serve as COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected.

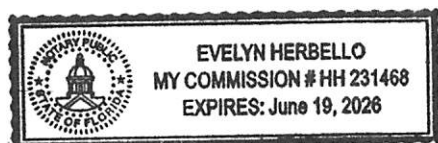


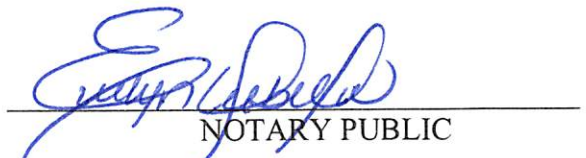
Signature of Candidate

11.17.23

Date

Sworn to and subscribed before me this 17th day of November, 2023.



  
NOTARY PUBLIC

Evelyn Herbello  
PRINTED NAME OF NOTARY

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2022**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Forbes DAVID

MAILING ADDRESS :

9001 COLLINS AVE  
APT 305

CITY :

SUNFSIDE

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

P+E BOARD

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

NOV 17 AM 11:13

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

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

**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
The Forbes Company	110 Galleria Southfield Mi	Real Estate

**PART B -- SECONDARY SOURCES OF INCOME**

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

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

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

N/A

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
N/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
N/A	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	The Forbes Company	
ADDRESS OF BUSINESS ENTITY	100 Galleria Office Building	
PRINCIPAL BUSINESS ACTIVITY	Real Estate	
POSITION HELD WITH ENTITY	Partner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
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:

6.23.23

**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 CEFom1@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, 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

NOV 17 AM 11:16

We the undersigned electors of the Town of Surfside, Florida, hereby nominate David Forbes  
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>Nicole Kovacs</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>NICOLE KOVACS</u>	Address:	
Signature: <u>D. Rubinsten</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>DAVID RUBINSTEIN</u>	Address:	
Signature: <u>R</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Rachel Leah Ostrou</u>	Address:	
Signature: <u>Carolyn Baumel</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>CAROLYN BAUMEL</u>	Address:	
Signature: <u>Aaron Gewirtz</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>AARON GEWIRTZ</u>	Address:	
Signature: <u>Michael Vinciguerra</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Michael Vinciguerra</u>	Address:	
Signature: <u>Janette Vinciguerra</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Janette Vinciguerra</u>	Address:	
Signature: <u>Michael Sparrow</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Michael Sparrow</u>	Address:	
Signature: <u>Shoshanna Stein</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Shoshanna Stein</u>	Address:	
Signature: <u>Jacob Bengio</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Jacob Bengio</u>	Address:	
Signature: <u>David Karp</u>	Date: <u>11-7-23</u>	D.O.B.:
Print Name: <u>David Karp</u>	Address:	
Signature: <u>Sharon Berkman</u>	Date: <u>11-7-23</u>	D.O.B.:
Print Name: <u>Sharon Berkman</u>	Address:	
Signature: <u>Shneur Shapiro</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Shneur Shapiro</u>	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: [Signature]  
Address of Circulator: 9001 COLLINS AVE 201 SURFSIDE FL 33154  
Email address of Circulator: Dforbes67@outlook.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: 11-17-23

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

We the undersigned electors of the Town of Surfside, Florida, hereby nominate DAVID FORNES  
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March  
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/17/23</u> D.O.B. [REDACTED]
Print Name: <u>MIKE HELL</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. [REDACTED]
Print Name: <u>SHEA SCHNEIDER</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-7-2023</u> D.O.B. [REDACTED]
Print Name: <u>Baila Shagataw</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/17/2023</u> D.O.B. [REDACTED]
Print Name: <u>IRVING B. FORTNER</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/17/2023</u> D.O.B. [REDACTED]
Print Name: <u>NEAL FORTNER</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. [REDACTED]
Print Name: <u>Leah Rose</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/07/23</u> D.O.B. [REDACTED]
Print Name: <u>A. Dymman</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. [REDACTED]
Print Name: <u>Daniel Barouk</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. [REDACTED]
Print Name: <u>Richard Lichter</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. [REDACTED]
Print Name: <u>Andrew Bales</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. [REDACTED]
Print Name: <u>STEPH HEALY</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. [REDACTED]
Print Name: <u>BA JACOBSON</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/17/23</u> D.O.B. [REDACTED]
Print Name: <u>Chance Donzinger</u>	Address: [REDACTED]

#### STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]  
Address of Circulator: 9001 COLLINS AVE #305 SURFSIDE FL 33154  
Email address of Circulator: DFR12567@OUTLOOK.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: 11.17.23

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

We the undersigned electors of the Town of Surfside, Florida, hereby nominate DAVID FORBES  
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March  
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>Nov 2023</u>	D.O.B.:
Print Name: <u>Mary F. Duvall</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u>	D.O.B.:
Print Name: <u>Fred Landman</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Ester Reiter Bates</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/9/23</u>	D.O.B.:
Print Name: <u>Mark Weinschek</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/12/23</u>	D.O.B.:
Print Name: <u>VELDA TURAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>Nov 15, 23</u>	D.O.B.:
Print Name: <u>Andrew Bates</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>Nov 17, 23</u>	D.O.B.:
Print Name: <u>SERGIO L. PUIG RODRIGUEZ</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>Nov 19</u>	D.O.B.:
Print Name: <u>RAMOS FALCON</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: [Signature]  
Address of Circulator: 9001 COLLINGS AVE #301 SURFSIDE FL 33154  
Email address of Circulator: Dforbes67@OUTLOOK.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: 11.17.23

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

#### TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

We the undersigned electors of the Town of Surfside, Florida, hereby nominate DAVID FORBES  
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March  
19, 2024.

*This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).*

Signature: <u>[Signature]</u>	Date: <u>11-6-23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Shlomo Danzinger</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/6/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jeffrey A. Rose</u>	Address: <u>[REDACTED]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
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 2 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: 9001 COLLINS AVE #305 SURFSIDE FL 33154  
Email address of Circulator: Dforbes67@outlook.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: 11.17.23

**COPY**

Cashier's Check

No. 1002412438



Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

BAY HARBOR ISLAND

0005 01109377 0016



Pay

\*\*Twenty Five and 00/100 Dollars\*\*

To The TOWN OF SURFSIDE  
Order Of

Remitter (Purchased By): DAVID ALAN FORBES, CAMPAIGN ACCOUNT

Bank of America, N.A.  
SAN ANTONIO, TX

Void After 90 Days

30-1/1140

NTX

Date 11/17/23 10:31:59 AM

\*\*\$25.00\*\*

*[Signature]*  
AUTHORIZED SIGNATURE

00-53-3364B 06-2019

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.





**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

November 22, 2023

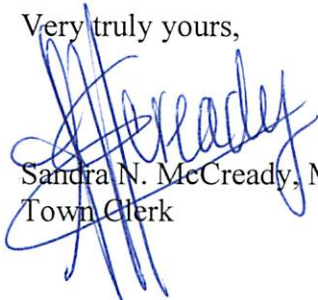
Mr. David Forbes  
9001 Collins Avenue #305  
Surfside, Fl 33154

Dear Mr. Forbes:

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 19, 2024 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) DAVID FORBES  
 Name  
 (2) 9001 COLLINS #205  
 Address (number and street)  
SURFSIDE FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

JAN 10 AM 11:42

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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10/1/23 To 12/31/23 Report Type: 202304

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ 1,000.00

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 25.00

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

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

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 1,000.00

### (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) DAVID FORBES

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

[Signature]

Signature

(Type name) DAVID FORBES

Candidate  Chairperson (only for PC and PTY)

[Signature]

Signature

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

(1) Name DAVID FOXES

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/23 through 12/31/23

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/17/23	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	QUALIFYING Fee	MON		\$25
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVID FORBES (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/1/23 through 12/31/23 (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
11/1/23	DAVID FORBES 9001 COLLINS AVE # 305 SUBSIDE F/334						
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINS 305 A

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 10 AM 11:42

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2023 Q4 Cover Period 10.1.23 through 12.31.23

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.

DAVID FORBES  
(Type name)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

DAVID FORBES  
(Type name)  Candidate

[Signature]  
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 DANN FORBES (2) I.D. Number JAN 10 AM 11:42  
 (3) Report Name 2023 Q4 (4) Cover Period 10.1.23 through 12.31.23  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
<del> <div data-bbox="435 1003 1318 1459" data-label="Text"> <p><i>(Handwritten scribbles in the table body)</i></p> </div> </del>				

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES  
Name

(2) 9001 COLLINS #305  
Address (number and street)

SURFSIDE, FL, 33154  
City, State, Zip Code

**OFFICE USE ONLY**

JAN 18 PM 5:35

*SMC*

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 1/1/24 To 1/12/24 Report Type: 202460DP

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ . 0

Loans    \$ \_\_\_\_\_ . 0

Total Monetary    \$ \_\_\_\_\_ . 0

In-Kind    \$ \_\_\_\_\_ . 0

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ . 0

Transfers to Office Account    \$ \_\_\_\_\_ . 0

Total Monetary    \$ \_\_\_\_\_ . 0

### (8) Other Distributions

\$ \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 1,000 . 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) DAVID FORBES

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

[Signature]

Signature

(Type name) DAVID FORBES

Candidate     Chairperson (only for PC and PTY)

[Signature]

Signature

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

JAN 18 PM 5:35

(1) Name DAVID FORBES

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 1/1/24 through 1/12/24

(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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*DAVID FORBES*



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORBES (2) I.D. Number \_\_\_\_\_  
(3) Cover Period 1/1/24 through 1/12/24 (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
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*N/A*

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINS #305

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 18 PM 5:35

Candidate for:

Mayor

Commissioner, District SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 204 EODP Cover Period 1.1.23 through 1.12.23

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.

DAVID FORBES

(Type name)  Treasurer  Deputy Treasurer

X [Signature]  
Signature

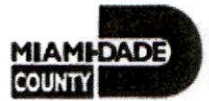
I certify that I have examined this report and it is true, correct, and complete.

DAVID FORBES

(Type name)  Candidate

X [Signature]  
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.*

JAN 18 PM 5:35

(1) Name DAVID FORBES (2) I.D. Number \_\_\_\_\_  
 (3) Report Name \_\_\_\_\_ (4) Cover Period 1.1.24 through 1.12.24  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID Forbes  
Name

(2) 9001 COLLINS #305  
Address (number and street)

SEASIDE FL 33154  
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

FEB 2 AM 11:16  
*SME*

(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 1/13/24 To 1/26/24 Report Type: 2024B1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 1,000.00

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

[Signature]  
Signature

(Type name) DAVID Forbes  
 Candidate  Chairperson (only for PC and PTY)

[Signature]  
Signature

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

FEB 2 AM 11:16

(1) Name DAVID FORBES (2) I.D. Number \_\_\_\_\_

(3) Cover Period 13, 13 24 through 1 26 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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*DAVID FORBES*

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORBES

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 1/13/24 through 1/26/24

(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
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*Handwritten scribbles in the table area, possibly indicating a correction or deletion.*

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINS #305

City, State, Zip Code SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 2 AM 11:16

Smo

Candidate for:

Mayor

Commissioner, District SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 2024B1 Cover Period 1.13.24 through 1.26.24

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.

DAVID FORBES  
(Type name)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

DAVID FORBES  
(Type name)  Candidate

[Signature]  
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 DAVID FORBES (2) I.D. Number FEB 2 AM 11:17  
(3) Report Name 2024 B1 (4) Cover Period 1.13.24 through 1.26.24  
(5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES  
Name

(2) 9001 COLLINS #305  
Address (number and street)

SURFSIDE FL 33154  
City, State, Zip Code

OFFICE USE ONLY

FEB 16 PM 12:37

SMC

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 1/27/24 To 2/9/24 Report Type: 2024B2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 0 . 0

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 1 , 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) DAVID FORBES

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

[Signature]  
Signature

(Type name) DAVID FORBES

Candidate  Chairperson (only for PC and PTY)

[Signature]  
Signature

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

(1) Name DAVID FORBES

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 1/27/24 through 2/9/24

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

FEB 16 PM 12:38

(1) Name DAVID FORBES

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 1/27/24 through 2/9/24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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*DAVID FORBES*

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINS #305

City, State, Zip Code SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 16 PM 12:38

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024B2 Cover Period 1.27.24 through 2.9.24

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.

DAVID FORBES  
(Type name)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

DAVID FORBES  
(Type name)  Candidate

[Signature]  
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 DAVID FORBES (2) I.D. Number FEB 2 AM 11:17  
 (3) Report Name 2024B2 (4) Cover Period 1.27.24 through 2.9.24  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES  
Name

(2) 9001 COLLINS  
Address (number and street)

SURFSID FL 33154  
City, State, Zip Code

**OFFICE USE ONLY**

FEB 23 AM 9:12

FEB 23 AM 9:12  
*pk*

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 2 / 10 / 24 To 2 / 22 / 24 Report Type: 25P1

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans    \$ \_\_\_\_\_ , ~~\_\_\_\_\_~~ , 000.00

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

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

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 1 , 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:

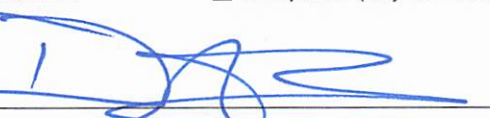
(Type name) DAVID FORBES

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

X   
Signature

(Type name) DAVID FORBES

Candidate     Chairperson (only for PC and PTY)

X   
Signature

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

(1) Name DAVID FORBES (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2 / 10 / 24 through 2 / 22 / 24 (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							
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FEB 23 AM 9:13  
 FEB 23 AM 9:13  
 PK

*MIA*

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DAVID FORSES (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 2 / 10 / 24 through 2 / 22 / 24 (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					
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FEB 23 AM 9:13  
pk



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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINGS 305

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 23 AM 9:13  
PK

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25PI Cover Period 2.10.24 through 2.22.24

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.

DAVID FORBES  
(Type name)  Treasurer  Deputy Treasurer

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

DAVID FORBES  
(Type name)  Candidate

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Signature

FEB 23 AM 9:13

pk

# 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 DAVID FORRES (2) I.D. Number \_\_\_\_\_

(3) Report Name 2SP1 (4) Cover Period 2.10.24 through 2.22.24

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES  
Name

(2) 9001 COLLINS  
Address (number and street)

SURFSID 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

OFFICE USE ONLY

MAR 8 PM 4:05

Gmc

### (5) Report Identifiers

Cover Period: From 2 / 23 / 24 To 3 / 7 / 24 Report Type: 11P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_

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

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

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 1, 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) DAVID FORBES  
 Individual (only for IE or electioneering comm)  Treasurer  Deputy Treasurer

[Signature]  
Signature

(Type name) DAVID FORBES  
 Candidate  Chairperson (only for PC and PTY)

[Signature]  
Signature

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

(1) Name DAVID FORBES

(2) I.D. Number MAR 8 PM 4:05

(3) Cover Period 2 / 23 / 24 through 3 / 7 / 24

(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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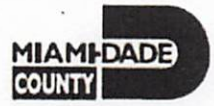
MIA

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORSES (2) I.D. Number \_\_\_\_\_  
(3) Cover Period 2/23/24 through 3/7/24 (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
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name DAVID Forbes

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINS 305

City, State, Zip Code SUNFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 8 PM 4:05

Smo

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2.23.24 through 3.7.24

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.

DAVID FORBES  
(Type name)  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

DAVID FORBES  
(Type name)  Candidate

[Signature]  
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 DAVID FORRES (2) I.D. Number \_\_\_\_\_

(3) Report Name 1/P1 (4) Cover Period 2.23.24 through 3.7.24

(5) Report Type  Original  Amendment (6) Page \_\_\_\_\_ of MAR 8 PM 4:05

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES

Name

(2) 9001 COLLINS #305

Address (number and street)

3 SURFSIDE FL 33154

City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

MAR 15 AM 9:59

*SMC*

(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 / 8 / 24 To 3 / 15 / 24 Report Type: 4B1

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

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

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

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

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 1 , 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) DAVID FORBES

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

X

Signature

(Type name) DAVID FORBES

Candidate     Chairperson (only for PC and PTY)

X

Signature



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

(1) Name David Forbes

(2) I.D. Number MAR 15 AM 9:59

(3) Cover Period 3 / 8 / 24 through 3 / 15 / 24

(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
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*NO*

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID FORSES (2) I.D. Number \_\_\_\_\_  
(3) Cover Period 3/8/24 through 3/15/24 (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
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*Handwritten signature: DAVID FORSES*

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number \_\_\_\_\_

Address (number and street) 9001 COLLINS 305

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 15 AM 9:59

*Sme*

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 3.8.24 through 3.15.24

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.

DAVID FORBES  
(Type name)  Treasurer  Deputy Treasurer

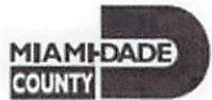
X [Signature]  
Signature

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

DAVID FORBES  
(Type name)  Candidate

X [Signature]  
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 15 AM 9:59

(1) Name DAVID FORBES (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 4P1 (4) Cover Period 3.8.24 through 3.15.24  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

*NA*

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Forbes  
 Name  
9001 Collins Avenue # 305  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

**OFFICE USE ONLY**

JUN 18 PM 4:08

Cmc

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 / 19 / 2024 To 06 / 17 / 2024 Report Type: 18TRG

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 975 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 975 . 00

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 0

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 975 . 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:

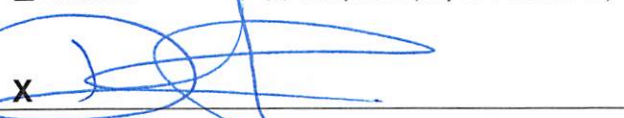
(Type name) David Forbes

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

X   
 Signature

(Type name) David Forbes

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David Forbes

(2) I.D. Number

(3) Cover Period 03 / 19 / 2024 through 06 / 17 / 2024

(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
3/22/24	DAVID FORBES 9001 COLLINS 305 SURFSIDE FL 33154	LOAN REIMBURSEMENT	RMB		975.00
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

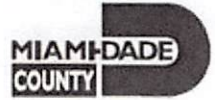
JUN 18 PM 4:08

(1) Name David Forbes (2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 19 / 2024 through 06 / 17 / 2024 (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							
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name David Forbes

I.D. Number

Address (number and street)  
9001 Collins Avenue # 305

City, State, Zip Code  
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JUN 18 PM 4:08

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/19/2024 through 06/17/2024

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.

David Forbes

(Type name)  Treasurer  Deputy Treasurer

X   
Signature

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

David Forbes

(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 David Forbes (2) I.D. Number \_\_\_\_\_

(3) Report Name TRG (4) Cover Period 03/19/2024 through 06/17/2024

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

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