

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

SEP 1 PM 12:03

Handwritten signature: J. Ready

1. Full Name of Committee

One Surfside

Telephone

Mailing Address (include city, state and zip code)

1018 B 71 ST
MIAMI BEACH, FL 33141

Street Address (include city, state and zip code)

Same

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee

Local committee to support or oppose issues and/or candidates for municipal or county offices, register voters, or other activity not prohibited by Chapter 106, Florida Statutes

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Community Issues/Political

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Aaron Nevins	9715 W. Broward Blvd. #246 Plantation, FL 33324	Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)			
Full Name	Mailing Address	Committee Title or Position	
Jack Benveniste	10183 71 St Miami Beach, FL 33141	Chairman	
7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)			
Full Name	Mailing Address	Office Sought	Party
To be determined			
8. List Any Issues this Committee is Supporting: to be determined List Any Issues this Committee is Opposing: to be determined			
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party N/A			
10. In the Event of Dissolution, What Disposition will be Made of Residual Funds? Donate to an organization that is tax exempt per section 527			
11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds			
Name of Bank or Depository & Account Number		Mailing Address	
Bank of America		901 SE 17th St Cswy Ste 100 Fort Lauderdale, FL 33316	
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any			
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
8871 1120POL 990 as needed	upon formation 3/15 annually 3/15 annually	IRS	Ogden, UT 84201
STATE OF <u>Florida</u>		<u>Miami-Dade</u> COUNTY	
I, <u>Jack Benveniste</u> , certify that the information in this Statement of Organization is complete, true and correct.			
X <u>Jack Benveniste</u> Signature of Chairman of Political Committee		<u>09-01-2023</u> Date	

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)


SEP 1 PM 12:03
OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Initial Filing for: ☒ Primary Treasurer ☐ Deputy Treasurer

Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

1. Committee

One Surfside

2. Telephone

()

3. Name of Treasurer or Deputy Treasurer

Aaron Nevins

4. Email (optional)

aaron@chelsea-road.com

5. Telephone (optional)

(754) 581-4869

6. Mailing Address

9715 W. Broward Blvd. #246 Plantation, FL 33324

7. Street Address

Same

8. The following bank has been designated as the

☒ Primary Depository

☐ Secondary Depository

9. Name of Bank

Bank of America

10. Street Address

901 SE 17th St Cswy

11. City

Fort Lauderdale

12. State

FL

13. Zip Code

33316

14. Signature of Chairman

X 

15. Name of Chairman (Print or Type)

Jack Benveniste

Campaign Treasurer's Acceptance of Appointment

I, Aaron Nevins, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for

ONE Surfside
(Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

9/29/23

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY

☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

SEP 1 PM 12:03

[Handwritten Signature]

Registered Agent and Office Information

Name
Aaron Nevins

Telephone

Street Address
9715 W. Broward Blvd #246

City
Plantation

State
FL

Zip Code
33324

Mailing Address
Same

City

State

Zip Code

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

[Handwritten Signature]
Signature of Registered Agent

7-1-23
Date

Former Registered Agent and Office Information (for changes only)

Name

Telephone

Street Address

City

State

Zip Code

Committee or Organization Information

Name of Committee or Organization

One Surfside

Street Address
1017 B H St

Telephone

City
Miami Beach

State
FL

Zip Code
33141

[Handwritten Signature: Jack Benveniste]
Signature of Chairperson

JACK Benveniste
Printed Name of Chairperson

7-1-23
Date

One Surfside
1018B 71st Street
Miami Beach, FL 33141

October 1, 2023

TOWN OF SURFSIDE

Sandra N. McCready, MPA, MMC
Town Clerk, Town of Surfside Florida
9293 Harding Avenue
Surfside, Florida 33154

OCT4 '23 12:24PM

Re: One Surfside Political Committee

Dear Clerk McCready:

Please be advised that, effective immediately, I am resigning from the position of Chairperson for the above-referenced Political Committee. Aaron Nevins has been appointed to the position of Chairperson.

Mr. Nevins Acceptance of the appointment is included. Please update the City's records accordingly.
Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, reading "Jack Benveniste". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Jack Benveniste, Chairman

One Surfside
1018B 71st Street
Miami Beach, FL 33141

October 1, 2023

TOWN OF SURFSIDE

Sandra N. McCready, MPA, MMC
Town Clerk, Town of Surfside Florida
9293 Harding Avenue
Surfside, Florida 33154

OCT4 '23 12:25PM

Re: One Surfside Political Committee

Dear Clerk McCready:

I hereby accept the appointment of the position of Chairman for the above referenced Political Committee. Please update the City's records accordingly. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Aaron Nevins", with a long, sweeping horizontal stroke above the name.

Aaron Nevins

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **One Surfside**

Name

(2) **9715 W. Broward Blvd. #246**

Address (number and street)

Plantation, FL 33324

City, State, Zip Code

☒ Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE

OCT4 '23 12:25PM

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☒ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 07 / 01 / 23 To 09 / 30 / 23 Report Type: Q3

☐ Original

☐ Amendment

☐ Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 0 , , .

Loans \$ 0 , , .

Total Monetary \$ 0 , , .

In-Kind \$, , 45.86

(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**

\$, , 45.86

(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) ARRAR DEWINS

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

X

Signature

(Type name) ARRAR DEWINS

☐ Candidate ☒ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

OCT4 '23 12:25PM

OCT4 '23 12:25PM

(1) Name One Surtiside

(2) I.D. Number _____

(3) Cover Period 09 / 01 / 23 through 09 / 30 / 23

(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
9/14/2023 / /	Chelsea Road Consulting 9715 W. Broadway Blvd. 246 Plantation, FL 33324			TRK	Website/email		\$45.86
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name One Sunrise

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 23 through 09 / 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
(6) Sequence Number					
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					