

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

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

(PLEASE PRINT OR TYPE)

NOV 8 PM 3:01 *SMK*

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

JARED MARC BRUNNABEND

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

8934 GARLAND AVE
SURFSIDE FL 33154

4. Telephone

(917) 805 5043

5. E-mail address

brunnabend@gmail.com

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

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JARED BRUNNABEND

11. Mailing Address

8934 GARLAND AVE

12. Telephone

(917) 805 5043

13. City

SURFSIDE

14. County

DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

brunnabend@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

11/8/23

26. Signature of Candidate

X *[Signature]*

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

11/8/23

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 8 PM 3:01


SMC

I, JARED BRUNNABEND,

candidate for the office of Commissioner;

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

X


Signature of Candidate

11/8/23

Date

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

NOV 13 PM 12:50 SMC

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

NOV 8 PM 3:01 SMC

(PLEASE PRINT OR TYPE)

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

JARED MARC BRUNNABEND

3. Address (include post office box or street, city, state, zip code)8934 GARLAND AVE
SUNFSIDE FL 33154**4. Telephone**

(917) 805 5043

5. E-mail address

brunnabend@gmail.com

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

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:☐ My intent is to run as a Write-In candidate.**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer**10. Name of Treasurer or Deputy Treasurer**

JARED BRUNNABEND

11. Mailing Address

8934 GARLAND AVE

12. Telephone

(917) 805 5043

13. City

SUNFSIDE

14. County

MIAMI DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

brunnabend@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository**19. Name of Bank** BANK of America**20. Address**

1108 KARE CONVERSE

21. City

BAY HARBOR

22. County

MIAMI DADE

23. State

FL

24. Zip Code

33154

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

25. Date

11/8/23

26. Signature of Candidate

X [Signature]

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

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

designated above as:



Campaign Treasurer



Deputy Treasurer.

11/8/23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 12:50

NOV 8 PM 3:01

SME
SME

I, JARED BRUNNADEND,

candidate for the office of Commissioner;

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

X [Signature]
Signature of Candidate

11/8/23
Date

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



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

JARSO MARC BRUNNABEND
First Name Middle Name Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: 917 805 5043 Fax No.: NONE

Cell Phone: 917 805 5043

E-Mail Address: brunnabend@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:

[Signature]
Candidate Signature

Date: 11/13/23



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

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

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

11/8/2023
11/13/2023

JB

Nominating Petition

11/17/2023

JB

Statement of Candidate

11/17/2023

JB

Sworn Statement of Qualification

11/17/2023

JB

Candidate Oath

11/8/2023
11/13/2023

JB

Form 1 – Statement of Financial Interest (2022)

11/17/2023

JB

Declaration and First Amendment Waiver

—

JB

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

11/17/2023

JB

L & A Schedule

N/A

JB

Proof of Residency

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/17/2023 JB

11/13/2023 JB

11/13/2023 JB



Candidate's Signature

11/17/2023

Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

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

NOV 17 PM 2:21

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

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, JARED BRUNNABEND,
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner,
(Office) (District #)
I am a qualified elector of Town of Surfside County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card):

116232041

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Brew - na - bend

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

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: License

[Signature]
Signature of Notary Public

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



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 17 PM 2:21

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is JARED BRYNNABEND,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 8934 GARLAND AVENUE Surfside FL 33154
my occupation is REAL ESTATE INVESTOR + OPERATOR; that I have been
a resident of the Town of Surfside since 2017; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.


Signature of Candidate

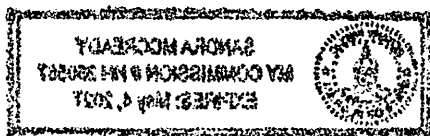
11/17/23
Date

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




NOTARY PUBLIC

Sandra N. McCreedy
PRINTED NAME OF NOTARY



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Brunnabend Jared Marc

MAILING ADDRESS :

8934 GARLAND AVE

Surfside 33154 Miami Dade

CITY :

ZIP :

COUNTY :

NOV 17 PM 2:24

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

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

DISCLOSURE PERIOD:

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	SEE Exhibit B		

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

NONE

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	See Exhibit D

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
J.P. Morgan Chase	1450 Brickell Ave Miami, FL 33133

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NONE	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:



Date Signed:

11/14/2023

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

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

Exhibit A – Primary Sources of Income

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

Exhibit B – Secondary Sources of Income

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

NOV 17 PM 2:24

Cash on hand in bank accounts

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

Investment Accounts

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

Interest In Businesses

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

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 2:21

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

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

Signature: <u>Stephanie Romani</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Stephanie Romani</u>	Address: [REDACTED]
Signature: <u>Jose A. Romani</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Jose A. Romani</u>	Address: [REDACTED]
Signature: <u>Sebastian Guejman</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>Sebastian Guejman</u>	Address: [REDACTED]
Signature: <u>Donna Hosen</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Donna Hosen</u>	Address: [REDACTED]
Signature: <u>Jenny Horn</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Jenny Horn</u>	Address: [REDACTED]
Signature: <u>Rita Swedroe</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>RITA SWEDROE</u>	Address: [REDACTED]
Signature: <u>Robert Swedroe</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>ROBERT SWEDROE</u>	Address: [REDACTED]
Signature: <u>Larrie Swedroe</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>LARIE SWEDROE</u>	Address: [REDACTED]
Signature: <u>Kenneth Rosen</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>Kenneth Rosen</u>	Address: [REDACTED]
Signature: <u>Dina Rosen</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>Dina Rosen</u>	Address: [REDACTED]
Signature: <u>Christine J. Taplin</u>	Date: <u>11.15.23</u> D.O.B. [REDACTED]
Print Name: <u>Christine J. Taplin</u>	Address: [REDACTED]
Signature: <u>Shea Schwalben</u>	Date: <u>11/15/2023</u> D.O.B. [REDACTED]
Print Name: <u>SHEA SCHWALBEN</u>	Address: [REDACTED]
Signature: <u>Jacqueline Saxir</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>Jacqueline Saxir</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 3434 GALLAND AVE

Email address of Circulator: brunnabend@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/15/23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 2:21

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

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

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Bernhard</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Erika Bernhard</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Vianesca Castro</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Rachel Lombardi</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Ben Lombardi</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Jared Brunnabend</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Shirley Echeverez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Musya Blod</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JANA BANIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MARK HALPERN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Margaret Halpern</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Bella Shagalov</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Andrew Feldman</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: Jared Brunnabend

Address of Circulator: 8034 Galian

Email address of Circulator: brunnabend@att.net

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 11/15/23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 2:21

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

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

Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Hector Gualda</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Hector Gualda</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Petrie Gualda</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Abigail Gualda</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Rybolowik</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Sol Colone</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: _____
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: 8934 bakers Ave Surfside FL

Email address of Circulator: brunnsbnd@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/17/23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 2:21

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

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

Signature: [Signature]

Date: 11/13/23 D.O.B. [Redacted]

Print Name: ALEJO CHOVELA

Address: [Redacted]

Signature: [Signature]

Date: 11/18/23 D.O.B. [Redacted]

Print Name: RODINA GRINBERG

Address: [Redacted]

Signature: [Signature]

Date: 11/13/23 D.O.B. [Redacted]

Print Name: ANDREW OKUN

Address: [Redacted]

Signature: [Signature]

Date: 11/13/23 D.O.B. [Redacted]

Print Name: LAURIE OKUN

Address: [Redacted]

Signature: [Signature]

Date: 11/17/2023 D.O.B. [Redacted]

Print Name: JOSÉ FERNÁNDEZ

Address: [Redacted]

Signature: [Signature]

Date: 11/16/2023 D.O.B. [Redacted]

Print Name: CRISTIANA ALBUQUERQUE EDMOND

Address: [Redacted]

Signature: [Signature]

Date: 11/16/23 D.O.B. [Redacted]

Print Name: Richard B. Schenk

Address: [Redacted]

Signature: _____

Date: _____ D.O.B. _____

Print Name: _____

Address: _____

Signature: _____

Date: _____ D.O.B. _____

Print Name: _____

Address: _____

Signature: _____

Date: _____ D.O.B. _____

Print Name: _____

Address: _____

Signature: _____

Date: _____ D.O.B. _____

Print Name: _____

Address: _____

Signature: _____

Date: _____ D.O.B. _____

Print Name: _____

Address: _____

Signature: _____

Date: _____ D.O.B. _____

Print Name: _____

Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 7 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 9349 COLLINS AVE APT 603

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

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 11/17/23



Cashier's Check

No. 1002412432

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

BAY HARBOR ISLAND

0011 0109377 0007

Pay



BANK OF AMERICA
TWO FIVE CTSCTS

Twenty Five and 00/100 Dollars
To The TOWN OF SURFSIDE
Order Of

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

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

Void After 90 Days
30-1/1140
NTX

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

\$25.00

AUTHORIZED SIGNATURE

00-53-3364B 06-2019



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Jared Brunnabend
8934 Garland Ave
Surfside, FL 33154

Dear Mr. Brunnabend:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

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

Very truly yours,

Sandra N. McCready, MPA, MMC
Town Clerk