STATEMENT	OF ORGANIZATION	OFFIC	E USE ONLY
serve university of the server where a server server	AL COMMITTEE		SEP 1 PM12:03
(PLE	ASE TYPE)		Heready
1. Full Name of Committee			Telephone
One Surfside			
Mailing Address (include city	v, state and zip code)		
1018 B 71 ST Migmi Beac	M PC 33141		
Street Address (include city,			
SAME			
2. Affiliated or Connected Or committees)	ganizations (includes other committe	es of continuous e	xistence and political
Name of Affiliated or Connected Organization	Mailing Addres	S	Relationship
None			
3. Area, Scope and Jurisdicti Local committee to support or oppo prohibited by Chapter 106, Florida S	se issues and/or candidates for municipal or	county offices, register	voters, or other activity not
4. Nature of Organization or Community Issues/	Organization's Special Interest (e.g., Political	medical, legal, educ	ation, etc.)
5. Identify by Name, Address	and Position, the Custodian of Book	s and Accounts (in	clude treasurer's name)
Full Name	Mailing Address		nmittee Title or Position
Aaron Nevins	9715 W. Broward Blvd. Plantation, FL 33324	#246 Treas	urer

	s and Position, Other Principal C Any (include chairman's name)		Officers a	nd Members of the				
Full Name	Mailing Addro	ess	Cor	nmittee Title or Position				
Jack Benveniste	MiAmi Beach, FC	·	Chairı	man				
	MiAmi Besch, FC	33141						
	7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)							
Full Name	Mailing Address	Office	Sought	Party				
To be determined								
8. List Any Issues this Co	ommittee is Supporting: to be	determined						
	ommittee is Opposing:	edetermined						
9. If this Committee is Su N/A	upporting the Entire Ticket of a F		f Party					
	lution, What Disposition will be janization that is tax e			527				
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Co	mmittee	Funds				
Name of Bank or Der	pository & Account Number		Mailing A	Address				
Bank of America		901 SE 17th St Cswy Ste 100 Fort Lauderdale, FL 33316						
12. List all Reports Requ and Positions of Suc	ired to be Filed by this Committ h Officials, If Any	ee with Federal Off	icials and	I the Names, Addresses				
Report Title	Dates Required to be Filed	Name & Position o	f Official	Mailing Address				
8871	upon formation	IRS		Ogden, UT				
1120POL	3/15 annually			84201				
990 as needed	3/15 annually							
STATE OF Florida		Miami-Dade COUNTY						
1, Jack Benvenis	te	, certify that the in	nformation	in this Statement of				
Organization is complete, t	true and correct.							
X Jack	Bennut		09-	-0/-2023				
Signature of	Chairman of Political Committee			Date				

APPOINTMENT OF CAMPAIGN TREASUREF AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES (Sections 106.011(2) and 106.021(1), F.S.)	2	S	toreades			
CHECK APPROPRIATE BOX:			SEP 1 PH12:09			
Initial Filing for: Primary Treasurer Deputy Treasurer		/	SEP 1 PH12:03 OFFICE USE ONLY			
Re-filing to Change: Primary Treasurer Deputy Treasurer	Primary/Second	ary Depository				
1. Committee		2. Telephone				
One Surfside		()				
3. Name of Treasurer or Deputy Treasurer4. Email (optional)Aaron Nevinsaaron@chelsea		5. Telephone (o (754) 581-4				
^{6.} Mailing Address 9715 W. Broward Blvd. #246 Plantation, FL 33324	6. Mailing Address 9715 W. Broward Blvd. #246 Plantation, FL 33324					
7. Street Address Same						
8. The following bank has been designated as the Principal Pri	nary Depository	Seconda	ry Depository			
9. Name of Bank Bank of America	10. Street Addres 901 SE 17th					
11. City	12. Sta	ate	13. Zip Code			
Fort Lauderdale	FL	ter an a second state of the second	33316			
14. Signature of Chairman X Jack Binnert	15. Name of Chai Jack Benven	rman (Print or Typ iste	e)			
Campaign Treasurer's Ac	ceptance of A	ppointment				
I, Aaron Nevins		, do hereb	y accept the appointment as			
treasurer or deputy treasurer for	SURES (Committee	2 <u>2</u> ee)				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.						
9/29/23 X	Citerrature of Carrier	oion Trocouror				
Date	Signature of Camp	aigh freasurer or				

DS-DE 6 (Rev. 4/19)

(Val

REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.)		OFFICE USE ONLY			
		SEP 1 PH12:03			
✓ Original Appointment ☐ Change of Appoint		ATTERNALL			
Change of Mailing Address Change of Physic	COMPANY AND A DOC	A Utitte			
Name		Dffice Information Telephone			
Aaron Nevins		relepitone			
Street Address 9715 W. Broward Blvd #246					
City Plantation	State FL	Zip Code 33324			
Mailing Address	1				
Same City	State	Zip Code			
	d that I may	an and accept the obligations of the position as set y resign this appointment by executing a written officer. $\widehat{l} - \widehat{l} - \widehat{Z} \stackrel{>}{>}$ Date			
Former Registered Agent a	and Office	Information (for changes only)			
Name		Telephone			
Street Address					
City	State	Zip Code			
Committee or	Organiza	ation Information			
Name of Committee or Organization One Surfside					
Street Address 1017B H St		Telephone			
City primi bergen	State	Zip Code 33141			
Jack Server 12					
Signature of Chairperson					
JACK Benveniste		9-1-23			
Printed Name of Chairperson		Date			

Form DS-DE 41 (revised 6/11)

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

October 1, 2023

TOWN OF SURFSIDE

0CT4 '23 12:24PM

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

Re: One Surfside Political Committee

Dear Clerk McCready:

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

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

Sincerely,

Jack Bennut

Jack Benveniste, Chairman

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

October 1, 2023

TOWN OF SURFSIDE

0CT4 '23 12:25PM

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

Re: One Surfside Political Committee

Dear Clerk McCready:

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

Sincerely,

AASON NEULIUS

CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) One Surfside	OFFICE USE ONLY						
Name							
(2) 9715 W. Broward Blvd. #246 Address (number and street)	TOWN OF SURFSIDE						
Plantation, FL 33324	0CT4 '23 12:25PM						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):							
 □ Candidate Office Sought: □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) □ Check here if PC or ECO has disbanded □ Check here if PTY has disbanded □ Check here if no other IE or EC reports will be filed 							
	t Identifiers						
Cover Period: From <u>07</u> / <u>01</u> / <u>23</u> To	09 / <u>30</u> / <u>23</u> Report Type: <u>Q3</u>						
Original Amendment D	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ 0 , ,	Monetary Expenditures \$ <u>0</u> , ,						
Loans \$ <u>0</u> ,,	Transfers to Office Account \$ 0 , , .						
Total Monetary \$ 0 , ,	Total Monetary \$ 0 , .						
In-Kind \$,, 45.86							
	(8) Other Distributions \$_0,,						
(9) TOTAL Monetary Contributions To Date \$,45.86	(10) TOTAL Monetary Expenditures To Date \$0,,						
	rtification son to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, cor							
ADRIA LOQUINO	(Type name) AARAL DEVINS						
(Type name) (Type	Candidate						
x	X						
Signature	Sigpature						

SEE REVERSE FOR INSTRUCTIONS

OCT4 '23 12:25PM CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Jurfside			(2)) I.D. Number	0074 '23	
(3) Cover Period	j <u></u> / <u></u> / <u></u>	throu	gh /	³⁰ / ²³	(4) Page	1(of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address &	1	ontributor Occupation	Contribution	In-kind	Amendment	A
9/14/2023 / /	City, State, Zip Code Chelses Poad Consulting 9715 W. Broward Blvd. 246 Plantation, FL 33324	Type		Туре	Description	Amenument	Amount \$45.86
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

TOWN 2F234P2535PF

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1)	Name	One	Surfside

(2) I.D. Number

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

WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)	JAN 8 PM 3:10 OFFICE USE ONLY						
One Surfside							
Name	Office	Sought					
9715 W Broward Blvd. #246	Plantation, FL 33324	0					
Address	City	State Zip Code					
Candidate Political Committee Party Executive Committee NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).							
Check here if address has changed since last report.	Check here if PC has DISBA reports.	NDED and will no longer file					
TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box) MONTHLY REPORT PRIMARY ELECTION GENERAL ELECTION OTHER REPORT TYPE Indicate report # Indicate report # Indicate report # Indicate report type and # M P G 2023 Q4							
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF 10/1/23 THROUGH 12/31/23 X 1/4/24 Date X Signature Date X Signature Date X Candidates: Candidates: Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)							
Political Committees:	easurer or Deputy Treasurer (s. 106.29(2), F.S.) ere has been no activity in the ac e filing officer must be notified in	106.07(5), F.S.) count (no funds expended or					

WAIVER OF REPORT		TOWN OF SURFSIDE						
(Section 106.07(7), F.S.)	JAN19 24 10:15A							
(PLEASE TYPE)	OFFICE	USE ONLY						
One Curfeide								
One Surfside Name	Office S	Sought						
9715 W Broward Blvd. #246	Plantation, FL 33324	Jought						
Address	City	State Zip Code						
	·							
Candidate Political Committee	Party Executive							
NOTE: This form does not apply to an electioneering communicat waiver) that no reportable contributions or expenditures were								
Check here if address has changed since last report.	Check here if PC has DISBAN reports.	IDED and will no longer file						
TYPE OF REPORT (Check Appropriate Box a MONTHLY REPORT PRIMARY ELECTION	nd Complete Applicable	Line beneath Box) Conternation Description Description Description						
Indicate report # Indicate report # P	Indicate report # G	Indicate report type and # as applicable: 202460DP						
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPOR	RTING PERIOD OF						
01/01/24 THROU	IGH 01/12/24							
x		10 /211						
Signature		Date						
X	-> 1/15	8/24						
Signature		Date						
REQUIRED SIGNATURES FOR: Candidates: Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.) Political Committees: Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.) Party Executive Committees: Treasurer and Chairman (s. 106.29(2), F.S.) Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or								
received) the filing of the required report is waived. However, the reporting date that no reporting date that no reporting date that no reporting date that no report of the report of the required report of		writing on the prescribed						

	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	One Surfside	OFFICE USE ONLY					
	Name						
(2)	9715 W. Broward Blvd. #246 Address (number and street)						
	Plantation, FL 33324	TOWN OF SURFSIDE					
	City, State, Zip Code	FEB2 '24 11:14AI					
	Check here if address has changed	(3) ID Number:					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
		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) Papart	Identifiers					
		01 / 26 / 24 Report Type: 2024B1					
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cas	h & Checks \$ <u>20,500</u> ,	Expenditures \$ <u>46.0,1</u> ,					
Loa	ns \$0	Transfers to					
LUa	ns \$0,,	Office Account \$ 0 ,,					
Tota	al Monetary \$0,,,						
		Total Monetary \$ 0,,,					
In-K	ind \$,,						
		(8) Other Distributions \$ 0					
		· · · · · · · · · · · · · · · · · · ·					
(9)	TOTAL Monetary Contributions To Date \$ 20545.86	(10) TOTAL Monetary Expenditures To Date					
	\$ <u>20545.86</u> , <u> </u>	\$ <u>46.01</u> , ,					
		tification					
	It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
	I certify that I have examined this report and it is true, correct, and complete:						
	Type name) Aaron Nevins	(Type name) Aaron Nevins					
	r electioneering comm.)	Candidate Chairperson (only for PC and PTY)					
X		X					
	ignature	Signature					
DS-D	DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS					

-- -

. .

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1)	Name	urfside			(2)	I.D. Number	FEB2 '2	4 11:14AM
(3)	Cover Period	01 / <u>13</u> / <u>24</u>	throu	gh /	26 24 /	_ (4) Page	1	of
	(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
01	18 24 / /	Chelsea Road Consulting 9715 W. Broward Blvd. 246 Plantation, FL 33324		Consulting	СНЕ			500.00
01	24 24 1 1	Floridians Together for Change	F	Political Cm	CHE			20,000.00
	11							
	1 1							
	1 1							
	1 1							
	1 1							

DS-DE 13 (Rev. 11/13)

TOWN OF SURFSIDE

		- •				
55	ロウ	12	d	11	# 1 F	50M

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1)	Name	One	Surfside

(2) i.D. Number

	$d \frac{01}{24} + \frac{13}{24} + \frac{01}{24} + \frac{01}{24}$		4) Page	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/25 / 24 1	Harland Clarke 15955 La Cantera Pkwy San Antonio, TX, 78256-2589	Check Order	MON		\$46.01
/ /	· · · · · · · · · · · · · · · · · ·				•
/_/					
/ /					<u></u>
/_/_					
/ /					
/_/_					

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) One Surfside	OFFICE USE ONLY
Name	
(2) 9715 W. Broward Blvd. #246 Address (number and street)	FEB 6 AM11:18
Plantation, FL 33324	-pK
City, State, Zip Code	1
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
 Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	 Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed
(5) Report	Identifiers
Cover Period: From 01 / 13 / 24 To	01 / 26 / 24 Report Type: 2024B1
Original 🗹 Amendment 🗌 Spe	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 20,0,00 ,	Monetary Expenditures \$ 0 , ,
Loans \$ <u>0</u> ,,	Transfers to Office Account \$ 0 , ,
Total Monetary \$ 0 , ,	Total Monetary \$ 0 ,,
In-Kind \$,,	
	(8) Other Distributions \$ _0,,
(9) TOTAL Monetary Contributions To Date \$ 20545.86	(10) TOTAL Monetary Expenditures To Date \$ 46.01 , ,
It is a first degree misdemeanor for any pers	
(Type name) Aaron Nevins	(Type name) Aaron Nevins
or electioneering comm.)	Candidate Chairperson (only for PC and PTY)
x	X
Signature	Signature

SEE REVERSE FOR INSTRUCTIONS

FEB 6 AM11:18

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1)	Name	One S	urfside			(2)	I.D. Number		
(3)	Cover P	eriod	01 / <u>13</u> / <u>24</u>	throu	gh /	²⁶ / ²⁴	_ (4) Page	1	of
	(5) Date (6) Sequence Number		(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Са	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
01	24 / /	24	Floridians Together for Change	F	Political Cm	CHE		DEL	\$20,000
01	24 / /	24	Floridians Together for Change 9715 West Broward Boulevard #246 Plantation, FL 33324	F	Political Cm			ADD	\$20,000
	<u> </u>								
	1 1								
	1 1								
	1 1								

DS-DE 13 (Rev. 11/13)

-

FEB	6 AM11:18 ,	
	omii.io	~

(1) Name One Surfside

(2) I.D. Number _____

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

L

CAMPAIGN TREASUR	RER'S REPORT SUMMARY
(1) One Surfside	OFFICE USE ONLY
Name	
(2) 9715 W. Broward Blvd. #246 Address (number and street)	TOWN OF SURFSIDE
Plantation, FL 33324	FEB16 '24 12:25PM
City, State, Zip Code	Sme
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
 ☐ Candidate Office Sought: ☑ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 	 Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed
(5) Rep	ort Identifiers
	To 02 / 09 / 24 Report Type: 2024B2
✓ Original □ Amendment □	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 0 , , ,	Monetary Expenditures \$ <u>8850</u> ,
Loans \$ <u>0</u> ,,	Transfers to Office Account \$ 0 , , ,
Total Monetary \$ 0 , ,	Total Monetary \$ 0 , ,
In-Kind \$,,	
	(8) Other Distributions \$ 0 , , ,
(9) TOTAL Monetary Contributions To Date \$ 20545.86 ,	(10) TOTAL Monetary Expenditures To Date \$ _8896.0,1,
It is a first degree misdemeanor for any p I certify that I have examined this report and it is true, o	Certification erson to falsify a public record (ss. 839.13, F.S.) correct, and complete: (Type name) Aaron Nevins
☐ Individual (only for IE	-
or electioneering comm.)	
x	x
Signature	Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS SURFSIDE

		One
/4\	Mama	

FEB16 '24 12:25PM

(1) Name	Burfside		(2)	I.D. Number	2024B2	
(3) Cover Period	01 / <u>27</u> / <u>24</u>	through /	09 / <u>24</u>	_ (4) Page	1	of
(5) Date (6) Sequence Number	(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
	NONE					
				-		
	-					
1 1						
//						
1 1						
1 1						

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES '24 12:25PM (1) Name One Surfside (2) I.D. Number ^{2024B2}					
(3) Cover Perio	d /? / through	//24 (4) Page	of _	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
01 / 31/ 24	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	Direct Mail	MON		\$3700
02 05 24 02	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	-Direct-Mail	MON		\$5150
/ /					
/ /					
//					
/ /					
//					

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) One Surfside	OFFICE USE ONLY				
Name (2) 9715 W. Broward Blvd. #246					
(2) 9715 W. Broward Blvd. #246 Address (number and street)	TOWN OF SURFSIDE				
Plantation, FL 33324	FEB23 '24 12:06PM				
City, State, Zip Code	P7				
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
 □ Candidate Office Sought: □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) □ Check here if PC or ECO has disbanded □ Check here if PTY has disbanded □ Check here if no other IE or EC reports will be filed 					
(5) Report	Identifiers				
Cover Period: From <u>02</u> / <u>10</u> / <u>24</u> To	02 / 22 / 24 Report Type: 25P1				
✓ Original □ Amendment □ Spender	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$_0,,	Monetary Expenditures \$ 1915,				
Loans \$ <u>0</u> ,,,	Transfers to Office Account \$ 0 , , .				
Total Monetary \$ 0 , , ,	Total Monetary \$ 1915				
In-Kind \$ 300 , ,					
	(8) Other Distributions \$ _0,,				
(9) TOTAL Monetary Contributions To Date \$ 20,845,86 ,	(10) TOTAL Monetary Expenditures To Date \$ 10,811,01				
It is a first degree misdemeanor for any pers					
I certify that I have examined this report and it is true, corr					
(Type name) Aaron Nevins	(Type name) Aaron Nevins				
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)				
X	X				
DS-DE 12 (Rev. 11/13)	Signature SEE REVERSE FOR INSTRUCTIONS				

TOWN OF SU	JRFSIDE
FEB23 '24	12:06PM
JTIONS	yer

CAMPAIGN TREASURER'S REPORT -	- ITEMIZED CONTRIBUTIONS
--------------------------------------	--------------------------

(1) Name	Surfside			(2)	I.D. Number	25P1	
(3) Cover Period	1 / ²⁴	throu	gh /	²² / ²⁴	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
02 20 24 / / 1	Chelsea Road Consulting 9715 W Broward Blvd #246 Plantation, FL 33324	INK	Consulting		food for vol		\$300.00
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

TOWN OF SURPSIDE

FEB23	24	12:07PM
-------	----	---------

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name One Surfside

(2) I.D. Number^{2024B2}

(3) Cover Perio	d/10 _/24 through	//24 (4	4) Page	of	1
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02 / 19/ 24	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	Direct Mail	ECC		\$1915
//					
//					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) One Surfside	OFFICE USE ONLY				
Name (2) 9715 W. Broward Blvd. #246	TOWN OF SURFSIDE				
Address (number and street) Plantation, FL 33324	FEB23 '24 12:07Ph				
City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
 (4) Check appropriate box(es): □ Candidate Office Sought: □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) □ Check here if PC or ECO has disbanded □ Check here if PTY has disbanded □ Check here if no other IE or EC reports will be filed 					
(5) Report	t Identifiers				
• • •	02 / 09 / 24 Report Type: 2024B2				
□ Original	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$_0 , ,	Monetary Expenditures \$ <u>8850</u> ,				
Loans \$ <u>0</u> ,,	Transfers to Office Account \$ 0 , , ,				
Total Monetary \$ 0 , , ,	Total Monetary \$ 0 , .				
In-Kind \$, ,					
	(8) Other Distributions \$ 0 ,,				
(9) TOTAL Monetary Contributions To Date \$ 20545.86	(10) TOTAL Monetary Expenditures To Date \$ 8896.0,1,				
	tification son to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, cor					
(Type name) Aaron Nevins	(Type name) Aaron Nevins				
X	x				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

TOWN OF SURFSIDE

) Name	Surfside			(2)	I.D. Number	2024B2	
8) Cover Period	d / /	throu	gh /	09 / <u>24</u>	_ (4) Page	1 (of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1 1	NONE						
1 1	-						
1 1	_						
1 1	_						
1 1	_						
1 1	-						
1 1	-						

DS-DE 13 (Rev. 11/13)

TOWN OF SURFSIDE

Amount

\$3700

		FEB23	24 12:07PMA	1
(2	EXPENDITU 2) I.D. Number ² I) Page		·+1	~
	(9)	(10)	(11)	
f	Expenditure			

CAMPAIGN TREASURER'S REPORT – ITEMIZE

24 1

(8)

(1) Name One Surfside

(3) Cover Period ⁰¹

(5) Date

(6)

31

01

01

____/ <u>27</u> / <u>24</u> through <u>02</u> / <u>09</u>

(7)

Full Name

Purpose (Last, Suffix, First, Middle) (add office sought if Street Address & contribution to a Sequence Туре City, State, Zip Code Amendment candidate) Number Mark Graphics 4230 Oak Circle Boca Raton, FL 33431 Direct Mail 24 MON DELETE

01					
02 05 24	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	Direct Mail	MON	DELETE	\$5150
01 31 24	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	Direct Mail	ECC	ADD	\$3700
02 05 24	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	Direct Mail	ECC	ADD	\$5150
//					
//					
/					
_ / _/					

DS-DE 14 (Rev. 11/13)

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) One Surfside	OFFICE USE ONLY				
Name	TOWN OF SURFSIDE				
(2) 9715 W. Broward Blvd. #246 Address (number and street)					
Plantation, FL 33324					
City, State, Zip Code					
Check here if address has changed	(3) ID Number: MAR8 '24 10:51AM				
(4) Check appropriate box(es):	YK.				
 Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed				
(5) Report	Identifiers				
Cover Period: From <u>02</u> / <u>23</u> / <u>24</u> To	03 / 07 / 24 Report Type: 11P1				
✓ Original	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$ 4000 ,	Monetary Expenditures \$ <u>12,0,68.70</u> ,				
Loans \$ <u>0</u> ,,	Transfers to Office Account \$ 0 , , .				
Total Monetary \$4000,					
In-Kind \$0	Total Monetary \$ <u>12,068.70</u> ,				
In-Kind \$ <u>0</u> ,,,	(8) Other Distributions				
	\$ <u>0</u> , <u> </u>				
(9) TOTAL Monetary Contributions To Date \$ 24,845,86 ,	(10) TOTAL Monetary Expenditures To Date \$ 22,879,71 ,				
(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, corr	rect, and complete:				
(Type name) Aaron Nevins	(Type name) Aaron Nevins				
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)				
X	X				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Surfside			(2)) I.D. Number	11P1	
(3) Cover Period	⁰² / ²³ / ²⁴	throu	gh /	07 / <u>24</u>	(4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
02 26 24 / / 1	Inspiration Museum INC 3751 RENEE DR. STE 141 Myrtle Beach, SC 29579	в	SEO	CHE			\$4000
1 1					Tal	UN OF SURF MAR8 '24 1	SIDE
1 1						***** 24 1	BISIAM PK
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name One Surfside

(2) I.D. Number¹ 昭和8 '24 10:518M

(3) Cover Period $\frac{02}{23}$ / $\frac{23}{24}$ through $\frac{03}{23}$ / $\frac{07}{24}$ (4) Page $\frac{1}{24}$

	of
	01

1

AL

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02 / 28/ 24	SINGLETON CONSULTING 12015 Bridgehampton Rd, Jacksonville, FL, 32218, US	Digital Billboard truck	ECC		\$6500
03 / 04 / 24 02	AddInSolutions Inc. 10545 Grove Lane Cooper City, FL 33328	Text Messages	ECC		\$450.70
03 /04 / 24 03	Mark Graphics 4230 Oak Circle Boca Raton, FL 33431	Direct Mail	ECC		\$3100
03 07 24	Chelsea Road Consulting 9715 W. Broward Blvd. #246 Plantation, FL 33324	Digital Advertising	ECC		\$2018
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) One Surfside	OFFICE USE ONLY					
Name						
(2) 9715 W. Broward Blvd. #246 Address (number and street)	MODIF					
Plantation, FL 33324	MAR15 '24 3:15PM					
City, State, Zip Code	CM					
Check here if address has changed	(3) ID Number:					
 (4) Check appropriate box(es): ☐ Candidate Office Sought: ☑ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) 	Check here if PC or ECO has disbanded					
 Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
(5) Report	Identifiers					
Cover Period: From <u>03</u> / <u>08</u> / <u>24</u> To	03 / 15 / 24 Report Type: 4P1					
✓ Original	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$_0 , ,	Monetary Expenditures \$ 1000.00 ,					
Loans \$ <u>0</u> ,,	Transfers to Office Account \$ 0 , , .					
Total Monetary \$ 0 , ,	Total Monetary \$ 1000.00 ,					
In-Kind \$ <u>0</u> ,,						
	(8) Other Distributions \$ <u>0</u> , ,					
(9) TOTAL Monetary Contributions To Date \$ _24,845,86,	(10) TOTAL Monetary Expenditures To Date \$ _23,379,71,					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete:						
(Type name) Aaron Nevins	(Type name) Aaron Nevins					
☐ Individual (only for IE	Candidate Chairperson (only for PC and PTY)					
X	x					
Signature	Signature					

MAR15 '24 3:15PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name One Surfside

(2) I.D. Number^{4P1}

(3) Cover Period ⁰³	/ 08	_/2	through	03	_/_15	/

(4) Page _____ of ____

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03 / 08/ 24 1	Nieves Fenichel 1568 Washington Avenue Apt 24 Miami Beach, FL 33139	Early Voting Canvassing	MON		\$500
⁰³ / ¹⁵ / ²⁴ 2	Nieves Fenichel 1568 Washington Avenue Apt 24 Miami Beach, FL 33139	Early Voting Canvassing	MON		\$500
/ /					
//					
_ / _					
_ / _/					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name One Surfside

MAR15 '24 3:15PM

(2) I.D. Number

(3) Cover Period $\frac{03}{2} / \frac{08}{2} / \frac{24}{2}$ through $\frac{03}{2} / \frac{15}{2} / \frac{24}{2}$ (4) Page $\frac{1}{2}$ of $\frac{1}{2}$

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	l c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Type .	Description	Amendment	Amount
	None				Booonplion		Villount
<u> </u>	-						
1 1							
. ,	1						
						1	
1 1							
					·····		
<u> </u>							
1 1							
1 1							
1 1							
,							

DS-DE 13 (Rev. 11/13)

One Surfside PC

FLAND Delivery AST

MEMORANDUM - VIA EGENING

TO:	Clerk, City of Surfside
FROM:	Aaron Nevins, Chair – One Surfside PC
DATE:	April 4, 2024
SUBJECT:	Q1 2024 report for One Surfside PC

Madame Clerk: Please find attached the report for the first quarter of 2024 for the One Surfside PC. Pursuant to Florida Statute s. 106.0703, "Quarterly reports must include all contributions received and expenditures made during the calendar quarter that have not otherwise been reported pursuant to this section."

Therefore, due to all previous contributions and expenditures having been previously reported, the attached waiver essentially reflects the period from 3/16/24 to 3/31/24. Please don't hesitate to contact me with any questions.

Yours sincerely,

Aaron Nevins, Chairman One Surfside

APR 5 213

WAIVER OF REPORT (Section 106.07(7), F.S.)		APR 5 PM 1:18
(PLEASE TYPE)	OFFIC	E USE ONLY
	L	· · · - · · · · · · · · · · · · · · · ·
One Surfside		
Name	Office	e Sought
9715 W Broward Blvd. #246	Plantation, FL 33324	
Address	City	State Zip Code
Candidate Political Committee	Party Executiv	e Committee
NOTE: This form does not apply to an electioneering communicate waiver) that no reportable contributions or expenditures were		
Check here if address has changed since last report.	Check here if PC has DISB/ reports.	ANDED and will no longer file
TYPE OF REPORT (Check Appropriate Box a	and Complete Applicable	e Line beneath Box)
MONTHLY REPORT	GENERAL ELECTION	OTHER REPORT TYPE
Indicate report # Indicate report # M	Indicate report # G	Indicate report type and # as applicable: 2024 Q1
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN 1/1/2024 (up to 3/16/24 previously reported) THROL	0/04/04	ORTING PERIOD OF
x	4/4/24	
Signature		Date
X	4/4/24	
Signature		Date
Political Committees:	ere has been no activity in the a e filing officer must be notified in	ccount (no funds expended or