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.

APR 4 PM 4:24

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 Froude 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 Froude Ave	12. Telephone (305) 733-2485

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Surfside	Miami-Dade	FL	33154	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 R 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 R 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

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.

COPY

MAY 2 PM 12:12 SMC

APR 4 PM 4:24

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 Froude 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 Froude 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
First Horizon

20. Address
400 Arthur Godfrey Road, Suite 100

21. City Miami Beach

22. County Miami Dade

23. State FL

24. Zip Code 33140

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 R 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 R 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: _____ Date: 5-2-23
Candidate Signature

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

Contents	Date Received	Initials
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	5/2/2023 4/4/2023	JRR
Nominating Petition		
Statement of Candidate	4/4/2023	JRR
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	5/2/2023	JRR
3. Campaign Activities Memorandum	5/2/2023	JRR

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

☐ **Check here if address has changed**

OFFICE USE ONLY

JUN 8 PM12:06

(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 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	$, , 0 .

(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 A Rose
☑ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer
X Jeffrey A Rose
Signature

(Type name) Jeffrey A Rose
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Jeffrey A Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeffrey Rose **(2) I.D. Number** 2023M5

(3) Cover Period 5 / 1 / 23 through 5 / 31 / 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	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
5/2/23 001	Jeffrey Rose 8851 Frisch Ave Sunrise, FL 33159	S	General Contrib	Check			$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

JUN 8 PM12:06

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose (2) I.D. Number 2013145

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

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

JUN 8 PM12:06

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

MIAMI-DADE COUNTY

OFFICE USE ONLY

JUN 8 PM12:06

Name Jeffrey Rose

I.D. Number

Address (number and street) 8651 Fiorida 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 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 R Rose

(Type name) ☐ Treasurer ☐ Deputy Treasurer

X Jeffrey R Rose

Signature

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

Jeffrey R Rose

(Type name) ☐ Candidate

X Jeffrey R Rose

Signature

MD-ED 26 (Rev. 03/13)

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 Jeffrey A Rose (2) I.D. Number 2023135

(3) Report Name _____ (4) Cover Period 5-1-23 through 5-31-23

(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)

JUN 8 PM12:06

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Ryan Rose
Name

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

Surfside, FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

JUL 10 PM 2:40

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Surfside 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: LO23M6

☑ 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 Jeffrey (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 / (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
/ /	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

JUL 10 PM 2:40

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jelly Roe (2) I.D. Number

(3) Cover Period 6 / 1 / 23 through 6 / 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
/ /	N/A				
/ /					
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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

JUL 10 PM 2:40

Name Jeffrey Rose

I.D. Number

Address (number and street) 8851 Frank 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 2023346 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

X Jeffrey Rose
Signature

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

Jeffrey Rose
(Type name) ☐ Candidate

X Jeffrey Rose
Signature

MD-ED 26 (Rev. 03/13)

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 Jeffrey Rose (2) I.D. Number

(3) Report Name 2023M6 (4) Cover Period 6/1/23 through 6/30/23

(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			

JUL 10 PM 2:40

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
Name

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

Surfside FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

OCT 10 PM12:01

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Surfside 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 7 / 1 / 23 To 9 / 30 / 23 Report Type: 2023Q3

☑ 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

$ 500.00

(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

OCT 10 PM12:02

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeffrey Rose **(2) I.D. Number** 202303

(3) Cover Period 7 / 1 / 23 through 9 / 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	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ / 001	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

OCT 10 PM12:02

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Noe (2) I.D. Number 20C303

(3) Cover Period 7 / 1 / 23 through 5 / 30 / 23 (4) Page 1 of 6

(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
/ / (00)	N/A				
/ /					
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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

OCT 10 PM 12:01

Name Jeffrey Rose

I.D. Number

Address (number and street) 8651 Florida Ave

City, State, Zip Code Surfside FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2023Q3 **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.

Jeff Rose

(Type name) ☑ Treasurer ☐ Deputy Treasurer

X Jeff Rose

Signature

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

Jeffrey Rose

(Type name) ☑ Candidate

X Jeff Rose

Signature

MD-ED 26 (Rev. 03/13)

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 Jeffrey Rose (2) I.D. Number 202303

(3) Report Name 202303 (4) Cover Period 7/1/23 through 9/30/23

(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			
			OCT 10 PM 12:01	

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

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 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. McCready, MPA, MMC
Town Clerk

For unredacted version, please contact the Town Clerks Office **Web Version Only

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: Carolyn Baumel	Date: 11/7/23	D.O.B. [redacted]	
Print Name: CAROLYN BAUMEL	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Michael Vinciguerra	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Janette Vinciguerra	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Michael Szarkowski	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Shoshanna Stein	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Jacob Bengio	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Shneur Shapiro	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: JOHN HEALY	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Ben Jacobs	Address: [redacted]		
Signature: [signature]	Date: 11/7/23	D.O.B. [redacted]	
Print Name: Mandyf Davoudpour	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:		

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 Froudse Ave, Surfside FL 33154

Email address of Circulator: rose@rreograbo

ACCEPTANCE OF NOMINATION

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

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

For unredacted version, please contact the Town Clerks Office **Web Version Only

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:	[signature]	Date: 10-2-23	D.O.B. [redacted]
Print Name:	RIVKAH LASKAR	Address:	[redacted]
Signature:	[signature]	Date: 10/2/23	D.O.B. [redacted]
Print Name:	ISSER NEW	Address:	[redacted]
Signature:	[signature]	Date: 10-2-23	D.O.B. [redacted]
Print Name:	HERBERT FUHRMAN	Address:	[redacted]
Signature:	[signature]	Date: 10/2/2023	D.O.B. [redacted]
Print Name:	Howard Woginiak	Address:	[redacted]
Signature:	Hershel	Date: 10/2/23	D.O.B. [redacted]
Print Name:	HERSHEL DANZINGER	Address:	[redacted]
Signature:	[signature]	Date: 10/2/23	D.O.B. [redacted]
Print Name:	ROCHEL L OSTROV	Address:	[redacted]
Signature:	[signature]	Date: 10/20/23	D.O.B. [redacted]
Print Name:	Shmuel Levy	Address:	[redacted]
Signature:	[signature]	Date: 10/20/23	D.O.B. [redacted]
Print Name:	Shalom Edelkopf	Address:	[redacted]
Signature:	Chana Ehrlich	Date: 10/20/23	D.O.B. [redacted]
Print Name:	Chana Ehrlich	Address:	[redacted]
Signature:	[signature]	Date: 10-20-23	D.O.B. [redacted]
Print Name:	Shmuel Friedman	Address:	[redacted]
Signature:	[signature]	Date: 10-20-23	D.O.B. [redacted]
Print Name:	Menachem Brod	Address:	[redacted]
Signature:	[signature]	Date: 11-3-23	D.O.B. [redacted]
Print Name:	Alon ~~Allen~~ Davoudpour	Address:	[redacted]
Signature:	[signature]	Date: ~~[illegible]~~ 11/3/23	D.O.B. [redacted]
Print Name:	Roci R Gigi	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: Jeffrey N Rose

Address of Circulator: 8851 Fowler Ave, Sunset, FL 33154

Email address of Circulator: rosejrr@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeffrey N Rose Date: 11/9/23

For unredacted version, please contact the Town Clerks Office **Web Version Only

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 14 PM 1:05

TOWN OF SURFSIDE, FLORIDA

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:		Date: 10/2/23	D.O.B. [redacted]
Print Name:	Shirko Katan	Address:	[redacted]
Signature:		Date: 10.2.23	D.O.B. [redacted]
Print Name:	AARON LIPSKAR	Address:	[redacted]
Signature:		Date: 10-2-23	D.O.B. [redacted]
Print Name:	Chaya Mushka Lipskar	Address:	[redacted]
Signature:		Date: 10/2/2023	D.O.B. [redacted]
Print Name:	SHEA SCHNEIDER	Address:	[redacted]
Signature:		Date: 10-2-23	D.O.B. [redacted]
Print Name:	SHY	Address:	
Signature:		Date: 10/1/23	D.O.B. [redacted]
Print Name:	Joel Rochman	Address:	[redacted]
Signature:		Date: 10/2/23	D.O.B. [redacted]
Print Name:	Deena Rochman	Address:	[redacted]
Signature:		Date: 10/2/23	D.O.B. [redacted]
Print Name:	Aharon Rubinstein	Address:	[redacted]
Signature:		Date: 10/2/23	D.O.B. [redacted]
Print Name:	Bezalel Camissar	Address:	[redacted]
Signature:		Date: 10-02-23	D.O.B. [redacted]
Print Name:	JONATHAN RUBINSTEIN	Address:	[redacted]
Signature:		Date: 10-2-23	D.O.B. [redacted]
Print Name:	DOBA RUBINSTEIN	Address:	[redacted]
Signature:		Date: 10-2-23	D.O.B. [redacted]
Print Name:	ESTY SCHEINER	Address:	[redacted]
Signature:		Date: 10/2/23	D.O.B. [redacted]
Print Name:	SCHNEUR LIPSKAR	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: Jeff Rose
Address of Circulator: 8851 Fisher Ave, Surfside, FL 33154
Email address of Circulator: rosejr@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: Jeff Rose Date: 11/9/23

For unredacted version, please contact the Town Clerks Office **Web Version Only

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 15, 2022.

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022(by 12:00pm).

Signature:		Date: 11/7/23	D.O.B. [redacted]
Print Name: ISRAEL ELDAHL		Address: [redacted]	
Signature:		Date: 11.6	D.O.B. [redacted]
Print Name: DAVID FORBES		Address: [redacted] 33154	
Signature:		Date: 11.7.23	D.O.B. [redacted]
Print Name: MATILDA ANHALT		Address: [redacted]	
Signature:		Date: 11-7-23	D.O.B. 1-16-81
Print Name: Samuel Greenwald		Address: 9236 Bay Drive Surfside FL 33154	
Signature:		Date: 11/7/23	D.O.B. 4/30/43
Print Name: Mel Sohlosko		Address: 1315 Biscayne Dr	
Signature:		Date: 11-7-23	D.O.B. 11-6-1975
Print Name: ISAAC Benmergui		Address: 9149 Froude Ave	
Signature:		Date: 11-7-23	D.O.B. 11-12-61
Print Name: PATRICIA ZACROISKY		Address: 8877 Collins Ave #202	
Signature:		Date: 11-7-23	D.O.B. 8-18-53
Print Name: David Karp		Address: 9341 Collins Ave #1208	
Signature:		Date: 11-7-23	D.O.B. 5-19-70
Print Name: JACOB WEISS		Address: 9559 Collins AVE	
Signature:		Date: 11/7/23	D.O.B. 04/05/76
Print Name: Odeh Weiss		Address: 9559 Collins Ave #402	
Signature:		Date: 11-7-23	D.O.B. 1-24-1988
Print Name: Miriam Knafo Schapira		Address: 8835 Carlyle Ave	
Signature:		Date: 11/7/23	D.O.B. 3/30/1992
Print Name: NICOLE KOVACS		Address: 9173 FROUDE AVE	
Signature:		Date: 11/7/23	D.O.B. 01/03/74
Print Name: AARON GEWIRTZ		Address: 9240 ABBOTT	

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: Jeffrey Rose

Address of Circulator: 8851 Froude Ave, Surfside, FL 33154

Email address of Circulator: rosejr@gmail.com

ACCEPTANCE OF NOMINATION

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

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

For unredacted version, please contact the Town Clerks Office **Web Version Only

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 ~~Jeff Rose~~ 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:	[signature]	Date: Nov 7 2023	D.O.B. 3-15-57
Print Name:	Mitchell Gottlieb	Address: 9472 Abbott Ave.	
Signature:	[signature]	Date: 11/7/2023	D.O.B. 1/10/1982
Print Name:	Shea Schneider	Address: 8942 Garland Ave Surfside Fl 33154	
Signature:	[signature]	Date: 11-7-23	D.O.B. 8-3-1981
Print Name:	Baila Shagalow	Address: 8942 Garland Ave	
Signature:	[signature]	Date: 11/7/2023	D.O.B. 8/25/1951
Print Name:	Irene B Pomper	Address: 9595 Collins Ave #709	
Signature:	[signature]	Date: 11/7/2023	D.O.B. 10/26/1955
Print Name:	Neal Pomper	Address: 9595 Collins Ave #709	
Signature:	[signature]	Date:	D.O.B. 9-11-72
Print Name:	Guillermo Parapar	Address: 9172 Collins Ave #412 Surfside FL	
Signature:	Leah Rose	Date: 11/7/23	D.O.B. 3/18/85
Print Name:	Leah Rose	Address: 8851 Froude Ave.	
Signature:	[signature]	Date: 11/07/23	D.O.B. 05/20/38
Print Name:	A Duyman	Address: 11-7-23	10-21-46
Signature:	[signature]	Date: 11/7/23	D.O.B. 10/14/61
Print Name:	Larry Zaret	Address: 9432 Bay Drive	
Signature:	[signature]	Date: 11-7-23	D.O.B. 10-25-2002
Print Name:	Francesco Bignanese	Address: 9172 Collins Ave Apt 412 33154	
Signature:	[signature]	Date: 11/7/23	D.O.B. 4/15/85
Print Name:	Daniel Barouk	Address: 8842 Dickens Ave	
Signature:	[signature]	Date: 11/7/23	D.O.B. 4/23/60
Print Name:	Richard Lichter	Address: 9001 Collins Ave S-809	
Signature:	Andrew Bales	Date: 11/7/23	D.O.B. 08/28/1968
Print Name:	[signature]	Address: 9165 Froude Ave	

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@gmail.com

ACCEPTANCE OF NOMINATION

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

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

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 14 PM 1:16 SMe

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 Surfside Commission (*Office*), _____ (*District #*),

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

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 R Rose	(305) 733-2485	jrose jr@gmail.com
Signature of Candidate	Telephone Number	Email Address
8851 Froude Ave	Surfside	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 MCCREADY
MY COMMISSION # HH 350567
EXPIRES: May 4, 2027

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

NOV 14 PM 1:16 SMC

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 Florida 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 R Rose — Signature of Candidate

11-14-23 — Date

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

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

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:

NOV 14 PM 1:19

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Rose Jeffrey Ryan

MAILING ADDRESS :
8851 Floyd 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

****** 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 Remodeling and Installation	8851 Floyd Ave, Surfside, FL 33154	Construction
Rose and Ryan Realty	8851 Floyd 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 Floyd Av, Surfside, FL 33154
9055 Harding 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.

(Continued on reverse side)

NOV 14 PM 1:20

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
Annuitant	Retirement

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
M1 Cooper	Mortgage Navigation 8550 Cypress Creek Blvd, Dallas TX
Navy Federal Credit	Private Mortgage 9630 Yahtzee Dr Alexandria, Va 22309 Fairfax Blvd

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	RJG Plumbing and Construction	
ADDRESS OF BUSINESS ENTITY	8551 Forest Avenue Alexandria FC 33456	
PRINCIPAL BUSINESS ACTIVITY	Construction	
POSITION HELD WITH ENTITY	Owner / Manager	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	100%	

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:

Jeffrey R Moore

Date Signed:

11-27-23

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

FIRST HORIZON.

324301915

DATE: 11/13/2023

Remitter: JEFFREY R ROSE CAMPAIGN ACCT.

Pay to the Order of: TOWN OF SURFSIDE

$25.00

DOLLAR TWO FIVE PER ZERO ZERO

Twenty Five Dollars And 00/100 ¢

Memo:

Corporate Controller

Form #36-5002

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

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

& Voter Registration	11/14/2023	
2. Important Dates to Remember	5/2/2023	JRR
3. Campaign Activities Memorandum	5/2/2023	JRR

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,

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.

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

Christina White
Supervisor of Elections

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

☐ **Check here if address has changed**

OFFICE USE ONLY

JAN 10 PM 2:32

(3) ID Number: 2023JY

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

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . 0
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:

(Type name) Jeffrey Rose
☑ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer
X [signature]
Signature

(Type name) Jeffrey Rose
☑ Candidate ☐ Chairperson (only for PC and PTY)
X [signature]
Signature

JAN 10 PM 2:33

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 / (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
11/14/23 001	Town of Surfside 9293 Harding Ave Surfside FL 33154	Qualifying Fee			
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 10 PM 2:33

(1) Name Jeffrey Rose (2) I.D. Number 202304

(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
/ /	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (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

Name Jeffrey Ryan Rose

I.D. Number 202304

Address (number and street) 8851 Fordham Ave Sunset, FL

City, State, Zip Code Sunset, FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

JAN 10 PM 2:33

Candidate for:

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

REPORT IDENTIFIERS

Report Name 202304 **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.

Jeffrey Rose
(Type name) ☑ Treasurer ☐ Deputy Treasurer

X [signature]
Signature

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

Jeffrey Rose
(Type name) ☑ Candidate

X [signature]
Signature

MD-ED 26 (Rev. 03/13)

JAN 10 PM 2:33

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 Jelly Rice (2) I.D. Number

(3) Report Name 2023Jly (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)