

**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.

DEC 21 PM 2:25

[Handwritten Signature]

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)

Jeffrey Rose

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

*8851 Froude Ave
Surbide, FL 33154*

4. Telephone

(305) 733-2485

5. E-mail address

rosejrr@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

Jeffrey Rose

11. Mailing Address

8851 Froude Ave

12. Telephone

(305) 733-2485

13. City

Surbide

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

rosejrr@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

12-21-2021

26. Signature of Candidate

X Jeffrey R Rose

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

I, *Jeffrey Rose*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

12-21-2021

Date

X Jeffrey R Rose

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

DEC 21 PM 2:20

[Handwritten signature]

I, Jeffrey Rose,

candidate for the office of Commissioner;

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

X

[Handwritten signature: Jeffrey R. Rose]

Signature of Candidate

12-21-21

Date

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

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

DEC 27 AM 9:32

DEC 21 PM 2:25

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)

Jeffrey Rose

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

8851 Froude Ave
Surfside, FL 33154

4. Telephone

(305) 733-2485

5. E-mail address

rosejrf@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

Jeffrey Rose

11. Mailing Address

8851 Froude Ave

12. Telephone

(305) 733-2485

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

rosejrf@gmail.com

18. I have designated the following bank as my

☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust

20. Address

9600 Collins Ave

21. City

Bal Harbour

22. County

Miami-Dade

23. State

Florida

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

12-21-2021

26. Signature of Candidate

X Jeffrey R Rose

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

I, Jeffrey Rose, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

12-21-2021

Date

X Jeffrey R Rose

Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

JAN 10 AM 9:19

(1) Jeffrey Rose

Name

(2) 8851 Florida Avenue

Address (number and street)

Scratchy, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 12 / 1 / 21 To 12 / 31 / 21 Report Type: 2021/4/12

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 500 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 87 . 82

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

Total Monetary \$ _____ , _____ , 87 . 82

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 87 . 82

(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)

Jeffrey Rose

☐ Individual (only for IE or electioneering comm.)

☐ Treasurer

☐ Deputy Treasurer

X

Jeffrey Rose

Signature

(Type name)

Jeffrey Rose

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Jeffrey Rose

Signature

JAN 10 AM 9:19

Jeltra Rose

(2) I.D. Number

12 / 1 / 21

through

12 / 31 / 21

(4) Page

of _____

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rowe

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 21 through 12 / 31 / 21(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					
<u>12 / 25 / 21</u>	<u>Sentrust Bank</u>	<u>Checks from Bank</u>	<u>CAN</u>		<u>\$87.72</u>
<u>1</u>	<u>PO Box 305183</u>				
	<u>Memphis, TN 37230</u>				
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					

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



OFFICE USE ONLY

Name Jeffrey Rose

I.D. Number _____

Address (number and street)

8651 Fiddle Ave

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

JAN 10 AM 9:19

Candidate for:

☐ Mayor

☒ Commissioner, District Town of Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2021 M12 Cover Period 12-7-21 through 12-31-21

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.

Jeffrey Rose

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

Jeffrey Rose

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

Jeffrey Rose

(Type name) ☒ Candidate

X
Signature

Jeffrey Rose



MIAMI-DADE
COUNTY

Jeffrey Rose

2021/11/2

☒ Or

NA

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

JAN 14 PM 2:08 *gme*

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

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

Signature: <u>Leah Rose</u>	Date: <u>12/27/21</u> D.O.B. _____
Print Name: <u>Leah Rose</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>12/29/21</u> D.O.B. _____
Print Name: <u>Josh Greisman</u>	Address: _____
Signature: <u>Carolyn Baemel</u>	Date: <u>12/29/21</u> D.O.B. _____
Print Name: <u>CAROLYN BAEMEL</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>12/30/2021</u> D.O.B. _____
Print Name: <u>KARIN BERGER</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>12/30/2021</u> D.O.B. _____
Print Name: <u>RENATO REIS</u>	Address: _____
Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: <u>[Signature]</u>	Date: <u>JANUARY 4, 2022</u> D.O.B. _____
Print Name: <u>DANIEL DIETRICH</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-4-22</u> D.O.B. _____
Print Name: <u>SHARON HAKKIO</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-6-22</u> D.O.B. _____
Print Name: <u>Steph Ann Schott</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u> D.O.B. _____
Print Name: <u>VIVIANA ESKOWATZ</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/12/22</u> D.O.B. _____
Print Name: <u>Sebastian Gueyma</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 11 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: Jeffrey Rose
Address of Circulator: 8851 Fiddle Ave, Surfside, FL 33154
Email address of Circulator: rose.jill@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeffrey Rose Date: 1-14-22

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

JAN 14 PM 2:08 *GMC*

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

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

Signature: <u><i>Michelle D'Antuono</i></u>	Date: <u>1-9-21</u>	D.O.B.:
Print Name: <u>Michelle D'Antuono</u>	Address:	
Signature: <u><i>Simone D'Antuono</i></u>	Date: <u>1-9-2021</u>	D.O.B.:
Print Name: <u>Simone D'Antuono</u>	Address:	
Signature: <u><i>Andrew Feldman</i></u>	Date: <u>1/9/22</u>	D.O.B.:
Print Name: <u>Andrew Feldman</u>	Address:	
Signature: <u><i>Lisa Feldman</i></u>	Date: <u>1/9/22</u>	D.O.B.:
Print Name: <u>Lisa Feldman</u>	Address:	
Signature: <u><i>Luis Perlich</i></u>	Date: <u>1/9/22</u>	D.O.B.:
Print Name: <u>Luis Perlich</u>	Address:	
Signature: <u><i>BEAN KUND</i></u>	Date: <u>1/10/2022</u>	D.O.B.:
Print Name: <u>BEAN KUND</u>	Address:	
Signature: <u><i>Marianne Meisheid</i></u>	Date: <u>1/10/2022</u>	D.O.B.:
Print Name: <u>Marianne Meisheid</u>	Address:	
Signature: <u><i>Cleopatra Skordilis</i></u>	Date: <u>1-10-22</u>	D.O.B.:
Print Name: <u>Cleopatra Skordilis</u>	Address:	
Signature: <u><i>Rebecca Felt</i></u>	Date: <u>1/11/22</u>	D.O.B.:
Print Name: <u>Rebecca Felt</u>	Address:	
Signature: <u><i>W. Norkin</i></u>	Date: <u>1-11-22</u>	D.O.B.:
Print Name: <u>W. Norkin</u>	Address:	
Signature: <u><i>Rose R. Sinfanski</i></u>	Date: <u>1/12/22</u>	D.O.B.:
Print Name: <u>Rose R. Sinfanski</u>	Address:	
Signature: <u><i>Michelle Weinberg</i></u>	Date: <u>1/12/22</u>	D.O.B.:
Print Name: <u>Michelle Weinberg</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: *Jeffrey A. Rose*

Address of Circulator: 8891 Friswell Ave, Surfside FL 33154

Email address of Circulator: jeff@jeffrose.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: *Jeffrey A. Rose* Date: 1-14-22

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

SMC

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

STATEMENT OF CIRCULATOR

ACCEPTANCE OF NOMINATION

Signature of Candidate: Deepika Date: 1/1/22

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

JAN 14 PM 2:08 *gume*

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

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

Signature: <u>[Signature]</u>	Date: <u>1/11/22</u> D.O.B. _____
Print Name: <u>Kevin Rolfe</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/13/22</u> D.O.B. _____
Print Name: <u>Fred Landsman</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/13/22</u> D.O.B. _____
Print Name: <u>Ellen Abramson</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/13/21</u> D.O.B. _____
Print Name: <u>Becky Manuel</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/14/22</u> D.O.B. _____
Print Name: <u>Charlie Manuel</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: _____
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: 8831 Frade Ave, Surfside 3354
Email address of Circulator: rosalind@surfsidefl.com

ACCEPTANCE OF NOMINATION

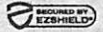
I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 1/14/22

JEFFREY ROSE
CAMPAIGN ACCOUNT
8851 FROUDE AVE
SURFSIDE, FL 33154

1001

1-17-22
Date



Pay to the order of Town of Surfside

\$ 25⁰⁰/₁₀₀

-twenty five dollars & 00/100

dollars



Security Features
Included
Details on Back



SUNTRUST

ACH RT 061000104

for Qualifying Fee

Jeffrey Rose

RP

**CANDIDATE OATH –
NONPARTISAN OFFICE**

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

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

☐ Write-in candidate

JAN 14 PM 2:29

OFFICE USE ONLY

Candidate Oath

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

I, Jeffrey "Jeff" Rose,

(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 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): _____

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.]

X Jeffrey Rose (305) 733-2485 rosej1r@gmail.com
Signature of Candidate Telephone Number Email Address
8851 Fowle Ave Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

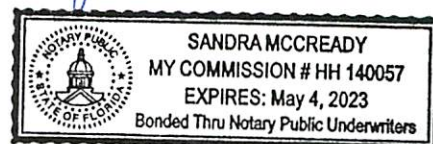
Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 14th day of January, 2022.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver License

Signature of Notary Public

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





JAN 14 PM 2:31

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 15, 2022

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 }

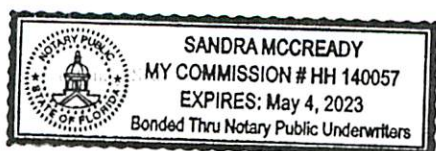
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Jeffrey Rose,
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 8851 Fivole Ave, Surfside, FL 33154,
my occupation is General Contractor and Real Estate Broker; that I have been
a resident of the Town of Surfside since 2014; that I will be at least twenty-one (21) years of
age by January 29, 2022 and that if elected, I will willingly serve as Commissioner
(Mayor or Commissioner) of the Town of Surfside, if elected.

Jeffrey Rose
Signature of Candidate

1-14-22
Date

Sworn to and subscribed before me this 14th day of January, 20 22.



Sandra W. McCreedy
NOTARY PUBLIC

Sandra W. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Rose Jeffrey Ryan

MAILING ADDRESS :

8851 Finkle Ave

Surfside 33154 Miami-Dade

CITY : ZIP : COUNTY :

Town of Surfside

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

JAN 14 PM 2:23

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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
Rose Remodeling and Construction	8851 Finkle Ave, Surfside, FL 33154	Construction
Rose and Rose Realty	8851 Finkle Ave, Surfside, FL 33154	Real Estate

PART B -- SECONDARY SOURCES OF INCOME

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

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

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

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

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

8851 Finkle Ave, Surfside, FL 33154
9181 Abbott Ave, Surfside, FL 33154
9075 Hawthorne Ave, Surfside, FL 33154

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
Annuity	Retirement

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Mr. Cooper, Nottow State Mortgage	8950 Cypress Lake Dr, Blue Bell, PA 19380

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Rosa Rembley and husband	
ADDRESS OF BUSINESS ENTITY	8851 Fowler Ave, Sanford, FL 32354	
PRINCIPAL BUSINESS ACTIVITY	Construction	
POSITION HELD WITH ENTITY	100% Owner / Manager	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	100%	

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:

1/17/22

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, 2021.

FORM STATEMENT OF FINANCIAL INTEREST 2021

ADDENDUM TO PART E-LIABILITIES

JAN 14 PM 2:25

Randy S Rose Revocable Trust

3630 Yacht Club Dr #608

Aventura, FL 33180

Richard B. Carmel Profit Sharing Trust

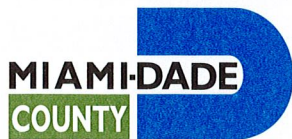
12555 Biscayne Blvd#800

North Miami, FL 33181

Terry Quinlan and Helene Quinlan

2328 Commodores Club Blvd

St. Augustine, FL 32080



Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

January 18, 2022

Sandra McCready, MPA, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Jeffrey "Jeff" Rose, a candidate for the office of Commissioner for Town of Surfside. A total of 36 petitions were reviewed for verification; of which 36 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)





Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 36 signatures submitted by Jeffrey "Jeff" Rose for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 18th DAY OF
JANUARY, 2022

A handwritten signature in blue ink, appearing to be "Christina White", written over a horizontal line.

Christina White
Supervisor of Elections





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

January 18, 2022

Mr. Jeffrey "Jeff" Rose
8851 Froude Avenue
Surfside, FL 33154

Dear Mr. Rose:

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 15, 2022 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) Jeffrey Rose
Name

(2) 8851 Froude Ave
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

FEB 9 PM 1:20

(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: Surfside 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 / 22 To 1 / 31 / 22 Report Type: 2022141

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ 0 , 0 , 0 . 0

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

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

Total Monetary \$ _____ , _____ , 25 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 112 . 82

(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) Jeffrey Rose

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

X Jeffrey Rose
Signature

(Type name) Jeffrey Rose

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 9 PM 1:20

(1) Name Jeffrey Rose

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 22 through 1 / 31 / 22

(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		
/ /				N/A			
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffy Rose

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 22 through 1 / 31 / 22(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					
<u>1/14/22</u>	<u>Town of Surfside Qualifying Fee</u>	<u>Qualifying fee</u>			<u>\$25.00</u>
<u>001</u>	<u>9253 Harding Ave</u> <u>Surfside FL 33154</u>				
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					
<u>/ /</u>					

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



OFFICE USE ONLY

Name

Jeffrey Rose

I.D. Number

FEB 9 PM 1:21

Address (number and street)

8851 Fiske Ave

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

Candidate for:

☐ Mayor

☒ Commissioner, District Town of Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2022M1 Cover Period 1-1-22 through 1-31-22

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.

Jeffrey Rose

(Type name)

☒ Treasurer

☐ Deputy Treasurer

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

Jeffrey Rose

(Type name)

☒ Candidate

X Jeffrey Rose
Signature

X Jeffrey Rose
Signature

FEB 9 PM MIAMI-DADE COUNTY

(1) Name Jeffrey Rose (2) I.D. Number _____

(3) Report Name 2022 MI (4) Cover Period 1-1-22 through 1-31-22

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeff Rose
Name

(2) 8851 Fivole Ave
Address (number and street)

Switsick, FL 33154
City, State, Zip Code

OFFICE USE ONLY

FEB 17 PM 12:45

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Seaside Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 2 / 1 / 22 To 2 / 17 / 22 Report Type: OSP1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 4,000 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 4,000 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 401 . 25

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

Total Monetary \$ _____ , _____ , 401 . 25

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 4,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 517 . 07

(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) Jeffrey Rose

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

X Jeffrey Rose
Signature

(Type name) Jeffrey Rose

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeffrey Rose (2) I.D. Number FEB 17 PM 12:46
 (3) Cover Period 2 / 1 / 22 through 2 / 17 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation			
<u>2, 07, 22</u>	<u>Randy Rose</u>	<u>I</u>		<u>check</u>		<u>\$1,000</u>
<u>001</u>	<u>3630 Yacht Club Dr</u>					
	<u>Amherst, NC 27800</u>					
<u>2, 07, 22</u>	<u>Berry Shubert</u>	<u>I</u>		<u>check</u>		<u>\$500</u>
<u>002</u>	<u>13095 Biscayne Parkway</u>					
	<u>North Miami, FL 33181</u>					
<u>2, 07, 22</u>	<u>6214 Rambles</u>	<u>B</u>	<u>Construction</u>	<u>check</u>		<u>\$1,000</u>
<u>003</u>	<u>10476 24th St</u>					
	<u>Hickory, NC 27203</u>					
<u>2, 17, 22</u>	<u>Wasson Furniture</u>	<u>B</u>	<u>Furniture</u>	<u>check</u>		<u>500</u>
<u>004</u>	<u>15 NW 1st Ave</u>					
	<u>Hollywood, FL 33009</u>					
<u>2, 17, 22</u>	<u>Allen Davidson</u>	<u>I</u>		<u>check</u>		<u>1,000</u>
<u>005</u>	<u>600 74th St</u>					
	<u>Seabrook, FL 33594</u>					
<u>/ /</u>						
<u>/ /</u>						

FEB 17 PM 12:46

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Noe

(2) I.D. Number _____

(3) Cover Period 2 / 1 / 22 through 2 / 14 / 22

(4) Page 1 of 1

[illegible]

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



OFFICE USE ONLY

Name

Jeffery Rose

I.D. Number

Address (number and street)

8851 Finch Ave

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 17 PM 12:46

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

25pg

Cover Period

2-1-22

through

2-17-22

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.

Jeffery A Rose

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Jeffery A Rose

Signature

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

Jeffery Rose

(Type name)

☒ Candidate

X

Jeffery A Rose

Signature

**MIAMI-DADE
COUNTY**

RECEIVED

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose
 Name
 (2) 8881 Froude Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 4 PM 1:59

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Surfside 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

Cover Period: From 2 / 18 / 22 To 3 / 3 / 22 Report Type: 11P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 4,150 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 4,150 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1,425 . 00

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

Total Monetary \$ _____ , _____ , 1,425 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 8,650 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,425 . 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) Jeffrey Rose

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X Jeffrey R. Rose
 Signature

(Type name) Jeffrey Rose

☒ Candidate

☐ Chairperson (only for PC and PTY)

X Jeffrey R. Rose
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 4 PM 1:59

(1) Name Jeffrey Rose

(2) I.D. Number 1181

(3) Cover Period 2 / 18 / 22 through 3 / 3 / 22

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation			
/ /						
2, 18, 22	Jose Ignacio Rivero 8601 SW 5th Ct Miami, FL 33173	I		check		1,000
001						
3, 1, 22	David S. Moran PO Box 7083 Emmetsburg, IA 50501	I		check		1,000.00
002						
3, 1, 22	Lennishochet 180 NE 29th St Miami, FL 33137	I		check		1,000.00
003						
3, 1, 22	Joseph M. Panto Mutual Account 2301 Longleaf Blvd Ste 300 Lakeland, FL 33857	B	Real Estate	check		500.00
004						
3, 1, 22	Charlie W. Schantz 175 E 76th St New York, NY 10021	I		check		150.00
005						
3, 1, 22	Rapier Title Land 12000 Big Cypress Blvd 7001 NW 1st Miami, FL 33151	B	Title Company	check		250.00
006						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 4 PM 1:59

(1) Name Jeffrey Rose (2) I.D. Number 1194
 (3) Cover Period 2 / 18 / 22 through 3 / 3 / 22 (4) Page 1 of 1

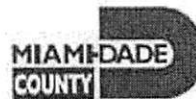
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
3 / 1 / 22	Kron 2606 N 1200 B 3rd St North Minneapolis 55418	B	Attorney	check			250.00
007							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jeffy Noa (2) I.D. Number 1114
 (3) Cover Period 2/18/22 through 3/3/22 (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
//	N/A				
//					
//					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name Jeffrey Rose

I.D. Number _____

Address (number and street)

8851 Lorne Ave

City, State, Zip Code

Surfside FL 33154

MAR 4 PM 1:59

☐ CHECK IF ADDRESS HAS CHANGED

Candidate for:

☐ Mayor

☒ Commissioner, District

Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

11P1

Cover Period

2-18-22

through

3-3-22

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.

Jeffrey Rose

(Type name)

☒ Treasurer

☐ Deputy Treasurer

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

Jeffrey Rose

(Type name)

☒ Candidate

X

Jeffrey Rose

Signature

X

Jeffrey Rose

Signature

MIAMI-DADE
COUNTY

MAR 4 PM '59

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

MAR 11 PM 1:16

(1) Jeffrey Rose

Name

(2) 8851 Fourth Ave

Address (number and street)

Seaside, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Seaside 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

Cover Period: From 3 / 4 / 22 To 3 / 10 / 22 Report Type: YPT

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 250 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

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

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,942 . 07

(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) Jeffrey Rose

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

X Jeffrey Rose
Signature

(Type name) Jeffrey Rose

☐ Candidate ☐ Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 11 PM 1:16

(1) Name Jeffrey Rose

(2) I.D. Number _____

(3) Cover Period 3 / 4 / 22 through 3 / 10 / 22

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
<u>3, 4, 22</u>	<u>Stephen Schott</u>	<u>I</u>		<u>check</u>			<u>250</u>
<u>001</u>	<u>9111 Gills Ave NW</u> <u>Seaside, FL 33157</u>						
<u>/</u> <u>/</u>							
<u>/</u> <u>/</u>							
<u>/</u> <u>/</u>							
<u>/</u> <u>/</u>							
<u>/</u> <u>/</u>							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number _____

(3) Cover Period 3 / 4 / 20 through 3 / 10 / 20(4) Page 1 of 1

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

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



OFFICE USE ONLY

Name

Jeffrey Rose

I.D. Number

Address (number and street)

8851 Fiske Ave

City, State, Zip Code

Swedish 33154

MAR 11 PM 1:16

☐ CHECK IF ADDRESS HAS CHANGED

Candidate for:

☐ Mayor

☒ Commissioner, District Swedish

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

4P1

Cover Period

3-4-22

through

3-10-22

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.

Jeffrey Rose

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Jeffrey Rose

Signature

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

Jeffrey Rose

(Type name)

☒ Candidate

X

Jeffrey Rose

Signature

MIAMI-DADE
COUNTY

MAR 11 PM 1:16

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose

Name

(2) 8851 Ford Ave

Address (number and street)

Swetside FC 37154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JUN 13 AM 9:19

(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

Cover Period: From 3 / 11 / 22 To 6 / 13 / 22 Report Type: REG

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____ 0.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 6,538.03

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 8,900.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 8,500.00

(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) Jeffrey Rose

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

X Jeffrey Rose
Signature

(Type name) Jeffrey Rose

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Jeffrey Rose
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffy A. Nose

(2) I.D. Number _____

(3) Cover Period 3 / 11 / 22 through 6 / 13 / 22(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
3/14/22	Jeffy A. Nose EODM 3103 10th St N Arlington, VA 22201	direct mailer	CAN		1557.46
1					
3/14/22	Jeffy A. Nose EODM 3103 10th St N Arlington, VA 22201	direct mailer	CAN		1171.60
2					
3/14/22	Jeffy A. Nose Publix 9400 Harding Ave Suntside, FL 33154	supplies for electr. mag	CAN		109.20
3					
3/14/22	Jeffy A. Nose Bis De Mss 9494 Harding Ave Suntside, FL 33154	supplies for electr. mag	CAN		106.98
4					
3/14/22	Jeffy A. Nose Constant Contact 1601 Propels Road Waltham, MA 02451	email mailer	CAN		95.00
5					
6/12/22	Jeffy A. Nose Child Development Org 6619 South Pine Hgway #302 Miami, FL 33143	Donation 501c(3)	DIS		2000.00
6					
6/12/22	Jeffy A. Nose The Trevor Project PO Box 67232 West Hollywood, CA 90069	Donation 501c(3)	DIS		1,477.79
7					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JUN 13 AM 9:20

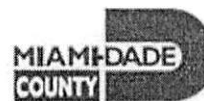
(1) Name Jeffrey Allen (2) I.D. Number _____

(3) Cover Period 3 / 11 / 22 through 6 / 13 / 22 (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		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

N/A

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



OFFICE USE ONLY

Name Jeffrey A. Rose

I.D. Number _____

Address (number and street)

8851 Gandy Ave

City, State, Zip Code

Sunrise, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

JUN 13 AM 9:20

Candidate for:

☐ Mayor

☒ Commissioner, District Sunrise

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 18 + RC Cover Period 3/11/22 through 6/13/22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

Jeffrey A. Rose

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Jeffrey A. Rose

Signature

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

Jeffrey A. Rose

(Type name)

☒ Candidate

X

Jeffrey A. Rose

Signature

MIAMI-DADE
COUNTY

Town Commission

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

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