

NOV 14 PM 1:35

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.

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)

CHARLES EDWARD KESL

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

8975 FROUDE AVE
SURFSIDE, FL 33154

4. Telephone

(917) 246-0190

5. E-mail address

CEKESL@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

CHARLES EDWARD KESL

11. Mailing Address

8975 FROUDE AVE

12. Telephone

(917) 246-0190

13. City

SURFSIDE

14. County

MIAMI-DADE FL

15. State

16. Zip Code

33154

17. E-mail address

CEKESL@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

11-14-19

26. Signature of Candidate

X

[Signature]

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

I, CHARLES KESL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-14-19
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 14 PM 1:35

I, CHARLES KESL,
candidate for the office of COMMISSIONER;

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

X Charles KESL
Signature of Candidate

11-14-19
Date

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

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

NOV 14 PM 1:35

NOV 14 PM 4:07

(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)

CHARLES EDWARD KESL

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

8975 FROUDE AVE
SURFSIDE, FL 33154

4. Telephone

(917) 246-0190

5. E-mail address

CEKESL@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

CHARLES EDWARD KESL

11. Mailing Address

8975 FROUDE AVE

12. Telephone

(917) 246-0190

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

CEKESL@GMAIL.COM

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

19. Name of Bank

BANKUNITED, N.A.

20. Address

12290 BISCAYNE BLVD

21. City

NORTH MEADE

22. County

MEADE-DADE

23. State

FL

24. Zip Code


33181

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

11-14-19

26. Signature of Candidate

X 

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

I, CHARLES KESL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-14-19
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –
NONPARTISAN OFFICE**

NOV 21 PM 3:06

(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

OFFICE USE ONLY

Candidate Oath

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

I, CHARLES KESL

(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 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): 118007880

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.]

KES-1 (rhyme: vessel)

X [Signature] 910 246-0190 cekes1@gmail.com
Signature of Candidate Telephone Number Email Address
8975 FROUDE AVE SURFSIDE FL 33154
Address City State ZIP Code

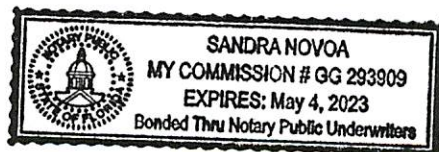
STATE OF FLORIDA
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 21st
day of November, 2019.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: DL





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 PM 3:07 *gsl*

GENERAL ELECTION – MARCH 17, 2020

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 }

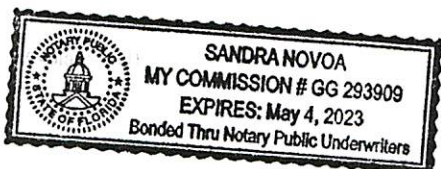
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is CHARLES KESL, 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 8975 FROUDE AVE, SURFSIDE, FL, my occupation is SALES MANAGER; that I have been a resident of the Town of Surfside since 2010; that I will be at least twenty-one (21) years of age by November 22, 2019 and that if elected, I will willingly serve as COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected.

Charles Kesl
Signature of Candidate

11/21/19
Date

Sworn to and subscribed before me this 21st day of November, 2019.



Sandra Novoa
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, CHARLES KESZ, a candidate for the office of
please print your name
COMMISSIONER in MIAMI-DADE
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 
 Signature

11/21/19
 Date

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KESL CHARLES EDWARD

MAILING ADDRESS :

8975 FROUDE AVE

CITY : *SURFIDE* ZIP : *33154* COUNTY : *MIAMI-DADE*

NAME OF AGENCY :

N/A

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

NOV 21 PM 3:08

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
<i>POWER UP ENTERPRISES LLC</i>	<i>5640 NW 167 St Miami Gardens FL</i>	<i>RETAIL & COMMERCIAL SALES</i>

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
<i>N/A</i>			

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

<i>8975 FROUDE AVE SURFIDE FL 33154</i>	<i>(initials)</i>

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.

R

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
NONE N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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	POWER UP ENTERPRISES LLC	
ADDRESS OF BUSINESS ENTITY	5640 NW 167 St Miami Gardens FL	
PRINCIPAL BUSINESS ACTIVITY	Retail Commercial Sales	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	
NATURE OF MY OWNERSHIP INTEREST	Owner/operator	

PART G — TRAINING
 For elected municipal officers 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: *Chuck*

Date Signed: 11/21/19

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

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

NOV 21 PM 3:02

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate CHARLES KESL
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Jay Brier</u>	Date: <u>11/19/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Jennifer Brilliant</u>	Address: <u>[REDACTED]</u>
Signature: <u>Michael Klahr</u>	Date: <u>11/19/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Michael Klahr</u>	Address: <u>[REDACTED]</u>
Signature: <u>Lina Klahr</u>	Date: <u>11/19/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Lina Klahr</u>	Address: <u>[REDACTED]</u>
Signature: <u>Anthony Blate</u>	Date: <u>11-20-2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ANTHONY BLATE</u>	Address: <u>[REDACTED]</u>
Signature: <u>Oscar A Chavez Batia</u>	Date: <u>11-20-2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>OSCAR A CHAVEZ BATIA</u>	Address: <u>[REDACTED]</u>
Signature: <u>Maria Cristina Quiroga Takas</u>	Date: <u>11-20-2019</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARIA CRISTINA QUIROGA TAKAS</u>	Address: <u>[REDACTED]</u>
Signature: <u>Mary Levenson</u>	Date: <u>11-20-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARY LEVENSON</u>	Address: <u>[REDACTED]</u>
Signature: <u>Andre Samiranda</u>	Date: <u>11/20/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ANDRE SAMIRANDA</u>	Address: <u>[REDACTED]</u>
Signature: <u>Marc E. Levenson</u>	Date: <u>11/20/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARC E. LEVENSON</u>	Address: <u>[REDACTED]</u>
Signature: <u>Diana Gonzalez</u>	Date: <u>11-20-19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Diana Gonzalez</u>	Address: <u>[REDACTED]</u>
Signature: <u>Sheryl Goldberg</u>	Date: <u>11/20/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sheryl Goldberg</u>	Address: <u>[REDACTED]</u>
Signature: <u>Charles B. Henderson</u>	Date: <u>11/20/19</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>CHARLES B. HENDERSON</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: Charles Kesl
Address of Circulator: 8975 FROUDE AVE SURFSIDE FL 33154
Email address of Circulator: CEKERL@GMAIL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Charles Kesl Date: 11/21/19

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 21 PM 3:02

We the undersigned electors of the Town of Surfside, Florida, hereby nominate CHARLES KESL
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Karla Maguire</u>	Date: <u>11/20/19</u>	D.O.B.:
Print Name: <u>Karla Maguire</u>	Address:	
Signature: <u>Thomas V. Krasner</u>	Date: <u>11-20-19</u>	D.O.B.:
Print Name: <u>Thomas Krasner</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/20/19</u>	D.O.B.:
Print Name: <u>Maledad A. Banzot Krasner</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/21/2019</u>	D.O.B.:
Print Name: <u>Victoria M Saife</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/21/19</u>	D.O.B.:
Print Name: <u>Charles E Kesl</u>	Address:	
Signature: <u>Linda Daniel</u>	Date: <u>11/21/19</u>	D.O.B.:
Print Name: <u>LINDA DANIEL</u>	Address:	
Signature: <u>Aida Diaz</u>	Date: <u>11/21/19</u>	D.O.B.:
Print Name: <u>AIDA DIAZ</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/21/2019</u>	D.O.B.:
Print Name: <u>Pedro O. Sanchez</u>	Address:	
Signature: <u>Kristin Sanchez</u>	Date:	D.O.B.:
Print Name:	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/21/19</u>	D.O.B.:
Print Name: <u>Kristin Sanchez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/21/2019</u>	D.O.B.:
Print Name: <u>Irina Kamysheva</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/21/2019</u>	D.O.B.:
Print Name: <u>Alexander Kamysheva</u>	Address:	
Signature: <u>M Neville</u>	Date: <u>11/21/2019</u>	D.O.B.:
Print Name: <u>MAURICE P. NEVILLE</u>	Address:	

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 8975 FROUDE AVE SURFSIDE FL 33154

Email address of Circulator: CKESL@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: 11/21/19

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 3:02 *E*

We the undersigned electors of the Town of Surfside, Florida, hereby nominate CHARLES KESL for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <i>[Signature]</i>	Date: 11/20/19	D.O.B. [Redacted]
Print Name: Benjamin Acquariga	Address: [Redacted]	
Signature: <i>[Signature]</i>	Date: 3/20/73 11/20/19	D.O.B. [Redacted]
Print Name: KRISTEN JONES	Address: [Redacted]	
Signature: <i>[Signature]</i>	Date: 11/20/19	D.O.B. [Redacted]
Print Name: Gretchen	Address: [Redacted]	
Signature: <i>[Signature]</i>	Date: 11/20/19	D.O.B. [Redacted]
Print Name: Gretchen Beesing	Address: [Redacted]	
Signature: <i>[Signature]</i>	Date: 11/20/19	D.O.B. [Redacted]
Print Name: Kent Acuerro	Address: [Redacted]	
Signature: <i>[Signature]</i>	Date: 11/20/19	D.O.B. [Redacted]
Print Name: MARIAVA ABUENO	Address: [Redacted]	
Signature: <i>[Signature]</i>	Date: 11/20/19	D.O.B. [Redacted]
Print Name: Lisa Herman	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: _____	

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: Benjamin Acquariga
Address of Circulator: 524 90th street, Surfside FL 33154
Email address of Circulator: btaquariga@gmail.com

ACCEPTANCE OF NOMINATION


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

Signed: *[Signature]* 11/21/19

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

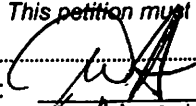





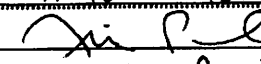


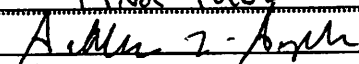


NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 3:02 

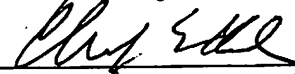
We the undersigned electors of the Town of Surfside, Florida, hereby nominate CHARLES KESL
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: 	Date: <u>11/21/19</u>	D.O.B.:	
Print Name: <u>MICHAEL DRANOFF</u>	Address: 		
Signature: 	Date: <u>11/21/19</u>	D.O.B.:	
Print Name: <u>CARLOS RIONDA</u>	Address: 		
Signature: 	Date: <u>11.21.19</u>	D.O.B.:	
Print Name: <u>Tina Paul</u>	Address: 		
Signature: 	Date: <u>11/21/19</u>	D.O.B.:	
Print Name: <u>ARLENE Z. AYALA</u>	Address: 		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		
Signature: _____	Date: _____	D.O.B.:	_____
Print Name: _____	Address: _____		

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 4 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: 
Address of Circulator: 8975 FROWDE AVE
Email address of Circulator: CEKESL@GMAIL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate:  Date: 11/21/19

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

NOV 21 PM 3:02

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Kesl
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17,
2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-21-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlong Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-21-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rochelle Ostrov</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/21/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bh Johnson</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: _____
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 3 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: 9000 Harding Ave. Surfside FL 33154
Email address of Circulator: danzinger@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: 11/21/19



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

miamidade.gov

November 22, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Charles E. Kesl, a candidate for the office of Commissioner for Town of Surfside. A total of 39 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 25 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 "Christina White".

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

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 **Charles E. Kesl** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 22nd DAY OF
NOVEMBER, 2019

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

Christina White
Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Mr. Charles Kesl
8975 Froude Avenue
Surfside, Fl 33154

Dear Mr. Kesl:

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 17, 2020 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,

A handwritten signature in blue ink, appearing to read "Sandra Novoa", is written over a faint blue circular stamp.

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL
Name

(2) 8975 FROUDE AVE
Address (number and street)

SURFSIDE FL 33154
City, State, Zip Code

OFFICE USE ONLY

DEC9 '19 4:56PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 11 / 1 / 19 To 11 / 30 / 19 Report Type: 2019M11

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 120.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 120.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 23.89

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 23.89

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 120.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 48.89 (C4)

(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) CHARLES KESL

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

Charles

Signature


(Type name) CHARLES KESL

Candidate Chairperson (only for PC and PTY)

Charles

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CHARLES KESL (2) I.D. Number DEC 9 19 4:57 PM 

(3) Cover Period 11 / 1 / 19 through 11 / 30 / 19 (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
11 / 14 / 19	Kesl, Charles		Sales				
1	8975 Froude Ave S Surfside FL 33154	S	Manager	CAS	N/A		20.-
11 / 22 / 19	Kesl, Charles		Sales				
2	8975 Froude Ave Surfside FL 33154	S	manager	CHE	N/A		100.-
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHARLES KESL (2) I.D. Number _____
 (3) Cover Period 11/1/19 through 11/30/19 (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
11/22/19 1	Deluxe Business Systems Business Products P.O. Box 6468 St. Paul MN 55164	Checkbook and accessories	CAN		23.89
11/21/19 2	St. Paul MN 55164 Town of Surfside	Campaign qualifying fee	CAN		25.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name CHARLES KEEL

I.D. Number _____

Address (number and street) 8975 FROUDE AVE

City, State, Zip Code JACKSONVILLE FL 32154

CHECK IF ADDRESS HAS CHANGED

DEC9 '19 4:57PM

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

DEC9 '19 4:57PM

REPORT IDENTIFIERS

Report Name 2019 M11 Cover Period 11/1/19 through 11/30/19

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.

CHARLES KEEL
(Type name) Treasurer Deputy Treasurer

X Charles Keel
Signature

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

CHARLES KEEL
(Type name) Candidate

X Charles Keel
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



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

(1) Name CHARLES KESL (2) I.D. Number 19 45724

(3) Report Name 2019 M11 (4) Cover Period 11/1/19 through 11/30/19

(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
	NONE			

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL
Name

(2) 8875 FROUDE AVE
Address (number and street)

JURISDIE FL 33154
City, State, Zip Code

OFFICE USE ONLY

DEC 10 '19 4:12 PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 11 / 1 / 19 To 11 / 30 / 19 Report Type: 2019M11

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 120.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 120.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 48.89

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 48.89

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 120.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 48.89

(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) CHARLES KESL

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

X Charles KESL
Signature

(Type name) CHARLES KESL

Candidate Chairperson (only for PC and PTY)

X Charles KESL
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL
Name

(2) 8975 FROUDE AVE
Address (number and street)

JURFESIDE FL 33154
City, State, Zip Code

OFFICE USE ONLY

JAN 9 '20 3:51 PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 1 / 19 To 12 / 31 / 19 Report Type: 2019M2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 500.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 500.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.00

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 0.00

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 620.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 48.89

(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) CHARLES KESL

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

X Charles KESL
Signature

(Type name) CHARLES KESL

Candidate Chairperson (only for PC and PTY)

X Charles KESL
Signature

(Signature)
(ck)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CHARLES KESL

(2) I.D. Number 2019 11122

(3) Cover Period 12, 1, 19 through 12, 31, 19

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
12, 5, 19	Lewin, Donald	I	Retired Managemt Consultant	CHE	N/A		500.-
1	9225 Collis Ave #702 Surfside FL 33154						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHARLES KESL

(2) I.D. Number _____

(3) Cover Period 12/1/19 through 12/31/19

(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
1/1	NONE				
1/1					
1/1					
1/1					
1/1					
1/1					

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name CHARLES KESL

I.D. Number _____

Address (number and street) 8975 FROUDE AVE

City, State, Zip Code MIRTSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

[Handwritten signature]
JAN 9 '20 3:51 PM

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2019 M12 Cover Period 12/1/19 through 12/31/19

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.

CHARLES KESL

(Type name) Treasurer Deputy Treasurer

X Civille

Signature

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

CHARLES KESL

(Type name) Candidate

X Civille

Signature



PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES

This report must be filed by applicable candidates running for Miami-Dade County Charter positions:
Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name CHARLES KESL (2) I.D. Number _____

(3) Report Name 2019 M12 (4) Cover Period 12/1/19 through 12/31/19

(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
	<u>NONE</u>			

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL
 Name
 (2) 8975 PROUDE AVE
 Address (number and street)
JURFSIDE FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 18 '20 4:47PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1/1/20 To 1/31/20 Report Type: 2020M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 250.00

Loans \$ _____, _____, 0.

Total Monetary \$ _____, _____, 250.00

In-Kind \$ _____, _____, 0.

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 400.26

Transfers to Office Account \$ _____, _____, 0.

Total Monetary \$ _____, _____, 400.26

(8) Other Distributions

\$ _____, _____, 0.

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 870.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 449.15

(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) CHARLES KESL
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Charles
 Signature

(Type name) CHARLES KESL
 Candidate Chairperson (only for PC and PTY)

X Charles
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 10 '20 4:47PM

(1) Name CHARLES KESL (2) I.D. Number _____

(3) Cover Period 1/1/20 through 1/31/20 (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, 10, 20	Gondolgi Galen	I	Chief	CHE	N/A		100.-
1	1 Brookhill Pointe Belleville, IL 62223		Comm Officer				
1, 20, 20	Kamyshnikov, Irina	I	Info Tech Consultant	CHE	N/A		100.-
2	9033 Byron Ave Surfside FL 33154		and Business Owner				
1, 20, 20	Edna Kest, Edward	I	Edwards Kest	CHE	N/A		50.-
3	1040 Beach Ct Ft Pierce FL 34950		Retired Insurance Manager				
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CHARLES KESL

(2) I.D. Number _____

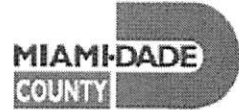
(3) Cover Period 1/1/20 through 1/31/20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/20/20	U Z Marketing 5900 Bingle Rd. Houston TX 77092	Campaign marketing printing & materials	CAN		291.96
1					
1/30/20	Miami Marketing Tools 9057 Garland Ave Surfside FL 33154	campaign marketing printing	CAN ETHEE @		96.30
2					
1/31/20	Bank United P.O. Box 621598 12290 Biscayne Blvd North Miami FL 33181	Service Charge	CAN		12.00
3					
1/1					
1/1					
1/1					
1/1					
1/1					

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

CHARLES KESL

I.D. Number

Address (number and street)

8975 DROWDE AVE

City, State, Zip Code

JURRESIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB18 '20 4:48PM

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2020 MI Cover Period 1/1/20 through 11/31/20

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.

CHARLES KESL

(Type name) Treasurer Deputy Treasurer

X
Signature

Charles

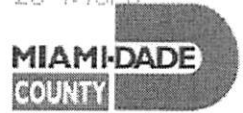
I certify that I have examined this report and it is true, correct, and complete.

CHARLES KESL

(Type name) Candidate

X
Signature

Charles



**PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES**

*This report must be filed by applicable candidates running for Miami-Dade County Charter positions:
Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council*

(1) Name CHARLES KEPL (2) I.D. Number _____

(3) Report Name 2020 MI (4) Cover Period 1/1/20 through 1/31/20

(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
	<u>NONE</u>			

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL

Name

(2) 8975 FROUDE AVE

Address (number and street)

SURFSIDE FL 33154

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB21 '20 9:14AM

(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 21 / 1 / 20 To 21 / 20 / 20 Report Type: 25 P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 225.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 225.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 145.11

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 145.11

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 095.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 594.26

(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) CHARLES KESL

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

X Charles KESL

Signature

(Type name) CHARLES KESL

Candidate Chairperson (only for PC and PTY)

X Charles KESL

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CHARLES RESC

(2) I.D. Number _____

(3) Cover Period 2/1/20 through 2/20/20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/10/20 1	Publix 9400 Harding Ave Surfside FL 33154	Event hospitality for Campaign	CAN		55.06
2/13/20 2	50 Daddy, LLC 14455 N. Hayden Rd 219 Scottsdale AZ 85260	Web hosting + domain registration	CAN		25.05
2/14/20 3	Constant Contact 1601 Tropico Rd #329 Walthern MA 02451	Email Service	CAN		65.00
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

(1) Name CHARLES KESL (2) I.D. Number 00021 '20 9:15PM

(3) Cover Period 2/1/20 through 2/20/20 (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		
2/10/20 1	Siska, Margaret 5217 Cangas Dr Agoura Hills, CA 91301	I	Software Programmer	CHE	N/A		50.-
2/15/20 2	Adams, Bryant 119 Sunset Dr. Westville IL 61883	I	Garden Designer	CHE	N/A		100.-
2/20/20 3	Henderson, Carl Anthony 1615 15th St NW Washington DC 20009	I	Info Tech Manager	CHE	N/A		75.-
1/1							
1/1							
1/1							
1/1							

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name CHARLES KESL

I.D. Number _____

Address (number and street) 8975 FROUDE AVE

City, State, Zip Code SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
FEB21 '20 9:15AM

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 2/1/20 through 2/20/20

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.

CHARLES KESL

(Type name) Treasurer Deputy Treasurer

X Charles KESL
Signature

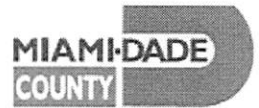
I certify that I have examined this report and it is true, correct, and complete.

CHARLES KESL

(Type name) Candidate

X Charles KESL
Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES



*This report must be filed by applicable candidates running for Miami-Dade County Charter positions:
Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council*

(1) Name CHARLES KESL (2) I.D. Number _____
 (3) Report Name 25 P1 (4) Cover Period 2/1/20 through 2/20/20
 (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
	<i>NONE</i>			

TOWN OF SURFSIDE
FEB21 '20 9:15AM

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL
Name

(2) 8975 FRODO AVE
Address (number and street)

SHORESIDE FL 33154
City, State, Zip Code

OFFICE USE ONLY

FEB 26 '20 3:25PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 1 / 20 To 2 / 20 / 20 Report Type: 2SP1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 225.00

Loans \$ _____ , _____ , 0.

Total Monetary \$ _____ , _____ , 225.00

In-Kind \$ _____ , _____ , 0.

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 165.11

Transfers to Office Account \$ _____ , _____ , 0.

Total Monetary \$ _____ , _____ , 165.11

(8) Other Distributions

\$ _____ , _____ , 0.

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1,095.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 614.26

(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) CHARLES KESL

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

Charles
Signature

(Type name) CHARLES KESL

Candidate Chairperson (only for PC and PTY)

Charles
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHARLES RUSL (2) I.D. Number _____
 (3) Cover Period 2/1/20 through 2/20/20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2/7/20 4	Miami Dade County Elections Dept	List All Registered Voters w/History	CAN	ADD	20.-
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CHARLES KESL
 Name
 (2) 8975 FROUDE AVE
 Address (number and street)
SURFIDE FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFIDE

MAR 6 '20 4:04PM

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

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

(5) Report Identifiers

Cover Period: From 2/21/20 To 3/5/20 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 730.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 730.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 815.81

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 815.81

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1,825.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 1,430.07

(11) Certification

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

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

(Type name) CHARLES KESL

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

Charles
 Signature

(Type name) CHARLES KESL

Candidate Chairperson (only for PC and PTY)

Charles
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHARLES KELL

(2) I.D. Number _____

(3) Cover Period 2 / 21 / 20 through 3 / 5 / 20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/28/20 1	Miami Marketing Tools 9057 Garland Ave Sunrise FL 33154	marketing printing	CAN		160.50
2/28/20 2	Bank United 12290 Biscayne Blvd North Miami FL 33181	Service Charge	CAN		12.-
3/2/20 3	Office Depot 16000 NW 57th Ave Miami Lakes FL 33014	Printer Cartridge	CAN		75.-
3/4/20 4	Office Depot 17861 Biscayne Blvd North Miami Beach, FL 33160	Return address stamp	CAN		22.73
3/4/20 5	USPS 2200 NW 72nd Av Miami FL 33152	Postage: Mail to all voters	CAN		545.58
1 /					
1 /					
1 /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CHARLES KESL (2) I.D. Number _____

(3) Cover Period 2 / 21 / 20 through 3 / 5 / 20 (4) Page 1 of 2

(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	Contribution Type	In-kind Description	Amendment	Amount
2, 25, 20 1	McMonagle, Robert 9040 Emerson Ave Surfside FL 33154	I	Construction	CHE	N/A		100.-
3, 1, 20 2	Izaurralde, Cesar 9365 Byron Ave Surfside FL 33154	I	professor	CHE	N/A		50.-
3, 1, 20 3	Maguire, Karla 9232 Harding Ave Surfside FL 33154	I	Physician	CHE	N/A		50.-
3, 1, 20 4	Fridman, Yairi 9225 Collins Av Surfside FL 33154	I	Realtor	CHE	N/A		100.-
3, 1, 20 5	Brilliant, Jennifer 9064 Prado Ave Surfside FL 33154	I	Realtor	CHE	N/A		30.-
3, 1, 20 6	Acquario, Benjamin 725 91st St Surfside FL 33154	I	Digital Solutions	CHE	N/A		100.-
3, 1, 20 7	Chavez, Oscar 9025 Abbott Ave Surfside FL 33154	I	Sales Director	CHE	N/A		50.-

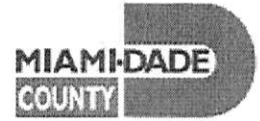
CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name CHARLES KESL (2) I.D. Number _____

(3) Cover Period 2 / 21 / 20 through 3 / 5 / 20 (4) Page 2 of 2

(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
3, 3, 20	Callaway, Cynthia 9232 Dickens Rd Seaside RI 02874	I	Director Sales ops	CHE	N/A		100.-
8							
3, 3, 20	Lapat, Kimberly 306 Village Rd Willowbrook IL 60527	I	Admin Assist.	CHE	N/A		50.-
9							
3, 4, 20	Wilder, Carol 235 E 22nd St NY, NY	I	College Dean	CHE	N/A		100.-
10							

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

CHARLES KESL

I.D. Number

Address (number and street)

8975 FROUDE AVE

City, State, Zip Code

SURFSIDE FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
MAR6 '20 4:04PM

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2/21/20 through 3/5/20

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.

CHARLES KESL

(Type name) Treasurer Deputy Treasurer

X Charles
Signature

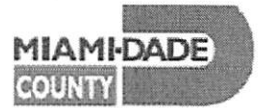
I certify that I have examined this report and it is true, correct, and complete.

CHARLES KESL

(Type name) Candidate

X Charles
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES**



*This report must be filed by applicable candidates running for Miami-Dade County Charter positions:
Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council*

(1) Name CHARLES KESL (2) I.D. Number _____
 (3) Report Name 11 P1 (4) Cover Period 2/21/20 through 3/5/20
 (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
	<u>NONE</u>			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES