STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

SEP 1 PM12:08

1. Full Name of Committee

One Surfside

Telephone

Mailing Address (include city, state and zip code)

1018 B 71 ST
Miami Beach, FL 33141

Street Address (include city, state and zip code)

Same

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee

Local committee to support or oppose issues and/or candidates for municipal or county offices, register voters, or other activity not prohibited by Chapter 106, Florida Statutes

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Community Issues/Political

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Aaron Nevins	9715 W. Broward Blvd. #246 Plantation, FL 33324	Treasurer

(continued on reverse side)

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Jack Benveniste	10183 71 St Miami Beach, FL 33141	Chairman

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
To be determined			

8. List Any Issues this Committee is Supporting: to be determined

List Any Issues this Committee is Opposing: to be determined

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
Donate to an organization that is tax exempt per section 527

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	901 SE 17th St Cswy Ste 100 Fort Lauderdale, FL 33316

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
8871 1120POL 990 as needed	upon formation 3/15 annually 3/15 annually	IRS	Ogden, UT 84201

STATE OF Florida Miami-Dade COUNTY

I, Jack Benveniste, certify that the information in this Statement of Organization is complete, true and correct.

X Jack Benveniste
Signature of Chairman of Political Committee

09-01-2023
Date

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(2) and 106.021(1), F.S.)

SEP 1 PM12:03

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Initial Filing for: ☑ Primary Treasurer ☐ Deputy Treasurer

Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

1. Committee One Surfside	2. Telephone ( )
3. Name of Treasurer or Deputy Treasurer Aaron Nevins 4. Email (optional) aaron@chelsea-road.com	5. Telephone (optional) (754) 581-4869
6. Mailing Address 9715 W. Broward Blvd. #246 Plantation, FL 33324	
7. Street Address Same	
8. The following bank has been designated as the ☑ **Primary Depository** ☐ **Secondary Depository**	
9. Name of Bank Bank of America	10. Street Address 901 SE 17th St Cswy
11. City Fort Lauderdale	12. State FL 13. Zip Code 33316
14. Signature of Chairman X Jack Benveniste	15. Name of Chairman (Print or Type) Jack Benveniste

Campaign Treasurer's Acceptance of Appointment

I, Aaron Nevins (Please Print or Type), do hereby accept the appointment as treasurer or deputy treasurer for One Surfside (Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

9/29/23 — Date

X — Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 6 (Rev. 4/19)

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

SEP 1 PM12:03

☑ Original Appointment ☐ Change of Appointment

☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name		Telephone
Aaron Nevins		
Street Address: 9715 W. Broward Blvd #246		
City: Plantation	State: FL	Zip Code: 33324
Mailing Address: Same		
City	State	Zip Code

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Signature of Registered Agent **Date** 9-1-23

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization: One Surfside		
Street Address 1017 B 71 St		Telephone
City Miami Beach	State FL	Zip Code 33141

Signature of Chairperson

Printed Name of Chairperson JACK Benvenste **Date** 9-1-23

Form DS-DE 41 (revised 6/11)

One Surfside
1018B 71st Street
Miami Beach, FL 33141

October 1, 2023

TOWN OF SURFSIDE

OCT4 '23 12:24PM

Sandra N. McCready, MPA, MMC
Town Clerk, Town of Surfside Florida
9293 Harding Avenue
Surfside, Florida 33154

Re: One Surfside Political Committee

Dear Clerk McCready:

Please be advised that, effective immediately, I am resigning from the position of Chairperson for the above-referenced Political Committee. Aaron Nevins has been appointed to the position of Chairperson.

Mr. Nevins Acceptance of the appointment is included. Please update the City's records accordingly. Thank you for your assistance in this matter.

Sincerely,

Jack Benveniste

Jack Benveniste, Chairman

One Surfside
1018B 71st Street
Miami Beach, FL 33141

October 1, 2023

TOWN OF SURFSIDE

OCT4 '23 12:25PM

Sandra N. McCready, MPA, MMC
Town Clerk, Town of Surfside Florida
9293 Harding Avenue
Surfside, Florida 33154

Re: One Surfside Political Committee

Dear Clerk McCready:

I hereby accept the appointment of the position of Chairman for the above referenced Political Committee. Please update the City's records accordingly. Thank you for your assistance in this matter.

Sincerely,

Aaron Nevins

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) One Surfside
Name

(2) 9715 W. Broward Blvd. #246
Address (number and street)
Plantation, FL 33324
City, State, Zip Code

☑ **Check here if address has changed**

OFFICE USE ONLY

TOWN OF SURFSIDE
OCT4 '23 12:25PM

(3) ID Number:

(4) Check appropriate box(es):

☐ Candidate Office Sought:
☑ 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 07 / 01 / 23 To 09 / 30 / 23 Report Type: Q3

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0
Loans	$ 0
Total Monetary	$ 0
In-Kind	$ 45.86

(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
$ 45.86

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

(Type name) Aaron Devins
☐ Candidate ☒ Chairperson (only for PC and PTY)
X
Signature

OCT4 '23 12:25PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

OCT4 '23 12:25PM

(1) Name One Surfside **(2) I.D. Number** _____

(3) Cover Period 09 / 01 / 23 through 09 / 30 / 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
9/14/2023 / / 1	Chelsea Road Consulting 9715 W. Broward Blvd. 246 Plantation, FL 33324	I		INK	Website/email		$40.86
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE
OCT 4 '23 12:25PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name One Surfside (2) I.D. Number

(3) Cover Period 07 / 01 / 23 through 09 / 30 / 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
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

JAN 8 PM 3:10

OFFICE USE ONLY

One Surfside
Name

Office Sought

9715 W Broward Blvd. #246
Address

Plantation, FL 33324
City State Zip Code

☐ Candidate ■ Political Committee ☐ Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

☐ Check here if address has changed since last report. ☐ Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

☐ **MONTHLY REPORT** ☐ **PRIMARY ELECTION** ☐ **GENERAL ELECTION** ■ **OTHER REPORT TYPE**

Indicate report # M_____

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: 2023 Q4

☐ **TERMINATION REPORT** ☐ **SPECIAL ELECTION**

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

10/1/23 **THROUGH** 12/31/23

X _____ **Signature** 1/4/24 **Date**

X _____ **Signature** 1/4/24 **Date**

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

TOWN OF SURFSIDE

JAN19 '24 10:15AM

OFFICE USE ONLY

One Surfside

Name

Office Sought

9715 W Broward Blvd. #246

Address

Plantation, FL 33324

City State Zip Code

☐ Candidate ☒ Political Committee ☐ Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).

☐ Check here if address has changed since last report. ☐ Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)

☐ **MONTHLY REPORT** ☐ **PRIMARY ELECTION** ☐ **GENERAL ELECTION** ☒ **OTHER REPORT TYPE**

Indicate report # M_____

Indicate report # P_____

Indicate report # G_____

Indicate report type and # as applicable: 202460DP

☐ **TERMINATION REPORT** ☐ **SPECIAL ELECTION**

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

01/01/24 **THROUGH** 01/12/24

X _____ 1/18/24

Signature **Date**

X _____ 1/18/24

Signature **Date**

REQUIRED SIGNATURES FOR:

Candidates:
Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:
Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:
Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) One Surfside
Name

(2) 9715 W. Broward Blvd. #246
Address (number and street)
Plantation, FL 33324
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

TOWN OF SURFSIDE
FEB2 '24 11:14AM

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____
☑ 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 / 24 To 01 / 26 / 24 Report Type: 2024B1

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 20,500
Loans	$ 0
Total Monetary	$ 0
In-Kind	$

(7) Expenditures This Report

Monetary Expenditures	$ 46.01
Transfers to Office Account	$ 0
Total Monetary	$ 0

(8) Other Distributions
$ 0

(9) TOTAL Monetary Contributions To Date
$ 20545.86

(10) TOTAL Monetary Expenditures To Date
$ 46.01

(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) Aaron Nevins
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) Aaron Nevins
☐ Candidate ☑ Chairperson (only for PC and PTY)
X
Signature

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB2 '24 11:14AM

(1) Name One Surfside **(2) I.D. Number**

(3) Cover Period 01 / 13 / 24 through 01 / 26 / 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
01 / 18 / 24 1	Chelsea Road Consulting 9715 W. Broward Blvd. 246 Plantation, FL 33324	B	Consulting	CHE			500.00
01 / 24 / 24 2	Floridians Together for Change	F	Political Cm	CHE			20,000.00
/ /							
/ /							
/ /							
/ /							
/ /							

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

TOWN OF SURFSIDE
FEB2 '24 11:15AM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name One Surfside (2) I.D. Number

(3) Cover Period 01 / 13 / 24 through 01 / 26 / 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
1 / 25 / 24 1	Harland Clarke 15955 La Cantera Pkwy San Antonio, TX, 78256-2589	Check Order	MON		$46.01
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) One Surfside
Name

(2) 9715 W. Broward Blvd. #246
Address (number and street)
Plantation, FL 33324
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

FEB 6 AM11:18
AK

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____
☑ 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 / 24 To 01 / 26 / 24 Report Type: 2024B1

☐ Original ☑ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 20,000
Loans	$ 0
Total Monetary	$ 0
In-Kind	$

(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
$ 20545.86

(10) TOTAL Monetary Expenditures To Date
$ 46.01

(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) Aaron Nevins
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) Aaron Nevins
☐ Candidate ☑ Chairperson (only for PC and PTY)
X
Signature

FEB 6 AM11:18
PK

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name One Surfside **(2) I.D. Number** _____

(3) Cover Period 01 / 13 / 24 through 01 / 26 / 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
01 / 24 / 24 2	Floridians Together for Change	F	Political Cm	CHE		DEL	$20,000
01 / 24 / 24 3	Floridians Together for Change 9715 West Broward Boulevard #246 Plantation, FL 33324	F	Political Cm	CHE		ADD	$20,000
/ /							
/ /							
/ /							
/ /							
/ /							

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

FEB 6 AM 11:18

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name One Surfside (2) I.D. Number

(3) Cover Period 01 / 13 / 24 through 01 / 26 / 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