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.

NOV 13 PM 4:33 SMC

NOV 13 PM 4:02 SMC

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) Jerold Blumstein	3. Address (include post office box or street, city, state, zip code) 8960 Collins Ave. Surfside, FL 33154
4. Telephone (305) 868-5279 / 5. E-mail address Surfsidejb@gmail.com	
6. **Office sought** (include district, circuit, group number) Surfside Commission	7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a
☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer: Jerold Blumstein

11. Mailing Address 8960 Collins Ave.	12. Telephone (305) 868-5279

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Surfside	Miami-Dade	FL	33154	Surfsidejb@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 11-13-23	26. Signature of Candidate X [signature]

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

I, Jerold Blumstein, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer

11-13-23 X [signature]
Date 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 4:33 SMC

NOV 13 PM 4:02

SMC

I, Jerold Blumstein,

candidate for the office of Commission for Surfside,

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X _____ 11-13-23

Signature of Candidate 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).

COPY NOV 13 PM 4:33 SMC

NOV 13 PM 4:02 SMC

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) Jerold Blumstein	3. Address (include post office box or street, city, state, zip code) 8960 Collins Ave. Surfside, FL 33154
4. Telephone (305) 868-5279 / 5. E-mail address Surfsidejb@gmail.com	
6. **Office sought** (include district, circuit, group number) Surfside Commission	7. **If a candidate for a nonpartisan office, check if applicable:** ☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a
☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer: Jerold Blumstein

11. Mailing Address 8960 Collins Ave.	12. Telephone (305) 868-5279

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Surfside	Miami-Dade	FL	33154	Surfsidejb@gmail.com

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

19. Name of Bank Wells Fargo	20. Address 9401 Harding Ave.

21. City	22. County	23. State	24. Zip Code
Surfside	Miami-Dade	FL	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 11-13-23	26. Signature of Candidate X [signature]

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

I, Jerold Blumstein, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer

11-13-23 X [signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jerald Blumstein

Office Sought Commissioner

Phone No.: 305-868-5279 Cell Phone No: _____

E-Mail Address: Surfsidejb@gmail.com

Contents	Date Received	Initials
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	JM
Nominating Petition		
Statement of Candidate		
Sworn Statement of Qualification		
Candidate Oath	11/13/2023	JB
Form 1 – Statement of Financial Interest (2022)		
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice		
Qualifying Fee $25.00		
L & A Schedule		
Proof of Residency		

& Voter Registration

2. Important Dates to Remember 11/13/2023 AM

3. Campaign Activities Memorandum 11/13/2023. AM

Candidate's Signature

Date

TOWN OF SURFSIDE
MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Jerold Blumstein
First Name Middle Name Last name

Commissioner
Office Sought (Mayor or Commissioner)

Phone No.: 305-868-5279 Fax No.: _____

Cell Phone: _____

E-Mail Address: Surfsidejb@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: _____ Date: 11-13-23
Candidate Signature

CANDIDATE OATH

NONPARTISAN OFFICE

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

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

☐ Write-in candidate

NOV 17 PM 4:51

OFFICE USE ONLY

Candidate Oath

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

I, Jerold Blumstein,

(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 #),

_____ (Circuit #), _____ (Group or Seat #); I am a qualified elector of Miami-Dade County, Florida;

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

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

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

_____

X [signature] (305) 868-5279 Surfsidejb@gmail.com

Signature of Candidate Telephone Number Email Address

8960 Collins 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 17 day of November, 2023

Personally Known ☐ *OR* Produced Identification ☑

Type of Identification Produced: Florida Driver's License

[signature]

Signature of Notary Public

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

DINA GOLDSTEIN
Notary Public - State of Florida
Commission # GG 972056
My Comm. Expires Jul 17, 2024
Bonded through National Notary Assn.

TOWN OF SURFSIDE
MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 17 PM 4:51

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 Jerald Blumstein, 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 8960 Collins Avenue, my occupation is teacher; that I have been a resident of the Town of Surfside since 1993; 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.

Jerald Blumstein — Signature of Candidate

11-17-23 — Date

Sworn to and subscribed before me this 17 day of November, 2023.

DINA GOLDSTEIN
Notary Public - State of Florida
Commission # GG 972056
My Comm. Expires Jul 17, 2024
Bonded through National Notary Assn.

NOTARY PUBLIC

Dina Goldstein
PRINTED NAME OF NOTARY

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 17 PM 4:40

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jerold Blumstein 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:		Date: 11/14/2023	D.O.B. [redacted]
Print Name:	MARK BLUMSTEIN	Address:	[redacted]
Signature:	Allen Blumstein	Date: 11/14/2023	D.O.B. [redacted]
Print Name:	Allen Blumstein	Address:	[redacted]
Signature:		Date: 11-14-23	D.O.B. [redacted]
Print Name:	Louis D'Antuono	Address:	[redacted]
Signature:	Samuel Weintraub	Date: 11-14-23	D.O.B. [redacted]
Print Name:	Samuel Weintraub	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Todd Weintraub	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Joel Blumstein	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Sally Mitrani	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Richard Sussman	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	PHILIP ANTHONY HART	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Louis Scherr	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Anthony Sperduto	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Ellen Abramson	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Dorit Weintraub	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: _____

Address of Circulator: 8926 HAWTHORNE AVENUE

Email address of Circulator: MBJA61996@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: 11-14-23

NOV 17 PM 4:41

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jerold Blumstein 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:		Date: 11/14/2023	D.O.B. [redacted]
Print Name:	Sara Pearl Citron	Address:	[redacted]
Signature:		Date: 11/14/2023	D.O.B. [redacted]
Print Name:	Menachem Mendel Citron	Address:	[redacted]
Signature:		Date: 11/14/2023	D.O.B. [redacted]
Print Name:	Chana Cohen	Address:	[redacted]
Signature:		Date: 11/14/2023	D.O.B. [redacted]
Print Name:	AIDA DIAZ	Address:	[redacted]
Signature:		Date: [redacted]	D.O.B. [redacted]
Print Name:	LINDA DANIEL	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	DOROTA TRZECIECKA	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Michelle D'Antuono	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Thomas G. Pletcher	Address:	[redacted]
Signature:		Date: 11-14-23	D.O.B. [redacted]
Print Name:	NANCY E Pletcher	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Howard R. Behar	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Pamela K Behar	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Eva Blumstein	Address:	[redacted]
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name:	Paul B Blumstein	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: _____

Address of Circulator: 8926 HAWTHORNE AVENUE

Email address of Circulator: MJJA61596@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: 11-14-23

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

NOV 17 PM 4:41

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jerold Blumstein 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:		Date: 11-14-23	D.O.B. [redacted]
Print Name: Jacqueline Blumstein		Address: [redacted]	
Signature:		Date: 11-14-23	D.O.B. [redacted]
Print Name: SOL COLOM		Address: [redacted]	
Signature:		Date: 11/14/23	D.O.B. [redacted]
Print Name: Alina Calabresi		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: Mery MacDowell		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: Ann Piccone Papa		Address: [redacted]	
Signature:		Date: 11/15/23	D.O.B. [redacted]
Print Name: Yoshie Sakiyama Barreiros		Address: [redacted]	
Signature:		Date: 11/17/23	D.O.B. [redacted]
Print Name: Elizabeth Alvarez Rodriguez		Address: [redacted]	
Signature:		Date: 11/17/23	D.O.B. [redacted]
Print Name: Celita Cuenca		Address: [redacted]	
Signature:		Date: 11/17/23	D.O.B. [redacted]
Print Name: Margot Caceres		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:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 9 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: 8960 Collins Avenue

Email address of Circulator: jackieblumstein@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jerold Blumstein Date: 11-14-23

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

NOV 17 PM 4:41

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 17 PM 4:41

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jerold Blumstein 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:	Date: 11/15/23	D.O.B.	[redacted]
Print Name: Michael Klahr	Address:		[redacted]
Signature:	Date: 11/16/23	D.O.B.	[redacted]
Print Name: Regan Kinzer	Address:		[redacted]
Signature:	Date: 11/16/23	D.O.B.	[redacted]
Print Name: Mitchell Kinzer	Address:		[redacted]
Signature: Curtis MacDonald	Date: 11/16/23	D.O.B.	[redacted]
Print Name:	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:		
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: 8926 HAWTHORNE AVE.

Email address of Circulator: MJJ061996@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: 11-16-23

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2022

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

FOR OFFICE USE ONLY:

NOV 17 PM 4:40

LAST NAME -- FIRST NAME -- MIDDLE NAME
Blumstein, Jerold

MAILING ADDRESS
8960 Collins Avenue

CITY: Surfside | ZIP: 33154 | COUNTY: Miami-Dade

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 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
MDCPS	1450 NE 2 AVE., MIAMI, FL 33132	Education

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

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

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

8950 Collins Avenue, Surfside, FL 33154

8960 Collins Avenue, Surfside, FL 33154

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

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

(Continued on reverse side)

NOV 17 PM 4:40

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
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
Lakeview Loan Servicing	3637 Sentara Way, Virginia Beach, VA 23452

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	N/A	
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:

11-17-2023

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.

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 20, 2023

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

RE: VERIFICATION OF PETITION SIGNATURES – JEROLD BLUMSTEIN

Dear Ms. McClain:

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

NELLY VELASQUEZ: Filed intent to run for office on November 13, 2023

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

Sincerely,

Sandra N. McCready, MPA, MMC
Town Clerk

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. Jerold Blumstein
860 Collins Avenue
Surfside, Fl 33154

Dear Mr. Blumstein:

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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jerold Blumstein
Name

(2) 8960 Collins Avenue
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
TOWN OF SURFSIDE
JAN9 '24 4:05PM

(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 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 2023Q

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ , 550 . 00
Total Monetary	$ ___ , ___ , 550. 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 25. 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 25. 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , 550 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 25 . 00

(11) Certification

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

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

(Type name) Jerold Blumstein
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X [signature]
Signature

(Type name) Jerold Blumstein
☑ Candidate ☐ Chairperson (only for PC and PTY)
X [signature]
Signature

TOWN OF SURFSIDE

JAN9 '24 4:05PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jerold Blumstein (2) I.D. Number

(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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 / 20 / 2023 1	Town of Surfside (Qualifying fee)		CAN		$25
/ / 					
/ / 					
/ / 					
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/ / 					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN9 '24 4:05PM

(1) Name Jerold Blumstein **(2) I.D. Number** JAN9 '24 4:05PM

(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11 / 14 / 2023 1	Jerold Blumstein 8960 Collins Avenue Surfside, FL 33154	S	Teacher	LOA			$50
12 / 26 / 2023	Jerold Blumstein 8960 Collins Avenue Surfside, FL 33154	S	Teacher	LOA			$500
/ /							
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

MIAMI-DADE COUNTY

Name Jerold Blumstein

I.D. Number

Address (number and street) 8960 Collins Avenue

City, State, Zip Code Surfside, FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN9 '24 4:05PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2023Q4 **Cover Period** 10-01-2023 **through** 12-31-2023

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.

Jerold Blumstein
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X Jerold Blumstein
Signature

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

Jerold Blumstein
(Type name) ☒ Candidate

X Jerold Blumstein
Signature

MD-ED 26 (Rev. 03/13)

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMI-DADE COUNTY

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

TOWN OF SURFSIDE
JAN9 '24 4:06PM

(1) Name Jerold Blumstein (2) I.D. Number

(3) Report Name 2023 Q4 (4) Cover Period 10-1-23 through 12-31-23

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	None/N/A	N/A	N/A	N/A

None

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jerold Blumstein
Name

(2) 8960 Collins Avenue
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

JAN18 '24 4:12PM
TOWN OF SURFSIDE
Gmc.

(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 01 / 01 / 2024 To 01 / 12 / 2024 Report Type: 20246(

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0 , ___ , ___ . ___
Loans	$ 0 , ___ , ___ . ___
Total Monetary	$ 0 , ___ , ___ . ___
In-Kind	$ 0 , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ 0 , ___ , ___ . ___
Transfers to Office Account	$ 0 , ___ , ___ . ___
Total Monetary	$ 0 , ___ , ___ . ___

(8) Other Distributions
$ 0 , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , 550 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 25 . 00

(11) Certification

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

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

(Type name) Jerold Blumstein
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X [signature]
Signature

(Type name) Jerold Blumstein
☑ Candidate ☐ Chairperson (only for PC and PTY)
X [signature]
Signature

TOWN OF SURFSIDE
JAN18 '24 4:12PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jerold Blumstein (2) I.D. Number

(3) Cover Period 1/1/24 through 1/12/24 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
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N/A

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE
JAN18 '24 4:12PM

(1) Name Jerold Blumstein **(2) I.D. Number**

(3) Cover Period 1 / 1 / 24 through 1 / 12 / 24 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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JAN1

DS-DE 13 (Rev. 11/13) **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

JAN18 '24 4:12PM

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

MIAMI-DADE COUNTY

Name Jerold Blumstein

I.D. Number

Address (number and street) 8960 Collins Ave

City, State, Zip Code Surfside, FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

JAN18 '24 4:12PM

TOWN OF SURFSIDE

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024 60 DP **Cover Period** 1-1-2024 **through** 1-12-2024

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.

Jerold Blumstein

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X [signature]

Signature

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

Jerold Blumstein

(Type name) ☒ Candidate

X [signature]

Signature

MD-ED 26 (Rev. 03/13)

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMI-DADE COUNTY

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

TOWN OF SURFSIDE
JAN18 '24 4:12PM

(1) Name Jerold Blumstein (2) I.D. Number

(3) Report Name 2024 GO DP (4) Cover Period 1-1-2024 through 1-12-2024

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	N/A	N/A	N/A	N/A

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jerold Blumstein
Name

(2) 8960 Collins Avenue
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
TOWN OF SURFSIDE
FEB1 '24 4:22PM
PK

(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 01 / 13 / 2024 To 01 / 26 / 2024 Report Type: 2024B

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0 , ___ , ___ . ___
Loans	$ 0 , ___ , ___ . ___
Total Monetary	$ 0 , ___ , ___ . ___
In-Kind	$ 0 , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ 0 , ___ , ___ . ___
Transfers to Office Account	$ 0 , ___ , ___ . ___
Total Monetary	$ 0 , ___ , ___ . ___

(8) Other Distributions
$ 0 , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , ___ , 550 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 25 . 00

(11) Certification

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

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

(Type name) Jerold Blumstein
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X Signature

(Type name) Jerold Blumstein
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB1 '24 4:22PM

(1) Name Jerold Blumstein

(2) I.D. Number FEB1 '24 4:22PM

(3) Cover Period 01 / 13 / 2024 through 01 / 26 / 2024

(4) Page FEB1 '24 4:22PM of

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

TOWN OF SURFSIDE
FEB1 '24 4:22PM

(1) Name Jerold Blumstein (2) I.D. Number

(3) Cover Period 01 / 13 / 2024 through / / (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

MIAMI-DADE COUNTY

Name Jerold Blumstein

I.D. Number

Address (number and street) 8960 Collins Avenue

City, State, Zip Code Surfside, FL 33154

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB1 '24 4:22PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024 B1 **Cover Period** 1-13-24 **through** 1-26-24

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

Jerold Blumstein
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

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

Jerold Blumstein
(Type name) ☒ Candidate

X _____
Signature

MD-ED 26 (Rev. 03/13)

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMI-DADE COUNTY

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

(1) Name Jerold Blumstein (2) I.D. Number

(3) Report Name 2024 B.1 (4) Cover Period 1-13-24 through 1-26-24

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

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
N/A	N/A	N/A	N/A	N/A
			TOWN OF SURFSIDE FEB1 '24 4:23PM	

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)