

**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.

APR 4 PM 4:24

*[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, Ryan, Rose

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

8851 Fowde Ave  
Surfside, FL 33154

**4. Telephone**

(305) 733-2485

**5. E-mail address**

rosejrr@gmail.com

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

Surfside Commission

**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 Fowde Ave

**12. Telephone**

(305) 733-2485

**13. City**

Surfside

**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**

April 4, 2023

**26. Signature of Candidate**

**X** *Jeffrey N 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.

April 4, 2023

Date

**X** *Jeffrey N Rose*

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

APR 4 PM 4:24

*[Handwritten Signature]*

I, Jeffrey "Jeff" Rose,

candidate for the office of Commission for Surfside;

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

X

*Jeffrey N Rose*

Signature of Candidate

4-4-23

Date

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



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.

MAY 2 PM 12:12

APR 4 PM 4:24

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, Ryan, Rose

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

8851 Fivade Ave  
Surfside, FL 33154

4. Telephone

(305) 733-2485

5. E-mail address

rosejrr@gmail.com

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

Surfside Commission

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 Fivade Ave

12. Telephone

(305) 733-2485

13. City

Surfside

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

First Union

20. Address

400 Arthur Godfrey Ross Suite 100

21. City

Alhambra

22. County

Mar. Del

23. State

FL

24. Zip Code

33170

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

April 4, 2023

26. Signature of Candidate

X Jeffrey N 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.

April 4, 2023

Date

X Jeffrey N Rose

Signature of Campaign Treasurer or Deputy Treasurer



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

### RECEIPT OF DOCUMENTS

Candidate:

Jeffrey

Ryan

Rose

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

Fax No.:

Cell Phone:

305-733-2485

E-Mail Address:

rosejrr@gmail.com

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)
- ☒ Campaign Activities Memorandum

Received by:

Jeffrey Ryan

Candidate Signature

Date:

5-2-23





## *Town of Surfside*

9293 Harding Avenue  
Surfside, FL 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jeffrey Ryan Rose  
Office Sought Commissioner  
Phone No.: \_\_\_\_\_ Cell Phone No: 305-733-2485  
E-Mail Address: rosejrr@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>5/2/2023</u> <u>4/4/2023</u>	<u>JRR</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>4/4/2023</u>	<u>JRR</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency		

& Voter Registration

2. Important Dates to Remember

5/2/2023 ORR

3. Campaign Activities Memorandum

5/2/2023 ORR

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose  
 Name  
 (2) 8851 Froude Avenue  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

☐ Check here if address has changed

**OFFICE USE ONLY**

JUN 8 PM 12:06

[Signature]

(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 5 / 1 / 23 To 5 / 31 / 23 Report Type: 2023145  
☒ Original    ☐ Amendment    ☐ Special Election Report

## (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00  
 Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_  
 Transfers to Office Account    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_  
 Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00

## (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, 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 7023MS  
 (3) Cover Period 5 / 1 / 23 through 5 / 31 / 23 (4) Page 1 of 0

(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
5, 2 23 / /	Jeffrey Rose 8851 Fish Ave Sunrise, FL 33359	S   General Contributor	check			\$500.00
001						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						



# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 2013145

(3) Cover Period 5 / 1 / 23 through 5 / 31 / 23

(4) Page 1 of 1

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

8651 Florida Ave

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

JUN 8 PM 12:06

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name

2023MS

Cover Period

5-1-23

through

5-31-23

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

(1) Name Jeffrey Rose (2) I.D. Number 2023135

(3) Report Name \_\_\_\_\_ (4) Cover Period 5/1-23 through 5/31-23

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

[illegible]

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Ryan Rose  
Name

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

Surfside, FL 33154  
City, State, Zip Code

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JUL 10 PM 2:40

*[Signature]*

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Senate 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 6 / 1 / 23 To 6 / 30 / 23 Report Type: LO23M6

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

## (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

## (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 500 0

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

## (11) Certification

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

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

(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 Joe Hays

(2) I.D. Number JUL 10 PM 2:40

(3) Cover Period 6 / 1 / 23 through 6 / 30 / 23

(4) Page 1 of 1

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



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

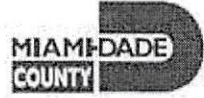
(1) Name Sally Aze

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 6 / 1 / 23 through 6 / 30 / 23(4) Page 1 of 1

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

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

JUL 10 PM 2:40

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 1022346 Cover Period 6/1/23 through 6/30/23

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

(1) Name Jeffrey Noe (2) I.D. Number \_\_\_\_\_

(3) Report Name 1203M6 (4) Cover Period 6/1/23 through 6/30/23

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

[illegible]

MD-ED 26 (Rev. 03/13)



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose  
Name

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

Surfside FL 33154  
City, State, Zip Code

OFFICE USE ONLY

OCT 10 PM 12:01

☐ 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 7 / 1 / 23 To 9 / 30 / 23 Report Type: 202303

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ . 0

Loans \$ \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ . 0

In-Kind \$ \_\_\_\_\_ . 0

## (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ . 0

Transfers to Office Account \$ \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ . 0

## (8) Other Distributions

\$ \_\_\_\_\_ . 0

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ . 0

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ . 0

## (11) Certification

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

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

(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 Aze (2) I.D. Number 202303  
 (3) Cover Period 7 / 1 / 23 through 7 / 30 / 23 (4) Page 1 of 0

(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
/ / 2021	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey M. Lee(2) I.D. Number 20303(3) Cover Period 7, 1, 13 through 9, 30, 13(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					
/ / 01	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)

8651 Flouke Ave

City, State, Zip Code

Surfside FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

OCT 10 PM 12:01

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside Commission

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2023/3 Cover Period 7/1/23 through 9/30/23

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

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

Jeffrey Rose

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE  
COUNTY

(1) Name Jeffrey N. A. (2) I.D. Number 201303  
(3) Report Name 201303 (4) Cover Period 7/1/23 through 9/30/23  
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCreedy, MPA, MMC,  
Town Clerk

November 14, 2023

Ms. Michelle McClain  
Miami-Dade Elections Department  
2700 NW 87<sup>th</sup> Avenue  
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – JEFFREY “JEFF” ROSE

Dear Ms. McClain:

Enclosed are the original petition forms for JEFFREY “JEFF” ROSE. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 valid signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

JEFFREY “JEFF” ROSE: Filed intent to run for office on April 4, 2023.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,

Sandra N. McCreedy, MPA, MMC  
Town Clerk



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

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>Carolyn Baume</u>	Date: <u>11/7/23</u>	D.O.B. <u>1/1</u>
Print Name: <u>CAROLYN BAUMEL</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Michael Vinciguerra</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Janette Vinciguerra</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Michael Joseph Rossi</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Shoshanna Stein</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jacob Bengio</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Shneur Shapiro</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>JOHN HESTER</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Ben Jacobs</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Mandy Davadpar</u>	Address: <u>[REDACTED]</u>	
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 10 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: Jeff A. Rose  
Address of Circulator: 8861 Foulke Ave, Surfside FL 33154  
Email address of Circulator: rosej@rosen.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeff A. Rose Date: 11/9/23



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

# NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RIVKAY LIPKAR</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ISSER NER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HEAVYAT FULTON</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Howard Woginich</u>	Address: <u>[Redacted]</u>
Signature: <u>Hershel</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HERSHEL DANZINGER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ROCHEL C OSTROV</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Levy</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Sharon Edelkopf</u>	Address: <u>[Redacted]</u>
Signature: <u>Chana Thaliah</u>	Date: <u>10/20/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Thaliah</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-20-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shmuel Friedman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-20-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Menachem Brod</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-3-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alon Alon Daboujov</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/3/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Peter R. Galt</u>	Address: <u>[Redacted]</u>

## STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Jeff A Rose

Address of Circulator: 8831 F Doug Ave, Surfside, FL 33154

Email address of Circulator: rosejeff@gmail.com

## ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeff A Rose

Date: 11/9/23



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

# NOMINATING PETITION FOR MAYOR OR COMMISSIONER

## TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>[Signature]</u>	Date: <u>10/4/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shirley Kates</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>AARON LIPSKAR</u>	Address: <u>[Redacted]</u>
Signature: <u>C. Byr</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ghaya Mushka Lipskar</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>STEP SCHWEIBER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SHY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/1/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jodi Roshman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Deena Roshman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alaron Rubinstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bezalel Camissar</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-02-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DOBA RUBINSTEIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10-2-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ESTY SCHEINER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SCHNEUR LIPSKAR</u>	Address: <u>[Redacted]</u>

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 8851 Fishy Ave, Surfside, FL 33154  
Email address of Circulator: rosej@redmail.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/9/23



YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

# NOMINATING PETITION FOR MAYOR OR COMMISSIONER

## TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jeff 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>11/7/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ISAAC ELSMIL</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-6</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DAVID FORBER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MATTHEW ANNALY</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>1-16-81</u>
Print Name: <u>Samuel Greenwald</u>	Address: <u>9236 Bay Ave Surfside FL 33154</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>4/30/43</u>
Print Name: <u>Nel Schlosser</u>	Address: <u>1315 Biscaya Dr</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>11-6-1975</u>
Print Name: <u>ISAAC Benmergui</u>	Address: <u>9149 Froude Ave</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>11-12-61</u>
Print Name: <u>PATRICIA ZACHOSKY</u>	Address: <u>8877 Collins Ave #202</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>8-18-53</u>
Print Name: <u>David Karp</u>	Address: <u>9341 Collins Ave #120</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>5-19-70</u>
Print Name: <u>JACOB WEISS</u>	Address: <u>9559 COLLINS AVE</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>04/05/76</u>
Print Name: <u>Clara Weiss</u>	Address: <u>9559 Collins Ave #462</u>	
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u>	D.O.B. <u>1-24-1988</u>
Print Name: <u>Miriam Knafo Schapiro</u>	Address: <u>8835 Carlye Ave</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>3/30/1992</u>
Print Name: <u>NICOLE KOVACS</u>	Address: <u>9173 FROUDE AVE</u>	
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u>	D.O.B. <u>6/03/74</u>
Print Name: <u>ARON GOWEN</u>	Address: <u>9240 ABBOTT</u>	

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 8851 Froude Ave, Surfside, FL 33154

Email address of Circulator: rosej10@gmail.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/9/23



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

# NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 1:05

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

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

Signature: <u>[Signature]</u>	Date: <u>NOV 7 2023</u> D.O.B. <u>3-15-57</u>
Print Name: <u>Mitchell Galt/B</u>	Address: <u>9472 ABBOTT AVE</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. <u>1/10/1982</u>
Print Name: <u>SHEA SCHNEIDER</u>	Address: <u>8942 GARLAND AVE SUITE H33157</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>8-3-1981</u>
Print Name: <u>Bella Shagalow</u>	Address: <u>8942 Garland Ave</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. <u>9/23/1981</u>
Print Name: <u>Reggie B. Pinner</u>	Address: <u>9595 COLLINS AVE #709</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/2023</u> D.O.B. <u>10/26/1955</u>
Print Name: <u>NEAL Pinner</u>	Address: <u>9595 COLLINS AVE #709</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>9-11-72</u>
Print Name: <u>Guillermo Parafat</u>	Address: <u>9172 Collins Ave #412 Surfside, FL</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>3/18/85</u>
Print Name: <u>Leah Rose</u>	Address: <u>8851 Froude Ave</u>
Signature: <u>[Signature]</u>	Date: <u>11/02/23</u> D.O.B. <u>05/20/38</u>
Print Name: <u>A. Dimpman</u>	Address: <u>11-7-23 10-21-46</u>
Signature: <u>[Signature]</u>	Date: <u>11/1/23</u> D.O.B. <u>10/19/61</u>
Print Name: <u>Larry Zaret</u>	Address: <u>9132 Bay Drive</u>
Signature: <u>[Signature]</u>	Date: <u>11-7-23</u> D.O.B. <u>10-25-2002</u>
Print Name: <u>Francesco Bignonesse</u>	Address: <u>9172 COLLINS AVE Apt 412 33154</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>4/15/88</u>
Print Name: <u>Daniel Barovic</u>	Address: <u>8812 Dickens Ave</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>4/23/60</u>
Print Name: <u>Richard Lichter</u>	Address: <u>9001 Collins Ave S-809</u>
Signature: <u>[Signature]</u>	Date: <u>11/7/23</u> D.O.B. <u>08/28/1968</u>
Print Name: <u>ANDREW BATES</u>	Address: <u>9165 FROUDE AVE</u>

## STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 8851 Froude Ave, Surfside, FL 33154

Email address of Circulator: rosejrr@gmail.com

## ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jeff Rose Date: 11/9/23



**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

NOV 14 PM 1:16 *gme*

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 Surfside Commission, \_\_\_\_\_,  
(Office) (District #)

\_\_\_\_\_ ; I am a qualified elector of Miami-Dade 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 A Rose (305) 733-2485 jeffrose@gmail.com  
Signature of Candidate Telephone Number Email Address  
8851 Fiske 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 November, 2023.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

Sandra McCreedy  
Signature of Notary Public

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





## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

NOV 14 PM 1:16 GME

### 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 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 Frounde Ave, Surfside, FL 33154,  
my occupation is General Contractor; 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 November 22, 2023 and that if elected, I will willingly serve as  
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Jeffrey A. Rose  
Signature of Candidate

11-14-23  
Date

Sworn to and subscribed before me this 14<sup>th</sup> day of November, 2023.



Sandra N. McCreedy  
NOTARY PUBLIC  
Sandra N. McCreedy  
PRINTED NAME OF NOTARY



## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Rose Jeffrey Ryan

MAILING ADDRESS :

8851 Fiddle Ave

CITY :

Surfside

ZIP : 33154

COUNTY : Miami-Dade

NOV 14 PM 1:19

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Surfside Commission

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*

## DISCLOSURE PERIOD:

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

## MANNER OF CALCULATING REPORTABLE INTERESTS:

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

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Rose Remodeling & Construction	8851 Fiddle Ave, Surfside, FL 33154	Construction
Rose and Rose Realty	8851 Fiddle 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

## 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 Fiddle Ave, Surfside, FL 33154
9015 Hawthorn Ave, Surfside, FL 33154
9016 Byron 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
Amortize	Retiree

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Ms Cooper	Madison National 8950 Cypress Creek Blvd, Delray FL
Bank of America	Bank of America 9630 Yacht Club Dr, Delray FL 33434

**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	Rye Realty and Construction	
ADDRESS OF BUSINESS ENTITY	8851 Froese Avenue FC 33406	
PRINCIPAL BUSINESS ACTIVITY	Construction	
POSITION HELD WITH ENTITY	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:

*Jeffrey A. Bae*

Date Signed:

11-17-23

**CPA or ATTORNEY SIGNATURE ONLY**

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

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

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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

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

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

**Candidates** file this form together with their filing papers.

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

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

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

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

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



CASHIER'S CHECK CUSTOMER COPY

REMITTER: JEFFREY R ROSE CAMPAIGN ACCT. DATE: 11/13/2023  
PAYEE: TOWN OF SURFSIDE TIME: 12:40 PM  
AMOUNT: 25.00 CENTER: 3243  
FEE: 0.00 OPER ID: 37774  
SERIAL NUMBER: 324301915 CASHBOX: 4914  
MEMO:

CASHIER'S CHECK



Remitter: JEFFREY R ROSE CAMPAIGN ACCT.

Pay to the Order of: TOWN OF SURFSIDE

Twenty Five Dollars And 00/100 ¢

Memo:

324301915

DATE: 11/13/2023

\$25.00  
DOLLAR TWO FIVE PER ZERO ZERO

*Jeffrey R. Rose*

Corporate Controller





## *Town of Surfside*

9293 Harding Avenue  
Surfside, FL 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jeffrey Ryan Rose  
Office Sought Commissioner  
Phone No.: \_\_\_\_\_ Cell Phone No: 305-733-2485  
E-Mail Address: rosejrr@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>5/2/2023</u> <u>4/4/2023</u>	<u>JRR</u>
Nominating Petition	<u>11/14/2023</u>	<u>JRR</u>
Statement of Candidate	<u>4/4/2023</u>	<u>JRR</u>
Sworn Statement of Qualification	<u>11/14/2023</u>	<u>JRR</u>
Candidate Oath	<u>11/14/2023</u>	<u>JRR</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/14/2023</u>	<u>JRR</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>—</u>	<u>JRR</u>
Qualifying Fee \$25.00	<u>11/14/2023</u>	<u>JRR</u>
L & A Schedule	<u>N/A</u>	<u>—</u>
Proof of Residency		

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/14/2023 \_\_\_\_\_

5/2/2023 ORR

5/2/2023 ORR

Jeffrey A. Aol

Candidate's Signature

11-14-23

Date





**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY: 305-499-8480

[miamidade.gov](http://miamidade.gov)

November 16, 2023

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 62 petitions were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 27 petitions were reviewed for verification; of which 25 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 "CW", is written over a faint, circular official stamp.

Christina White  
Supervisor of Elections

Enclosure (1)



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY: 305-499-8480

[miamidade.gov](http://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 25 signatures submitted by Jeffrey "Jeff" Rose for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.



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

Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 16<sup>th</sup> DAY OF  
NOVEMBER, 2023



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCreedy, MPA, MMC,  
Town Clerk

November 20, 2023

Mr. Jeffrey 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 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

  
Sandra N. McCreedy, MPA, MMC  
Town Clerk

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose

Name

(2) 8851 Froude Ave

Address (number and street)  
Surfside, FL #3154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JAN 10 PM 2:32

(3) ID Number: 202304

(4) Check appropriate box(es):

Surfside Town Commission

☒ Candidate Office Sought:

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

## (5) Report Identifiers

Cover Period: From 10 / 1 / 23 To 12 / 31 / 23 Report Type: 202304

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 6

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 25.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 500.00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 25.00

## (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:

Jeffrey Rose

(Type name)

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

(Type name) Jeffrey Rose

☐ Candidate ☐ Chairperson (only for PC and PTY)

X   
Signature

X   
Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose(2) I.D. Number 201324(3) Cover Period 10/1/23 through 12/31/23(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/14/23	Town of Sunfern	Qualify Fee			
001	9293 Holly Ave				
	Suisun CA 94585				
//					
//					
//					
//					
//					
//					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeffrey Rose

JAN 10 PM 2:33

(1) Name

(2) I.D. Number

202304

(3) Cover Period

10 / 1 / 23

through

12 / 31 / 23

(4) Page

1

of 1

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

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



OFFICE USE ONLY

Name Jelly Nyan Nore

I.D. Number  
202904

Address (number and street)  
8551 Foothill Ave, Suite 400, FL

City, State, Zip Code  
Sunnyvale FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

JAN 10 PM 2:33

Candidate for:

☐ Mayor

☒ Commissioner, District Southeast Commission

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 202904 Cover Period 10/1/23 through 12/31/23

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.

Jelly Nore  
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X Jelly Nore  
Signature

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

Jelly Nore  
(Type name) ☒ Candidate

X Jelly Nore  
Signature



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

[illegible]

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose

Name

(2) 8851 Froude Ave

Address (number and street)  
Surfside, FL #3154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

JAN 19 PM 2:54

(4) Check appropriate box(es):

Surfside Town Commission

☒ Candidate Office Sought: \_\_\_\_\_

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 1 / 1 / 24 To 1 / 12 / 24 Report Type: 2024 F00P

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 500.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 365.94

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 500.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 365.94

### (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

Signature

(Type name) Jeffy Na

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeffrey Rose

JAN 19 PM 2:54

(1) Name \_\_\_\_\_

(2) I.D. Number 2026000

(3) Cover Period 1 / 1 / 24 through 1 / 12 / 24

(4) Page 1 of 1

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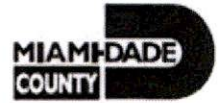


## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose(2) I.D. Number 2260PP(3) Cover Period 1 / 1 / 24 through 1 / 12 / 24(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1 / 1 / 24 1 / 8 / 24	Stitchco B. Walker, Mian 769 NE 125th St, North Miami 33661	Comparison shirts	CAN		365.54
/ /					
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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

20246000

Address (number and street)

8851 French Ave

City, State, Zip Code

Suwanee, GA

☐ CHECK IF ADDRESS HAS CHANGED

JAN 19 PM 2:55

Candidate for:

☐ Mayor

☒ Commissioner, District Suwanee

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name

20246000

Cover Period

1/1/24

through

1/12/24

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

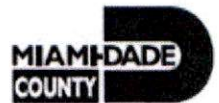
X

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.*

JAN 19 PM 2:55

(1) Name Scotty Rose (2) I.D. Number 202460pp  
 (3) Report Name 202460pp (4) Cover Period 1/1/24 through 1/12/24  
 (5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

(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
	N/A			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sally Nae  
Name

(2) 8651 Foshan Ave  
Address (number and street)

SWANSEA 01901  
City, State, Zip Code

☐ Check here if address has changed

<p>OFFICE USE ONLY</p> <p>FEB 2 PM 2:02</p> <p><i>cmc</i></p>
---

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Pen of 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 1 / 13 / 14 To 1 / 26 / 24 Report Type: 2024B

☐ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ 0

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ 272.85

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ 500.00

## (10) TOTAL Monetary Expenditures To Date

\$ 272.85

## (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) Sally Nae

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X Sally Nae  
Signature

(Type name) Sally Nae

☐ Candidate

☐ Chairperson (only for PC and PTY)

X Sally Nae  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name S. L. Nore (2) I.D. Number 20247  
 (3) Cover Period 1/13/14 through 1/26/14 (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					
0/0/1	Signama 1788 NE 163rd St North Miami Beach, FL 33162	flyer			212.85
1/25/14					
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

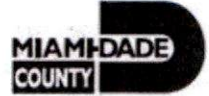
(1) Name Stacy Noge (2) I.D. Number FEB 2 PM 2:02

(3) Cover Period 1 / 13 / 24 through 1 / 24 / 24 (4) Page 1 of 0

(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		
0,01	NA						
/ /							
/ /							
/ /							
/ /							
/ /							



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



OFFICE USE ONLY

Name Seltg Rose

I.D. Number \_\_\_\_\_

Address (number and street)  
8651 Fifth Ave

City, State, Zip Code  
Sw/Sc, FL 3318

☐ CHECK IF ADDRESS HAS CHANGED

FEB 2 PM 2:02

*SMC*

Candidate for:

- ☐ Mayor  
☒ Commissioner, District Sw/Sc  
☐ Property Appraiser  
☐ Clerk of the Circuit Courts  
☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2024B Cover Period 1/13/24 through 1/26/24

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.

Seltg Rose  
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X Seltg Rose  
Signature

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

Seltg Rose  
(Type name) ☒ Candidate

X Seltg Rose  
Signature

MIAMI-DADE  
COUNTY

(1) Name S. H. Age (2) I.D. Number FEB 2 PM 2:02

(3) Report Name 204 B (4) Cover Period 11/13/16 through 1/26/20

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

[illegible]

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose

Name

(2) 8851 Froude Ave

Address (number and street)

Surfside, FL #3154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

FEB 16 AM 11:12

*SMC*

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Surfside Town 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 1 / 17 / 24 To 2 / 9 / 24 Report Type: 2024B2

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 7,000 .00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 1,550 .00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 7,500 .00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 1,550 .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

Signature

*Jeffrey Rose*

(Type name) *Jeffrey Rose*

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

*Jeffrey Rose*



# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 18 AM 11:12

(1) Name Jeffrey Rose

(2) I.D. Number 202482

(3) Cover Period 1 / 26 / 24 through 2 / 9 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
1, 30, 24	Yosby Belbe 400 Sway 156 Bn 1218 Sway 156 Bn 1218		Redevelop	che			1,000
001							
1, 30, 24	EDM CYSANAC 1035 NW 11th Ave Sway 156 Bn 1218		done	che			1,000
002							
1, 30, 24	TH B36 Group 13560 E 6th Ave Pell, Bn 1218		contractor	che			1,000
003							
1, 30, 24	TH Cinda Group 1275 Alameda Dr Pell, Bn 1218		contractor	che			1,000
004							
1, 30, 24	Excelle En Str 1654 NW 12th Ave Miami, FL 33136		stone	che			1,000
005							
1, 30, 24	GMAP Consulting Gloria White 3350 NW 4th St Miami, FL 33136		wireless	che			1,000
006							
1, 30, 24	Dev. Design 11600 NW 1st St St. Petersburg, FL 33716		less	che			1,000
007							

FEB 16 AM 11:13

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose

(2) I.D. Number 202412

(3) Cover Period 1 / 17 / 14 through 2 / 1 / 14

(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					
1/31/14	Mak Gic phos 4230 Jch Gicle Boa Rob, FL 33471	Mailer	CAN		1550
001					
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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 Fivola Ave

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 16 AM 11:12

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 2024BL Cover Period 1/24/24 through 2/9/24

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



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

[illegible]

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Rose

Name

(2) 8851 Froude Ave

Address (number and street)  
Surfside, FL #3154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

FEB 22 PM 12:31

*GMC*

(4) Check appropriate box(es):

Surfside Town Commission

☒ Candidate Office Sought:

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 2 / 10 / 14 To 2 / 12 / 14 Report Type: USF

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ 0

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 0

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 350.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 1,674.85

### (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:

Jeffrey Rose

(Type name)

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

X

Signature

*Jeffrey Rose*

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

*Jeffrey Rose*

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Jeffrey Rose

(1) Name \_\_\_\_\_

(2) I.D. Number 3501(3) Cover Period 1 / 10 / 24 through 2 / 22 / 24(4) Page 1 of 1

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



FEB 22 PM 12:31 SMC

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeffrey Rose(2) I.D. Number 254(3) Cover Period 2 / 10 / 24 through 2 / 12 / 24(4) Page 1 of 1

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

Seltg Rose

I.D. Number

FEB 22 PM 12:31

Address (number and street)

8851 F 12th Ave

City, State, Zip Code

Sunnyvale FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

Smc

Candidate for:

☐ Mayor

☒ Commissioner, District Sud 3104

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name

25PT

Cover Period

2-10-24

through

2-22-24

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.

Seltg Rose

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Seltg Rose

Signature

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

Seltg Rose

(Type name)

☒ Candidate

X

Seltg Rose

Signature

MIAMI-DADE  
COUNTY

Talky Noa

(5) Report Type ☐ Original ☐ Amendment (6) Page \_\_\_\_\_ of \_\_\_\_\_

[illegible]