

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

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

(PLEASE PRINT OR TYPE)

07-13-12A11:05 RCVD

Jandra Nova

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)

JOSEPH H GRAUBART

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

919 - 92 Street
Surfside, FL 33154

4. Telephone

(305) 865-5576

5. E-mail address

joe.graubart@GMAIL.COM

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

Commissioner

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

JOSEPH H GRAUBART

11. Mailing Address

919 - 92 ST.

12. Telephone

()

13. City

SURFSIDE

14. County

M-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

joe.graubart@gmail.com

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

19. Name of Bank

REGIONS BANK

20. Address

1132 KANE CONCOURSE

21. City

BAY HARBOR ISL.

22. County

M-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

7-13-2012

26. Signature of Candidate

X *Joseph H. Graubart*

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

I, Joseph H Graubart, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7-13-2012

Date

X *Joseph H. Graubart*

Signature of Campaign Treasurer or Deputy Treasurer



07-13-12A11:15 RCVD

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – AUGUST 28, 2012

RECEIPT OF DOCUMENTS

Candidate:

JOE H GRAUBART

First Name

Middle Name

Last name

Commis

Office Sought (Mayor or Commissioner)

Phone No.: 305 865-5576 Fax No.: _____

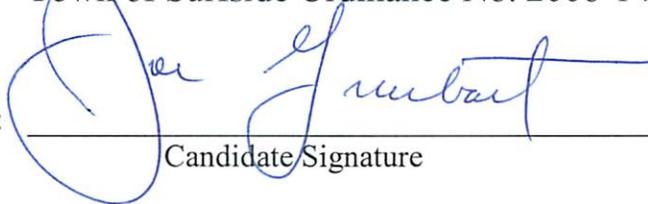
Cell Phone: _____

E-Mail Address: joe.graubart@gmail.com

This is to acknowledge my receipt of the following documents:

- Election Laws of the State of Florida (September 2011)
- Candidate and Campaign Treasurer Handbook (November 2011)
- Town of Surfside Ordinance Regarding Temporary Political Signs
- Miami Dade County Ordinance Regarding Political Signs
- Reporting Dates Schedule
- Town of Surfside Ordinance No. 2008-1493

Received by:



Candidate Signature

Date: 7-13-2012

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

07-13-12A11:05 RCVD

Linda Moran

I, JOSEPH H GRAUBART ,

candidate for the office of COMMISSIONER (T OF Surfside) ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Joseph H. Graubart

Signature of Candidate

7-13-2013

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 – AUGUST 28, 2012

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 Joseph Graubart, 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 919-92 st., Surfside, FL 33154, my occupation is self Emp / Semi Retired; that I have been a resident of the Town of Surfside since 1957; that I will be at least twenty-one (21) years of age by July 24, 2012 and that if elected, I will willingly serve as Commissioner (~~Mayor~~ or Commissioner) of the Town of Surfside, if elected.

Joseph H Graubart
Signature of Candidate

7/20/2012
Date

Sworn to and subscribed before me this 20 day of July, 2012.



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

GRAUBART JOSEPH H

FOR OFFICE USE ONLY:

MAILING ADDRESS :

919 - 92 STREET

ID Code

ID No.

Conf. Code

P. Req. Code

CITY :

SURFSIDE

ZIP :

33154

COUNTY :

M - DADE

NAME OF AGENCY :

TOWN OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 p. 4]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MORGAN STANLEY SMITH BARNEY	522 - 5th AVE. N.Y. N.Y. 10036	MISC. INVESTMENTS / IRA (Stocks, Bonds, CD's)
T D AMERITRADE	PO BOX 2209, OMAHA, NE 68103	Same As Above

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
"none"			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

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

"none"
(residence listed above)

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
"none" See Part 'A'	

PART E — LIABILITIES [Major debts - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
ALLY (Car Lease)	P O BOX 380901 BLOOMINGTON, MN 55438

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	"NONE"		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):

Joseph H. Secomb

DATE SIGNED (required):

7/17/2012

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

**DECLARATION
FOR CANDIDATES COVERED BY THE MANDATORY PROVISION OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The mandatory practices of Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for the Miami-Dade County and Rescue Service District Board; candidates and their respective campaign staffs for Miami-Dade Community Councils and candidates and their respective campaign staffs for any elective municipal elective office in Miami-Dade County. Furthermore, any candidate for public office in Miami-Dade County as described in the preceding sentence may at any time declare that he or she agrees to abide by the Statement of Fair Campaign Practices.

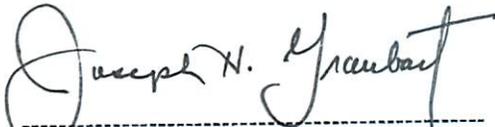
I, Joseph Graubart, a candidate for the office of COMMISSIONER, agree to abide by the voluntary fair campaign practices as provided in Section 2-11.1.1(D)(1), of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the statement of fair campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

The Statement of Fair Campaign Practices is enumerated below:

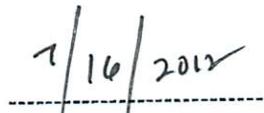
1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and position on issues of public concern.

8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.



Signature



Date

PLEASE FILE A COPY OF THIS FORM WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
19 West Flagler Street
Suite 220
Miami, FL 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

New P.O. Box #:
P.O.Box 521550
Miami, Florida 33152-1550

For further information contact Miami Dade Elections Department, Public Services at 305-499-8400

JOE GRAUBART CAMPAIGN ACCOUNT
FOR COMMISSIONER TOWN OF SURFSIDE, FL
919-92 ST., SURFSIDE, FL 33154

No. 01

63-468/631

PAY TO THE ORDER OF

Town of Surfside
Twenty Five

DATE 7/18/2012

\$ 25⁰⁰/₁₀₀

DOLLARS

Security Features Details on Back.

REGIONS 04



Joseph N. Graubart

FOR Qualifying Fee

⑆063104668⑆ 0156699123⑈

MP



07-20-12A11:24 RCVD

Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2012 SPECIAL ELECTION QUALIFYING PACKET

Name of Candidate Joseph Graubart
Office Sought Commissioner
Phone No.: 305 865 5576 Cell Phone No: _____
E-Mail Address: joe.graubart@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
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1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>7/13/2012</u>	<u>JG</u>
Nominating Petition	<u>7/20/2012</u>	<u>JG</u>
Statement of Candidate	<u>7/13/2012</u>	<u>JG</u>
Sworn Statement of Qualification	<u>7/20/2012</u>	<u>JG</u>
Candidate Oath	<u>7/20/2012</u>	<u>JG</u>
Form 1 – Statement of Financial Interest (2011)	<u>7/20/2012</u>	<u>JG</u>
Declaration for Candidate Automatically Covered by MDC Ordinance 98-94 or Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94	<u>7/20/2012</u>	<u>JG</u>
Qualifying Fee \$25.00	<u>7/20/2012</u>	<u>JG</u>

Proof of Residency
& ~~Voter Registration~~

2. Important Dates to Remember

7/20/2012 . DD
7/13/2012 . DD
7/20/2012



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, CMC, Town Clerk

July 20, 2012

Ms. Michelle G. McClain
Assistant Deputy Supervisor, Voter Services
Miami Dade County Elections
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – JOSEPH GRAUBART

Dear Ms. McClain,

Enclosed are original petition forms for JOSEPH GRAUBART who seeks to qualify as a candidate for Commissioner in the Town of Surfside, August 28, 2012 Special Municipal Election. The Town Charter, under section 101 requires verification of twenty-five signatures for each candidate. Mr. Graubart announced his candidacy on Friday, July 13, 2012.

Charter section 101 requires the Town Clerk to notify the candidate and the person who filed the petition whether or not it is found to be signed by the required number of qualified electors within five (5) days after filing petition.

Please return the original petition forms to my office with your certification of the signatures.

Sincerely,

Sandra Novoa, CMC
Town Clerk

10F4

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Joseph Graubart for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>Doris E. Lurie</u>	Date: <u>7/15/2012</u>	Voters Reg. # <u>108982924</u>
Print Name: <u>DORIS E. LURIE</u>	Address: _____	
Signature: <u>Harvey A. Lisker</u>	Date: <u>7/15/2012</u>	Voters Reg. # <u>109390892</u>
Print Name: <u>HARVEY A. LISKER</u>	Address: _____	
Signature: <u>Armando Castellanos</u>	Date: <u>7/15/2012</u>	Voters Reg. # <u>109724743</u>
Print Name: <u>ARMANDO CASTELLANOS</u>	Address: _____	
Signature: <u>Maria H. Castellanos</u>	Date: <u>7/15/2012</u>	Voters Reg. # <u>109675494</u>
Print Name: <u>MARIA H. CASTELLANOS</u>	Address: _____	
Signature: <u>Maria C. Jimenez</u>	Date: <u>7/15/2012</u>	Voters Reg. # <u>109085128</u>
Print Name: <u>MARIA C. JIMENEZ</u>	Address: _____	
Signature: <u>Maria C. Jimenez</u>	Date: <u>7/15/12</u>	Voters Reg. # <u>169120381</u>
Print Name: <u>MARIA C. JIMENEZ</u>	Address: _____	
Signature: <u>Maurice P. Neville</u>	Date: <u>7.15.12</u>	Voters Reg. # <u>109030469</u>
Print Name: <u>MAURICE P NEVILLE</u>	Address: _____	
Signature: <u>June S. Neville</u>	Date: <u>7.15.12</u>	Voters Reg. # <u>108920122</u>
Print Name: <u>JUNE S NEVILLE</u>	Address: _____	
Signature: <u>Juan Yanez</u>	Date: <u>7/15/12</u>	Voters Reg. # <u>109500765</u>
Print Name: <u>JUAN YANEZ</u>	Address: _____	
Signature: <u>Manuel Diez</u>	Date: <u>9/15/12</u>	Voters Reg. # <u>10</u>
Print Name: <u>MANUEL DIEZ</u>	Address: _____	
Signature: <u>Charles Truccio</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>CHARLES TRUCCIO</u>	Address: _____	
Signature: <u>Steven C. Banks</u>	Date: <u>7/15/12</u>	Voters Reg. # <u>116143463</u>
Print Name: <u>STEVEN C. BANKS</u>	Address: _____	
Signature: <u>Elizabeth Banks</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>ELIZABETH BANKS</u>	Address: _____	

07-20-12ATT:18 RCVD

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: Joseph H. Graubart
Address of Circulator: 919-92 St Surfside, FL 33154
Email address of Circulator: joe.graubart@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Joseph H. Graubart Date: 7/16/2012

* The addresses of the signatories have been redacted for this online version 2012A

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Joseph Graubart for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

1	Signature: <u>[Handwritten Signature]</u>	Date: <u>7/26/12</u>	Voters Reg. # <u>109785631</u>
	Print Name: <u>HELGHA H. KINSEY</u>	Address: <u>[Redacted]</u>	
	Signature: <u>[Redacted]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
2	Signature: <u>[Handwritten Signature]</u>	Date: <u>7-15-12</u>	Voters Reg. # <u>108995642</u>
	Print Name: <u>JESSICA FLAX</u>	Address: <u>[Redacted]</u>	
3	Signature: <u>[Handwritten Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # <u>109262788</u>
	Print Name: <u>STACY FLAX</u>	Address: <u>[Redacted]</u>	
4	Signature: <u>[Handwritten Signature]</u>	Date: <u>07-16-2012</u>	Voters Reg. # <u>109689549</u>
	Print Name: <u>ANTHONY M. BLATE</u>	Address: <u>[Redacted]</u>	
	Signature: <u>[Redacted]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
5	Signature: <u>[Handwritten Signature]</u>	Date: <u>7/16/12</u>	Voters Reg. # <u>109329334</u>
	Print Name: <u>NANCY M. NICK</u>	Address: <u>[Redacted]</u>	
6	Signature: <u>[Handwritten Signature]</u>	Date: <u>7-16-2012</u>	Voters Reg. # <u>110098244</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
7	Signature: <u>[Handwritten Signature]</u>	Date: <u>7/16/2012</u>	Voters Reg. # <u>109423884</u>
	Print Name: <u>TEAGNE HIZICO</u>	Address: <u>[Redacted]</u>	
8	Signature: <u>[Handwritten Signature]</u>	Date: <u>7/16/12</u>	Voters Reg. # <u>108902796</u>
	Print Name: <u>BERALD ALEXANDER</u>	Address: <u>[Redacted]</u>	
	Signature: _____	Date: _____	Voters Reg. # _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	Voters Reg. # _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	Voters Reg. # _____
	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: Joseph Graubart
Address of Circulator: 919-92 St. Surfside FL 33154
Email address of Circulator: jo-e.graubart@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Joseph H. Graubart Date: 7/16/2012

01-20-12A11:18 RCVD

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Joseph 'JOE' Graubart for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

1	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # <u>109031198</u>
	Print Name: <u>WILL M. SCHUSTER</u>	Address: _____
2	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # <u>109058477</u>
	Print Name: <u>HENRY NICK</u>	Address: _____
3	Signature: <u>[Signature]</u>	Date: <u>7-14-12</u> Voters Reg. # <u>109754279</u>
	Print Name: <u>Julie Ferrer</u>	Address: _____
4	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # <u>108980507</u>
	Print Name: <u>JOE MIRANDA</u>	Address: _____
5	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # <u>109037890</u>
	Print Name: <u>Joseph Graubart</u>	Address: _____
6	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # <u>108926506</u>
	Print Name: <u>NORMAN SPIERSSTEIN</u>	Address: _____
7	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # <u>109251436</u>
	Print Name: <u>Michael Katz</u>	Address: _____
8	Signature: <u>[Signature]</u>	Date: <u>7-14-2012</u> Voters Reg. # _____
	Print Name: <u>LINA KLUK</u>	Address: _____
9	Signature: <u>[Signature]</u>	Date: <u>7-14-12</u> Voters Reg. # <u>109282661</u>
	Print Name: <u>Barbara Wall</u>	Address: _____
10	Signature: <u>[Signature]</u>	Date: <u>7-14-12</u> Voters Reg. # <u>109587311</u>
	Print Name: <u>Daryl Wall</u>	Address: _____
11	Signature: <u>[Signature]</u>	Date: <u>7-15-12</u> Voters Reg. # <u>114221469</u>
	Print Name: <u>ELIANA SALZBERG</u>	Address: _____
12	Signature: <u>[Signature]</u>	Date: <u>7-15-12</u> Voters Reg. # <u>114221442</u>
	Print Name: <u>[Signature]</u>	Address: _____
13	Signature: _____	Date: _____ Voters Reg. # _____
	Print Name: _____	Address: _____

07-20-12A11:18 RCVD

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 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: Joseph H. Graubart
Address of Circulator: 919-92 St., Surfside
Email address of Circulator: joe.graubart@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Joseph H. Graubart Date: 7/16/2012

* The addresses of the signatories have been redacted for this online version.

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

4 of 4

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Joseph Graubart for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>[Signature]</u>	Date: <u>7-18-12</u>	Voters Reg. # _____
Print Name: <u>GALEN BARKER</u>	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

07-20-12A11:18 RCVD

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 1 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: Joseph H. Graubart
Address of Circulator: 919-92 St. Surfside, FL 33154
Email address of Circulator: joe.graubart@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Joseph H. Graubart Date: 7-20-2012



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

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **33** signatures submitted by **Joseph Graubart** for the office of **Commissioner** in 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 30th DAY OF
JULY, 2012

Penelope Townsley
Supervisor of Elections

Please submit a check for \$2.50 to our office payable to the "Board of County Commissioners" for the cost of verifying these signatures.



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

miamidade.gov

July 30, 2012

Sandra Novoa, CMC
Town of Surfside
9293 Harding Avenue
Surfside, FL 33154-3009

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Joseph Graubart, a candidate for Commissioner in the Town of Surfside. A total of 34 petitions were submitted and all of the petitions were reviewed for verification. Of the total 34 petitions, 33 were certified. There will be no charge for the additional petitions that were verified.

The Miami-Dade County Charter requires this process to include the following. For purposes of signature verification, however my office does not review this information, and encourages the municipality to ensure compliance with municipal charter or code requirements.

- Title not being in English, Spanish, and Creole
- Circulator was not a registered voter in Miami-Dade County
- Notary did not comply with F.S. 117.05
- Notary was the same person as the circulator
- Signatures of the circulator and the notary were dated earlier than any of the dates on which the electors signed the petition

As such, please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact me or Rosy Pastrana, Deputy Supervisor of Elections for Voter Services at 305-499-8548.

Sincerely,

A handwritten signature in blue ink, appearing to read "PT", written over a faint circular stamp.

Penelope Townsley
Supervisor of Elections

Enclosure (1)

Delivering Excellence Every Day



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, CMC, Town Clerk

July 30, 2012

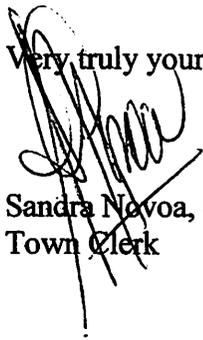
Mr. Joseph Graubart
919-92 Street
Surfside, FL 33154

Dear Mr. Graubart:

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 Commissioner for the Town of Surfside. Your name will be placed on the ballot for the August 28, 2012 Special 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 Novoa, CMC
Town Clerk

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JOSEPH GRAUBART
Name

(2) 919 - 92 STREET
Address (number and street)

SURFSIDE, FL 33154
City, State, Zip Code

OFFICE USE ONLY

Rec'd TOWN OF SURFSIDE
12 AUG 8 AM 10:43

P. Kuntala

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COMMISSIONER

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7 / 21 / 12 To 8 / 3 / 12 Report Type SG3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ _____

Total Monetary \$ 150.00

In-Kind \$ 157.28

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 311.86

Transfers to Office Account \$ _____

Total Monetary \$ 311.86

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 650.00

(10) TOTAL Monetary Expenditures To Date

\$ 336.86

(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.

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

(Type name) JOSEPH GRAUBART

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *Joseph N. Graubart*
Signature

X *Joseph N. Graubart*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOSEPH (JOE) GRAUBART

(2) I.D. Number _____

(3) Cover Period 7 / 21 / 12 through 8 / 3 / 12

(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
7 / 25 / 12	THE PRINTER 14316 BISCAYNE BLVD N MIAMI, FL 33181		MON		\$211.86
1					
7 / 28 / 12	USPS NORMANDY BRANCH MIAMI BEACH, FL 33141		MON		\$90.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Rec'd TOWN OF SURFSIDE
'12 AUG 8 AM 10:46

J. Koutalos

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOSEPH (JOE) GRAUBART (2) I.D. Number _____

(3) Cover Period 7 / 21 / 12 through 8 / 3 / 12 (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							
7 / 22 / 12 1	ATLAS TV CENTER INC. 736-71 ST. MIAMI BEACH, FL 33141	B	ELECTRON ICS REPAIR	INK	CAMPAIGN FLYER/ LETTER DESIGN		\$75.00
7 / 25 / 12 2	JOE GRAUBART 919 - 92 ST SURFSIDE, FL 33154	I	RET	INK	M-D COUNTY VOTERS LISTS		\$36.28
7 / 26 / 12 3	JOE GRAUBART 919-92 ST. SURFSIDE, FL 33154	I	RET	INK	MISC OFFICE SUPPLIES		\$10.00
7 / 27 / 12 4	SAME AS ABOVE	I	RET	INK	POSTAGE STAMPS		\$36.00
8 / 2 / 12 5	PHYLLIS BOLLETTIERI 8821 FROUDE AVE SURFSIDE, FL 33154	I	RET	CHE			\$50.00
8 / 3 / 12 6	ATLAS TV CENTER, INC 736-71 ST MIAMI BEACH, FL 33154	B	ELECTRON ICS REPAIR	CHE			\$100.00
/ /							
/ /							

Rec'd TOWN OF SURFSIDE
12 AUG 8 AM 10:46

P. Kuntala

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JOSEPH GRAUBART
Name

(2) 919 - 92 STREET
Address (number and street)

SURFSIDE, FL 33154
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): COMMISSIONER

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(3) ID Number: _____

OFFICE USE ONLY

08-13-12P04:36 RCVD

Landra Uroa

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7 / 21 / 12 To 8 / 3 / 12 Report Type SG3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ _____

Total Monetary \$ 150.00

In-Kind \$ 157.28

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 301.86 ~~311.86~~

Transfers to Office Account \$ _____

Total Monetary \$ 301.86 ~~311.86~~

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 650.00

(10) TOTAL Monetary Expenditures To Date

\$ 326.86 ~~336.86~~

(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) JOSEPH GRAUBART

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Joseph H. Graubart*

Signature

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

(Type name) JOSEPH GRAUBART

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *Joseph H. Graubart*

Signature