

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

NOV 13 PM 4:33 *SMC*

NOV 13 PM 4:02 *SMC*

(PLEASE PRINT OR TYPE)

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

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

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

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

*Jerold Blumstein*

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

*8960 Collins Ave.  
Surfside, FL 33154*

4. Telephone

5. E-mail address

*(305) 868-5279 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

*Surfside*

14. County

*Miami-Dade*

15. State

*FL*

16. Zip Code

*33154*

17. E-mail address

*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

*Jerold Blumstein*

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*

Date

*Jerold Blumstein*

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 *sme*

NOV 13 PM 4:02

*sme*

I, Jerald Blumstein,  
candidate for the office of Commission for Seaside  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

*Jerald Blumstein*  
Signature of Candidate

11-13-23

Date

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

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

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

(PLEASE PRINT OR TYPE)

**COPY** NOV 13 PM 4:33 SMC

NOV 13 PM 4:02 SMC

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

**OFFICE USE ONLY**

<b>1. CHECK APPROPRIATE BOX(ES):</b> <input checked="" type="checkbox"/> Initial Filing of Form      Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party						
<b>2. Name of Candidate</b> (in this order: First, Middle, Last) Jerald Blumstein			<b>3. Address</b> (include post office box or street, city, state, zip code) 8960 Collins Ave. Surfside, FL 33154			
<b>4. Telephone</b> (305) 868-5279		<b>5. E-mail address</b> Surfsidejb@gmail.com				
<b>6. Office sought</b> (include district, circuit, group number) Surfside Commission			<b>7. If a candidate for a nonpartisan office, check if applicable:</b> <input type="checkbox"/> My intent is to run as a Write-In candidate.			
<b>8. If a candidate for a partisan office, check block and fill in name of party as applicable:</b> My intent is to run as a <input type="checkbox"/> Write-In <input checked="" type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.						
<b>9. I have appointed the following person to act as my</b>				<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer		
<b>10. Name of Treasurer or Deputy Treasurer</b> Jerald Blumstein						
<b>11. Mailing Address</b> 8960 Collins Ave.					<b>12. Telephone</b> (305) 868-5279	
<b>13. City</b> Surfside		<b>14. County</b> Miami-Dade		<b>15. State</b> FL	<b>16. Zip Code</b> 33154	<b>17. E-mail address</b> Surfsidejb@gmail.com
<b>18. I have designated the following bank as my</b> <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository						
<b>19. Name of Bank</b> Wells Fargo			<b>20. Address</b> 9401 Harding Ave.			
<b>21. City</b> Surfside		<b>22. County</b> Miami-Dade		<b>23. State</b> FL		<b>24. Zip Code</b> 33154
<b>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.</b>						
<b>25. Date</b> 11-13-23			<b>26. Signature of Candidate</b> <input checked="" type="checkbox"/> <i>Jerald Blumstein</i>			
<b>27. Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)						
I, <u>Jerald Blumstein</u> , do hereby accept the appointment (Please Print or Type Name)						
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer						
<u>11-13-23</u> Date			<input checked="" type="checkbox"/> <i>Jerald Blumstein</i> 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

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>JM</u>
Nominating Petition	_____	_____
Statement of Candidate	_____	_____
Sworn Statement of Qualification	_____	_____
Candidate Oath	<u>11/13/2023</u>	<u>JM</u>
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
3. Campaign Activities Memorandum

11/13/2023      AM  
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:

Jerold Blumstein

Candidate Signature

Date:

11-13-23

**CANDIDATE OATH  
NONPARTISAN OFFICE**

NOV 17 PM 4:51

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, Jerald 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 #)

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

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

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

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

**X** [Signature] (305) 868-5279 Surfsidej@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

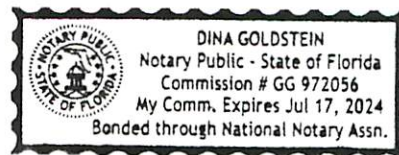
Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

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:





**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 Blomstein,  
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 Blomstein  
Signature of Candidate

11-17-23  
Date

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



Dina Goldstein  
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 Jerald 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: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARK BLUMSTEIN</u>	Address: <u>[Redacted]</u>
Signature: <u>Allen Blumstein</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Allen Blumstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Louis D'Antonio</u>	Address: <u>[Redacted]</u>
Signature: <u>Samuel Weintroub</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Samuel Weintroub</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Todd Weintroub</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Joel Blumstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Sally Mitrani</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Richard Sussman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PHILIP ANTHONY HART</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Louis Scherr</u>	Address: <u>[Redacted]</u>
Signature: <u>Anthony Spadito</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Anthony Spadito</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ellen Stranjan</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Dorit Weintroub</u>	Address: <u>[Redacted]</u>

#### STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]  
Address of Circulator: 8926 HAWTHORNE AVENUE  
Email address of Circulator: MBJ761996@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: 11-14-23

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: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Sara Pearl Citron</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Menechem Mendel Citron</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Cohen</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>AIDA DIAZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>LINDA DANIEL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DOROTA TRZECIECKA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michelle D'Antuono</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Thomas G. Pletcher</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>NANCY E Pletcher</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Howard R. Behar</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Pamela K Behar</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Eva Blumstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>John B Blumstein</u>	Address: <u>[Redacted]</u>

#### STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]  
Address of Circulator: 8926 HAWTHORNE AVENUE  
Email address of Circulator: M35761996@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: 11-14-23

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 Jerald 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: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacqueline Blumstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SOL COLOM</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alina Calabresi</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mery Maudowell</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ann Piccone Paris</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Yoshie Sakivama Parreirinho</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Elizabeth Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Celida Cuenca</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Margot Caceres</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: _____

#### 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: Jerald 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

## TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jerald 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: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Kahr</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/22</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Pegan Kinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mitchell Kinger</u>	Address: <u>[Redacted]</u>
Signature: <u>Curtis MacPoyld</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>[Redacted]</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: _____

### 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: [Signature]  
Address of Circulator: 8926 Hawthorne Ave.  
Email address of Circulator: MJ1061996@CML.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: J Blumstein 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:

LAST NAME -- FIRST NAME -- MIDDLE NAME

Blumstein, Jerold

MAILING ADDRESS:

8960 Collins Avenue

NOV 17 PM 4:40

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.

**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")

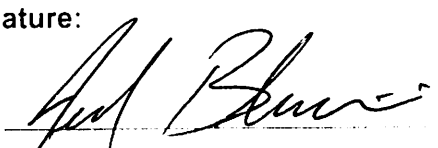
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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. McCreedy, MPA, MMC,  
Town Clerk

November 20, 2023

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

JAN 9 '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

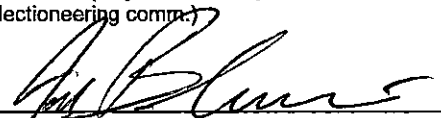
### (11) Certification

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

(Type name) Jerold Blumstein

Candidate  Chairperson (only for PC and PTY)

**X**   
Signature

**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	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11 / 20 / 2023	Town of Surfside (Qualifying fee)		CAN		\$25
1					
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

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



OFFICE USE ONLY

Name Jerald Blumstein

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

Address (number and street) 8960 Collins Avenue

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN 9 '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.

Jerald Blumstein  
(Type name)  Treasurer  Deputy Treasurer

X

Signature

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

Jerald Blumstein  
(Type name)  Candidate

X

Signature



# CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

JAN 18 '24 4:12PM

TOWN OF SURFSIDE

*Gmc*

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

Check here if address has changed

(4) Check appropriate box(es):

Candidate    Office Sought: Commissioner

Political Committee (PC)

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

Party Executive Committee (PTY)     Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)     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: 202460

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** *Jerold Blumstein*  
 Signature

(Type name) Jerold Blumstein

Candidate     Chairperson (only for PC and PTY)

**X** *Jerold Blumstein*  
 Signature

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

(1) Name Jerald Blumstein (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 1 / 1 / 24 through 1 / 12 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

TOWN OF SURFSIDE

(1) Name Jerold Blunstein (2) I.D. Number JAN18 '24 4:12PM

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jerald Blumstein

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

Address (number and street) 8960 Colby Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

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.

Jerald Blumstein  
(Type name)  Treasurer  Deputy Treasurer

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

Jerald Blumstein  
(Type name)  Candidate

Jerald Blumstein  
Signature

Jerald Blumstein  
Signature



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jerold Blumstein  
 Name  
8960 Collins Avenue  
 Address (number and street)  
Surfside, FL 33154  
 City, State, Zip Code

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

(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 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 1 *pk*

(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
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

OF SURFSIDE  
FEB 1 '24 4:22PM  
*pk*

(1) Name Jerold Blumstein

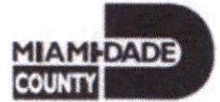
(2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 13 / 2024 through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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



OFFICE USE ONLY

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

TOWN OF SURFSIDE

FEB1 '24 4:22PM

*AK*

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 Jer Blumstein  
Signature

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

Jerold Blumstein

(Type name)  Candidate

X Jer Blumstein  
Signature



## 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  
FEB 15 '24 3:52PM

(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 01/27/2024 To 02/09/2024 Report Type: 2024 B2

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)

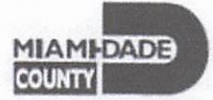
X  
Signature







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



OFFICE USE ONLY

Name Jerald Blumstein

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

Address (number and street)  
8960 Collins Ave

City, State, Zip Code  
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE  
FEB15 '24 3:52PM

*pk*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024 B2 Cover Period 01/27/24 through 02/09/24

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.

Jerald Blumstein  
(Type name)  Treasurer  Deputy Treasurer

Jerald Blumstein  
Signature

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

Jerald Blumstein  
(Type name)  Candidate

Jerald Blumstein  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jerold Blumstein  
Name

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

Surfside, FL 33154  
City, State, Zip Code

**OFFICE USE ONLY**

*[Signature]*  
TOWN OF SURFSIDE

FEB22 '24 4:45PM

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)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 02/10/2024 To 02/22/2024 Report Type: 25P1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

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

Loans \$ \_\_\_\_\_ 100.00

Total Monetary \$ \_\_\_\_\_ 100.00

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

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ 72.99

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

Total Monetary \$ \_\_\_\_\_ 72.99

**(8) Other Distributions**

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

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ 650.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ 97.99

### (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 Jerold Blumstein  
Signature

(Type name) Jerold Blumstein

Candidate  Chairperson (only for PC and PTY)

X Jerold Blumstein  
Signature

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

(1) Name Jerald Blumstein (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/10/2024 through 02/22/2024 (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					
02/11/24	Jerald Blumstein 8960 Collins Ave. Surfside, FL 33154	office supplies	CAN	N/A	\$72.99
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TOWN OF SURFSIDE  
FEB22 '24 4:45PM  
AK

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

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

(3) Cover Period 02/10/2024 through 02/22/2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
02/20/2024	Jerold Blumstein 8960 Collins Ave. Sudside, FL 3354	S	Teacher	LOA			\$100
1/1							
1/1							
1/1							
1/1							
1/1							

TOWN OF SURESIDE  
FEB 22 24 4:45 PM  
*pt*

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



OFFICE USE ONLY

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

TOWN OF SURFSIDE  
FEB22 '24 4:45PM

*pk*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2581 Cover Period 02-10-24 through 02-22-24

Report Type  Original  Amendment

CERTIFICATION

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

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

(Type name)  Treasurer  Deputy Treasurer

Jerold Blumstein  
Signature

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

(Type name)  Candidate

Jerold Blumstein  
Signature





## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jerald 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  
MAR 8 '24 2:00PM  
*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 2/23/2024 To 3/7/2024 Report Type: 11P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

Loans \$ \_\_\_\_\_ 150.00

Total Monetary \$ \_\_\_\_\_ 150.00

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 133.75

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

Total Monetary \$ \_\_\_\_\_ 133.75

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 800.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 231.74

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

Jerald Blumstein  
Signature

(Type name) Jerald Blumstein  
 Candidate  Chairperson (only for PC and PTY)

Jerald Blumstein  
Signature

*Handwritten initials*

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

(1) Name Jerold Blumstein

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

(3) Cover Period 2, 23, 2024 through 3, 7, 2024

(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
2/26/2024	Sergio's Printing Inc. 14265 SW 140th St. Miami, FL 33186	Lawn Signs	CAN	N/A	\$1,337.75
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Jerald Blumstein (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2, 23, 2024 through 3, 7, 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
2, 26, 2024	Jerald Blumstein 8960 Collins Ave. Surfside, FL 33154	S	Teacher	LOA			\$150
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TOWN OF SURFSIDE  
MARCH '24 2:00PM  
RK

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



OFFICE USE ONLY

Name Jerold Blumstein

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

Address (number and street) 8960 Collins Avenue

City, State, Zip Code Surfside, FL 33154

TOWN OF SURFSIDE

MAR 8 '24 2:00PM  
*pk*

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2-23-24 through 3-7-24

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

Jerold Blumstein  
Signature

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

Jerold Blumstein  
(Type name)  Candidate

Jerold Blumstein  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

MAR 15 '24 3:37PM

*SMC*

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)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 3/8/24 To 3/15/24 Report Type: 491

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**

\$ \_\_\_\_, \_\_\_\_, 800.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_, \_\_\_\_, 231.74

### (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) Jerald Blumstein

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

X Jerald Blumstein  
 Signature

(Type name) Jerald Blumstein

Candidate  Chairperson (only for PC and PTY)

X Jerald Blumstein  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

MAR 15 '24 3:37PM

(1) Name Jerald Blumstein (2) I.D. Number \_\_\_\_\_

(3) Cover Period 3, 8, 24 through 3, 15, 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jerold Blumstein

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

Address (number and street) 8960 Collins Avenue

City, State, Zip Code Southside, FL 33154

MAR 15 '24 3:37PM

SMC

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 3-8-24 through 3-15-24

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]  
Signature

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

Jerold Blumstein  
(Type name)  Candidate

X [Signature]  
Signature



## 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

(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

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

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR29 '24 11:38AM

*pk*

### (5) Report Identifiers

Cover Period: From 3 / 19 / 24 To 6 / 17 / 24 Report Type: 18TR6

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 568.26

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 568.26

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 800.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 800.00

### (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** Jerold Blumstein  
Signature

(Type name) Jerold Blumstein

Candidate  Chairperson (only for PC and PTY)

**X** Jerold Blumstein  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jerald Blumstein (2) I.D. Number \_\_\_\_\_

(3) Cover Period 3, 19, 24 through 6, 17, 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /						TOWN OF SURFSIDE MAR29 '24 11:38AM	<i>pk</i>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jerold Blumstein

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

(3) Cover Period 3, 19, 24 through 6, 17, 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3/27/24	Jerold Blumstein 8960 Collins Avenue Surfside, FL 33154	LOAN Reimbursement	RMB		4568.26
/ /				TOWN OF SURFSIDE	
/ /				MAR29 '24 11:38AM	PK
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Jerald Blumstein

TOWN OF SURFSIDE

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

MAR29 '24 11:38AM

*pt*

Address (number and street)  
8960 Collins Avenue

City, State, Zip Code  
Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 18 TR 6 Cover Period 3-19-24 through 6-17-24

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.

Jerald Blumstein  
(Type name)  Treasurer  Deputy Treasurer

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

Jerald Blumstein  
(Type name)  Candidate

Jerald Blumstein  
Signature

Jerald Blumstein  
Signature

