

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

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

(PLEASE PRINT OR TYPE)

NOV 8 PM 3:01 *SMC*

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)

JARED MARC BRUNNABEND

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

8934 GARLAND AVE
SURFSIDE FL 33154

4. Telephone

(917) 805 5043

5. E-mail address

brunnabend@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

JARED BRUNNABEND

11. Mailing Address

8934 GARLAND AVE

12. Telephone

(917) 805 5043

13. City

SURFSIDE

14. County

~~DADE~~ DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

brunnabend@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

11/8/23

26. Signature of Candidate

X 

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

I, JARED BRUNNABEND, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/8/23

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 8 PM 3:01

SMC

I, JARED BRUNNABEND,

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

11/8/23
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).

NOV 13 PM 12:50 SMC

NOV 8 PM 3:01 SMC

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.

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)

JARED MARC BRUNNABEND

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

8934 GARLAND AVE
SULFSPIDE FL 33154

4. Telephone

(917) 805 5043

5. E-mail address

brunnabend@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

JARED BRUNNABEND

11. Mailing Address

8934 GARLAND AVE

12. Telephone

(917) 805 5043

13. City

SULFSPIDE

14. County

~~DADE~~ DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

brunnabend@gmail.com

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

19. Name of Bank BANK of America

20. Address 1108 KARE CONOURSE

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 11/8/23

26. Signature of Candidate X [Signature]

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

I, JARED BRUNNABEND, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/8/23
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 13 PM 12:50

NOV 8 PM 3:01

SAC
SMC

I, JARED BRUNNADEND,
candidate for the office of Commissioner;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X [Signature]
Signature of Candidate

11/8/23
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

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jared Brunnabend
Office Sought COMMISSIONER
Phone No.: 917 805 5043 Cell Phone No: 917 805 5043
E-Mail Address: brunnabend@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/8/2023</u> <u>11/13/2023</u>	<u>JB</u>
Nominating Petition	<u>11/17/2023</u>	<u>JB</u>
Statement of Candidate	<u>11/17/2023</u>	<u>JB</u>
Sworn Statement of Qualification	<u>11/17/2023</u>	<u>JB</u>
Candidate Oath	<u>11/8/2023</u> <u>11/13/2023</u>	<u>JB</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/17/2023</u>	<u>JB</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>—</u>	<u>JB</u>
Qualifying Fee \$25.00	<u>11/17/2023</u>	<u>JB</u>
L & A Schedule	<u>N/A</u>	<u>JB</u>
Proof of Residency		

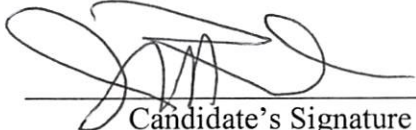
& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/17/2023 JB

11/13/2023 JB

11/13/2023 JB



Candidate's Signature

11/17/2023

Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

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

NOV 17 PM 2:21

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, JARED BRUNNABEND,

(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 Surfside / Town of Surfside 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): 116232041

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.]

Brew - na - bend

[Signature] Telephone Number 917 805 5043 Email Address brunabend@gmail.com
Signature of Candidate
8934 Garland Ave Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

Personally Known OR Produced Identification

Type of Identification Produced: License

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 17 PM 2:21

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 JARED BRYNNABEND,
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 8934 GARLAND AVENUE SURFSIDE FL 33154
my occupation is REAL ESTATE INVESTOR + OPERATOR; that I have been
a resident of the Town of Surfside since 2017; 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.

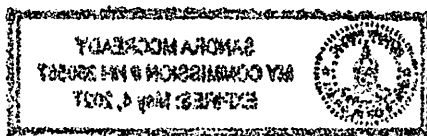
[Signature]
Signature of Candidate

11/17/23
Date

Sworn to and subscribed before me this 17th day of November, 20 23.



[Signature]
NOTARY PUBLIC
Sandra N. McCreedy
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 :

Brunnabend Jared Marc

MAILING ADDRESS :

8934 GARLAND AVE

Surfside 33154 Miami Dade

CITY : ZIP : COUNTY :

NOV 17 PM 2:24

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
	SEE Exhibit A	

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
	SEE Exhibit B		

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NONE

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
	See Exhibit D

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
JP Morgan Chase	1450 Brickell Ave Miami FL 33133

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
	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		

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: 11/14/2023

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

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

Exhibit A – Primary Sources of Income

<u>Name of Business Entity</u>	<u>Address</u>	<u>Principle Business Activity</u>
Bayshore 77 Corporation	160 NW 26th St Miami FL 33127	Holding & Management Company
Cynergy Property Management LLC	3600 Red Road #309 Miramar FL 33025	Property Management Company
Bahia Capital, LLC	160 NW 26th St Miami FL 33127	Investment Company
Ready Spaces LLC	6 E 12th St, Suite 1 New York, NY 10003	Co-Warehousing Company
Lombardi BIP LLC	160 NW 26th St Miami FL 33127	Real Estate Investment
Gotham Real Estate Partners LLC	160 NW 26th St Miami FL 33127	Real Estate Investment
Bayshore Real Estate Partners LLC	8856 SW 111 TERR. MIAMI, FL 33176	Real Estate Investment
David Lombardi PA	160 NW 26th St Miami FL 33127	Real Estate Brokerage

Exhibit B – Secondary Sources of Income

<u>Name of Business Entity</u>	<u>Name of Major Sources of Business Income</u>	<u>Address of Source</u>	<u>Principal Business Activity</u>
Bayshore 77 Corporation	Brandon Crossing Apartments	1911 Brandon Crossing Cir, Brandon, FL 33511	Apartment Rentals
	Lombardi Management LLC	160 NW 26 th St #201 Miami, FL 33127	Management Company
	BIP Management Advisors	3600 Red Road #309 Miramar FL 32025	Management Company
Bahia Capital, LLC	Village at Melbourne Apartments	3502 D'Avinci Way, Melbourne, FL 32901	Apartment Rentals
	Village at Lake Pointe Apartments	5975 Lake Pointe Village Cir, Orlando, FL 32822	Apartment Rentals
	Bridgewater @ Lake Osborn Apartments	6116 Yellow Sun Dr, Lake Worth Beach, FL 33462	Apartment Rentals
	Park at Countryside Apartments	958 Village Trail, Port Orange, FL 32127	Apartment Rentals
	Willow Lake Crossing Apartments	26675 Players Cir, Lutz, FL 33559	Apartment Rentals
	Portofino at Championsgate Apartments	14100 Portofino Wy, Championsgate, FL 33896	Apartment Rentals
	Jaffa Industrial Park	2004 Jaffa Drive, St Cloud, FL	Commercial Rentals
	Esplanade Apartments	5337 Esplanade Park Cir, Orlando, FL 32839	Apartment Rentals
	Wynwood Energy, LLC	160 NW 26 th St #201 Miami, FL 33127	Energy Investment
	Lombardi BIP LLC	Landmark Center	12441 S Dixie Highway, Pinecrest FL
Gotham Real Estate Partners LLC	Grand Bay Plaza	19100 S Tamiami Trail Ft Myers, FL	Commercial Rentals
Bayshore Real Estate Partners LLC	Villas De Paraiso	7255 W 24th Ave, Hialeah, FL 33016	Apartment Rentals

Exhibit D – Intangible Personal Property

Cash on hand in bank accounts

City National Bank, FL
Wells Fargo, FL
JP Morgan Chase, FL
New England Federal Credit Union, VT
CIBC, IL
Ally Bank, UT
Marcus by Goldman Sachs, UT
Citizens Bank, RI

Investment Accounts

UBS – NY 529, IRA, Roth IRA, SEP, Investment Account
JP Morgan – NY 529, IRA, Roth IRA, SEP, Investment Account
Charles Schwab Bonds, CDs, Stocks, Mutual Funds

Interest In Businesses

Bayshore 77 Corporation
Cynergy Property Management LLC
Bahia Capital, LLC
Lombardi BIP LLC
Gotham Real Estate Partners LLC
Bayshore Real Estate Partners LLC

NOV 17 PM 2:24

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 PM 2:21

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JAMES BRUNNABEND 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>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Stephanie Romani</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Jose A. Romani</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>Sebastian Guejman</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Donna Horn</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Jenny Horn</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>RITA SWEDROE</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>ROBERT SWEDROE</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>LARIE SWEDROE</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>Kenneth Rosen</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>Dina Rosen</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11.15.23</u> D.O.B. [REDACTED]
Print Name: <u>Christine J. Taplin</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>SHEA SCHWELBER</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Jacqueline Saxir</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: 3934 GALLOND AVE
Email address of Circulator: brunnabend@gmail.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: 11/15/23

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

NOV 17 PM 2:21

TOWN OF SURFSIDE, FLORIDA

JARED BRUNNABEND

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JARED BRUNNABEND
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>11/13/23</u>	D.O.B.:
Print Name: <u>Michael Bernhard</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Erika Bernhard</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Vianexyca Castro</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>Rachel Lombardi</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>Bin Lombardi</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>JARED BRUNNABEND</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>Shirley Eukhus</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>Musya Blod</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>JANA BANIN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B.:
Print Name: <u>MARK HALPERN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B.:
Print Name: <u>Margaret Halpern</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B.:
Print Name: <u>Baule Shagalow</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B.:
Print Name: <u>Andrew Feldman</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: JARED BRUNNABEND
Address of Circulator: 3034 GALLAN
Email address of Circulator: brunnabend@gnat.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: 11/15/23

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 PM 2:21

We the undersigned electors of the Town of Surfside, Florida, hereby nominate JAMES BRUNNARSON
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>11-16-23</u> D.O.B. _____
Print Name: <u>Hector Gualda</u>	Address: _____
Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: <u>Hector Gualda</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. _____
Print Name: <u>Petrie Gualda</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. _____
Print Name: <u>Abigail Gualda</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. _____
Print Name: <u>Michael Rybolowik</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>11/16/22</u> D.O.B. _____
Print Name: <u>Sol Colom</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: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 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: 3934 BALKANS AVE SURFSIDE FL
Email address of Circulator: brunnarson@gmail.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 PM 2:21

JARED BRUNNABEND

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

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

Signature:	Date: 11/13/23	D.O.B.:	[REDACTED]
Print Name: ALEX CHOUELA	Address:	[REDACTED]	
Signature:	Date: 11/18/23	D.O.B.:	[REDACTED]
Print Name: ROTINA GRINBERG	Address:	[REDACTED]	
Signature:	Date: 11/13/23	D.O.B.:	[REDACTED]
Print Name: ANDREW OKUN	Address:	[REDACTED]	
Signature:	Date: 11/13/23	D.O.B.:	[REDACTED]
Print Name: LAURIE OKUN	Address:	[REDACTED]	
Signature:	Date: 11/17/2023	D.O.B.:	[REDACTED]
Print Name: JORGE E FERNANDEZ	Address:	[REDACTED]	
Signature:	Date: 11/16/2023	D.O.B.:	[REDACTED]
Print Name: CRISTIANA ALBUQUERQUE EDMOND	Address:	[REDACTED]	
Signature:	Date: 11/16/23	D.O.B.:	[REDACTED]
Print Name: RICHARD R SCHENK	Address:	[REDACTED]	
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____	_____	
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____	_____	
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____	_____	
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 7 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:

Address of Circulator: 9349 COLLINS AVE APT 603

Email address of Circulator: alejo.chouela@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate:

Date: 11/17/23



Cashier's Check

No. 1002412432

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.

Date 11/15/23 10:05:07 AM

30-1/1140

Void After 90 Days

NTX

BAY HARBOR ISLAND

0011 0109377 0007



Pay

Twenty Five and 00/100 Dollars

To The TOWN OF SURFSIDE
Order Of

\$25.00

Remitter (Purchased By): JARED MARC BRUNNABEND, CAMPAIGN ACCOUNT

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

AUTHORIZED SIGNATURE

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. Jared Brunnabend
8934 Garland Ave
Surfside, FL 33154

Dear Mr. Brunnabend:

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) JARED BRUNNABEND
Name
 (2) 8934 GARLAND AVE
Address (number and street)
Surfside FL 33154
City, State, Zip Code

OFFICE USE ONLY

JAN 10 AM 10:11

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 10 / 1 / 23 To 12 / 31 / 23 Report Type: 2023Q4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 200 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 71 . 46

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

Total Monetary \$ _____ , _____ , 71 . 46

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 71 . 46

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

(Type name) JARED BRUNNABEND
 Candidate Chairperson (only for PC and PTY)

[Signature]
 X
 Signature

[Signature]
 X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 10 AM 10:11

(1) Name JARED BURNABEND

(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)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
12, 13, 23	Jared Burnabend 8934 Garland Sunrise FL 33154	S	Real Estate Investor	LOAN			200
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAMES BROWN BOND

(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
11/15/23	Town of Surfside 9293 Harding Ave Surfside FL 33154	Qualifying Fee	CAN		25.00
11/15/23	Bank of America 1108 Kane Concourse Bay Harbor FL 33154	Bank Fee	CAN		15.00
11/22/23	Bank of America 1108 Kane Concourse Bay Harbor FL 33154	Check Order	CAN		31.46
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name

JARED BURNBERG

I.D. Number

Address (number and street)

8934 GAMING AVE

City, State, Zip Code

SUNSHINE FL 33154

N/A

JAN 10 AM 10:11

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

JARED BURNBERG

(Type name) Treasurer Deputy Treasurer

X

Signature

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

JARED BURNBERG

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JARED BRUNBERG
 Name

(2) 8934 GALINDO AVE
 Address (number and street)

Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE
 JAN 19 '24 9:30AM

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: 2024 LODP

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 0 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0 . _____

(11) Certification

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

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

<p>(Type name) <u>JARED BRUNBERG</u></p> <p><input checked="" type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><u>[Signature]</u> Signature</p>	<p>(Type name) <u>JARED BRUNBERG</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><u>[Signature]</u> Signature</p>
---	--

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

JAN 19 '24 9:31AM

(1) Name JANEO BARRON (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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAMES BUNNAPLO (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
//	NONE				
//					
//					
//					
//					
//					

TOWN OF SURFSIDE

JAN19 '24 9:31AM

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name:

JANE O BURNETT

Full Address:

8934 GARDEN D

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

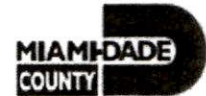
I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Type or Print Name of Candidate, Treasurer or Chairman

X

Signature

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



OFFICE USE ONLY

Name JAYO BURNHAM

I.D. Number _____

Address (number and street) 2937 GARDNER

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

JAYO BURNHAM
(Type name) Treasurer Deputy Treasurer

X
Signature

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

JAYO BURNHAM
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend
 Name
 (2) 8934 Garland Avenue
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 31 AM 10:14

SJC

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 01/13/2024 To 01/26/2024 Report Type: 2024B1

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) **Expenditures This Report**

Monetary Expenditures \$ 0.00 , ____ . ____

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

Total Monetary \$ 0.00 , ____ . ____

(8) **Other Distributions**

\$ ____ , ____ , ____ . ____

(9) **TOTAL Monetary Contributions To Date**

\$ 200.00 , ____ . ____

(10) **TOTAL Monetary Expenditures To Date**

\$ 71.46 , ____ . ____

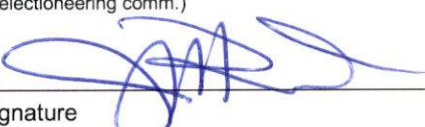
(11) Certification

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) Jared Brunnabend

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

X 
 Signature

(Type name) Jared Brunnabend

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunnabend (2) I.D. Number _____

(3) Cover Period 1/13/2024 / ____ / ____ through 1/26/2024 / ____ / ____ (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							
/ /	NONE						
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend

(2) I.D. Number _____

(3) Cover Period 1/13/2024 / _____ / _____ through 1/26/2024 / _____ / _____

(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
// /	NONE				
// /					
// /					
// /					
// /					
// /					
// /					
// /					
// /					

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

JAN 31 AM 10:14

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor:

NONE

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Jared Brunnabend

Type or Print Name of Candidate, Treasurer or Chairman

X

[Signature]

Signature

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 31 AM 10:14

Candidate for:

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

N/A

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
(Type name) Treasurer

X

Signature

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

Jared Brunnabnd Candidate
(Type name)

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend

Name

(2) 8934 Garland Avenue

Address (number and street)

Surfside FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

FEB 14 PM 12:44

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 01/27/2024 To 2/09/2024 / _____ Report Type: 2024B2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00 , ____ . ____

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

Total Monetary \$ 0.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 200.00 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 71.46 , ____ . ____

(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) Jared Brunnabend

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

X _____
Signature

(Type name) Jared Brunnabend

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunabend (2) I.D. Number _____

(3) Cover Period 1/27/2024 / _____ / _____ through 2/9/2024 / _____ / _____ (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /		NONE						
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend

(2) I.D. Number _____

(3) Cover Period 1/27/2024 / _____ through 2/9/2024 / _____

(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
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 14 PM 12:45

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
(Type name) Treasurer _____

X

Signature

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

Jared Brunnabend
(Type name) Candidate

X

Signature

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor:

NONE

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

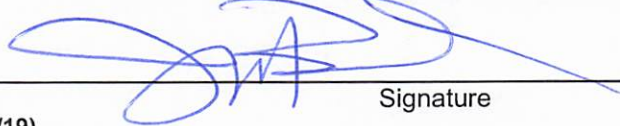
Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

JARED BRUNNABEND

Type or Print Name of Candidate, Treasurer or Chairman

X



Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend

Name

(2) 8934 Garland Avenue

Address (number and street)

Surfside FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE
FEB23 '24 9:18 AM

(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 02/10/2024 To 02/22/24 / _____ Report Type: 25P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00 , ____ . ____

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

Total Monetary \$ 0.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 200.00 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 71.46 , ____ , ____ . ____

(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) Jared Brunnabend

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

X 
Signature

(Type name) Jared Brunnabend

Candidate Chairperson (only for PC and PTY)

X 
Signature

PK

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brun nabend (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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

AK

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend

(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					
// /	NONE				
// /					
// /					
// /					
// /					
// /					

FEB23 '24 9:19AM
pk

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor: <u>NONE</u> <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____	Full Name and Address of Contributor: <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____
Full Name and Address of Contributor: <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____	Full Name and Address of Contributor: <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Jared Brunnabend

Type or Print Name of Candidate, Treasurer or Chairman

X

[Signature]

Signature

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB23 '24 9:19AM

OK

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
 (Type name) Treasurer _____

X

Signature

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

Jared Brunnabend
 (Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend

Name

(2) 8934 Garland Avenue

Address (number and street)

Surfside FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAR 1 PM 2:19

Gme

(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 02/23/2024 To 3/7/24 / _____ Report Type: 11P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 16.00 , ____ . ____

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

Total Monetary \$ 16.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 200.00 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 87.46 , ____ . ____

(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) Jared Brunnabend

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

X 
Signature

(Type name) Jared Brunnabend

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunnabend (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) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
/ /	NONE						\$0 16.00 <i>(circled)</i>
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

JD

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend (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
<u> / / </u>	Bank of America	Bank Fee	Fee		16.00
<u> / / </u>					
<u> / / </u>					
<u> / / </u>					
<u> / / </u>					
<u> / / </u>					
<u> / / </u>					
<u> / / </u>					
<u> / / </u>					

JD

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

MAR 1 PM 2:20

Some

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

<p>Full Name and Address of Contributor: <u>NONE</u></p> <hr/> <hr/> <p>Amount of Contribution: \$ _____</p> <p>Date Received: _____</p> <p>Date Returned: _____</p>	<p>Full Name and Address of Contributor:</p> <hr/> <hr/> <p>Amount of Contribution: \$ _____</p> <p>Date Received: _____</p> <p>Date Returned: _____</p>
<p>Full Name and Address of Contributor:</p> <hr/> <hr/> <p>Amount of Contribution: \$ _____</p> <p>Date Received: _____</p> <p>Date Returned: _____</p>	<p>Full Name and Address of Contributor:</p> <hr/> <hr/> <p>Amount of Contribution: \$ _____</p> <p>Date Received: _____</p> <p>Date Returned: _____</p>

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

JARED BRUNNABEND

Type or Print Name of Candidate, Treasurer or Chairman

X

[Handwritten Signature]

Signature

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 1 PM 2:20

Sme

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
(Type name) Treasurer _____

X

Signature

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

Jared Brunnabend
(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend
 Name
 (2) 8934 Garland Avenue
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 1 PM 2:19
Gme

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 02/23/2024 To 3/7/24 / _____ Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 16.00 , ____ . ____

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

Total Monetary \$ 16.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 200.00 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 87.46 , ____ , ____ . ____

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

X 
 Signature

(Type name) Jared Brunnabend
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunnabend (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) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /	NONE						\$0 16.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

JD

SNC

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend

(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
<u> </u> / <u> </u> / <u> </u>	Bank of America	Bank Fee	Fee		16.00
<u> </u> / <u> </u> / <u> </u>					
<u> </u> / <u> </u> / <u> </u>					
<u> </u> / <u> </u> / <u> </u>					
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<u> </u> / <u> </u> / <u> </u>					
<u> </u> / <u> </u> / <u> </u>					

JD

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

MAR 1 PM 2:20

Some

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor: <u>NONE</u> <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____	Full Name and Address of Contributor: <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____
Full Name and Address of Contributor: <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____	Full Name and Address of Contributor: <hr/> <hr/> <hr/> Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

JARED BRUNNABEND

Type or Print Name of Candidate, Treasurer or Chairman

X

[Handwritten Signature]

Signature

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 1 PM 2:20

Sme

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
(Type name) Treasurer _____

X

Signature

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

Jared Brunnabend
(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend
 Name
 (2) 8934 Garland Avenue
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

SMC

MAR 15 '24 2:35 PM

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 03/08/24 / ____ To 3/15/24 / ____ Report Type: 4P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ 300,000 , ____ . ____

Total Monetary \$ 300.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 16.00 , ____ . ____

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

Total Monetary \$ 16.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 500.00 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 103.46 , ____ . ____

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

X _____
 Signature

(Type name) Jared Brunnabend
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunnabend (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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
313124 01	Jared Brunnabend 8934 Garland Ave Surfside FL 33154	LOAN	Investor	LOAN			300.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend

(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
3/8/24	Bank of America	Bank Fee	Fee		\$16.00 500.00
01					
//					
//					
//					
//					
//					
//					
//					
//					

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

MAR15 '24 2:35PM

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor: <u>NONE</u> _____ _____ _____ Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____	Full Name and Address of Contributor: _____ _____ _____ Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____
Full Name and Address of Contributor: _____ _____ _____ Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____	Full Name and Address of Contributor: _____ _____ _____ Amount of Contribution: \$ _____ Date Received: _____ Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

JARED BRUNNABEND, Candidate

Type or Print Name of Candidate, Treasurer or Chairman

X

[Signature]

Signature

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 15 '24 2:36 PM

SMC

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
(Type name) Treasurer _____

X
Signature

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

Jared Brunnabend
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Brunnabend
 Name
 (2) 8934 Garland Avenue
 Address (number and street)
Surfside FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

APR 19 '24 3:43 PM

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 03/16/24 / ____ To 04/19/24 / ____ Report Type: 18TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , ____ . ____

Loans \$ 0.000 , ____ . ____

Total Monetary \$ 0.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 396.54 , ____ . ____

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

Total Monetary \$ 396.54 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 500.00 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 500.00 , ____ . ____

(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) Jared Brunnabend

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

X _____
 Signature

(Type name) Jared Brunnabend

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

JK

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jared Brunnabend (2) I.D. Number _____

(3) Cover Period 3/16/24 / ____ / ____ through 4/19/24 / ____ / ____ (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
/ /								
								16
01/16/2024								380.54
/ /								
/ /								
/ /								
/ /								
/ /								

JK

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Brunnabend

(2) I.D. Number _____

(3) Cover Period 3/16/24 / _____ / _____ through 4/19/24 / _____ / _____

(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
04/01/2024	Bank of America KANE CONCOURSE BAY HARBOR FL 33154	Bank Fee	Fee		16
04/18/2024	Jared Brunnabend 8934 GARLAND AVE SURFSIDE FL 33154	RETURN OF LOAN	RETURN LOAN		380.54
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/ /					
/ /					
/ /					
/ /					

CONTRIBUTIONS RETURNED

(Section 106.07(4)(c), F.S.)

(PLEASE TYPE)

TOWN OF SURFSIDE
APR 19 '24 3:43PM

YJK

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Jared Brunnabend

Full Address: 8934 Garland Ave

Full Name and Address of Contributor:

NONE

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____

Date Received: _____

Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Jared Brunnabend

Type or Print Name of Candidate, Treasurer or Chairman

X

[Handwritten Signature]

Signature

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



OFFICE USE ONLY

Name Jared Brunnabend

I.D. Number

Address (number and street)

8934 Garland Ave

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
APR 19 '24 3:44PM

pk

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

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.

Jared Brunnabend Treasurer Deputy
(Type name) Treasurer _____

X
Signature

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

Jared Brunnabend
(Type name) Candidate

X
Signature

AK

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 Jared Brunnabend (2) I.D. Number

(3) Report Name 4P1 (4) Cover Period 3/16/24 through 4/19/2024

(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 is currently empty with a diagonal blue line drawn across it.