#### 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 5MC

(,, ,,			
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY		
1. CHECK APPROPRIATE BOX(ES):			
	reasurer/Deputy Depository Office Party		
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip		
JARED MARC BRUNNABEND	code) 8934 GARLAND AVE		
4. Telephone 5. E-mail address	SURFSIGE FL 33154		
(917) 805 5043 brunnabend Ogmail			
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if		
	applicable:		
Commissioner	My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill	I 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 BRUNNADEUP			
11. Mailing Address	12. Telephone		
3934 GALAND AVE	(9/7) 805 5043		
13. City 14. County 15. Sta			
SULFSIDE \$ DADE FL 33154 brunschend@gmail.om			
18. I have designated the following bank as my			
19. Name of Bank	20. Address		
21. City 22. County	23. State 24. Zip Code		
700			
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	26. Signature of Candidate		
11/8/23	X		
27. Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)		
1, JAKED BRUNNPBEN	, do hereby accept the appointment		
(Please Print or Type Name)			
designated above as: Campaign Treasure	Deputy Treasurer.		
118/27 XC	AA		
Date	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

1, JARED BOUNNADEND,			
candidate for the office of;			
have been provided access to read and understand the requirements of			
Chapter 106, Florida Statutes.			
X Signature of Candidate Date			

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

Statutes).

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

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

NOV 13 PM 12:50 SMC

(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:	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
JARED MARC BRUNNABEND	code) 8934 GAZLAND AUE
4. Telephone 5. E-mail address	J SURFSION FL 33154
(917) 805 5043 brunnabend @gmail.	na
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Commissioner	applicable:
Comm122 100 81C	My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fil	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 BRUNNADEUP	1.22.
11. Mailing Address	12. Telephone
Bazy GALAND AVE	(9/7) 805 5043
13. City 14. County 15. Sta	16. Zip Code 17. E-mail address 33154 brungberd 5 gmail an
746(210C + 1040C)	
18. I have designated the following bank as my	
19. Name of Bank BANK of America	20. Address kare Conwool
21. City Bay Harber 22. County DADE	23. State FL 24. Zip Code 3315
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE DESIGNATION OF CAMPAIGN DEPOSITORY	FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	26. Signature of Candidate
11/8/23	X
27. Treasurer's Acceptance of Appointment	(fill in the blanks and check the appropriate block)
TOUTO ROUNDEN	) do hereby accept the appointment
(Please Print or Type Name)	, do notes, desept the appearance.
designated above as: Campaign Treasurer	Deputy Treasurer.
118/27 XC	- AA
Date	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 SMC NOV 8 PM 3:01

The state of the s			
1, JARED BOWNHADEND,			
candidate for the office of;			
have been provided access to read and understand the requirements of			
Chapter 106, Florida Statutes.			
Signature of Candidate  Date			

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



#### TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

#### **GENERAL ELECTION - MARCH 19, 2024**

#### RECEIPT OF DOCUMENTS

Candidate: MARC SUNNABEND Middle Name Last name Connissioner Office Sought (Mayor or Commissioner) Phone No.: 917 805 5043 Fax No.: NONE

Cell Phone: 917 805 5043 Cell Phone: 917, 805 5043

E-Mail Address: branchend @ gmail. an This is to acknowledge my receipt of the following documents: The Florida Election Code (2022) – Digital Format (USB) Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB) Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB) Reporting Dates Schedule (Election Date: March 19, 2024) X Campaign Activities Memorandum Date: 11/13/23 Received by: Candidate Signature



# Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

#### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of C	Candidate Lared Brungbend			
	ight Commissioner			
Phone No.: 917 805 5043 Cell Phone No: 917 805 5043				
	Idress: brunnabend @ gma			
	J			
Contents		Date Received	<u>Initials</u>	
1. Qualify	ring as a candidate:			
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	JB	
	Nominating Petition	11/11/2023	JB	
	Statement of Candidate	11/17/2003	JO	
	Sworn Statement of Qualification	1/11/2023	70	
	Candidate Oath	11/13/2023	JB	
	Form 1 – Statement of Financial Interest (2022)	11/17/2023	JB	
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice		JO_	
	Qualifying Fee \$25.00	11/17/2023	JB	
	L & A Schedule	NA	JB_	
	Proof of Residency			

#### & Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

11/13/2023 JB 11/13/2023 JB

Candidate's Signature

11/7/2023

Date

# CANDIDATE OATH NONPARTISAN OFFICE

Do not use this form if a Judicial or School Board Candidate) MOV 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) RUNNABEND (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.) ommissioner am a candidate for the nonpartisan office of (District #) ; I am a qualified elector of Whiteham Surfsite County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. 11623204 Candidate's Florida Voter Registration Number (located on your voter information card): Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Telephone Number STATE OF FLORIDA Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: COUNTY OF Miami-Dade. Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence Personally Known OR Produced Identification Type of Identification Produced: DU UNS



#### **TOWN OF SURFSIDE**

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 17 PM 2:21

PRINTED NAME OF NOTARY

#### **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
١	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 Garlows Avenue Surfside FC33150
	my occupation is REAL CSTATE 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 of Candidate Date
	Sworn to and subscribed before me this
	NOTARY PUBLIC
	SANDRA MCCREADY  NY COMMISSION # HH 350567  EXPIRES: May 4, 2027

Sanoka mccaeady
any commission o my spuggy
events may 6,2027

FORM 1	FORM 1 STATEMENT OF			2022
Please print or type your name, mailing address, agency name, and position below:			FOR OFFICE USE ONLY:	
Suffide 33' CITY:  NAME OF AGENCY:  NAME OF OFFICE OR POSITION HELL  Comm	Dared Marc Dared Marc DELMD AVE DELMD AVE DELMD AVE DELMD AVE COUNTY:	D20E		NOV 17 PM 2:24
	** THIS SECTION MUS		***	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU				EMBER 31, 2022.
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details).  COMPARATIVE (PE PART A PRIMARY SOURCES OF INC	ING REPORTING THRESHOLD  NG COMPARATIVE THRESHOL  CHECK THE ONE YOU ARE U  RCENTAGE) THRESHOLDS	DS, WHICH ARE USUALL ISING (must check one): OR DOLLA	Y BASEI	VALUES, WHICH REQUIRES O ON PERCENTAGE VALUES E THRESHOLDS
(If you have nothing to repo	rt, write "none" or "n/a")	RCE'S	DE	SCRIPTION OF THE SOURCE'S
OF INCOME	· · · · · · · ·	RESS	PF	RINCIPAL BUSINESS ACTIVITY
	SEC Exhibit L	1		
PART B - SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to rep  NAME OF BUSINESS ENTITY	d other sources of income to busines	ses owned by the reporting per  ADDRESS  OF SOURCE	son - See	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	E Exhibit B			
JE	E EXHIBIT O			
PART C - REAL PROPERTY [Land, bu	ildings owned by the reporting perso rt, write "none" or "n/a")	n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.
NONE			and w	INSTRUCTIONS for when here to file this form are d at the bottom of page 2.

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor	ocks, bonds, certificates of deposit, etc See instructions]  ne" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
	SEO ENDIT D		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	e" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
JP Morgan Chase	1450 Brickell Ave Mimi. Fr 33133		
(If you have nothing to report, write "none NAME OF BUSINESS ENTITY  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 agency created under Part III, Chapter 163 required to	s, appointed school superintendents, and commissioners of a community redevelopment complete annual ethics training pursuant to section 112.3142, F.S.  HAVE COMPLETED THE REQUIRED TRAINING.		
Value of the second	E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILE Signature:  Date Signed:	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.		
MIMIONS	CPA/Attorney Signature:		
	Date Signed:		
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on F	thics or a County Candidates file this form together with their filing papers.		

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.

**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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

**Apartment Rentals** 

7255 W 24th Ave, Hialeah, FL 33016

Bayshore Real Estate Partners LLC Villas De Paraiso

# Exhibit A - Primary Sources of Income

Name of Business Entity	Address	Principle Business Activity	
Bayshore 77 Corporation Cynergy Property Management LLC Bahia Capital, LLC Ready Spaces LLC Lombardi BIP LLC Gotham Real Estate Partners LLC Bayshore Real Estate Partners LLC	160 NW 26th St Miami Fl 33127 3600 Red Road #309 Miramar FL 33025 160 NW 26th St Miami Fl 33127 6 E 12th St, Suite 1 New York, NY 10003 160 NW 26th St Miami Fl 33127 160 NW 26th St Miami Fl 33127 8856 SW 111 TERR. MIAMI, FL 33176 160 NW 26th St Miami Fl 33127	Holding & Management Company Property Management Company Investment Company Co-Warehousing Company Real Estate Investment Real Estate Investment Real Estate Brokerage	
	Exhibit B- Secon	Exhibit B – Secondary Sources of Income	
Name of Business Entity	Name of Major Sources of Business Income	Address of Source	Principal Business Activity
Bayshore 77 Corporation	Brandon Crossing Apartments Lombardi Management LLC BIP Management Advisors	1911 Brandon Crossing Cir, Brandon, FL 33511 160 NW 26 <sup>th</sup> St #201 Miami, FL 33127 3600 Red Road #309 Miramar FL 32025	Apartment Rentals Management Company Management Company
Bahia Capital, LLC	Village at Melbourne Apartments Village at Lake Pointe Apartments Bridgewater @ Lake Osborn Apartments Park at Countryside Apartments Willow Lake Crossing Apartments Portofino at Championsgate Apartments Jaffa Industrial Park Esplanade Apartments	3502 D'Avinci Way, Melbourne, FL 32901 5975 Lake Pointe Village Cir, Orlando, FL 32822 6116 Yellow Sun Dr, Lake Worth Beach, FL 33462 958 Village Trail, Port Orange, FL 32127 26675 Players Cir, Lutz, FL 33559 14100 Portofino Wy, Championsgate, FL 33896 2004 Jaffa Drive, St Cloud, FL 5337 Esplanade Park Cir, Orlando, FL 32839 160 NW 26th St #201 Miami, FL 33127	Apartment Rentals Apartment Rentals Apartment Rentals Apartment Rentals Apartment Rentals Commercial Rentals Apartment Rentals Energy Investment
Lombardi BIP LLC	Landmark Center	12441 S Dixie Highway, Pinecrest FL	Commercial Rentals
Gotham Real Estate Partners LLC	Grand Bay Plaza	19100 S Tamiami Trail Ft Myers, FL	Commercial Rentals

# 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 529, IRA, Roth IRA, SEP, Investment Account Bonds, CDs, Stocks, Mutual Funds

JP Morgan - NY

**Charles Schwab** 

# 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** 

#### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOWINATING PETITION FOR WATOR OR COMMISSIONER				
TOWN OF SU	RFSIDE, FLORIDA NOW 2:21			
We the undersigned electors of the Town of Surfside,	Florida, hereby nominate, ANES BRUNN ANTO			
for the office of Connissions	(Mayor or Commissioner) at an election to be held on March			
19, 2024.				
This petition must be filed with the Town Clerk between	en November 3, 2023 and November 22, 2023(by 12:00pm).			
Signature: Supl	Date: 11 / 15 / 23 D.O.B.			
Print Name: Styphanie Romani	Address:			
Signature:	Date: 11/15/23 D.O.B.			
Print Name: Dorze A. Romani	Address:			
Signature: 4	Date: 1//15/2025 D.O.B. 9			
Print Name: Sebasian Gueiman	Address:			
Signature:	Date: 11/15/22 D.O.B.			
Print Name: Jongton Mose	Address:			
Signature: MMM Ohr	Date: ///5/23 D.O.B.			
Print Name: Tehny Horn	Address:			
Signature: Rita Supallos	Date: _11115123 D.O.B.			
Print Name: RITA SWEDROE	Address:			
Signature: Robert Swedrow	Date: 11/15/23 D.O.B.			
int Name: ROBERT SWEDROK	Address:			
Signature: CMM Swalme	Date: 11     23 D.O.B.			
Print Name: LANGE SWEDICOE	Address:			
Signature: Kh W	Date: _11-11-23 D.O.B.			
Print Name: Kenneth Rusen	Address:			
Signature:	Date: 11-15-23 D.O.B.			
Print Name: Divo Rosen	Address:			
Signature: Christine Tapler	Date: 11 · 15 · 23 D.O.B.			
Print Name: Christine O Taplin	Address			
Signature:	Date: 11/15 202 D.O.B.			
Print Name: SHEA SELINGIDGE	Address:			
Signature:	Date: 11 / 15/23 D.O.B. (			
Print Name: Jacqueline Souriy	Address:			
STATEMENT OF CIRCULATOR				
The undersigned is the circulator of the foregoing paper containing <u>B</u> 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:				
*ddress of Circulator: QCDY GAN	and Avo			
mail address of Circulator: branchers manail Com				
ACCEPTANCE OF NOMINATION  I hereby accept the nomination of Phone (Mayor or Commissioner) and agree to				
I hereby accept the nomination of	(Mayor or Commissioner) and agree to			

Signature of Candidate:

#### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA \ NOV 17 PM 2:21

We the undersigned electors of the Town of Surfside,	
	(Mayor or Commissioner) at an election to be held on March
19, 2024.	
This petition must be filed with the Town Clerk between	en November 3, 2023 and November 22, 2023(by 12:00pm).
a that a	Date: /1//3/23 D.O.B.
Signature: Michael Dermard	Date: _[[//7/63
	Date: 1/13/23 D.O.B.
Signature: EVIKA Bernhard	Address:
Signature:	Date: 11 (13/23 D.O.B.
Print Name: Vianeschica Cattro	Address:
Signature: Puchul Andredi	Date: 1) 14 23 D.O.B. (
Print Name: Roachel Combardi	Address:
Signature:	Date: 11/14/23 D.O.B.
Print Name: Brin Lombing	Address:
Signature:	Date: 11/14/23 D.O.B.
Print Name: TAND BOWNHAD BAD	Address:
Signature:	Date: _\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
int Name: Shara Eclehaus	Address:
Signature:	Date: _11 1 M 1 7
Print Name: MUSMG Blod	Address:
Signature:	Date: <u>\\     以   23                             </u>
Print Name: ANA, BANIN	Address:
Signature: Man M	Date: <u>/(////23</u> D.O.B.
Print Name: MACK HACPERN	Address:
Signature. M. July	Date: 1/15/23 D.O.B.
Print Name: Margref Halpern	Address:
Signature:	Date:////5/23 D.O.B.
Print Name: <u>Bould Stragalow</u>	Address:
Signature:	Date: ///5/2.3 D.O.B.
Print Name: Audrow Flamus	Address:
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper con	. •
thereto was made in my presence and is the genuine signa	ture of the person whose name it purports to be.
JANSS Brun	
Signature of Circulator.	7 ( )6(2
daless of officiation.	rât con
ACCEPTANCE	
I hereby accept the nomination of	(Mayor or Commissioner) and agree to
serve if elected.	112/00
Signature of Candidate:	

#### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

#### TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 2:21

Date: 11/17/23

We the undersigned electors of the Town of Surfside, Florida, hereby nominate				
for the office of 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: 11-16-23	_ D.O.B.		
Print Name: 1 SCHUZ GUALDA	Address:			
Signature:	Date:	_ D.O.B.		
Print Name:	Address:			
Signature:	Date: 11116 23	D.O.B.		
Print Name: Petrie Gvalda	Address:			
Signature: Aww 1 wat	Date: 11/16/23	D.O.B.		
Print Name: Abjacil Gualda	Address:			
Signature: But Man	Date: 11/16/23	D.O.B.		
Print Name: Michael Rybolowik	Address:			
Signature:	Date: 11 16 122	, D.O.B.		
Print Name: Sol Coloru	Address:			
Signature:	Date:	_ D.O.B		
int Name:	Address:			
Signature:	Date:	_ D.O.B		
Print Name:	Address:			
Signature:	Date:	_ D.O.B		
Print Name:	Address:			
Signature:	Date:	_ D.O.B		
Print Name:	Address:			
Signature:	Date:	_ D.O.B		
Print Name:	Address:			
Signature:	Date:	_ D.O.B		
Print Name:	Address:			
Signature:	Date:	_ D.O.B		
Print Name:	Address:			
STATEMENT OF CIRCULATOR				
The undersigned is the circulator of the foregoing paper containing 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:				
** ddress of Circulator: 8937 barlans Avo Satside Fr				
mail address of Circulator: brune bed of grail. com				
ACCEPTANCE OF NOMINATION  I hereby accept the nomination of (Mayor or Commissioner) and agree to				
I hereby accept the nomination of (Mayor or Commissioner) and agree to serve if elected.				
Serve in dicoted.				

Signature of Candidate:

#### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SU	RFSIDE, FLORID	A I MUST LEW S.S.I			
We the undersigned electors of the Town of Surfside,	Florida, hereby nominat	e JARED BRUNNABEND			
for the office of Comissioner					
19, 2024.					
This petition must be filed with the Town Clerk betwe	en November 3, 2023 and N	November 22, 2023(by 12:00pm).			
	- 11/12/	22			
Signature:	1005 20 20	23 D.O.B			
Print Name: ALL S CHOUE LA	Address:				
Signature:	Date: 11 /13/	23 D.O.B.			
Print Name: 120MINA GRINGERG	Address:	<b>₹</b> D.O.B.			
Signature:  Print Name: Avalua 0 19 uv	2000 00 00	D.O.B.			
Thirtiano.	Address:	13 D.O.B.			
Signature: The Office Scale of the Signature of the Signa	•	D.O.B.			
Fillit Name.	Address:	23 D.O.B. C			
Signature:		D.O.B. C			
Print Name: 1005 + FSE noor	Address:	2000			
Signature:		)			
	)))Address:				
Signature:	Date:\\\\( \( \)	1.7 D.O.B.			
int Name: Wich and W. I should	Address	D 0 D			
Signature:	Date:	D.O.B			
Print Name:	Address:	D O D			
Signature:	Date:	D.O.B			
Print Name:	Address:	D O D			
Signature:	Date:	D.O.B			
Print Name:	Address:				
Signature:	Date:	D.O.B			
Print Name:	Address:	2.0.2			
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 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					
hail address of Circulator: alego. Chovels @ gruoit.com  ACCEPTANCE OF NOMINATION					
I hereby accept the nomination of ACCEPTANCE OF NOMINATION  (Mayor or Commissioner) and agree to					
serve if elected.					
		Date: 1/12/23			
Signature of Candidate:		Date:			

Cashier's Check

No. 1002412432

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

30-1/1140

Void After 90 Days

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

BANK OF AMERICA 👋

BAY HARBOR ISLAND 0109377

0011

\*\*\$25.00\*\*

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

To The TOWN OF SURFSIDE Order Of 6107-90 Bt988-88-00

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

Bank of America, N.A. SAN ANTONIO, TX THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. THOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.



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 McCready, MPA, MMC

Town

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) JAREO BRUNNABEND	OFFICE USE ONLY			
(2) 8934 GAMANO AVE	JAN 10 AM 10:11			
Address (number and street) Suffside FL 33154				
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)   Check here if PC or ECO has disbanded   Party Executive Committee (PTY)   Check here if PTY has disbanded   Independent Expenditure (IE) (also covers an individual making electioneering communications)				
(5) Report	Identifiers			
	12 / 31 / 23 Report Type: 2023 Q4			
A 3	cial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,200 . 00	Monetary Expenditures \$,, 71 .46			
Loans \$,,	Transfers to Office Account \$ , ,			
Total Monetary \$	Total Monetary \$ , , <u> </u>			
In-Kind \$ , ,				
	(8) Other Distributions \$ , ,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, <u>200</u> . <u>00</u>	\$, <u>+1</u> . 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, corr	rect, and complete:			
(Type name) The Brunnessun	(Type name) 1000 SavnABTND Candidate Chairperson (only for PC and PTY)			
or electioneering comm.)	THE STATE OF THE S			
X Signature	Signature			

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

(1) Name JANTO BOUMPORAD			(2)	I.D. Number	HIM IV AM.	and and	
	10,1,23			31/20	3 (4) Page	<u></u> c	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12,13,23	JAROD Brumbed 8934 Garland Surface FL 33154	S	Red Estate Investor	Load			200
1 1							
1 1							
1 1							
1 1							
1 1							
I I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S	REPORT – ITEMIZ	ED EXPENDIT	TURES	
	d 10 /) /23 through 12	0	(4) Page	of	1
(5)	(7)	(8)	(9)	(10)	(11)

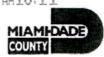
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/15/13	Tour of Surfside 9293 Hording Ave Surfside FL 33154	Qualitying Fee	CAN		25.00
11/15/13	Bank of Aperian 1108 Kane Conwise Bay Harbor FC 33134	Bank Fre	CAN		15.00
11 /24 23	Book of America 1108 Kove Convise Boy Hailor FL 33154	Check Order	CAN		31.46
/ /					
/ /					
/ /					
//					
//					,

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



IN ABSENTEE BALLOT ACT	IN ABSENTEE BALLOT ACTIVITIES SUMMARY			
Name JARED Brimburl	OFFICE USE ONLY			
I.D. Number				
Address (number and street) WC	JAN 10 am10:11			
City, State, Zip Code Sutside FL 33154				
CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Area	l			
REPORT IDENTIFIERS				
Report Name Cover Period	through			
Report Type    Original    Amendment				
CERTIFICATIO				
	ify that I have examined this report and it is true, ct, and complete.			
(Type name) Treasurer Deputy Treasurer (Type	name) Candidate			
X Signature Si	gnature			

## 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	JANES Brumakal		(2) I.D. Number	
	Name	(4) Cover Period	10/1/23 through 12/	31/23
(5) Report	Type Original Amendment	(6) Page	10/1/23 through 12/	/
(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
		1 1		
		/		
	/	/		
	(			

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) JANES Branched	OFFICE USE ONLY			
Name (2) 2524 CALLAND AF				
(2) 85% (Aumo M7) Address (number and street)	TOWN OF SURFSIDE			
Sirfsle FL 33154	JAN19 '24 9:30AM			
City, State, Zip Code				
☐ Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
Candidate Office Sought:	ibrer			
☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded			
☐ Party Executive Committee (PTY)	Check here if PTY has disbanded			
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed			
	Identifiers 2024			
Cover Period: From / / To				
Original Amendment Spe	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$ , , <u>\lambda</u>	Monetary Expenditures \$ , ,			
Loans \$,,	Transfers to Office Account \$,			
Total Monetary \$ , ,				
•	Total Monetary \$ , ,			
In-Kind \$ , ,	(9) Other Dietributions			
	(8) Other Distributions \$ ,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures_To Date			
\$ , ,	\$,			
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, corr	rect, and complete:			
(Type name) JANED BRUMANENO	(Type name) JALED BRUHAMONO			
or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
X Signature	X			
Signature V	Signature			

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

(1) Name JANZO Emmastro			(2)	I.D. Number	JAN19 '2	4 9:31FM	
	(3) Cover Period / / 24 through / 12 / 24 (4) Page of					of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1	MON	B					
1 1							
1 1							
1 1			-				
1 1							
1 1							
1 1							

(1) Name (2) I.D. Number					
(3) Cover Period	1 1 01.	12,24	l) 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)	(11)
/ /	Horb				
/ /					
/ /					
/ /					
//					
/ /					
//					
//					

#### **CONTRIBUTIONS RETURNED**

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

TOWN OF SURFSIDE

JAN19 '24 9:31AM

	OFFICE USE ONLY			
This report applies only to contributions received by an to the contributor before being deposited in the campai				
Full Name:	Committee or Organization			
Full Address: 8934 Garlan D				
Full Name and Address of Contributor:	Full Name and Address of Contributor:			
Amount of Contribution: \$	Amount of Contribution: \$			
Date Received:	Date Received:			
Date Returned:	Date Returned:			
Full Name and Address of Contributor:	Full Name and Address of Contributor:			
	,			
Amount of Contribution: \$	Amount of Contribution: \$			
Date Received:	Date Received:			
Date Returned:	Date Returned:			
I CERTIFY THAT I HAVE EXAMINED THIS REPO	RT AND IT IS TRUE, CORRECT AND COMPLETE.			
Type or Print Name of Cand	idate, Treasurer or Chairman			
Χ				
XSign	ature			

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



IN ABSENTEE BALLOT ACTIVITIES SUMMARY				
Name  Albor Brunnager  I.D. Number  Address (number and street)  Bass Grunnager  City, State, Zip Code  Sufficient Fu 33177	OFFICE USE ONLY			
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	b-Area			
REPORT IDE	NTIFIERS			
Report Name Cover Period	through			
Report Type    Original    Amendment				
	ICATION			
I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Treasurer  Deputy Treasurer	I certify that I have examined this report and it is true, correct, and complete  (Type name)  Candidate			
X Signature	Signature			

#### JAN19 '24 9:310M MIAMIDADE

# 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.

	when & con	2m		
(1) Name	74.00 Plooner 25		(2) I.D. Number	
(3) Report I	Name	(4) Cover Period	1/1/2 \ through	12/24
			of	
(5) Report	Type Original	(6) Page	of	
(7)	(8)	(9)	(10)	(11)
Row Number	Full Name (Last, Suffix, First, Middle)	Employed By	Name of Organization Employed By (if not directly hired by campaign)	Amendment Type
				1
			/	
7				
-		1.0		
		1111		
I				
ı ———	l			

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1)	Jared Brunnabend	OFFICE USE ONLY		
(0)	Name	JAN 31 AM 10:14		
(2)	8934 Garland Avenue Address (number and street)	THE OT HELD-TH		
	Surfside FL 33154	- Gawy		
	City, State, Zip Code	/// 0		
	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		
	deser de Visidade Refois all'entere procuper boyar ani	Identifiers		
Cov	rer Period: From 01/18/2024 To	01/26/2024 Report Type: 2024B1		
Ø	Original Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	sh & Checks \$ 0.00 ,	Monetary Expenditures \$ 0.00 ,		
Loa	ns \$,,	Transfers to Office Account \$ , , .		
Tota	al Monetary \$ 0.00 ,	Total Monetary \$ 0.00,		
In-K	ind \$ , , .			
		(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	(Type name) Jared Brunnabend		
☐ Individual (only for IE		☑ Candidate ☐ Chairperson (only for PC and PTY)		
x		x		
5	Signature ( )	Signature		

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Brunnabend			(2)	I.D. Number		
(3) Cover Period	1/13/2024 ///	throug	gh/	4	_ (4) Page	<u> </u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Type	Occupation	Туре	Description	Amendment	Amount
<i>I I</i>	none						
1 1							
_ / /							
1 1							
. 1 1						v.	
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number

1/13/2024 / through 1/26/2/  (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	of	(11)
Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a		(10)	(11)
(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a			
	•	Туре	Amendment	Amount
NONE				
		_		
		-	-	
				•

JAN 31 AH10:14

#### **CONTRIBUTIONS RETURNED**

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

#### OFFICE USE ONLY

	OFFICE 03E ONET		
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			
8934 Garland Ave			
Full Name and Address of Contributor:	Full Name and Address of Contributor:		
	Amount of Contribution: \$		
Amount of Contribution: \$			
Date Received:	Date Received:		
Date Returned:	Date Returned:		
Full Name and Address of Contributor:	Full Name and Address of Contributor:		
Amount of Contribution: \$	Amount of Contribution: \$		
Date Received:	Date Received:		
Date Returned:	Date Returned:		
I CERTIEV THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE CORRECT AND COMPLETE.			

_	Jaros Bruns SEM	
	Type or Print Name of Candidate, Treasurer or Chairman	
x	Signature	
DS-DE 2 (Rev. 12/19)	Signature	

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



Name Jared Brunnabend	OFFICE USE ONLY				
I.D. Number					
Address (number and street)	JAN 31 AM10:14				
8934 Garland Ave	1				
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.  I certify that I have examined this report and it correct, and complete.					
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd				
(Type name) <u>Treasurer</u>	(Type name)   Candidate				
X Signature	X Signature				

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Jared Brunnabend		(2) I.D. Number _	Section 1.
	Name	(4) Cover Period	1/13/2024 through	1/26/2024
(5) Report	<b>Type</b> ☑ Original ☐ Amendment	(6) Page1	of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed I (if not directly hired by campaign	(11) By Amendment Type
				1

	CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1)	Jared Brunnabend	OFFICE USE ONLY		
	Name			
(2)	8934 Garland Avenue	FEB 14 PM12:44		
	Address (number and street) Surfside FL 33154	Conto)		
	City, State, Zip Code			
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	✓ Candidate Office Sought: Commission  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed		
	(5) Report	Identifiers		
Cov	er Period: From 01/27/2024 To	2/09//2024 / Report Type: 2024B2		
☑ C	Original Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	h & Checks \$ 0.00 ,	Monetary		
Loai	s , , ,	Transfers to Office Account \$ , , .		
Tota	1 Monetary \$ 0.00 ,	Total Monetary \$ 0.00,		
In-K	ind \$ , ,			
		(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:				
(T	ype name) Jared Brunnabend	(Type name) Jared Brunnabend		
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	✓ Candidate		
_X		x		
S	gnature	Signature O		

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Brunnabend		(2)	I.D. Number		
(3) Cover Period	1/27/2024	through/	/	_ (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)	(12)
1 1	NONE			·		
1 1						
1 1						
1 1					:	
1 1						
1 1						
1 1						

DS-DE 13 (Rev. 11/13)



	d Brunnabend		2) I.D. Number		
Cover Perio	od 1/27/2024 / through 2/9/	20/24 / (4	1) Page	of _	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amou
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13)



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



Name Jared Brunnabend	OFFICE USE ONLY
I.D. Number	
Address (number and street)	FEB 14 PM 12:45
8934 Garland Ave	
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, Su	
REPORT IDE	NTIFIERS
Report Name Cover Period	dthrough
Report Type    Original    Amendment	
	ICATION
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd
(Type name) <u>Treasurer</u>	(Type name) X Candidate
Signature	X Signature

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

FEB 14 PM 12:45

(1) Name	Jared Brunnabend		(2) I.D. Number	
(3) Report	Name	(4) Cover Period	1/27/2024 through	/2024
(5) Report	Type ☐ Original ☐ Amendment	(6) Page1	of1	
(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
		A 121		
				77
				/

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)



## **CONTRIBUTIONS RETURNED**

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

DS-DE 2 (Rev. 12/19)

OFFICE USE ONLY

	OTTIOE GOL GIVET				
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	Full Name and Address of Contributor:				
Amount of Contribution: \$	Amount of Contribution: \$				
Date Received:	Date Received:				
Date Returned:	Date Returned:				
Full Name and Address of Contributor:	Full Name and Address of Contributor:				
Amount of Contribution: \$  Date Received:  Date Returned:	Amount of Contribution: \$  Date Received:  Date Returned:				
Type or Print Name of Candidate, Treasurer or Chairman					

Signature

	CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1)	Jared Brunnabend	OFFICE USE ONLY		
	Name			
(2)	8934 Garland Avenue	TOWN OF SURES IDE		
	Address (number and street) Surfside FL 33154	FEB23 '24 9:18Af		
	City, State, Zip Code	<del></del>		
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	✓ Candidate Office Sought: Commission  ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed		
	(5) Report	Identifiers		
Cov	er Period: From <u>02/10/2024</u> To	02/2/2/24 / Report Type: 25P1		
<b>√</b> 0	original Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Casl	h & Checks \$ 0.00 ,	Monetary		
Loar	s \$,,	Transfers to Office Account \$ , , .		
Tota	Monetary \$ 0.00 ,			
In-Ki	ind \$,,			
		(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.)				
	certify that I have examined this report and it is true, corn			
	<sub>ype name)</sub> Jared Brunnabend	(Type name) Jared Brunnabend		
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)		
X Si	gnature	X Signature		

FEB23 '24 9:18AM TOWN OF SURFSIDE

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brunnabend			(2)	I.D. Number		
(3) Cover Period	2/10/24	throug	gh/	/	_ (4) Page	1 (	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1	NONE						
1 1							
1 1							
1 1							
1 1	z.						
1 1							
1 1							

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

FEB23 '24 9:18AM

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jared	Brunnabend	(2	2) I.D. Number		
(3) Cover Perio	d 2/10/24 // through 2/22/2/	4/(4	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
/ /	NONE				
//					
_//					
//					
//					
/ /					
//					
/ /					

## **CONTRIBUTIONS RETURNED**

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

DS-DE 2 (Rev. 12/19)

FEB23 '24 9:19AM

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	Full Name and Address of Contributor:				
Amount of Contribution: \$  Date Received:	Amount of Contribution: \$  Date Received:				
Date Returned:	Date Returned:				
Full Name and Address of Contributor:	Full Name and Address of Contributor:				
- univaline and Address of Contributor.	- uni Name and Address of Contributor.				
Amount of Contribution: \$	Amount of Contribution: \$				
Date Received:	Date Received:				
Date Returned:	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 Jared Brunnabend	
I.D. Number	
Address (number and street)	TOWN OF SURFSIC
8934 Garland Ave	FEB23 '24 9:19F
City, State, Zip Code	
Surfside FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	ıb-Area
REPORT IDE	
Report Name Cover Period	d through
Report Type	
CERTIS	IOATION
	ICATION son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd
(Type name) <u>Treasurer</u>	(Type name) X Candidate
	$\sum_{i}$
Y	The state of the s
Signature	Signature
olgitataic	Olgitatare

# TOWN OF SURFSIDE FEB 23 '24 9:19AM

## 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 _25P1	(4) Cover Period	2/10/24 through	2/2024
(5) Report	Type   Original   Amendment	(6) Page1	of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Jared Brunnabend	OFFICE USE ONLY
Name	
(2) 8934 Garland Avenue	WAD 1 0110
Address (number and street) Surfside FL 33154	MAR 1 pm 2:19
City, State, Zip Code	- Sinc
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
✓ Candidate Office Sought: Commission	ner
Political Committee (PC)	Obselvhere if DO on FOO has dishereded
<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Report	Identifiers
Cover Period: From 02/23/2024 To	3/7/24 / Report Type: 11P1
✓ Original	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
20.00	Monetary
Cash & Checks \$ 0.00 ,	Expenditures \$ <u>16.</u> 00 ,
Loans \$ , , .	Transfers to
	Office Account \$ , ,
Total Monetary \$ <u>0.0</u> 0 ,	
Φ.	Total Monetary \$ <u>16.00</u> ,
In-Kind \$ , ,	(0) Other Distributions
	(8) Other Distributions
	· , ,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$ <u>200.0</u> 0, ,	\$ <u>87.46</u> ,,
(11) Cert	ification
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	2
(Type name) Jared Brunnabend	(Type name) Jared Brunnabend
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
MAD	
X	X
Signature 2	Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number				
(3) Cover Period	l <sup>2/23/24</sup> //	through	3/7/24	/	_ (4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Contri	butor	(9)	(10)	(11)	(12)
Number / /	City, State, Zip Code NONE	Type Oo	ccupation	Туре	Description	Amendment	Amount
1 1							
1 1	-						
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)





## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name			(2) I.D. Number		
(3) Cover Period 2/23/24//	through _3/7/24/	/	(4) Page	of	
	(=)	(0)	(0)	(40)	(44)

(5)	(7)	(8)	(9)	(10)	(11)
(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
/ /	Bank of America	Bank Fee	Fee		16.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
//					

DS-DE 14 (Rev. 11/13)



## **CONTRIBUTIONS RETURNED**

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

MAR 1 PM 2:20 Gove

	OFFICE USE ONLY
This report applies only to contributions received by an to the contributor before being deposited in the campai	
Candidate	Committee or Organization
Full Name: Jared Brunnabend	
Full Address: 8934 Garland Ave	
Full Name and Address of Contributor: NONE	Full Name and Address of Contributor:
Amount of Contribution: \$	Amount of Contribution: \$
Date Received:	Date Received:
Date Returned:	Date Returned:
Full Name and Address of Contributor:	Full Name and Address of Contributor:
Amount of Contribution: \$  Date Received:  Date Returned:	Amount of Contribution: \$  Date Received:  Date Returned:
I CERTIFY THAT I HAVE EXAMINED THIS REPOR	

	JAREO BRUNNARENO	
	Type or Print Name of Candidate, Treasurer or Chairman	
V		
X	XVV	
	Signature	
-DE 2 (Re		

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



Name Jared Brunnabend	OFFICE USE ONLY
	_
I.D. Number	MAR 1 PM 2:20
Address (number and street)	- Gne
8934 Garland Ave	
City, State, Zip Code	
Surfside FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor —	
☑ Commissioner, District	<u>-</u>
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name Cover Period	d through
Report Type	
OF DITIE	ICATION
	ICATION on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd
(Type name) <u>Treasurer</u>	(Type name)   Candidate
X	X
Signature	Signature

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Jared Brunnabend		(2) I.D. Number	
(3) Report	Name _11P1	(4) Cover Period	2/23/24 through3/7	2024
(5) Report	Type 🖾 Original 🔲 Amendment	(6) Page1	of1	
(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
2				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

5b

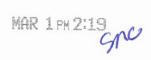
	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jared Brunnabend	OFFICE USE ONLY
	Name	
(2)	8934 Garland Avenue Address (number and street)	MAR 1 PM 2:19
	Surfside FL 33154	CALL
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	✓ Candidate Office Sought: Commission  ☐ Political Committee (PC)	er
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an ☐	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cov	er Period: From 02/28/2024 To	3/7/24 / Report Type: 11P1
<b></b> ✓ C	original Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$ 0.00 ,	Monetary
Loai	s,,	Transfers to Office Account \$ , , .
Tota	Il Monetary \$ 0.00 ,	
In-K	ind \$ , , .	Total Monetary \$ <u>16.0,0</u> ,
111-13	,,,	(8) Other Distributions
		\$ , ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$ 200.00, ,	\$ <u>87.46</u> ,,
	(11) Cert It is a first degree misdemeanor for any pers	
Lo	certify that I have examined this report and it is true, corn	ect, and complete:
	ype name) Jared Brunnabend	(Type name) Jared Brunnabend
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	✓ Candidate
3,	TAA	
_X	77-11	X
Si	gnature	Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number				
(3) Cover Period	Z/23/24 / /	throu	gh/	/	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	NONE	Туре	Occupation	Туре	Description	(	\$0 16.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)





over Perio	d <sup>2/23/2</sup> / <sub>/ through <sup>3/7</sup></sub>		4) Page		
(5) Date	(7)	(8)	(9)	(10)	(11)
(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	Amoun
/ /	Bank of America	Bank Fee	Fee		16.00
/ /					
/ /					(*)
/ /					
/ /					

DS-DE 14 (Rev. 11/13)



## **CONTRIBUTIONS RETURNED**

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

DS-DE 2 (Rev. 12/19)

MAR 1 PM 2:20

Sme

OFFICE USE ONLY

This report applies only to contributions received by ar to the contributor before being deposited in the campa	
Candidate	Committee or Organization
Full Name: Jared Brunnabend	
Full Address: 8934 Garland Ave	
Full Name and Address of Contributor:  NONE	Full Name and Address of Contributor:
Amount of Contribution: \$  Date Received:	Amount of Contribution: \$  Date Received:
Date Returned:	Date Returned:
Full Name and Address of Contributor:	Full Name and Address of Contributor:
Amount of Contribution: \$  Date Received:  Date Returned:	Amount of Contribution: \$  Date Received:  Date Returned:
Type or Print Name of Cand	RT AND IT IS TRUE, CORRECT AND COMPLETE.

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



	OFFICE USE ONLY
Name Jared Brunnabend	
	_
I.D. Number	MAR 1 PM 2:20
Address (number and street)	- Grove
Address (number and street)	
8934 Garland Ave	
City, State, Zip Code	
Surfside FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name Cover Period	through
Nopoliticality	
Report Type    Original    Amendment	
CERTIE	ICATION
	son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd
(Type name) <u>Ireasurer</u>	(Type name) X Candidate
V CAA	
Cinnatura	Circostus
Signature	Signature

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Jared Brunnabend			(2	) I.D. Number	
(3) Report	Name _11P1		(4) Cover Period	2/23/24	_through3/7	2024
(5) Report	Type   Original	☐ Amendment	(6) Page1		of1	
(7) Row Number	(8) Full Na (Last, Suffix, Fi		(9) Employed By	(10 Name of Organizati (if not directly hire	on Employed By	(11) Amendment Type
		,				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

5B

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jared Brunnabend	OFFICE USE ONLY
(0)	Name	
(2)	8934 Garland Avenue Address (number and street)	- Smc
	Surfside FL 33154	MAR15 '24 2:35PM
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):  Candidate Office Sought: Commission	nor
	✓ Candidate Office Sought: CONTINISSION  Political Committee (PC)	liei
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded
	☐ Party Executive Committee (PTY) [ ☐ Independent Expenditure (IE) (also covers an [	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cov	er Period: From 03/08/24 / To	3/15/24 / Report Type: 4P1
<b></b> ✓ 0	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casi	n & Checks \$ 0.00 ,	Monetary
Loar	\$ <u>300,000</u> ,	Transfers to Office Account \$ , , .
Tota	I Monetary \$ 300,00 , .	
		Total Monetary \$ <u>16.0,0</u> ,
In-K	ind \$,,	
		(8) Other Distributions
(9)	TOTAL Monetary Contributions To Date \$ 500.00,	(10) TOTAL Monetary Expenditures To Date \$ 103.46 ,
	(11) Cert	ification
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
	certify that I have examined this report and it is true, corn	
-	ype name) Jared Brunnabend	(Type name) Jared Brunnabend
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
V	C XA	
Si	gnature	Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Brunnabend			(2)	I.D. Number		
(3) Cover Period	3/8/24 / /	throu	gh/		_ (4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
3113124	Jared Brunnabend 8934 Garland Ave Surfside FL 33154	LOAN	Investor	LOAN			300.00
1 1							
1 1							
1 1							
1 1							
1 1							
/ / /					AND CORE VA	u	

DS-DE 13 (Rev. 11/13)



### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jared	Brunnabend		(2	2) I.D. Number	-	
(3) Cover Perio	d 3/8/24//_	through	<u> </u>	1) Page	of _	1
(5) Date (6) Sequence Number	(Last, Suffi Street	(7) Il Name x, First, Middle) Address & ate, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
3/8/21	Bank of America		Bank Fee	Fee		\$16.06
/ /						
/ /						
//						
/ /						
/ /		e e				
/ /						
/ /						

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



## **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 an to the contributor before being deposited in the campa	ny candidate, committee, or organization but returned ign account.
Candidate	Committee or Organization
Full Name: Jared Brunnabend	
Full Address: 8934 Garland Ave	
Full Name and Address of Contributor: NONE	Full Name and Address of Contributor:
Amount of Contribution: \$	Amount of Contribution: \$
Date Received:	Date Received:
Date Returned:	Date Returned:
Full Name and Address of Contributor:	Full Name and Address of Contributor:
Amount of Contribution: \$  Date Received:  Date Returned:	Amount of Contribution: \$  Date Received:  Date Returned:
I CERTIFY THAT I HAVE EXAMINED THIS REPOR	RT AND IT IS TRUE, CORRECT AND COMPLETE.

	JATES BOUNDAGERO, CARDIONTE	
	Type or Print Name of Candidate, Treasurer or Chairman	
	C XAA	
X	Art	
	Signature	
DE 2 /Day 42	(40)	

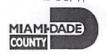
DS-DE 2 (Rev. 12/19)

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



Name Jared Brunnabend	OFFICE USE ONLY
I.D. Number	
Address (number and street)	MAR15 '24 2:36PF
8934 Garland Ave	MAR15 '24 2:36PM Smc
City, State, Zip Code	9/11.8
Surfside FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name Cover Period	dthrough
Report Type	
CERTIF	ICATION
	son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd
(Type name) Ireasurer	(Type name)   Candidate
Signature	X Signature

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Jared Brunnabend		(2)	I.D. Number	
	Name _4P1	(4) Cover Period	3/8/24	_ through3/1	52024
(5) Report	Type ☑ Original ☐ Amendment	(6) Page1		of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization (if not directly hire	on Employed By	(11) Amendment Type
	NONS				
	V				
			-		
	,				
				-	

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jared Brunnabend	OFFICE USE ONLY
	Name	
(2)	8934 Garland Avenue	TOWN OF SURFSIDE
	Address (number and street) Surfside FL 33154	APR19 '24 3:43P
	City, State, Zip Code	<u></u>
	Check here if address has changed	(3) ID Number:/
(4)	Check appropriate box(es):  Candidate Office Sought Commission	nor
	☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ 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
Cove	er Period: From 03/16/24 / To	04/19/24 / Report Type: 18TRG
<b></b> ✓ 0	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	n & Checks \$ 0.00 ,	Monetary
Loar	\$ <u>0.0</u> 00	Transfers to Office Account \$ , , .
Tota	I Monetary \$ 0.00 , .	
In-Ki	ind \$ , , .	Total Monetary \$ <u>396,54</u> ,
111 131	, , ,	(8) Other Distributions
		\$,,
(9)	TOTAL Monetary Contributions To Date \$ 500.00,,	(10) TOTAL Monetary Expenditures To Date \$ 500.00
	(11) Cert It is a first degree misdemeanor for any pers	
Lo	certify that I have examined this report and it is true, corn	
	larad Pruppahand	(Type name) Jared Brunnabend
	ype name) Jareu Drumiabenu Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)
	electioneering comm.)	
Х	X (# 2)	x
-	gnature	Signature

APR19'24 3:43PM

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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10	14
7	1/

(1) Name	Brunnabend			(2)	I.D. Number		
(3) Cover Period	3/16/24	throu	gh/	/	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
1 1		,,,,,		.,,,,	(	50	16
04/16/2021					(6	(%)	<del>.380</del> -54
J J							
I I							
I I							
1 1							
1 1			ø				
DS-DE 13 (Pay 11/1	• •		VEDOE FOR	HOTOLIOTIONIO	AND CODE VAL	1150	

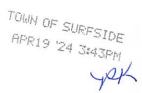
DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Jared Brunnabend (2) I.D. Number						
(3) Cover Perio	d <u>3/16/24</u> /through <u>4/19/2</u>	<u></u>	4) Page	of _	1	
(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	
04/01/2029	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	20	380.54	
/ /						
/ /						
/ /						
/ /						
/ /					1	
, ,						

DS-DE 14 (Rev. 11/13)

## **CONTRIBUTIONS RETURNED**

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



OFFICE USE ONLY

	OFFICE USE ONE			
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	Full Name and Address of Contributor:			
Amount of Contribution: \$	Amount of Contribution: \$			
Amount of Contribution: \$	Amount of Contribution: \$			
Date Received:	Date Received:			
Date Returned:	Date Returned:			
Full Name and Address of Contributor:	Full Name and Address of Contributor:			
Amount of Contribution: \$	Amount of Contribution: \$			
Date Received:	Date Received:			
Date Returned:	Date Returned:			
LOCATION THAT I HAVE EVANINED THE BEDON	T AND IT IS TRUE CORRECT AND COMPLETE			

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

	Alos I	Spenne Dans	
***************************************	Type or Print Name	of Candidate, Treasurer or Chairman	
X			
	1500	Signature	
DS-DE 2 (Rev. 12/19)			

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



Name Jared Brunnabend	OFFICE USE ONLY			
I.D. Number	TOWN OF SURFSIDE FIPR 19 '24 3:44PM			
	APR19 '24 7			
Address (number and street)	344py			
8934 Garland Ave				
City, State, Zip Code				
Surfside FL 33154				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor				
☑ Commissioner, District				
☐ Property Appraiser	_			
☐ Clerk of the Circuit Courts				
	h-Area			
☐ Community Council, Area, Sub-Area				
REPORT IDE	NTIFIERS			
Report Name Cover Period	d through			
Report Type    Original    Amendment				
CERTIF	ICATION			
	son to falsify a public record (ss. 839.13, F.S.)			
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.			
Jared Brunnabend Treasurer Deputy	Jared Brunnabnd			
(Type name) Treasurer	(Type name)			
X Signature	X Signature			

APR19 '24 3:44PM PA

## 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	4/192024
(5) Report	Type 🖾 Original	☐ Amendment				
(7) Row Number	(8) Full Na (Last, Suffix, F	ame	(9) Employed By	Name of Organiza (if not directly hi	10) ation Employed red by campaig	(11) By Amendment n) Type
					*	
						10
	*					
			±			