

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOV 1 AM 11:29

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

DAVID ALAN FORBES

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

4. Telephone: (248) 310-1499 5. E-mail address: DFORBES67@OUTLOOK.COM 9001 COLLINS AVE #305 SURFSIDE FL 33154

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

COMMISSIONER

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

DAVID FORBES

11. Mailing Address

9001 COLLINS #305 SURFSIDE FL 33154

12. Telephone

(248) 310-1499

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

DFORBES67@OUTLOOK.COM

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11.1.23

26. Signature of Candidate

X [Signature]

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

I, DAVID FORBES, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

11.1.23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

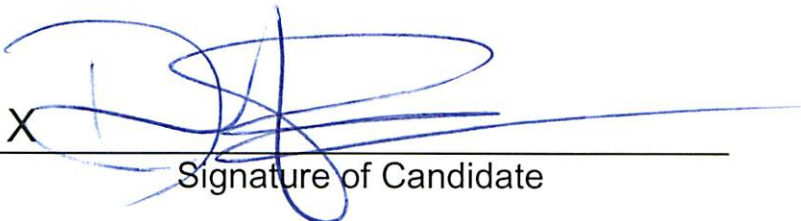


NOV 1 AM 11:20

I, DAVID FORBES,

candidate for the office of COMMISSIONER;

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

X  _____ 11.1.23 _____
Signature of Candidate Date

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

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

NOV 1 AM 11:29

NOV 6 AM 11:08

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

DAVID ALAN FORBES

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

9001 COLLINS AVE #305 SURFSIDE FL 33154

4. Telephone

(248) 310-1499

5. E-mail address

DFORBES67@OUTLOOK.COM

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

COMMISSIONER

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

DAVID FORBES

11. Mailing Address

9001 COLLINS #305 SURFSIDE FL 33154

12. Telephone

(248) 310-1499

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

DFORBES67@OUTLOOK.COM

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

19. Name of Bank

BANK OF AMERICA

20. Address

1108 KANE CONCOURSE

21. City

BAY HARBOR

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33154

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11.1.23

26. Signature of Candidate

X [Signature]

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

11.1.23

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 1 AM 11:20


NOV 6 AM 11:08

SMD

I, DAVID FORBES,

candidate for the office of COMMISSIONER;

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

X 
Signature of Candidate

11.1.23
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:

DAVID

ALAN

Forbes

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: 248.310.1499 Fax No.:

Cell Phone: 248.310.1499

E-Mail Address: DForbes67@OUTLOOK.COM

This is to acknowledge my receipt of the following documents:

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

Received by:



Candidate Signature

Date:

11.6.23



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

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

Contents Date Received Initials

1. Qualifying as a candidate:

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

& Voter Registration

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

11/17/2023 ^{DL}

11/16/2023

11/16/2023

DF

DF

Del Ford
Candidate's Signature

11.17.23
Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

NOV 17 AM 11:26

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

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, DAVID FORBES

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER, _____
(Office) (District #)

_____ ; I am a qualified elector of MIAMI-DADE COUNTY County, Florida;
(Circuit #) (Group or Seat #)

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

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

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

David Forbes (Signature of Candidate) 1248 310 1499 (Telephone Number) DforBes67@outlook.com (Email Address)
9001 Collins Ave #305 (Address) SURFSIDE (City) FL (State) 33154 (ZIP Code)

STATE OF FLORIDA
COUNTY OF Miami Dade

Evelyn Herbello (Signature of Notary Public)
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 17 day of November, 2023

Personally Known OR Produced Identification
Type of Identification Produced: Driver's License





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is DAVID FORBES,

that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, Florida; that my address is 9001 COLLINS AVE #305 SURFSIDE FL 33154

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

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

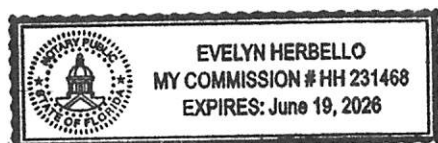
[Handwritten Signature]

Signature of Candidate

11.17.23

Date

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



[Handwritten Signature]
NOTARY PUBLIC

Evelyn Herbello
PRINTED NAME OF NOTARY

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Forbes DAVID

MAILING ADDRESS :

9001 COLLINS AVE
APT 305

CITY :

SUNFSIDE

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

P+E BOARD

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

NOV 17 AM 11:13

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

DISCLOSURE PERIOD:

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions)

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
The Forbes Company	110 Galleria Southfield MI	Real Estate

PART B -- SECONDARY SOURCES OF INCOME

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

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

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

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

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

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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

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

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

6.23.23

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEFform1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

We the undersigned electors of the Town of Surfside, Florida, hereby nominate David Forbes
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 15,
2022.

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

Signature: <u>Nicole Kovacs</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>NICOLE KOVACS</u>	Address:		
Signature: <u>D. Rubinst</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>DAVID RUBINSTEIN</u>	Address:		
Signature: <u>R</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Rachel Leah Ostrou</u>	Address:		
Signature: <u>Carolyn Baumel</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>CAROLYN BAUMEL</u>	Address:		
Signature: <u>Aaron Gewirtz</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>AARON GEWIRTZ</u>	Address:		
Signature: <u>Michael Vinciguerra</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Michael Vinciguerra</u>	Address:		
Signature: <u>Janette Vinciguerra</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Janette Vinciguerra</u>	Address:		
Signature: <u>Michael Sparrow</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Michael Sparrow</u>	Address:		
Signature: <u>Shoshanna Stein</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Shoshanna Stein</u>	Address:		
Signature: <u>Jacob Bengio</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Jacob Bengio</u>	Address:		
Signature: <u>David Karp</u>	Date: <u>11-7-23</u>	D.O.B.:	
Print Name: <u>David Karp</u>	Address:		
Signature: <u>Sharon Berkman</u>	Date: <u>11-7-23</u>	D.O.B.:	
Print Name: <u>Sharon Berkman</u>	Address:		
Signature: <u>Shneur Shapiro</u>	Date: <u>11/7/23</u>	D.O.B.:	
Print Name: <u>Shneur Shapiro</u>	Address:		

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]
Address of Circulator: 9001 COLLINS AVE 201 SURFSIDE FL 33154
Email address of Circulator: Dforbes67@outlook.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11-17-23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

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

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

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

STATEMENT OF CIRCULATOR

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

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

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.17.23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

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

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

Signature: <u>[Signature]</u>	Date: <u>Nov 2023</u>	D.O.B.:
Print Name: <u>Mary Ann Duvall</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u>	D.O.B.:
Print Name: <u>Fred Landman</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B.:
Print Name: <u>Ester Reiter Bales</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/9/23</u>	D.O.B.:
Print Name: <u>Mark Weinschek</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/12/23</u>	D.O.B.:
Print Name: <u>VELDA TURAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>Nov 15, 23</u>	D.O.B.:
Print Name: <u>Andrew Bales</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>Nov 17, 23</u>	D.O.B.:
Print Name: <u>SERGIO L. PUIG RODRIGUEZ</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>Nov 19</u>	D.O.B.:
Print Name: <u>RAMOS FALCON</u>	Address:	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9001 COLLINGS AVE #301 SURFSIDE FL 33154
Email address of Circulator: DFORBES67@OUTLOOK.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.17.23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 AM 11:16

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

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

Signature: <u>[Signature]</u>	Date: <u>11-6-23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Shlomo Danzinger</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/6/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jeffrey A. Rose</u>	Address: <u>[REDACTED]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9001 COLLINS AVE #305 SURFSIDE FL 33154
Email address of Circulator: Dforbes67@outlook.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11.17.23

COPY

Cashier's Check

No. 1002412438

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

BANK OF AMERICA

Void After 90 Days

30-1/1140

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

NTX

0005 01109377 0016



\$25.00

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

To The Order Of TOWN OF SURFSIDE

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

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

[Signature]
AUTHORIZED SIGNATURE

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

00-53-3364B 06-2019



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

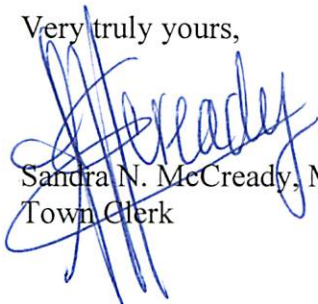
Mr. David Forbes
9001 Collins Avenue #305
Surfside, Fl 33154

Dear Mr. Forbes:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

JAN 10 AM 11:42

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ 1,000.00

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 25.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 25.00

(11) Certification

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

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

(Type name) DAVID FORBES

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

[Signature]
 Signature

(Type name) DAVID FORBES

Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FOXES

(2) I.D. Number _____

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

(4) Page 1 of 1

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

(1) Name DAVID FORBES (2) I.D. Number _____

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
11/1/23	DAVID FORBES 9001 COLLINS AVE # 305 SUBSIDE F/334						
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINS 305 A

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 10 AM 11:42

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2023 Q4 Cover Period 10.1.23 through 12.31.23

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

DAVID FORBES
(Type name) Candidate

[Signature]
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

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

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES
Name

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

SURFSIDE, FL, 33154
City, State, Zip Code

OFFICE USE ONLY

JAN 18 PM 5:35

GMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1/1/24 To 1/12/24 Report Type: 202460DP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____ 0

Loans \$ _____, _____, _____ 0

Total Monetary \$ _____, _____, _____ 0

In-Kind \$ _____, _____, _____ 0

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ 0

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

Total Monetary \$ _____, _____, _____ 0

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,000. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 25. 00

(11) Certification

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

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

(Type name) DAVID FORBES

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

[Signature]

X _____

Signature

(Type name) DAVID FORBES

Candidate Chairperson (only for PC and PTY)

[Signature]

X _____

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

JAN 18 PM 5:35

(1) Name DAVID FORBES

(2) I.D. Number _____

(3) Cover Period ~~10~~ 11 / 1 / 24 through 1 / 12 / 24

(4) Page 1 of 1

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

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORBES (2) I.D. Number _____
(3) Cover Period 1/1/24 through 1/12/24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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N/A

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



OFFICE USE ONLY

JAN 18 PM 5:35

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINS #305

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 204 EODP Cover Period 1.1.23 through 1.12.23

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

DAVID FORBES
(Type name) Candidate

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID Forbes
Name

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

SEASIDE FL 33154
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

FEB 2 AM 11:16
SME

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1/13/24 To 1/26/24 Report Type: 2024B1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . 0

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

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 25 . 00

(11) Certification

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

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

(Type name) DAVID Forbes

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

[Signature]
Signature

(Type name) DAVID Forbes

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 2 AM 11:16

(1) Name DAVID FORBES (2) I.D. Number _____

(3) Cover Period 13, 13 24 through 1 126 24 (4) Page 1 of 1

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

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORBES

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINS #305

City, State, Zip Code SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 2 AM 11:16

Smo

Candidate for:

Mayor

Commissioner, District SURFSIDE

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024B1 Cover Period 1.13.24 through 1.26.24

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

DAVID FORBES
(Type name) Candidate

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES
Name

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

SURFSIDE FL 33154
City, State, Zip Code

OFFICE USE ONLY

FEB 16 PM 12:37

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . 0

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

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 25 . 00

(11) Certification

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

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

(Type name) DAVID FORBES

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

[Signature]

Signature

(Type name) DAVID FORBES

Candidate Chairperson (only for PC and PTY)

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORBES

(2) I.D. Number _____

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 16 PM 12:38

(1) Name DAVID FORBES

(2) I.D. Number _____

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

(4) Page 1 of 1

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

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINS #305

City, State, Zip Code SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 16 PM 12:38

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024B2 Cover Period 1.27.24 through 2.9.24

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

[Signature]
Signature

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

DAVID FORBES
(Type name) Candidate

[Signature]
Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

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

Table with 5 columns: (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. The table contains a large handwritten 'X' across all rows.

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES
Name

(2) 9001 COLLINS
Address (number and street)

SURFSID FL 33154
City, State, Zip Code

OFFICE USE ONLY

FEB 23 AM 9:12

FEB 23 AM 9:12
pk

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 10 / 24 To 2 / 22 / 24 Report Type: 25P1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , ~~_____~~ , 000.00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25.00

(11) Certification

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

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

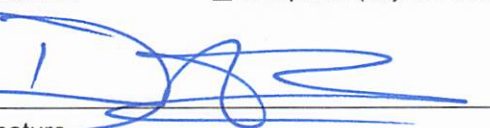
(Type name) DAVID FORBES

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

X 
Signature

(Type name) DAVID FORBES

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID FORBES (2) I.D. Number _____

(3) Cover Period 2 / 10 / 24 through 2 / 22 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID FORSES (2) I.D. Number _____
 (3) Cover Period 2 / 10 / 24 through 2 / 22 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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pk

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINGS 305

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 23 AM 9:13
PK

Candidate for:

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

REPORT IDENTIFIERS

Report Name 25PI Cover Period 2.10.24 through 2.22.24

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

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

DAVID FORBES
(Type name) Candidate

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES
Name

(2) 9001 COLLINS
Address (number and street)

SURFSID FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

MAR 8 PM 4:05

Gmc

(5) Report Identifiers

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

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 25.00

(11) Certification

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

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

(Type name) DAVID FORBES
 Individual (only for IE or electioneering comm) Treasurer Deputy Treasurer

[Signature]
Signature

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID FORBES

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

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID FORSES (2) I.D. Number _____
(3) Cover Period 2/23/24 through 3/7/24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINS 305

City, State, Zip Code SUNFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 8 PM 4:05

Smo

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2.23.24 through 3.7.24

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

X _____
Signature

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

DAVID FORBES
(Type name) Candidate

X _____
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID FORBES

Name

(2) 9001 COLLINS #305

Address (number and street)

3 SURFSIDE FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAR 15 AM 9:59

SMC

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 / 8 / 24 To 3 / 15 / 24 Report Type: 4B1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 0 . 0

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 0

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

Total Monetary \$ _____ , _____ , 0 . 0

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25 . 00

(11) Certification

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

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

(Type name) DAVID FORBES

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

X

Signature

(Type name) DAVID FORBES

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Forbes

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

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID FORSES (2) I.D. Number _____
(3) Cover Period 3/8/24 through 3/15/24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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Handwritten signature: DAVID FORSES

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



OFFICE USE ONLY

Name DAVID FORBES

I.D. Number _____

Address (number and street) 9001 COLLINS 305

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 15 AM 9:59

Sme

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 3.8.24 through 3.15.24

Report Type Original Amendment

CERTIFICATION

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

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

DAVID FORBES
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

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

DAVID FORBES
(Type name) Candidate

X [Signature]
Signature

