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 8 PM 3:01 SMC

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) JARED MARC BRUNNABEND	3. Address (include post office box or street, city, state, zip code) 8934 GARLAND AVE SURFSIDE FL 33154
4. Telephone (917) 805 5043	5. E-mail address brunnabend@gmail.com
6. **Office sought** (include district, circuit, group number) COMMISSIONER	7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.

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

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

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

10. Name of Treasurer or Deputy Treasurer
JARED BRUNNABEND

11. Mailing Address 8934 GARLAND AVE				12. Telephone (917) 805 5043
13. City SURFSIDE	14. County DADE	15. State FL	16. Zip Code 33154	17. E-mail address brunnabend@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 11/8/23	26. Signature of Candidate X

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

I, JARED BRUNNABEND, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

11/8/23 — 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 8 PM 3:01 SMC

I, JARED BRUNNABEND,

candidate for the office of COMMISSIONER;

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

X _____ 11/8/23

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).

NOV 13 PM 12:50 SMC

NOV 8 PM 3:01 SMC

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.

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): JARED MARC BRUNNABEND

3. Address (include post office box or street, city, state, zip code): 8934 GARLAND AVE SURFSIDE FL 33154

4. Telephone: (917) 805 5043

5. E-mail address: brunnabend@gmail.com

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

7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a ☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer: JARED BRUNNABEND

11. Mailing Address: 8934 GARLAND AVE

12. Telephone: (917) 805 5043

13. City: SURFSIDE

14. County: DADE

15. State: FL

16. Zip Code: 33154

17. E-mail address: brunnabend@gmail.com

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

19. Name of Bank: BANK of America

20. Address: 1103 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: 11/8/23

26. Signature of Candidate: X

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

I, JARED BRUNNABEND, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

11/8/23
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 13 PM 12:50 SMC

NOV 8 PM 3:01 SMC

I, JARED BRUNNABEND,

candidate for the office of Commissioner;

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

X _____ Signature of Candidate

11/8/23 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).

TOWN OF SURFSIDE
MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

JARED	MARC	BRUNNABEND
First Name	Middle Name	Last name

Commissioner
Office Sought (Mayor or Commissioner)

Phone No.: 917 805 5043 Fax No.: NONE

Cell Phone: 917 805 5043

E-Mail Address: brunnabend@gmail.com

This is to acknowledge my receipt of the following documents:

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

Received by: _____ Date: 11/13/23
Candidate Signature

Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jared Brunnabend

Office Sought Commissioner

Phone No.: 917 805 5043 Cell Phone No: 917 805 5043

E-Mail Address: brunnabend@gmail.com

Contents	Date Received	Initials
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	11/8/2023 11/13/2023	JB
Nominating Petition	11/17/2023	JB
Statement of Candidate	11/17/2023	JB
Sworn Statement of Qualification	11/17/2023	JB
Candidate Oath	11/8/2023 11/13/2023	JB
Form 1 – Statement of Financial Interest (2022)	11/17/2023	JB
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	—	JB
Qualifying Fee $25.00	11/17/2023	JB
L & A Schedule	N/A	JB
Proof of Residency		

& Voter Registration 11/17/2023 JB

2. Important Dates to Remember 11/13/2023 JB

3. Campaign Activities Memorandum 11/13/2023 JB

Candidate's Signature

11/17/2023
Date

CANDIDATE OATH
NONPARTISAN OFFICE

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

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

☐ Write-in candidate

NOV 17 PM 2:21

OFFICE USE ONLY

Candidate Oath

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

I, JARED BRUNNABEND,

(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 #)*,

_____ *(Circuit #)*, _____ *(Group or Seat #)*; I am a qualified elector of [redacted] / Town of Surfside County, Florida;

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): 116232041

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.]*

Brew - na - bend

X _____ **Signature of Candidate**

(917) 805 5043 Telephone Number

brunabend@gmail.com Email Address

8934 Garland Ave 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 17th day of November, 2023.

Personally Known ☐ *OR* Produced Identification ☑

Type of Identification Produced: DLicense.

_____ **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

NOV 17 PM 2:21

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 JARED BRUNNABEND, 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 8934 GARLAND AVENUE Surfside FL 33154 my occupation is REAL ESTATE INVESTOR + OPERATOR; that I have been a resident of the Town of Surfside since 2017; 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.

SANDRA MCCREADY
MY COMMISSION # HH 350567
EXPIRES: May 4, 2027

NOTARY PUBLIC

Sandra N. McCready
PRINTED NAME OF NOTARY

SANDRA MCCREADY
MY COMMISSION # HH 30537
EXPIRES: May 4, 2027

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2022

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

FOR OFFICE USE ONLY:

NOV 17 PM 2:24

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Brunnabend Jared Marc

MAILING ADDRESS :
8934 GARLAND AVE

CITY : Surfside ZIP : 33154 COUNTY : MIAMI DADE

NAME OF AGENCY :
Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 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
	SEE Exhibit A	

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
	SEE Exhibit B		

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

NONE

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.

(Continued on reverse side)

NOV 17 PM 2:24

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	See Exhibit D

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
JP Morgan Chase	1450 Brickell Ave Miami FL 33133

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	NONE	
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For **elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency** created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

Date Signed: 11/14/2023

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.

Exhibit A – Primary Sources of Income

Name of Business Entity	Address	Principle Business Activity
Bayshore 77 Corporation	160 NW 26th St Miami Fl 33127	Holding & Management Company
Cynergy Property Management LLC	3600 Red Road #309 Miramar FL 33025	Property Management Company
Bahia Capital, LLC	160 NW 26th St Miami Fl 33127	Investment Company
Ready Spaces LLC	6 E 12th St, Suite 1 New York, NY 10003	Co-Warehousing Company
Lombardi BIP LLC	160 NW 26th St Miami Fl 33127	Real Estate Investment
Gotham Real Estate Partners LLC	160 NW 26th St Miami Fl 33127	Real Estate Investment
Bayshore Real Estate Partners LLC	8856 SW 111 TERR. MIAMI, FL 33176	Real Estate Investment
David Lombardi PA	160 NW 26th St Miami Fl 33127	Real Estate Brokerage

Exhibit B– Secondary Sources of Income

Name of Business Entity	Name of Major Sources of Business Income	Address of Source	Principal Business Activity
Bayshore 77 Corporation	Brandon Crossing Apartments	1911 Brandon Crossing Cir, Brandon, FL 33511	Apartment Rentals
	Lombardi Management LLC	160 NW 26th St #201 Miami, FL 33127	Management Company
	BIP Management Advisors	3600 Red Road #309 Miramar FL 32025	Management Company
Bahia Capital, LLC	Village at Melbourne Apartments	3502 D'Avinci Way, Melbourne, FL 32901	Apartment Rentals
	Village at Lake Pointe Apartments	5975 Lake Pointe Village Cir, Orlando, FL 32822	Apartment Rentals
	Bridgewater @ Lake Osborn Apartments	6116 Yellow Sun Dr, Lake Worth Beach, FL 33462	Apartment Rentals
	Park at Countryside Apartments	958 Village Trail, Port Orange, FL 32127	Apartment Rentals
	Willow Lake Crossing Apartments	26675 Players Cir, Lutz, FL 33559	Apartment Rentals
	Portofino at Championsgate Apartments	14100 Portofino Wy, Championsgate, FL 33896	Apartment Rentals
	Jaffa Industrial Park	2004 Jaffa Drive, St Cloud, FL	Commercial Rentals
	Esplanade Apartments	5337 Esplanade Park Cir, Orlando, FL 32839	Apartment Rentals
	Wynwood Energy, LLC	160 NW 26th St #201 Miami, FL 33127	Energy Investment
Lombardi BIP LLC	Landmark Center	12441 S Dixie Highway, Pinecrest FL	Commercial Rentals
Gotham Real Estate Partners LLC	Grand Bay Plaza	19100 S Tamiami Trail Ft Myers, FL	Commercial Rentals
Bayshore Real Estate Partners LLC	Villas De Paraiso	7255 W 24th Ave, Hialeah, FL 33016	Apartment Rentals

NOV 17 PM 2:24

Exhibit D – Intangible Personal Property

Cash on hand in bank accounts

City National Bank, FL
Wells Fargo, FL
JP Morgan Chase, FL
New England Federal Credit Union, VT
CIBC, IL
Ally Bank, UT
Marcus by Goldman Sachs, UT
Citizens Bank, RI

Investment Accounts

UBS – NY	529, IRA, Roth IRA, SEP, Investment Account
JP Morgan – NY	529, IRA, Roth IRA, SEP, Investment Account
Charles Schwab	Bonds, CDs, Stocks, Mutual Funds

Interest In Businesses

Bayshore 77 Corporation
Cynergy Property Management LLC
Bahia Capital, LLC
Lombardi BIP LLC
Gotham Real Estate Partners LLC
Bayshore Real Estate Partners LLC

NOV 17 PM 2:24

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 PM 2:21

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JARED BRUNNABERG 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:		Date: 11/15/23	D.O.B. [redacted]
Print Name:	Stephanie Romani	Address:	[redacted]
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name:	Jorge A. Romani	Address:	[redacted]
Signature:		Date: 11/15/2023	D.O.B. [redacted]
Print Name:	Sebastian Grejman	Address:	[redacted]
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name:	Jonathan Horn	Address:	[redacted]
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name:	Jenny Horn	Address:	[redacted]
Signature:	Rita Swedroe	Date: 11/15/23	D.O.B. [redacted]
Print Name:	RITA SWEDROE	Address:	[redacted]
Signature:	Robert Swedroe	Date: 11/15/23	D.O.B. [redacted]
int Name:	ROBERT SWEDROE	Address:	[redacted]
Signature:	Laurie Swedroe	Date: 11/15/23	D.O.B. [redacted]
Print Name:	LAURIE SWEDROE	Address:	[redacted]
Signature:		Date: 11-15-23	D.O.B. [redacted]
Print Name:	Kenneth Rosen	Address:	[redacted]
Signature:		Date: 11-15-23	D.O.B. [redacted]
Print Name:	Dina Rosen	Address:	[redacted]
Signature:	Christine J. Taplin	Date: 11.15.23	D.O.B. [redacted]
Print Name:	Christine J. Taplin	Address	[redacted]
Signature:		Date: 11/15/2023	D.O.B. [redacted]
Print Name:	Shea Schneider	Address:	[redacted]
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name:	Jacqueline Savir	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: _____

ddress of Circulator: 9934 GARLAND AVE

mail address of Circulator: brunnaberg@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: _____ Date: 11/15/23

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

NOV 17 PM 2:21

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JARED BRUNNABEND 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:		Date: 11/13/23	D.O.B. [redacted]
Print Name: Michael Bernhard		Address: [redacted]	
Signature:		Date: 11/13/23	D.O.B. [redacted]
Print Name: Erika Bernhard		Address: [redacted]	
Signature:		Date: 11/13/23	D.O.B. [redacted]
Print Name: Vianesanka Castro		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: Rachel Lombardi		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: Brian Lombardi		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: JARED BRUNNABEND		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: Shaya Eichner		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: MUSMA Blod		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: JANA BANIN		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: MARK HALPERN		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: Margaret Halpern		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: Paula Shagalow		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: Andrew Feldman		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: JARED BRUNNABEND

Address of Circulator: 8834 GAYLARD

Email address of Circulator: brunnabend@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: _____ Date: 11/15/23

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 PM 2:21

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JARED BRUNNABENO 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:		Date: 11-16-23	D.O.B. [redacted]
Print Name:	HECTOR GUALDA	Address:	[redacted]
Signature:		Date:	D.O.B. [redacted]
Print Name:	Hector Gualda	Address:	[redacted]
Signature:		Date: 11/16/23	D.O.B. [redacted]
Print Name:	Petrie Gualda	Address:	[redacted]
Signature:		Date: 11/16/23	D.O.B. [redacted]
Print Name:	Abigail Gualda	Address:	[redacted]
Signature:		Date: 11/16/23	D.O.B. [redacted]
Print Name:	Michael Rybolowik	Address:	[redacted]
Signature:		Date: 11/16/22	D.O.B. [redacted]
Print Name:	Sol Colom	Address:	[redacted]
Signature:		Date:	D.O.B.
int Name:		Address:	
Signature:		Date:	D.O.B.
Print Name:		Address:	
Signature:		Date:	D.O.B.
Print Name:		Address:	
Signature:		Date:	D.O.B.
Print Name:		Address:	
Signature:		Date:	D.O.B.
Print Name:		Address:	
Signature:		Date:	D.O.B.
Print Name:		Address:	

STATEMENT OF CIRCULATOR

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

Signature of Circulator:

ddress of Circulator: 8934 BANYAN AVE Surfside FL

mail address of Circulator: brunnabeno@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: 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 PM 2:21

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JARED BRUNNABENO 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:	Date: 11/13/23	D.O.B.	[redacted]
Print Name: ALEJO CHOVELA	Address:	[redacted]	
Signature:	Date: 11/13/23	D.O.B.	[redacted]
Print Name: ROBINA GRINBERG	Address:	[redacted]	
Signature:	Date: 11/13/23	D.O.B.	[redacted]
Print Name: ANDREW OKUN	Address:	[redacted]	
Signature:	Date: 11/13/23	D.O.B.	[redacted]
Print Name: LAURIE OKUN	Address:	[redacted]	
Signature:	Date: 11/17/2023	D.O.B.	[redacted]
Print Name: JORGE F FERNANDEZ	Address:	[redacted]	
Signature:	Date: 11/16/2023	D.O.B.	[redacted]
Print Name: CRISTIANA ALBUQUERQUE EDMOND	Address:	[redacted]	
Signature:	Date: 11/16/23	D.O.B.	[redacted]
Print Name: Richard R Schwartz	Address:	[redacted]	
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 7 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: _____

Address of Circulator: 9349 COLLINS AVE APT 603

Email address of Circulator: alejo.chovela@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: _____ Date: 11/17/23

BANK OF AMERICA

Cashier's Check

No. 1002412432

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.

Void After 90 Days

30-1/1140
NTX

Date 11/15/23 10:05:07 AM

BAY HARBOR ISLAND

0011 0109377 0007

Pay

BANK OF AMERICA 25 00 TWO FIVE CTS CTS

$25.00

Twenty Five and 00/100 Dollars

To The Order Of TOWN OF SURFSIDE

Remitter (Purchased By): JARED MARC BRUNNABEND, CAMPAIGN ACCOUNT

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

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. Jared Brunnabend
8934 Garland Ave
Surfside, Fl 33154

Dear Mr. Brunnabend:

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) JARED BRUNNABEND
Name

(2) 8934 GARLAND AVE
Address (number and street)

Surfside FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

JAN 10 AM 10:11

(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 10 / 1 / 23 To 12 / 31 / 23 Report Type: 2023Q4

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 200 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 200 . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 71 . 46
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 71 . 46

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , 200 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 71 . 46

(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) JARED BRUNNABEND
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) JARED BRUNNABEND
☒ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 10 AM 10:11

(1) Name JARED BRUNNABEND (2) I.D. Number

(3) Cover Period 10 / 1 / 23 through 12 / 31 / 23 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12/13/23 / 1	JARED Brunnabend 8934 Garland Surfside FL 33154	S	Real Estate Investor	LOAN			200
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

JAN 10 AM10:11

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JARED BRUNNABOND (2) I.D. Number

(3) Cover Period 10 / 1 / 23 through 12 / 31 / 23 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
11/15/23	Town of Surfside 9293 Harding Ave Surfside FL 33154	Qualifying Fee	CAN		25.00
11/15/23	Bank of America 1108 Kane Concourse Bay Harbor FL 33154	Bank Fee	CAN		15.00
11/22/23	Bank of America 1108 Kane Concourse Bay Harbor FL 33154	Check Order	CAN		31.46
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

MIAMI-DADE COUNTY

OFFICE USE ONLY

JAN 10 AM 10:11

Name Jared Brunnabend

I.D. Number

Address (number and street) 8934 Garland Ave

City, State, Zip Code Surfside FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED** N/A

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ **Cover Period** _____ **through** _____

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.

Jared Brunnabend

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

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

Jared Brunnabend

(Type name) ☒ Candidate

X _____
Signature

JAN 10 AM 10:11

MIAMI-DADE COUNTY

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 Jared Brunstead (2) I.D. Number

(3) Report Name (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
		N/A		

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend
Name

(2) 8954 Garland Ave
Address (number and street)

Surfside FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

TOWN OF SURFSIDE
JAN19 '24 9:30AM

(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: 2024 60DP

☒ 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
$ ___ , ___ , ___ . 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) Jared Brunnabend
☒ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Jared Brunnabend
☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

SEE REVERSE FOR INSTRUCTIONS

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN19 '24 9:31AM

(1) Name Jared Brunnerstone **(2) I.D. Number** _____

(3) Cover Period 1 / 1 / 24 through 1 / 12 / 24 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE
JAN19 '24 9:31AM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Bunnardo (2) I.D. Number

(3) Cover Period 1/1/24 through 1/12/24 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /	None				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE

JAN19 '24 9:31AM

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

☒ Candidate ☐ Committee or Organization

Full Name: JARED BRUNAVIA

Full Address: 8934 GARLAND

Full Name and Address of Contributor:	Full Name and Address of Contributor:
Amount of Contribution: $	Amount of Contribution: $
Date Received:	Date Received:
Date Returned:	Date Returned:
Full Name and Address of Contributor:	Full Name and Address of Contributor:
Amount of Contribution: $	Amount of Contribution: $
Date Received:	Date Received:
Date Returned:	Date Returned:

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Type or Print Name of Candidate, Treasurer or Chairman

X

Signature

DS-DE 2 (Rev. 12/19)

TOWN OF SURFSIDE

JAN19 '24 9:31AM

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

MIAMI-DADE COUNTY

OFFICE USE ONLY

Name JAROD BRUNNAGEN

I.D. Number

Address (number and street) 8937 GARLAND AVE

City, State, Zip Code Surfside FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ **Cover Period** _____ **through** _____

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.

JAROD BRUNNAGEN

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X [signature]

Signature

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

JAROD BRUNNAGEN

(Type name) ☒ Candidate

X [signature]

Signature

MD-ED 26 (Rev. 03/13)

TOWN OF SURFSIDE
JAN19 '24 9:31AM

MIAMI-DADE COUNTY

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 Jared Brunabend (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

N/A

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend
Name

(2) 8934 Garland Avenue
Address (number and street)

Surfside FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

JAN 31 AM10:14

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 01/13/2024 To 01/26/2024 Report Type: 2024B1

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$
Total Monetary	$ 0.00
In-Kind	$

(7) Expenditures This Report

Monetary Expenditures	$ 0.00
Transfers to Office Account	$
Total Monetary	$ 0.00

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 200.00

(10) TOTAL Monetary Expenditures To Date

$ 71.46

(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) Jared Brunnabend

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

X

Signature

(Type name) Jared Brunnabend

☑ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

SEE REVERSE FOR INSTRUCTIONS

JAN 31 AM 10:14

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunnabend **(2) I.D. Number** _____

(3) Cover Period 1/13/2024 / ____ / ____ through 1/26/2024 / ____ / ____ **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

JAN 31 AM 10:14

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend (2) I.D. Number

(3) Cover Period 1/13/2024 / / through 1/26/2024 / / (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

JAN 31 AM 10:14

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

☒ Candidate ☐ Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor: NONE Amount of Contribution: $ Date Received: Date Returned:	Full Name and Address of Contributor: Amount of Contribution: $ Date Received: Date Returned:
Full Name and Address of Contributor: Amount of Contribution: $ Date Received: Date Returned:	Full Name and Address of Contributor: Amount of Contribution: $ Date Received: Date Returned:

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Jared Brunnabend

Type or Print Name of Candidate, Treasurer or Chairman

X

Signature

DS-DE 2 (Rev. 12/19)

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

MIAMI-DADE COUNTY

OFFICE USE ONLY

JAN 31 AM 10:14

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

Candidate for:

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

N/A

REPORT IDENTIFIERS

Report Name _____ **Cover Period** _____ **through** _____

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.

Jared Brunnabend ☒ Treasurer ☐ Deputy Treasurer _____
(Type name)

X
Signature

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

Jared Brunnabnd
(Type name) ☒ Candidate

X
Signature

MD-ED 26 (Rev. 03/13)

JAN 31 AM 10:14

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMI-DADE COUNTY

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

(1) Name Jared Brunnabend **(2) I.D. Number** _____

(3) Report Name 2024B1 **(4) Cover Period** 1/13/2024 **through** 1/26/2024

(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
	N/A			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)