

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

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

(PLEASE PRINT OR TYPE)

APR 4 PM 4:24

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, Ryan, Rose

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

8851 Fivode Ave
Surfside, FL 33154

4. Telephone

(305) 733-2485

5. E-mail address

rosejrr@gmail.com

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

Surfside Commission

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 Rose

11. Mailing Address

8851 Fivode Ave

12. Telephone

(305) 733-2485

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

rosejrr@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

April 4, 2023

26. Signature of Candidate

X Jeffrey A Rose

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

April 4, 2023

Date

X Jeffrey A Rose

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

APR 4 PM 4:24
[Handwritten Signature]

I, Jeffrey "Jeff" Rose,

candidate for the office of Commission for Surfside;

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

X *Jeffrey N Rose*
Signature of Candidate

4-4-23
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.



MAY 2 PM 12:12

shk

APR 4 PM 4:24

Handwritten signature: Jeffrey Rose

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Jeffrey, Ryan, Rose

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

8851 Fivude Ave
Surfside, FL 33154

4. Telephone

(305) 733-2485

5. E-mail address

rosejrr@gmail.com

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

Surfside Commission

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 [checked] No Party Affiliation [] Party candidate.

9. I have appointed the following person to act as my [checked] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jeffrey Rose

11. Mailing Address

8851 Fivude Ave

12. Telephone

(305) 733-2485

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

rosejrr@gmail.com

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

19. Name of Bank

First Horizon

20. Address

400 Arthur Godfrey Ross Suite 102

21. City

Alhambra

22. County

Manatee

23. State

FL

24. Zip Code

33170

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

April 4, 2023

26. Signature of Candidate

X Jeffrey N Rose

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

I, Jeffrey Rose, do hereby accept the appointment

(Please Print or Type Name)

designated above as: [checked] Campaign Treasurer [] Deputy Treasurer.

April 4, 2023

Date

X Jeffrey N Rose

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Jeffrey

Ryan

Rose

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

Fax No.:

Cell Phone:

305-733-2485

E-Mail Address:

rosejrr@gmail.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:

Jeffrey Rose

Candidate Signature

Date:

5-2-23



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jeffrey Ryan Rose

Office Sought Commissioner

Phone No.: _____ Cell Phone No: 305-733-2485

E-Mail Address: rosejrr@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>5/2/2023</u> <u>4/4/2023</u>	<u>JRR</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>4/4/2023</u>	<u>JRR</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____

& Voter Registration

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

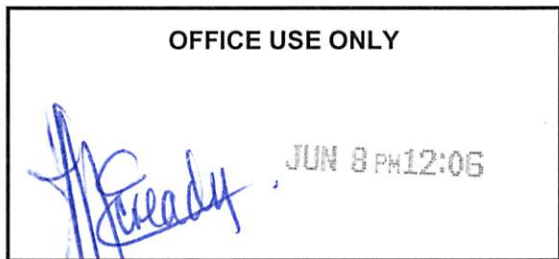
_____	_____
<u>5/2/2023</u>	<u>JRL</u>
<u>5/2/2023</u>	<u>JRL</u>

Candidate's Signature

Date

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8851 Froude Avenue
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code



(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 address has changed

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 5 / 1 / 23 To 5 / 31 / 23 Report Type: 2023145

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

(11) Certification

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

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

(Type name) Jeffrey Rose

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

X Jeffrey Rose

Signature

(Type name) Jeffrey Rose

Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeffrey Rose (2) I.D. Number 7023MS

(3) Cover Period 5 / 1 / 23 through 5 / 31 / 23 (4) Page 1 of 0

(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		
5, 2 / 23 001	Jeffrey Rose 8851 Fish Ave Sunrise, FL 33359	S	General Contractor	check			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 2023145

(3) Cover Period 5 / 1 / 23 through 5 / 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
// /	N/A				
// /					
// /					
// /					
// /					
// /					
// /					
// /					
// /					

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



OFFICE USE ONLY

Name Jeffrey Rose

I.D. Number _____

Address (number and street)
8651 Fivestade Ave

City, State, Zip Code
Scrubside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JUN 8 PM 12:06

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2023MS Cover Period 5-1-23 through 5-31-23

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.

Jeffrey A Rose
(Type name) Treasurer Deputy Treasurer

Jeffrey A Rose
Signature

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

Jeffrey A Rose
(Type name) Candidate

Jeffrey A Rose
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Ryan Rose
Name

(2) 8851 Froude Ave
Address (number and street)

Scottdale, FL 33154
City, State, Zip Code

OFFICE USE ONLY

JUL 10 PM 2:40

[Signature]

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: Senate Commission

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 6 / 1 / 23 To 6 / 30 / 23 Report Type: L023M6

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

\$ _____, _____, _____ 0

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 500 0

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, _____ 0

(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 Rose

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

X Jeffrey Rose
Signature

(Type name) Jeffrey Rose

Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joe Hays

(2) I.D. Number JUL 10 PM 2:40

(3) Cover Period 6 / 1 / 23 through 6 / 30 / 23

(4) Page 1 of 1

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jelly Noe

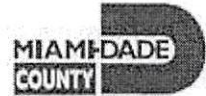
(2) I.D. Number _____

(3) Cover Period 6 / 1 / 23 through 6 / 30 / 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					
/ /	N/A				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jeffrey Rose

I.D. Number _____

Address (number and street)
8851 Frisque Ave

City, State, Zip Code
Suntside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JUL 10 PM 2:40

Candidate for:

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

REPORT IDENTIFIERS

Report Name 1022346 Cover Period 6/1/23 through 6/30/23

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.

Jeffrey Rose
(Type name) Treasurer Deputy Treasurer

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

Jeffrey Rose
(Type name) Candidate

X Jeffrey Rose
Signature

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
Name

(2) 8851 Florida Ave
Address (number and street)

Surfside FL 33154
City, State, Zip Code

OFFICE USE ONLY

OCT 10 PM 12:01

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Surfside Commission
- 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 7 / 1 / 23 To 9 / 30 / 23 Report Type: 202303

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	___	,	___	,	___	.	<u>0</u>
Loans	\$	___	,	___	,	___	.	<u>0</u>
Total Monetary	\$	___	,	___	,	___	.	<u>0</u>
In-Kind	\$	___	,	___	,	___	.	<u>0</u>

(7) Expenditures This Report

Monetary Expenditures	\$	___	,	___	,	___	.	<u>0</u>
Transfers to Office Account	\$	___	,	___	,	___	.	<u>0</u>
Total Monetary	\$	___	,	___	,	___	.	<u>0</u>

(8) Other Distributions

\$ _____, _____, _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, _____ . 0

(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 Rose

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

X Jeffrey Rose
Signature

(Type name) Jeffrey Rose

Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeffrey Abee (2) I.D. Number 202303

(3) Cover Period 7 / 1 / 23 through 7 / 30 / 23 (4) Page 1 of 0

(5) Date	(6) Sequence Number	(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
/ /	201	N/A						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jeffrey M. S.

(2) I.D. Number 20303

(3) Cover Period 7, 1, 13 through 9, 30, 13

(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					
/ / (u)	N/A				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jeffrey Rose

I.D. Number _____

Address (number and street)
8651 Flouke Ave

City, State, Zip Code
Sunrise FL 33154

CHECK IF ADDRESS HAS CHANGED

OCT 10 PM 12:01

Candidate for:

- Mayor
- Commissioner, District Switzel Commission
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 202303 Cover Period 7/1/23 through 9/30/23

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.

Jeffrey Rose
(Type name) Treasurer Deputy Treasurer

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

Jeffrey Rose
(Type name) Candidate

X Jeffrey Rose
Signature

X Jeffrey Rose
Signature



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCreedy, MPA, MMC,
Town Clerk

November 14, 2023

Ms. Michelle McClain
Miami-Dade Elections Department
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – JEFFREY “JEFF” ROSE

Dear Ms. McClain:

Enclosed are the original petition forms for JEFFREY “JEFF” ROSE. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 valid signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

JEFFREY “JEFF” ROSE: Filed intent to run for office on April 4, 2023.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,

Sandra N. McCreedy, MPA, MMC
Town Clerk

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 14 PM 1:05

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JEFF ROSE
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>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>CAROLYN BAUMEL</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Vinciguerra</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Janette Vinciguerra</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Joseph Rossi</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Shoshanna Stein</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacob Bengio</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Shneur Shapiro</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Tommy Hester</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Ben Jacobs</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/9/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Mandy Davardour</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: _____	

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: [Signature]
Address of Circulator: 8881 Fowles Ave, Surfside FL 33154
Email address of Circulator: [Redacted]

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/9/23

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 14 PM 1:05

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JEFF ROSE
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>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RIVKAY LASKAR</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ISSER NBER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HELENA FURMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Howard Woginjak</u>	Address: <u>[Redacted]</u>
Signature: <u>Hershel</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HERSHEL DANZINGER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ROCHEL C OSTROV</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Levy</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>sharon edelkopf</u>	Address: <u>[Redacted]</u>
Signature: <u>Chana Chalich</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Ehrlich</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-20-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Friedman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-20-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Menaschem Brod</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-3-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alon Avner Davoujani</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Poo R. Gazi</u>	Address: <u>[Redacted]</u>

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: Jeff A Rose
Address of Circulator: 8831 F Dow Ave, Surfside, FL 33154
Email address of Circulator: rosejared@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeff A Rose Date: 11/9/23

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 14 PM 1:05

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jeff Rose
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>10/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Shirley Kotas</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>AARON LIPSKAR</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Chaya Mushka Lipskar</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SHER SCHNEIDER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SHY</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10/1/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Joi Roshman</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Deens Roshman</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Alon Rubinstein</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Bezalel Camissar</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10-02-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DOBA RUBINSTEIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ESTY SCHEINER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>SCHNEUR LIPSKAR</u>	Address: <u>[Redacted]</u>	

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: 8851 Fishy Ave, Surfside, FL 33154
Email address of Circulator: rosejrs@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/9/23

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jeff Rose
 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>11/7/23</u>	D.O.B.:	[Redacted]
Print Name: <u>ISAAC ELSMIL</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11-6</u>	D.O.B.:	[Redacted]
Print Name: <u>DAVID FORBES</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	[Redacted]
Print Name: <u>MATILDA ANNALY</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	<u>1-16-81</u>
Print Name: <u>Samuel Greenwald</u>	Address:	<u>9236 Bay Ave Surfside FL 33154</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B.:	<u>4/30/43</u>
Print Name: <u>Nel Schlosser</u>	Address:	<u>1315 Biscaya Dr</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	<u>11-6-1975</u>
Print Name: <u>ISAC Benmergui</u>	Address:	<u>9149 Froude Ave</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	<u>11-12-61</u>
Print Name: <u>PATRICIA ZACROSKY</u>	Address:	<u>8877 Collins Ave #202</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	<u>8-18-53</u>
Print Name: <u>David Karp</u>	Address:	<u>9341 Collins Ave #120</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	<u>5-19-70</u>
Print Name: <u>JACOB WEISS</u>	Address:	<u>9559 COLLINS AVE</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B.:	<u>04/05/76</u>
Print Name: <u>Clara Weiss</u>	Address:	<u>9559 Collins Ave #462</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B.:	<u>1-24-1988</u>
Print Name: <u>Miriam Knafoschadira</u>	Address:	<u>8835 Carlye Ave</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B.:	<u>3/30/1992</u>
Print Name: <u>NICOLE KOVACS</u>	Address:	<u>9173 FROUDE AVE</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B.:	<u>01/03/74</u>
Print Name: <u>ARON BOWEN</u>	Address:	<u>9240 ABBOTT</u>	

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: 8851 Froude Ave, Surfside, FL 33154
 Email address of Circulator: rosej@surfside.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/9/23

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 14 PM 1:05

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jeff Rose
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 7 2023</u> D.O.B. <u>3-15-57</u>
Print Name: <u>Mitchell Galt/B</u>	Address: <u>9472 ABBOTT AVE</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. <u>11/01/1982</u>
Print Name: <u>SHEA SCHNEIDER</u>	Address: <u>8942 GARLAND AVE SURFSIDE FL 33157</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>8-3-1981</u>
Print Name: <u>Beira Shagalow</u>	Address: <u>8942 Garland Ave</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. <u>9/23/1981</u>
Print Name: <u>Reggie B. Pumper</u>	Address: <u>9595 COLLINS AVE #109</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. <u>10/26/1955</u>
Print Name: <u>NEAL PUMPER</u>	Address: <u>9595 COLLINS AVE #109</u>
Signature: <u>[Signature]</u>	Date: _____ D.O.B. <u>9-11-72</u>
Print Name: <u>Guillermo Parafat</u>	Address: <u>9172 Collins Ave #412 Surfside FL</u>
Signature: <u>Jeff Rose</u>	Date: <u>11/7/23</u> D.O.B. <u>3/18/85</u>
Print Name: <u>Jeff Rose</u>	Address: <u>8851 Froude Ave</u>
Signature: <u>[Signature]</u>	Date: <u>11/07/23</u> D.O.B. <u>05/20/38</u>
Print Name: <u>A. Dymman</u>	Address: <u>11-7-23 10-21-46</u>
Signature: <u>[Signature]</u>	Date: <u>11/1/23</u> D.O.B. <u>10/19/61</u>
Print Name: <u>Larry Zaret</u>	Address: <u>9132 Bay Drive</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>10-25-2002</u>
Print Name: <u>Francesco Bignonese</u>	Address: <u>9172 COLLINS AVE Apt 412 33154</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>4/10/78</u>
Print Name: <u>Daniel Barovic</u>	Address: <u>8812 Dickens Ave</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>4/23/60</u>
Print Name: <u>Richard Lichter</u>	Address: <u>9001 Collins Ave S-809</u>
Signature: <u>ANDREW BATES</u>	Date: <u>11/7/23</u> D.O.B. <u>08/28/1968</u>
Print Name: <u>[Signature]</u>	Address: <u>9165 FROUDE AVE</u>

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: 8851 Froude Ave, Surfside, FL 33154
Email address of Circulator: rosejrr@j5mail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeff Rose Date: 11/9/23

**CANDIDATE OATH
NONPARTISAN OFFICE**

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

NOV 14 PM 1:16 *gme*

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, Jeffrey "Jeff" Rose,

(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 Seaside Commission, _____, _____
(Office) (District #)

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

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

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

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

X Jeffrey Rose (305) 733-2485 rosejfr@gmail.com
Signature of Candidate Telephone Number Email Address
8851 Frisbie Ave Seaside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 14th day of November, 2023.

Personally Known OR Produced Identification

Type of Identification Produced: _____

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

Sandra McCreedy





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 14 PM 1:16 GME

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 Jeffrey Rose,
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 8851 Frounde Ave, Surfside, FL 33154,
my occupation is General Contractor; that I have been
a resident of the Town of Surfside since 2014; 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.

Jeffrey A. Rose
Signature of Candidate

17-11-23
Date

Sworn to and subscribed before me this 14th day of November, 2023.



Sandra N. McCready
NOTARY PUBLIC
Sandra N. McCready
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 :

Rose Jeffrey Ryan

MAILING ADDRESS :

8851 Fiddle Ave

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Surfside Commission

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

NOV 14 PM 1:19

**** 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
Rose Remedy, construction	8851 Fiddle Ave, Surfside, FL 33154	Construction
Rose and Rose Realty	8851 Fiddle Ave, Surfside, FL 33154	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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

8851 Fiddle Ave, Surfside, FL 33154
9015 Hawthorn Ave, Surfside, FL 33154
9016 Byron Ave, 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
Amortize	Retiree

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Ms Cooper	Madge Robinson 8920 Cypress Creek Blvd, Deltona, FL
North SA Reg. North Carol	Post Office Box 9630 Yacht Club Dr, Deltona, FL 32738-9630

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
	8551 Froebel Ave, Deltona, FL 32738	
ADDRESS OF BUSINESS ENTITY	Construction	
PRINCIPAL BUSINESS ACTIVITY	Owner / Manager	
POSITION HELD WITH ENTITY	100%	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
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:

[Handwritten Signature]

Date Signed:

10-27-23

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 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, 2022.



CASHIER'S CHECK CUSTOMER COPY

REMITTER: JEFFREY R ROSE CAMPAIGN ACCT. DATE: 11/13/2023
 PAYEE: TOWN OF SURFSIDE TIME: 12:40 PM
 AMOUNT: 25.00 CENTER: 3243
 FEE: 0.00 OPER ID: 37774
 SERIAL NUMBER: 324301915 CASHBOX: 4914

MEMO:

CASHIER'S CHECK



324301915

DATE: 11/13/2023

Remitter: JEFFREY R ROSE CAMPAIGN ACCT.

Pay to the Order of: TOWN OF SURFSIDE

Twenty Five Dollars And 00/100 ¢

\$25.00
DOLLAR TWO FIVE PER ZERO ZERO

Jeff. Fleming

Corporate Controller

Memo:



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jeffrey Ryan Rose
Office Sought Commissioner
Phone No.: _____ Cell Phone No: 305-733-2485
E-Mail Address: rosejrr@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>5/2/2023</u> <u>4/4/2023</u>	<u>JRR</u>
Nominating Petition	<u>11/14/2023</u>	<u>JRR</u>
Statement of Candidate	<u>4/4/2023</u>	<u>JRR</u>
Sworn Statement of Qualification	<u>11/14/2023</u>	<u>JRR</u>
Candidate Oath	<u>11/14/2023</u>	<u>JRR</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/14/2023</u>	<u>JRR</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>—</u>	<u>JRR</u>
Qualifying Fee \$25.00	<u>11/14/2023</u>	<u>JRR</u>
L & A Schedule	<u>N/A</u>	<u>—</u>
Proof of Residency		

& Voter Registration

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

11/14/2023 _____

5/2/2023 JRP

5/2/2023 JRP

Jeff A. A. A.

Candidate's Signature

11-14-23

Date



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

miamidade.gov

November 16, 2023

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 Jeffrey "Jeff" Rose, a candidate for the office of Commissioner for Town of Surfside. A total of 62 petitions were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 27 petitions were reviewed for verification; of which 25 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 "CW", written over a light blue circular stamp.

Christina White
Supervisor of Elections

Enclosure (1)



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

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 25 signatures submitted by Jeffrey "Jeff" Rose for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.



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

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 16th DAY OF
NOVEMBER, 2023



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 20, 2023

Mr. Jeffrey Rose
8851 Froude Avenue
Surfside, FL 33154

Dear Mr. Rose:

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) Jeffrey Rose
 Name _____
 (2) 8851 Froude Ave
 Address (number and street) _____
 Surfside, FL #3154
 City, State, Zip Code _____

OFFICE USE ONLY

JAN 10 PM 2:32

Check here if address has changed

(3) ID Number: 202304

(4) Check appropriate box(es): Surfside Town Commission

Candidate Office Sought: _____

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 \$ _____ , _____ , _____ 6

Loans \$ _____ , _____ , _____

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
 \$ _____ , _____ , 500.00

(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:

Jeffrey Rose
 (Type name) _____

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

Jeffrey Rose
 (Type name) _____

Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose
 Signature

X Jeffrey Rose
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 201324

(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					
11/14/23 001	Town of Sunapee 9293 Hartg Av Sunapee NH 03746	Qualification Fee			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeffrey Rose

JAN 10 PM 2:33

(1) Name

Jeffrey Rose

(2) I.D. Number

202307

(3) Cover Period

10 / 1 / 23

through

12 / 31 / 23

(4) Page

1

of 1

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

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



OFFICE USE ONLY

Name Jelly Nyan Aboe

I.D. Number 202904

Address (number and street) 8551 Foch Ave Subcity FL

City, State, Zip Code Subcity FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 10 PM 2:33

Candidate for:

- Mayor
- Commissioner, District Southwest Commission
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 202904 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.

Jelly Aboe
(Type name) Treasurer Deputy Treasurer

X Jelly Aboe
Signature

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

Jelly Aboe
(Type name) Candidate

X Jelly Aboe
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
Name

(2) 8851 Froude Ave
Address (number and street)

Surfside, FL #3154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

JAN 19 PM 2:54

(4) Check appropriate box(es): Surfside Town Commission

- | | | |
|--|----------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 1 / 1 / 24 To 1 / 12 / 24 Report Type: 2024 F00P

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500.00

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 365.94

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 390.94

(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:

Jeffrey Rose
(Type name)
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Jelly Na
(Type name)
 Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

X Jelly Na
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeffrey Rose

JAN 19 PM 2:54

(1) Name _____

(2) I.D. Number 2024000

(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
/ /	N/A						
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

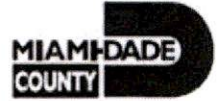
(2) I.D. Number 2260PP

(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
(6) Sequence Number					
1 / 1 / 24 1 / 8 / 24	Stitchco B Welter, 1710m 769 NE 125th St, North Miami 33661	Comparison shirts	CAN		365.54
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jethro Rose

I.D. Number 2046000

Address (number and street) 8851 Fresh Air

City, State, Zip Code Subv. A1

JAN 19 PM 2:55

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2046000 Cover Period 1/1/24 through 1/2/24

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.

Jethro Rose
(Type name) Treasurer Deputy Treasurer

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

Jethro Rose
(Type name) Candidate

X Jethro Rose
Signature

X Jethro Rose
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffy Nae
Name

(2) 8651 Fosh Ave
Address (number and street)

San Ramon CA 94583
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

FEB 2 PM 2:02

SMC

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Pen of Commission

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: 2024B

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____ 0

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 232.85

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 232.85

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

(Type name) Jeffy Nae
 Candidate Chairperson (only for PC and PTY)

X Jeffy Nae
Signature

X Jeffy Nae
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Sally Rose (2) I.D. Number 20299
 (3) Cover Period 1/13/14 through 1/26/14 (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
0/0/1	Sigmara 1788 NE 163rd St North, Ark, 72316	flyer			27.85
1/25/14					
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name J. Ay Noge

FEB 2 PM 2:02

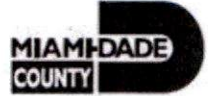
(2) I.D. Number _____

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

(4) Page 1 of 0

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



OFFICE USE ONLY

Name Settg Rose

I.D. Number _____

Address (number and street)
8651 Fresh Ave

City, State, Zip Code
Sw/Sc/Fl 33199

CHECK IF ADDRESS HAS CHANGED

FEB 2 PM 2:02

SMC

Candidate for:

- Mayor
- Commissioner, District Sw/Sc/Fl
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024B 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.

Settg Rose
(Type name) Treasurer Deputy Treasurer

X Settg Rose
Signature

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

Settg Rose
(Type name) Candidate

X Settg Rose
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8851 Froude Ave
 Address (number and street)
Surfside, FL #3154
 City, State, Zip Code

OFFICE USE ONLY

FEB 16 AM 11:12

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Surfside Town Commission
- 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 1 / 27 / 24 To 2 / 9 / 24 Report Type: 2024B2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 7,000 .00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1,550 .00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 7,500 .00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,550 .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 Rose

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

Signature

(Type name) Jeltance

Candidate Chairperson (only for PC and PTY)

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 18 AM 11:12

(1) Name Jeffrey Rose

(2) I.D. Number 202482

(3) Cover Period 1 / 26 / 24 through 2 / 9 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
1, 30, 24	Yosby Belle 400 Syc 454 Bk 1218 Sung 454 Rich, FL 32160		Redevelop	che			1,000
001							
1, 30, 24	EDM CYSANAC 1035 NW 11th Ave S 416 3N Nap in Miami FL		done	che			1,000
002							
1, 30, 24	TH B36 Group 13560 E 6th Ave Pell, Fla, FL 33544		contractor	che			1,000
003							
1, 30, 24	TH Circle Group, LLC 1275 Alhambra Dr Tallahassee, FL 32305		contractor	che			1,000
004							
1, 30, 24	Excelle En. Strc 1654 NW 125th Ave Miami, FL 33176		stone	che			1,000
005							
1, 30, 24	GMAP CONSULTING Gloria Conley 3350 NW 49th St Miami, FL 33166		wireless	che			1,000
006							
1, 30, 24	Dev. Design 11600 NW 11th St N17 St Robertus, FL 33176		less	che			1,000
007							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 202482

(3) Cover Period 1 / 17 / 24 through 2 / 2 / 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					
1/31/24	Mak Giaphos	Mailer	CAN		1550
001	4230 Jch Circle Boa Rob, FL 32971				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jeltne, Rose

I.D. Number _____

Address (number and street)
8851 Fivola Ave

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 16 AM 11:12

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024BL Cover Period 1/24/24 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.

Jeltne, Rose
(Type name) Treasurer Deputy Treasurer

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

Jeltne, Rose
(Type name) Candidate

X Jeltne, Rose
Signature

X Jeltne, Rose
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8851 Froude Ave
 Address (number and street)
Surfside, FL #3154
 City, State, Zip Code

OFFICE USE ONLY

FEB 22 PM 12:31

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es): Surfside Town Commission

Candidate Office Sought: _____

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

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ 0

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ 0

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) **Other Distributions**

\$ _____

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

\$ _____ 3500.00

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

\$ _____ 1,647.85

(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:

Jeffrey Rose
 (Type name)
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Jeffrey Rose
 Signature

Jeffrey Rose
 (Type name)
 Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose
 Signature

Sme

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeffrey Rose

(1) Name _____

(2) I.D. Number 3501

(3) Cover Period 1 / 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
/ /				N/A			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose (2) I.D. Number 25A
 (3) Cover Period 2 / 10 / 20 through 2 / 22 / 20 (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					
///	N/A				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Selfy Rose

I.D. Number _____

Address (number and street)
8651 Fiveth Ave

City, State, Zip Code
South Bay FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 22 PM 12:31

SMC

Candidate for:

- Mayor
- Commissioner, District South Bay
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25PT Cover Period 1-10-24 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.

Selfy Rose
(Type name) Treasurer Deputy Treasurer

X Selfy Rose
Signature

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

Selfy Rose
(Type name) Candidate

X Selfy Rose
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8851 Froude Ave
 Address (number and street)
Surfside, FL #3154
 City, State, Zip Code

OFFICE USE ONLY

MAR 8 AM 10:50

SME

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Surfside Town Commission
- 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 / 23 / 24 To 3 / 7 / 24 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____ 0

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ 0

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 7,500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 1,847.85

(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 Rose

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

X Jeffrey R Rose
 Signature

(Type name) Jeffrey Rose

Candidate Chairperson (only for PC and PTY)

X Jeffrey R Rose
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS MAR 8 AM 10:52

(1) Name Jeffrey Rose (2) I.D. Number 1111

(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
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	N/A						
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 1114

(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
(6) Sequence Number					
///	N/A				
///					
///					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jeffrey Nuse

I.D. Number _____

Address (number and street)
8851 Froude Ave

City, State, Zip Code
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 8 AM 10:52

SMC

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 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.

Jeffrey Nuse
(Type name) Treasurer Deputy Treasurer

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

Jeffrey Nuse
(Type name) Candidate

X Jeffrey Nuse
Signature

X Jeffrey Nuse
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8851 Froude Ave.
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 15 PM 2:13

Sme

(3) ID Number: 4P1

(4) Check appropriate box(es): Surfside Commissioner

Candidate Office Sought: _____

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 03 / 08 / 24 To 03 / 15 / 24 Report Type: 11P1

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 1,000.00

Loans \$

Total Monetary \$

In-Kind \$

(7) **Expenditures This Report**

Monetary Expenditures \$ 1,000.00

Transfers to Office Account \$

Total Monetary \$

(8) **Other Distributions**

\$

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

\$ 8,500.00

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

\$ 2,847.85

(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 Rose

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

X Jeffrey Rose
 Signature

(Type name) Jeffrey Rose

Candidate Chairperson (only for PC and PTY)

X Jeffrey Rose
 Signature

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



OFFICE USE ONLY

Name

Jeffrey Rose

I.D. Number

4P1

Address (number and street)

8851 Froude Ave.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 15 PM 2:13

SMC

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 03/08/24 through 03/15/24

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.

Jeffrey Rose
(Type name) Treasurer Deputy Treasurer

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

Jeffrey Rose
(Type name) Candidate

Jeffrey A. Perre
Signature

Jeffrey Perre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JEFFREY ROSE

4P1

(1) Name _____ (2) I.D. Number _____
 03/08/24 03/15/24 1 1
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
03/14/24 / / 001	Miami Association of Realtors 700 S Royal Poinciana Blvd., #400 Miami Springs, FL 33166	B	Real Estate	CHE			\$1,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

MAR 15 PM 2:14

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey rose

(2) I.D. Number ^{4P1} 1

(3) Cover Period 03/08/24 through 03/15/24

(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
(6) Sequence Number					
03/11/24 / / 001	Singleton Consulting 12015 Bridgehampton Rd. Jacksonville, FL 32218	Signage	CAN		\$1,000.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8851 Froude Ave.
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

JUN17 '24 3:05PM



(3) ID Number: 18TRG

- Check here if address has changed
- (4) Check appropriate box(es): Surfside Commissioner
- Candidate Office Sought: _____
- 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 03 / 19 / 24 To 06 / 17 / 24 Report Type: 18TRG

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 5,652.15

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 8,500.00 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 8,500.00 . _____

(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 A Rose

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

X Jeffrey A Rose

Signature

(Type name) Jeffrey Rose

Candidate Chairperson (only for PC and PTY)

X Jeffrey A Rose

Signature

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



OFFICE USE ONLY

Name Jeffrey Rose

I.D. Number _____

Address (number and street) 8851 Floude Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 3/19/24 through 6/17/24

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.

Jeffrey A Rose
(Type name) Treasurer Deputy Treasurer

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

Jeffrey A Rose
(Type name) Candidate

X Jeffrey A Rose
Signature

X Jeffrey A Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 18TRG

(3) Cover Period 3 / 19 / 24 through 6 / 17 / 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					
3 / 26 / 24	MARK GRAPHICS 113 NW 11TH ST BOCA RATON, FL 33432	MAILER	CAN		3,400.00
6 / 17 / 24	305 PINK PACK 2525 PONCE DE LEON BLVD CORAL GABLES, FL 33134	DONATION; ORG. GIVING SUPPORT TO WOMEN WITH CANCER	DIS		602.00
6 / 17 / 24	FRIENDS OF THE ISRAEL DEFENSE FORCES PO BOX 4224 NY, NY 10163	DONATION; ORG. SUPPORTING SOLDIERS OF THE IDF, VETERANS, AND FAMILY MEMBERS	DIS		250.00
6 / 17 / 24	SURFSIDE FOP LODGE 135 9293 HARDING AVE, SURESIDE, FL 33154	DONATION; ORG. SUPPORTING AND REPRESENTING SURFSIDE LAW ENFORCEMENT OFFICERS	DIS		250.00
6 / 17 / 24	PINK ANGELS MEMORIAL FOUNDATION 3329 JOHNSON ST. HOLLYWOOD, FL 33021	DONATION; ORG. GIVING SUPPORT TO WOMEN WITH CANCER	DIS		600.00
6 / 17 / 24	RUTH K. BROAD BAY HARBOR PTA 1155 93RD ST. BAY HARBOR ISLANDS, FL 33154	DONATION; PARENT TEACHER ASSOC. OF RUTH K. BROAD BAY HARBOR K-8 CENTER	DIS		250.15
6 / 17 / 24	ST. BALDRICKS FOUNDATION 1333 S. MAYFLOWER AVE., SUITE 400 MONROVIA, CA 91016	DONATION; ORG. SUPPORTING CHILDHOOD CANCER RESEARCH	DIS		300.00
/ /					