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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

NOV 13 PM 4:33 COMC NOV 13 PM 4:02 SMC

Rule 1S-2.0001, F.A.C.

| NOTE: This form must be on fill officer before opening the campa | | | | | OFFICE | USE ONLY |
|--|--|-----------------|--|-----------|---------------|------------|
| 1. CHECK APPROPRIATE BOX(ES | AND WAS ASSESSED TO SHARE THE PARTY OF THE P | MINISTER STATES | | | 011102 | |
| | | reasurer/D | eputy Depository | | Office | Party |
| 2. Name of Candidate (in this order | : First, Middle, Last) | | ress (include post office | | , | |
| Terold Blux | nstein | code) | 8960 | 60/1 | lik 1 | Ave. |
| | il address | | | 100 | | |
| 13051868-5279 Such | side; be gmaile | on | Surfid | e, f | -63. | 3/54 |
| Office sought (include district, cir | rcuit, group number) | | 7. If a candidate for a n | onparti | san office | , check if |
| C | | | applicable: | | | |
| Suctside (| Omnission | | My intent is | to run as | s a Write-Ir | candidate. |
| 8. If a candidate for a partisan offi | ce, check block and fill | in name o | of party as applicable: | My inte | ent is to run | as a |
| Write-In No Party Affi | liation | | | Pa | rty cand | lidate. |
| 9. I have appointed the following | | Cam | paign Treasurer | Deput | y Treasure | r |
| 10. Name of Treasurer or Deputy Tr | easuper / | 10- | J | | | |
| Jerold | Blums | 4500 | THE RESIDENCE OF THE PARTY OF T | | | |
| 11. Mailing Address 8960 | Collins | Ave | 1 (| 305) | s68. | -5279 |
| 13. City 14. County 15. State 16. Zip Code 17. E-mail.address | | | | | mail. co, | |
| 18. I have designated the followin | g bank as my | Primar | y Depository S | Seconda | ry Deposito | |
| 19. Name of Bank | | 20. Addre | SS | | | |
| | | | | | | |
| 21. City | 22. County | | 23. State | | 24. Zip Co | ode |
| 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 26. Signature of Candidate 26. Signature of Candidate 26. | | | | | | |
| X Aut Share | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the planks and check the appropriate block) | | | | | | |
| I, Jerold 3/ unster / do hereby accept the appointment (Please Print or Type Name) | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer | | | | | | |
| 11-13.23 X Ald Strees | | | | | | |
| Date | | Signature | of Campaign Treasurer | or Depu | tv Treasure | r |

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

NOV 13 PM 4:33 ME

NOV 13 PM 4:02

me

| 1. Jerola | & Blums | tein. |
|-----------------------------|------------|--------------|
| candidate for the office of | Commission | for Suctoide |

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

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)

DS-DE 9 (Rev. 10/10)

NOV 13 PM 4:02 SMC

Rule 1S-2.0001, F.A.C.

| 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: To | reasurer/Deputy Depository Office Party | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) | Address (include post office box or street, city, state, zip | | | |
| Jerold Blumstein | code) 8960 Colliss Ave | | | |
| 4. Telephone 5. E-mail address | | | | |
| 13051868-5279 Sustside; 60 gmailie | en Surtside, FC 33/54 | | | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a nonpartisan office, check if | | | |
| Suctaile Commission | 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 | 4910 | | | |
| 11. Mailing Address 8960 Collins Ave (305) 868-52 >9 | | | | |
| 13. City 14. County 15. State 16. Zip Code 17. E-mail address Surfaide Miani- Dade FL 33154 Surfside 6 9 mg./. Co. | | | | |
| 18. I have designated the following bank as my | Primary Depository Secondary Depository | | | |
| 19. Name of Bank | 20. Address 9401 Hacking And | | | |
| 21. City Sufficiently Miani-Da | de 23. State | | | |
| 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 , | 26. Signature of Candidate | | | |
| 11-13-23 | X Aut Share | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | |
| I, Jerold 3 onstein do hereby accept the appointment (Please Print or Type Name) | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer | | | | |
| 11-13·23 X | Ald Shores | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | |



Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

| Nama af C | Candidate Jesald B | lunstein |) |
|------------|---|---------------|-----------------|
| Name of C | | | |
| Office Sou | | ner | |
| Phone No. | : 305-868-5 Cell Phone No: | | |
| E-Mail Ad | Idress: Surfsidejbag | gmail.com | <u> </u> |
| Contents | | Date Received | <u>Initials</u> |
| 1. Qualify | ring as a candidate: | | |
| | Appointment of Campaign Treasurer and Designation of Campaign Depository | 11/13/2023 | AM |
| | Nominating Petition | | |
| | Statement of Candidate | | |
| | Sworn Statement of Qualification | | |
| | Candidate Oath | 11/13/2023 | 100 |
| | Form 1 – Statement of Financial Interest (2022) | | U |
| | 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 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: Middle Name Office Sought (Mayor or Commissioner) Cell Phone: 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 Date: 11-13-23 Received by: 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:

NOV 17 PH 4:51

| write-in candidate: | | | | |
|---|---|--|--|--|
| Write-in candidate | OFFICE USE ONLY | | | |
| Candid | ate Oath | | | |
| | (a), Florida Statutes) | | | |
| 1. Terala Rlungs | e *4 | | | |
| (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 N | ames). No change can be made after the end of qualifying. | | | |
| Although a write-in candidate's name is not printed on the b | | | | |
| am a candidate for the nonpartisan office of | Ommissione (District #) | | | |
| | | | | |
| ; I am a qualified elector of | Miami - Dade County, Florida; | | | |
| (Circuit #) (Group or Seat #) | | | | |
| A contract of the contract of | to hold the office to which I desire to be nominated or elected; I | | | |
| | of which office or any part thereof runs concurrent with the office | | | |
| | 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 y | /our 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.] | | | | |
| ballot as may be used by persons with disabilities (see instruction | ons on page 2 of this form). [Not applicable to write-in candidates.] | | | |
| | | | | |
| 1101 2550 | C C | | | |
| X Med 15 lines 30586 | | | | |
| Signature of Candidate Telephone Number | Email Address | | | |
| / 8960 Collins Ave. Suchs | ide 70 33154 | | | |
| Address City | State ZIP Code | | | |
| | | | | |
| STATE OF FLORIDA | Signature of Notary Public | | | |
| COUNTY OF Miami Dade | Print, Type, or Stamp Commissioned Name of Notary Public below: | | | |
| Sworn to (or affirmed) and subscribed before me by means of | DINA GOLDSTEIN | | | |
| online notarization OR physical presence | Notary Public - State of Florida Commission # GG 972056 | | | |
| this | | | | |
| Personally Known OR Produced Identification | | | | |
| Type of Identification Produced: Florida Driveris | 1-100-60 | | | |



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154 MOV 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 <u>Jecold Bloms fein</u> , |
| 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 <u>+eachec</u> ; 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 |
| (Mayor or Commissioner) of the Town of Surfside, if elected. |
| 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 SCommission # GG 972056 My Comm. Expires Jul 17, 2024 Bonded through National Notary Assn. 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

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 4:40

| We the undersigned electors of the Town of Surf | fside, Florida, hereby nominate <u>Terally</u> <u>Slunster</u> (Mayor or Commissioner) at an election to be held on March |
|---|---|
| for the office of <u>Commissione</u> 19, 2024. | (Mayor or commissioner) at an election to be more extraction |
| · | hatusan Navambar 3, 2023 and Navambar 22, 2023/by 12:00pm) |
| This petition must be tiled with the Town Clerk to | between November 3, 2023 and November 22, 2023(by 12:00pm). |
| Signature: | Date: ///// 2023 D.O.B |
| Print Name: MANK BLUNSTEIN | Address: |
| Signature: Ally Blunctein | Date: 년/년/2023 D.O.B |
| Print Name: Allen Blumstein | Address: |
| Signature: Local Sulfa- | Date: パーパー23 D.O.B. |
| Print Name: Lovis MAntuono | Address: |
| Signature: Somuel Weintwood | Date: 11-14-23 D.O.B. |
| Print Name: Samuel Weintraub | Address: |
| Signature: | Date: 11/14/23 D.O.B. |
| Print Name: Todd Weintrau | Address: |
| Signature: | Date: 11/14/2 ³ D.O.B. |
| Print Name: Foel Blumstein | Address: |
| Signature: | Date: 11 14/2 3 D.O.B. |
| Print Name: Sally Mikari | Address: |
| Signature: | Date: ///ソノュ D.O.B. |
| Print Name: Richard Sussman | Address: |
| Signature: | Date: 1//4/23 D.O.B. |
| Print Name: PHILIP ANTHONY HAPT | Address: |
| Signature: | Date: _ // パント D.O.B. |
| Print Name: Louis Scherr | Address: |
| Signature: Inthony Private, | Date: 11/14/2-3 D.O.B. |
| Print Name: Anthomy spenduto | Address: |
| Signature: Allu Charay | Date: 1//14/23 D.O.B. |
| Print Name: Ellen Strain for | Address: |
| Signature: Deut Ween and | Date: _///14/22 _ D.O.B. |
| Print Name: Dovit Wentrous | Address: |
| ! | |
| | MENT OF CIRCULATOR |
| The undersigned is the circulator of the foregoing par | per containing 13 signatures. Each signature appended |
| thereto was made in my presence and is the genuine | e signature of the person whose name it purports to be. |
| Signature of Circulator: | |
| | once avenue |
| Email address of Circulator: MCJA61996 ACCEPT | FANCE OF NOMINATION |
| I hereby accept the nomination of <u>Commisso</u> serve if elected. | (Mayor or Commissioner) and agree to |
| 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 TOWN OF SURFSIDE, FLORIDA

| | T \ D \ D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
|--|---|--|--|--|
| We the undersigned electors of the Town of Surfside for the office of | e, Florida, hereby nominate <u>Provided Stumster</u> (Mayor or Commissioner) at an election to be held on March | | | |
| • | Mark 1 0 0000 and Marcombox 22 2022/by 12:00nm) | | | |
| This petition must be filed with the Town Clerk betwe | een November 3, 2023 and November 22, 2023(by 12:00pm). | | | |
| Signature: Lpe | Date: <u>11/14/2ら2</u> 3D.O.B. | | | |
| Print Name: Sara Pearl Citron | Address: | | | |
| Signature: | Date: <u>II / I 4 / 2 で 23</u> D.O.B | | | |
| Print Name: Mengehem Mendel Citron | Address: | | | |
| Signature: | Date: <u> /14 / วะ</u> | | | |
| Print Name: Chana (ohen | Address: | | | |
| Signature: Olda Dras | Date: 11 14 2023 D.O.B. | | | |
| Print Name: AIDA DIAZ | Address: | | | |
| Signature: Kirku Warut | Date: DOB | | | |
| Print Name: LINDA DANIEL | Address: | | | |
| Signature: | Date: | | | |
| Print Name: DOROTA TR2ECIECKA | Address: | | | |
| Signature: MULLU DUIT | Date: 11 114 23 D.O.B. | | | |
| Print Name: MICHELLE D'ANTUOMO | Address | | | |
| Signature: The Iletaen | Date: D.O.B. | | | |
| Print Name: Thomas G. P. etclier | Address: | | | |
| Signature: Nancy & Pletcher | Date: | | | |
| Print Name: NANCY E Pletcher | Address: | | | |
| Signature: | Date://4/2 3 D.O.B. | | | |
| Print Name: Howard R. Behar | Address: 1001 | | | |
| Signature: While the state of t | Date: | | | |
| Print Name: Payacia K Behar. | Address: | | | |
| Signature: | Date: 11/14/23 D.O.B | | | |
| Print Name: Wa Blumstan | Address: | | | |
| Signature: | Date: [1] (4] 23 D.O.B. | | | |
| Print Name: Van 5 5 mm sken | Address: | | | |
| STATEMEN | T OF CIRCULATOR | | | |
| The undersigned is the circulator of the foregoing paper of | containing signatures. Each signature appended | | | |
| thereto was made in my presence and is the genuine sign | nature of the person whose name it purports to be. | | | |
| Signature of Circulator: | | | | |
| Address of Circulator: 8926 HANDHINE AVENUE | | | | |
| Email address of Circulator: 43 Tr6/99666 Gran C. Con | | | | |
| | CE OF NOMINATION (Mayor or Commissioner) and agree to | | | |
| I hereby accept the nomination of | | | | |
| 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

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 4:41

| We the undersigned electors of the Town of Surfside, I | Florida, hereby nominate | Jerold Blunsten | | |
|---|---------------------------|--------------------------------------|--|--|
| | (Mayor or Commissioner) |) at an election to be held on March | | |
| 19, 2024. | | | | |
| This petition must be filed with the Town Clerk between | n November 3, 2023 and No | vember 22, 2023(by 12:00pm). | | |
| Signature: Slymsku | Date://-/4-2. | _3 D.O.B. | | |
| Print Name: Jugueline, Blumsten | Address: | <u></u> | | |
| Signature: Stolowit | Date: 11-14-2 | 3. D.O.B. | | |
| Print Name: Sol Colo M | Address: | | | |
| Signature: Walako | Date: 11/14/23 | D.O.B | | |
| Print Name: Alina Calabresi | Address: | | | |
| Signature: M. Manuell | Date: 11 15 2 | ೨ D.O.B | | |
| Print Name: Mer M Mauro well | Address: | | | |
| Signature: Annarian | Date: | 72 D.O.B | | |
| Print Name: Ann viccone Capri | Address: | | | |
| Signature: | Date: | D.O.B | | |
| Print Name: Yoski e Jaki Vama Paireining | Address: | | | |
| Signature: | Date: ///17/2 | 7 D.O.B. | | |
| Print Name: Flizabeth Podnaun | Address: | | | |
| Signature: | | 73 D.O.B. | | |
| Print Name: Colla Cyon Co | Address: | | | |
| Signature: March (acers | Date: | 72 D.O.B. | | |
| Print Name: Mangot Cacoros | Address: | | | |
| Signature: | Date: | D.O.B | | |
| Print Name: | Address: | 5.05 | | |
| Signature: | Date: | D.O.B | | |
| Print Name: | Address: | D 0 D | | |
| Signature: | Date: | D.O.B | | |
| Print Name: | Address: | D O B | | |
| Signature: | Date: | D.O.B | | |
| Print Name: | Address: | | | |
| STATEMENT | OF CIRCULATOR | | | |
| The undersigned is the circulator of the foregoing paper con | ntaining signate | ures. Each signature appended | | |
| thereto was made in my presence and is the genuine signa | ture of the person whose | name it purports to be. | | |
| Signature of Circulator: | | | | |
| Address of Circulator: 8960 Collins Avenue | | | | |
| Email address of Circulator: ackieblumstein @ gmail.com ACCEPTANCE OF NOMINATION | | | | |
| | | (Mayor or Commissioner) and agree to | | |
| serve if elected. | | | | |
| Signature of Candidate: Leula Austria | | _ Date: <u>//- /4- 2</u> 3 | | |
| 7 | es | | | |

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 4:41

| TOWN OF SUR | FSIDE, FLORIDA | |
|--|-------------------------------------|--|
| We the undersigned electors of the Town of Surfside, F for the office of(\textit{OMM} \tag{55} \tag{OAC} \tag{OAC} | lorida, hereby nominate | Terold Blunstein an election to be held on March |
| 19, 2024. | · | |
| This petition must be filed with the Town Clerk between | November 3, 2023 and Nove | mber 22, 2023(by 12:00pm). |
| Signature: | Date: 1//17/23 | D.O.B. |
| Print Name: Wichel Kaus | Address: | m |
| Signature: A Sm | Date: <u>////6/23</u> | _ D.O.B |
| Print Name: Ce can Kunger | Address: | • |
| Signature: | Date: ///// / | D.O.B. |
| Print Name: ///the/ F/N | Address: | D.O.B. |
| Signature: Mac tound | | _ D.O.B. , |
| Print Name: | Address: | D.O.B |
| Signature: | Date: | _ D.O.B |
| Print Name: | Address: | DOR |
| Signature: | Date: | _ D.O.B |
| Print Name: | Address: | n o B |
| Signature: | | |
| Print Name: | Address: | DOB |
| Signature: | Address: | |
| Print Name: | Date: | D.O.B. |
| Signature: | Address: | |
| Print Name: | Date: | D.O.B. |
| Signature: | Address: | |
| Print Name: | Date: | D.O.B |
| Signature: | Address: | |
| Print Name: | Date: | _ D.O.B |
| Signature: | Address: | |
| Signature: | Date: | D.O.B |
| Print Name: | Address: | *************************************** |
| \$ | OF CIRCULATOR | |
| The understand is the sirculator of the foregoing paper COI | $H_{ m ataining}$ $H_{ m signatur}$ | es. Each signature appended |
| thereto was made in my presence and is the genuine signal | ture of the person whose n | ame it purports to be. |
| Signature of Circulator: | | |
| Address of Circulator: (8926 1600 170000 | AVE. | |
| Email address of Circulator: MJJ nc 199 6 @ Cm | ML CEM OF NOMINATION | |
| I hereby accept the nomination ofOmmission | _ | layor or Commissioner) and agree to |
| serve if elected. | | 16.16-22 |
| Signature of Candidate: Ad Blussa. | | Date: 1(-16-23 |

| FORM 1 | STATEM | IENT OF | | 2022 | |
|---|---|------------------------------|--------------|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTEREST | s [| FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDDI | _E NAME | | | | |
| Blumstein, Jerold | | | | | |
| MAILING ADDRESS: | | | | | |
| 8960 Collins Avenue | | | | NOV 17 PM 4:40 | |
| CITY | ZIP COUNTY | | | | |
| Surfside | 33154 Miami-D | ade | | | |
| NAME OF AGENCY | | | | | |
| Town of Surfside | | | | | |
| NAME OF OFFICE OR POSITION HE | LD OR SOUGHT | | | | |
| Commissioner | | | | | |
| CHECK ONLY IF Z CANDIDATE | OR NEW EMPLOYEE OR | APPOINTEE | | | |
| | **** THIS SECTION MUS | T BE COMPLETE | D **** | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO | | | | CEMBER 31, 2022. | |
| _ | | | | | |
| MANNER OF CALCULATING FILERS HAVE THE OPTION OF U FEWER CALCULATIONS, OR US | ISING REPORTING THRESHOLI | | | | |
| (see instructions for further details | | | | | |
| COMPARATIVE (F | PERCENTAGE) THRESHOLDS | OR & DOL | LAR VALU | JE THRESHOLDS | |
| PART A PRIMARY SOURCES OF IN | NCOME [Major sources of income to to ort, write "none" or "n/a") | he reporting person - See in | structions | | |
| NAME OF SOURCE | · | IRCE'S | ı DE | SCRIPTION OF THE SOURCE'S | |
| OF INCOME | | DRESS | | PRINCIPAL BUSINESS ACTIVITY | |
| MDCPS | 1450 NE 2 AVE., MIA | MI, FL 33132 | Educati | Education | |
| | | | | | |
| | | | | | |
| | | | | | |
| | OF INCOME and other sources of income to busines port, write "none" or "n/a") | ses owned by the reporting | person - See | instructions] | |
| 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 & (If you have nothing to rep | | n - See instructions] | lines o | e not limited to the space on the n this form. Attach additional , if necessary. | |
| 8950 Collins Avenue, Surfside | e, FL 33154 | | and w | INSTRUCTIONS for when here to file this form are | |
| 8960 Collins Avenue, Surfside | e, FL 33154 | | k | d at the bottom of page 2. | |
| | | | this fo | UCTIONS on who must file orm and how to fill it out on page 3. | |

| PART D — INTANGIBLE PERSONAL PROPERTY (S (If you have nothing to report, write "no | tocks bonds certificate | es of deposit letc - See ins | structions] | | |
|--|--|--|---|--|--|
| TYPE OF INTANGIBLE | The state of the s | | | | |
| N/A | | | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no | ns] ne" or "n/a") | | | | |
| NAME OF CREDITOR | 1 | ADDRES | SS OF CREDITOR | | |
| Lakeview Loan Servicing | 3637 Sentara W | ay, Virginia Beach, | VA 23452 | | |
| | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none | (Ownership or position | ons in certain types of bus | inesses - See instructions] | | |
| (If you have nothing to report, write hold | BUSINES | SS 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 BUSINES | S | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | |
| PART G — TRAINING For elected municipal officer agency created under Part III. Chapter 163 required to | s, appointed school su complete annual ethic | perintendents, and commi s training pursuant to section | ssioners of a community redevelopment on 112.3142, F.S. | | |
| ☐ I CERTIFY THAT | I HAVE COMPI | LETED THE REQ | UIRED TRAINING. | | |
| IF ANY OF PARTS A THROUGH G AR | E CONTINUED O | N A SEPARATE SHE | ET, PLEASE CHECK HERE | | |
| SIGNATURE OF FIL | ER: | CPA or ATT | ORNEY SIGNATURE ONLY | | |
| Signature: | | If a certified public according good standing with the she must complete the | · · | | |
| And Laur | | Form 1 in accordance instructions to the form disclosure herein is true | prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct | | |
| Date Signed: | | CPA/Attorney Signature | ÷ | | |
| <u>/ 11 17 3023 </u> | · | Date Signed | | | |
| CH INC INCTITUTIONS. | | | | | |

<u>FILING INSTRUCTIONS:</u>

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 PO 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

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.



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 McCready, MPA, MMC

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.

Verteraly yours

Sandra N. McCready, MPA, MMC

Town

| | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | |
|--------------------|--|---|--|--|--|--|
| (1) | Jerold Blumstein | OFFICE USE ONLY | | | | |
| (2) | Name 8960 Collins Avenue | | | | | |
| (*) . | Address (number and street) Surfside, FL 33154 | JAN9 '24 4:05PM | | | | |
| | City, State, Zip Code | | | | | |
| | ☐ Check here if address has changed | (3) ID Number: | | | | |
| (4) | Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) | ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed | | | | |
| | ` , | Identifiers | | | | |
| Cove | er Period: From 10 / 01 / 2023 To | 12 / 31 / 2023 Report Type: 2023Q | | | | |
| I O | riginal Amendment Spe | ecial Election Report | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | |
| Casl | n & Checks \$,,, | Monetary Expenditures \$, , 25. 00 | | | | |
| Loar | | Transfers to Office Account \$, , . | | | | |
| Tota | Monetary \$,, 550. 00 | Total Monetary \$,, | | | | |
| In-Ki | ind \$, , | | | | | |
| | | (8) Other Distributions \$, , | | | | |
| (9) | TOTAL Monetary Contributions To Date \$, , 55000 | (10) TOTAL Monetary Expenditures To Date \$, , 2500 | | | | |
| | (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | |
| 10 | certify that I have examined this report and it is true, corr | | | | | |
| (1 | _{ype name)} Jerold Blumstein | (Type name) Jerold Blumstein | | | | |
| | Individual (only for IE Treasurer Deputy Treasurer electioneering compa) | ☑ Candidate ☐ Chairperson (only for PC and PTY) | | | | |
| _X | Hoil tolung | x New Years | | | | |
| S | ignature | Signature | | | | |

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (-) | Biumstein | (4 | 2) I.D. Number | | |
|------------------------------|--|--|----------------------------|------|----------------|
| (3) Cover Period | | / 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) | (11) Amount |
| 11 / 20 / 2023 | Town of Surfside (Qualifying fee) | | CAN | | \$25 |
| /./ | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS, 4405PM

| (1) Name Jerold Blumstein | | | (2) | (2) I.D. Number JAN9 '24 4:05PM | | | |
|---------------------------|-----------------------------------|---|-----------------------------|---------------------------------|------------------------|-----------|--------|
| (3) | Cover Period | 1 10 / 01 / 2023 | through 12 / | / | //N D | 1 C | of |
| | (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | (8) | (9) | (10) | (11) | (12) |
| | Sequence Number | Street Address & City, State, Zip Code | Contributor Type Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 111 | | Jerold Blumstein 8960 Collins Avenue Surfside, FL 33154 | S Teacher | LOA | Description | | \$50 |
| 12 | 1 ²⁶ 1 ²⁰²³ | Jerold Blumstein 8960 Collins Avenue Surfside, FL 33154 | S Teacher | LOA | | | \$500 |
| | 11 | | | | | | |
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| | 1 1 | | | , | | | |

DS-DE 13 (Rev. 11/13)

Jerold Blumstein

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



| | OFFICE USE ONLY | | | | |
|--|--|--|--|--|--|
| Name Jerold Blumstein | | | | | |
| I.D. Number | | | | | |
| | TO 21 07 | | | | |
| Address (number and street) | TOWN OF SURFSIDE | | | | |
| 8960 Collins Heave | JAN9 '24 4:05PM | | | | |
| City, State, Zip Code, Supfaide, FL 33 | 154 | | | | |
| ☐ CHECK IF ADDRESS HAS CHANGED | | | | | |
| Candidate for: | | | | | |
| | | | | | |
| ☐ Mayor | | | | | |
| Commissioner, District | _ | | | | |
| ☐ Property Appraiser | | | | | |
| ☐ Clerk of the Circuit Courts | | | | | |
| ☐ Community Council, Area, Su | b-Area | | | | |
| REPORT IDE | NTIFIERS | | | | |
| Report Name 202304 Cover Period | 1 10-01-2023 through 12-31-2023 | | | | |
| Report Type Original Amendment | | | | | |
| CERTIF | ICATION | | | | |
| It is a first degree misdemeanor for any pers | son to falsify a public record (ss. 839.13, F.S.) | | | | |
| I certify that I have examined this report and it is true, | I certify that I have examined this report and it is true, | | | | |
| correct, and complete. | correct, and complete. | | | | |
| Terold Blunstein (Type name) Treasurer Deputy Treasurer (Type name) Candidate | | | | | |
| (Type name) Treasurer Deputy Treasurer | (Type name) | | | | |
| X Jul Blunder | X Jul Blune | | | | |
| Signature | Signature | | | | |

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

| (1) Name | Jesold | Blunste | (2) I.D. Number 24 | 4:06PM |
|----------------------|---|--------------------|---|---|
| (3) Report | Name 2023 Q4 | | 10-1-23 through 12- | |
| (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 |
| NA | Nove/N/A | NA | NA | NA |
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| CAMPAIGN TR | EASURER'S REPORT SUMMARY | | | | | | |
|---|---|--|--|--|--|--|--|
| (1) Jerold Blumstein | OFFICE USE ONLY | | | | | | |
| Name (2) 8960 Collins Avenue | JAN18 '24 4:12PM | | | | | | |
| Address (number and street) Surfside, FL 33154 | TOWN OF SURFSIDE | | | | | | |
| City, State, Zip Code | Sinc. | | | | | | |
| Check here if address has changed | (3) ID Number: | | | | | | |
| (4) Check appropriate box(es): | | | | | | | |
| Candidate Office Sought: Commissioner □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) □ Check here if PTY has disbanded □ Check here if no other IE or EC reports will be filed | | | | | | | |
| | (5) Report Identifiers | | | | | | |
| Cover Period: From 01 / 01 / 2 | 024 To 01 / 12 / 2024 Report Type: 20246(| | | | | | |
| ✓ Original | Special Election Report | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| Cash & Checks \$_0 , , | Monetary Expenditures \$ 0 , , | | | | | | |
| Loans \$_0 , , | Transfers to Office Account \$ 0 , . | | | | | | |
| Total Monetary \$_0 , , | , , , , | | | | | | |
| In-Kind \$ 0 , , | | | | | | | |
| | (8) Other Distributions \$ 0 , , | | | | | | |
| (9) TOTAL Monetary Contributions To \$, _550 . 00 | Date (10) TOTAL Monetary Expenditures To Date \$,,, | | | | | | |
| | (11) Certification for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| I certify that I have examined this report and | | | | | | | |
| (Type name) Jerold Blumstein | (Type name) Jerold Blumstein | | | | | | |
| ☐ Individual (only for IE ☐ Treasurer ☐ Depution or electioneering comm.) | ty Treasurer ☐ Chairperson (only for PC and PTY) | | | | | | |
| x Gell Blum | x Heel Share | | | | | | |
| Signature | Signature | | | | | | |
| DS-DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | | | |

|) Cover Period | CAMPAIGN TREASURER'S REI | 12124 (4 | l) Page | / 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) | (11) |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE (1) Name PROID Blumstein (2) I.D. Number 1911 18 '24 4:12PM (3) Cover Period ___/ / _/ _/ _/ _/ through __/ / _/ _2 // _(4) Page __/ _ of __/ (5)(7) (8) (9)(10)(11)(12)Date Full Name (Last, Suffix, First, Middle) (6) Sequence Street Address & Contributor Contribution In-kind Type Occupation Amendment Number City, State, Zip Code Type Description Amount 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



| | OFFICE USE ONLY |
|---|--|
| Name Hould Blungton | —— OFFICE USE ONLY |
| I.D. Number | |
| | JAN18 '24 4:12PM |
| Address (number and stores) | |
| Address (number and street) 8760 (cl (cg My | "FCU III. To The Control of the Cont |
| 8 160 letting the | TOWN OF SURFSIDE |
| City, State, Zip Code | |
| Sar hill / h 3 31/14 | |
| CHECK IF ADDRESS HAS CHANGED | |
| CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| | |
| ☐ Mayor | |
| | |
| Commissioner, District | _ |
| Property Appraiser | |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Su | b-Area |
| REPORT IDE | NTIFIERS |
| F.S. 18 01102 | |
| Report Name 2014 60 DP Cover Period | 1 1-1-2024 through 1-12-2024 |
| | |
| Report Type | |
| | |
| CERTIF | ICATION |
| | on 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. | I certify that I have examined this report and it is true, |
| correct, and complete. | correct, and complete. |
| Decold Blumstein | Jerold Klumstein |
| (Type name) | (Type name) Z Candidate |
| , O | |
| 1/4/ | |
| X Gul Duno | X Jul Dun |
| Signature | Signature |

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

| (1) Name | Jerold B1 | unstein | JAN18 '24 (2) I.D. Number | 4:12PM |
|----------------------|---|--------------------|---|---------------------------|
| (3) Report | Name 2024 60 DP | (4) Cover Period | 1-1-2024 through 1- | 12-20 |
| (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 |
| NA | NA | NA | NA | NA |
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| CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | | | |
|--|--|--|--|--|--|--|--|
| (1) Jerold Blumstein | OFFICE USE ONLY | | | | | | |
| Name | TOWN OF SURFSIDE | | | | | | |
| (2) 8960 Collins Avenue Address (number and street) | FEB1 '24 4:22PM | | | | | | |
| Surfside, FL 33154 | PK | | | | | | |
| City, State, Zip Code | | | | | | | |
| Check here if address has changed | (3) ID Number: | | | | | | |
| (4) Check appropriate box(es): | ner . | | | | | | |
| Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed | | | | | | | |
| (5) Repor | t Identifiers | | | | | | |
| Cover Period: From 01 / 13 / 2024 To | 01 / 26 / 2024 Report Type: 2024B | | | | | | |
| ✓ Original | ecial Election Report | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| Cash & Checks \$, , | Monetary \$ 0 , , | | | | | | |
| Loans \$ 0 , , | Transfers to Office Account \$ 0 , , . | | | | | | |
| Total Monetary \$ 0 , , | Total Monetary \$ 0 . | | | | | | |
| In-Kind \$ 0 , , . | ,,, | | | | | | |
| | (8) Other Distributions \$ _0 , , | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$, _550 00 | (10) TOTAL Monetary Expenditures To Date \$,, | | | | | | |
| It is a first degree misdemeanor for any per | rtification son to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| I certify that I have examined this report and it is true, co | | | | | | | |
| (Type name) Jerold Blumstein | (Type name) Jerold Blumstein | | | | | | |
| ☐ Individual (only for IE or electioneering comps.) ☐ Treasurer ☐ Deputy Treasurer | ☐ Chairperson (only for PC and PTY) | | | | | | |
| x Mut Music | x fulfair- | | | | | | |
| Signature | Signature | | | | | | |
| DS-DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS 124 422PM

| (1) Name | d Blumstein | | | (2) | I.D. Number | FEB1 '24 a | and the same same same |
|---------------------|---|------------|--------------------------|----------------------|------------------------|------------|------------------------|
| (3) Cover Period | 01 / 13 / 2024 | throug | gh / . | 26 / 2024 | (4) Page | CCD1 104 4 | 122PM PK |
| (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | | (8) | (9) | (10) | (11) | (12) |
| Sequence Number | Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
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| 1 1 | | | | | | | |
| DS-DE 13 (Rev. 11/1 | 3) | SEE RE | VERSE FOR I | NSTRUCTIONS | AND CODE VAL | LIES | |

| CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES F SURFSIDE (1) Name (2) I.D. Number (2) I.D. Number (2) I.D. Number (3) I.D. Number (4) I.D. Number (5) I.D. Number (6) I.D. Number (7) I.D. Number (8) I.D. Number (1) I.D. Number (1) I.D. Number (1) I.D. Number (2) I.D. Number (3) I.D. Number (1) I.D. Number (2) I.D. Number (3) I.D. Number (3) I.D. Number (4) I.D. Number (5) I.D. Number (6) I.D. Number (6) I.D. Number (6) I.D. Number (6) I.D. Number (7) I.D. Number | | | | | |
|---|--|--|---------------------|-----------|--------|
| (3) Cover Period | d _ ⁰¹ | | I) Page1 | | / |
| (5) Date | (7) Full Name | (8) Purpose | (9) | (10) | (11) |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| I.D. Number Address (number and street) 8960 (e) Color Avenue City, State, Zip Code Suctside, FL 33159 CHECK IF ADDRESS HAS CHANGED | TOWN OF SURFSIDE FEB1 '24 4:22FM | | | | |
|--|---|--|--|--|--|
| Candidate for: | | | | | |
| ☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub- | Area | | | | |
| REPORT IDENT | TIFIERS | | | | |
| Report Name 2024 B 1 Cover Period_ | 1-13-24 through 1-26-24 | | | | |
| Report Type Original Amendment | | | | | |
| CERTIFICATION | | | | | |
| Jerold Blunstein | to falsify a public record (ss. 839.13, F.S.) certify that I have examined this report and it is true, orrect, and complete. Type name) Candidate X Signature | | | | |

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

| (1) Name | Jecold Bl. | UMS-tein | (2) | I.D. Number | ~ |
|----------------------|---|--------------------|--|----------------------------------|---------------------------|
| (3) Report | Jecold B1. Name 2024 B.1 | (4) Cover Period | 1-13-24 | through _/-2 | 26-24 |
| (5) Report | Type Original | (6) Page | | of | |
| (7) Row Number | (8) Full Name (Last, Suffix, First, Middle) | (9) Employed By | (10) Name of Organization (if not directly hired | on Employed By | (11) Amendment Type |
| NA | NA | NA | N/ | A | N/A |
| | | | | | |
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| | | | | TOWN OF SUR FEB1 '24 | ESIDE 4:23PM |
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| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|---|--|--|--|--|
| (1) Proof Blumstein Name 8960 Collins Avenu Address (number and street) City, State, Zip Code Check here if address has changed | OFFICE USE ONLY TOWN OF SURFSIDE FEB15 '24 3:52PM (3) ID Number: | | | | |
| (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) | Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed | | | | |
| (5) Report | | | | | |
| Cover Period: From 01/27/2024 To | 021 0912024 Report Type: 2024 02 | | | | |
| ☐ Original ☐ Amendment ☐ Spe | cial Election Report | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | |
| Cash & Checks \$ | Monetary | | | | |
| Loans \$ <u>0</u> , , Total Monetary \$ 0 , , . | Transfers to Office Account \$ | | | | |
| In-Kind \$, , | Total Monetary \$, , | | | | |
| | (8) Other Distributions \$, , | | | | |
| (9) TOTAL Monetary Contributions To Date \$,, | (10) TOTAL Monetary Expenditures To Date \$,, | | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | |
| It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, corr | | | | | |
| (Type name) Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.) | (Type name) Chairperson (only for PC and PTY) X Au Chairperson (only for PC and PTY) | | | | |
| Signature / | Signature SEE REVERSE FOR INSTRUCTIONS | | | | |
| DS-DE 12 (Rev/11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| / | | | | | | |
|--------------|--|--|--|--|--|--|
| (1) Name | | | | | | |
| (12) | | | | | | |
| Amount | | | | | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| Name Se | AMPAIGN TREASURER'S RE | PORT – ITEMIZED | EXPENDIT 2) I.D. Number | URES | |
|------------------------------|--|---|----------------------------|-----------|------|
| Cover Period (| 01,27,202 through 02 | 09 2024 (| 1) Page | (of | (|
| (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) | (11) |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY |
|---|--|
| Name Jerold Blumsteil | |
| Jerold Blumstell | / |
| I.D. Number | |
| | |
| | |
| Address (number and street) 8960 Collins Ave. | TOWN OF SURFSIDE |
| 8760 Collias Ave | |
| City, State, Zip Code | -ph |
| Suctaide, FC 33154 | |
| | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| Candidate for. | |
| | |
| Mayor | |
| Commissioner, District | _ |
| ☐ Property Appraiser | |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Sul | o-Area |
| REPORT IDEI | ITIEIEDE |
| Report Name 2024 & Cover Period Report Type Original Amendment | / / |
| Report Name 2029 6 Cover Period | 01/27/24 through 02/09/24 |
| | |
| Report Type Original Amendment | 1 / |
| | |
| CERTIFI | |
| It is a first degree misdemeanor for any pers | |
| I certify that I have examined this report and it is true, correct, and complete. | I certify that I have examined this report and it is true, |
| correct, and complete. | correct, and complete. |
| Derola Blumstein | Jerold Slumstein |
| (Type name) Treasurer Deputy Treasurer | (Type name) Candidate |
| 1 00 | |
| Melleline | |
| X per sum | X feed Sunt |
| Signature | Signature |

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

| (1) Name | Jerold B | lumste, | (2) I.D. Number | |
|----------------------|---|--------------------|---|---------------------------|
| (3) Report N | lame 2024 B 2 | (4) Cover Period | 01-27-24 through 02- | 09-24 |
| | Type ☐ Amendment | | | |
| (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 |
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| | | \ / | TOWN OF SURF | |
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| CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|--|---|
| (1) <u>Jecold Rlumstei</u> Name 8960 Collins Ave | OFFICE USE ONLY |
| Address (number and street) Side F1 33154 City, State, Zip Code | TOWN OF SURFSIDE |
| Check here if address has changed | (3) ID Number: |
| Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) | Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed |
| | Identifiers |
| Cover Period: From 02/10/2024 To | 02 / 22 / 2024 Report Type: 25P1 |
| Original Amendment Spe | cial Election Report |
| (6) Contributions This Report | (7) Expenditures This Report |
| Cash & Checks \$, , | Monetary Expenditures \$, , 72 . 99 |
| Loans \$,, <u>/00</u> . <u>60</u> | Transfers to Office Account \$,, |
| Total Monetary \$,, <u>/07</u> | Total Monetary \$, , <u>72</u> . <u>99</u> |
| In-Kind \$, , | (8) Other Distributions |
| (9) TOTAL Monetary Contributions To Date \$,, 650.00 | (10) TOTAL Monetary Expenditures To Date \$ |
| | tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: |
| (Type name) Terold Blumstein ☐ Individual (only for IE or electioneering comm.) Treasurer ☐ Deputy Treasurer | (Type name) Teroid Blunstein Chairperson (only for PC and PTY) |
| X feel Blusice | X Signature |

| (1) Name | campaign treasurer's re | | EXPENDIT 2) I.D. Number | | |
|------------------------------|--|---|----------------------------|-----------------------|----------------------|
| (3) Cover Period | 02 1 10 12024 through 02 1 | 22,2024 (| l) Page | 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) | (11) |
| 02/11/24 | Jerold Blumstein 8960 Collins Ave. Surfside, PL 33154 | office Syplies | CAN | NA | \$72.99 |
| // | | | | TOWN OF 9 FEB22 '2 | JURFSIDE 4 4:45PM |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name Terold Blumstein (2) I.D. Number | | | | | | | |
|---|--|--------|---------|----------------------|------------------------|-----------|----------|
| (3) Cover Period | 02 1 10 1 202 | Ythrou | gh 02/ | 27 1202 | ط (4) Page | | of |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Туре | | Contribution Type | In-kind Description | Amendment | Amount |
| 02,20 ,2024 | Jerold Blumster, 8960 Collins Ave. Sucfside, FL3354 | 5 | Teaches | LOA | | | 1/00 |
| 1 1 | | | | | | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



| Name Jerold Blumstein I.D. Number | OFFICE USE ONLY TOWN OF SURFSIDE |
|---|---|
| Address (number and street) 8960 Collins Avenu | FEB22 '24 4:45PM PK |
| City, State, Zip Code Socticle, FL 3315 CHECK IF ADDRESS HAS CHANGED | <u>54</u> |
| Candidate for: | |
| ☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su | |
| REPORT IDE | NTIFIERS |
| Report Name 25P4 Cover Period | d 02-10-24 through 02-22-24 |
| Report Type Original Amendment | |
| | ICATION son 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. | I certify that I have examined this report and it is true, correct, and complete. |
| (Type name) Treasurer Deputy Treasurer **Aul Blutter** | (Type name) Candidate X Aeul Blusic |
| Signature | Signature |



| (1) Name _ | Jerold B | lumstein | (2) I.D. Number | |
|----------------------|---|--------------------|---|---------------------------|
| (3) Report N | Jerold Blame 25P1 | | | 22-2024 |
| (5) Report T | 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 |
| | | 1 | TOWN OF SUR FEB22 '24 4 | FSIDE #45PM |
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| CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|---|---|
| (1) Jerold Blumster | OFFICE USE ONLY TOWN OF SURFSIDE |
| Address (number and street) Surfside, FL 3315° City, State, Zip Code | MARS '24 2:00PM |
| Check here if address has changed | (3) ID Number: |
| (4) Check appropriate box(es): | 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: ///1 |
| ☐ Original ☐ Amendment ☐ Spe | cial Election Report |
| (6) Contributions This Report Cash & Checks \$,, | (7) Expenditures This Report Monetary Expenditures \$, , , |
| Loans \$,, 150. 00 | Transfers to Office Account \$,, |
| Total Monetary \$,, | Total Monetary \$, |
| | (8) Other Distributions |
| (9) TOTAL Monetary Contributions To Date \$,,, | (10) TOTAL Monetary Expenditures To Date \$,, 23174 |
| (11) Cert It is a first degree misdemeanor for any pers | on to falsify a public record (ss. 839.13, F.S.) |
| Type name) Cold Blunstein Individual (only for IE A Treasurer Deputy Treasurer or electioneering comm.) X Signature | (Type name) Jerold Blunstein Candidate Chairperson (only for PC and PTY) X Signature |
| DS-DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS |

|) Cover Period | 2, 23, 2024 through 3, | 7/2024 1 | !) Page | of | |
|------------------------------|--|---|----------------------------|------|---------------------|
| (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) | (11) |
| 2/26/2024 | Sergio's Printing Inc. 14265 SW 140th St. Migmi FC 33186 | LAWN Signs | CAN | NA | ⁵¹ 133,7 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name Jerold Blumstein (2) I.D. Number | | | | | | | |
|---|--|-------|----------|----------|-------------|------------------------|-----------------|
| (3) Cover Period | 2, 23, 2024 | throu | gh _ 3 / | 7 12021 | (4) Page | | of |
| (5) Date (6) Sequence | (7) Full Name (Last, Suffix, First, Middle) Street Address & | | (8) | (9) | (10) | (11) | (12) |
| Number 2, 26, 12024 | Sufficiel Fe 33154 | Type | | Туре ДОА | Description | Anendment | Amount #1 50 |
| 1 1 | | | | | T | JUN OF SUF MAR8 '24 | FSIDE 2:00PM |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



| | OFFICE USE ONLY |
|---|--|
| Name Levold Blunstein | |
| I.D. Number | TOWN OF SURFSIDE |
| Address (number and street) 5960 Collins Frence | MARS '24 2:00FM, |
| City, State, Zip Code | 54 |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| ☐ Mayor ☐ Commissioner, District | |
| | - _/ · |
| ☐ Property Appraiser | |
| Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Sub | o-Area |
| REPORT IDEN | ITIFIERS |
| Report Name Cover Period | 2-23-24 through 3-7-24 |
| Report Type Original Amendment | |
| CERTIFIC | CATION |
| It is a first degree misdemeanor for any person | |
| I certify that I have examined this report and it is true, correct, and complete. | I certify that I have examined this report and it is true, |
| Correct, and complete. | correct, and complete. |
| Seld Blumstun | Jerold Slungstein |
| (Type name) Treasurer Deputy Treasurer | (Type name) Candidate |
| Valla Colonia | V All Blum |
| Simply | X fell Even |
| Signature | Signature / |



| 1) Name _ | Jerold 13/ | unstein | (2) I.D. Number | |
|----------------------|---|--------------------|---|---------------------------|
| 3) Report N | lame III | (4) Cover Period | through 2 | 1- 64 |
| | ype 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 |
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| - 4 | | | TOWN OF SU | RFSIDE |
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| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|--|--|--|--|--|--|
| (1) Jerold Blunstein | OFFICE USE ONLY | | | | | |
| Name 8960 (a) lins Avenue Address (number and street) Sut Side, FC 33150 City, State, Zip Code | MRR15 124 3:37PM SMC | | | | | |
| Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Communications Org. (ECO) Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (3) ID Number: 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 | | | | | | |
| | 3 / 15 / 24 Report Type: 491 | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | |
| Cash & Checks \$, , | Monetary Expenditures \$ | | | | | |
| Loans \$ <u>0</u> , , | Transfers to Office Account \$ O , , . | | | | | |
| Total Monetary \$, , | Total Monetary \$ | | | | | |
| | (8) Other Distributions | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,, | (10) TOTAL Monetary Expenditures To Date \$,,, | | | | | |
| (11) Cert It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13, F.S.) | | | | | |
| I certify that I have examined this report and it is true, corr | | | | | | |
| (Type name) Terold Rungtein ☐ Individual (only for IE Treasurer ☐ Deputy Treasurer or electioneering comm.) | (Type name) De Gold Bunstern Chairperson (only for PC and PTY) | | | | | |
| X Jul Sumti | x July Phrustin | | | | | |
| DS-DE 12 (Fev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | | |

| (1) Name <u>Jerold Bluystain</u> (2) I.D. Number | | | | | | | |
|--|--|-------------|-----------|-----------------------|--------------------------------|----------------|------|
| (3) Cover Period | 3,8,24 | through | 3/ | 15,24 | (4) Page | | of |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contrib | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) |
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| DS-DE 13 (Rev. 11/1 | 3) | SEE REVER | RSE FOR I | NSTRUCTIONS | AND CODE VAL | UE\$ | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number | | | | | | |
|--|--|--|----------------------------|----------------|------|--|
|) Cover Period | $\frac{5/8}{4}$ through $\frac{5}{2}$ | (1) (5) (-1) | 4) Page | of | | |
| (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) | |
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| Name Jerold Blunstein | OFFICE USE ONLY | | | | |
|---|---|--|--|--|--|
| I.D. Number | | | | | |
| Address (number and street). 8960 Collins Hvenue | MAR15 '24 3:37PM SMC | | | | |
| City, State, Zip Code, Sudde, FC 33/54 | | | | | |
| Candidate for: | | | | | |
| ☐ Mayor Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Ar | ea | | | | |
| Report Name Cover Period 3-8-24 through 3-15-24 Report Type Original Amendment | | | | | |
| CERTIFICATION It is a first degree misdemeanor for any person to | | | | | |
| I certify that I have examined this report and it is true, correct, and complete. | ertify that I have examined this report and it is true, rect, and complete. Decod Candidate Candidate | | | | |
| | X Jell Strature | | | | |



| (1) Name | Jerold Blu | mstein | MAR15 '2' (2) I.D. Number 3-8-24 through3 | 4 3:37PM |
|----------------------|---|--------------------|---|---------------------------|
| (3) Report | Name 491 | (4) Cover Period | 3-8-24 through 3 | -15-24 |
| (5) Report | Type Original | (6) Page | | |
| (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 |
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| CAMPAIGN TREASURE | ER'S REPORT SUMMARY |
|--|--|
| (1) Jerold Blunsfein | OFFICE USE ONLY |
| (2) 8960 Collins Avenue Address (number, and street) | TOWN OF SURFSIDE |
| Suctside FC 33150 City, State, Zip Code | MAR29 '24 11:38Ar |
| Check here if address has changed | (3) ID Number: |
| (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) | Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed |
| Cover Period: From 3 / 19 / 24 To | rt Identifiers 6 6 1 17 1 24 Report Type: 18TR6 Decial Election Report |
| (6) Contributions This Report | (7) Expenditures This Report |
| Cash & Checks \$,, | Monetary |
| Loans \$ | Transfers to Office Account \$,, |
| Total Monetary \$ | Total Monetary \$ |
| In-Kind \$ | (8) Other Distributions \$, |
| (9) TOTAL Monetary Contributions To Date \$,, 800.67 | (10) TOTAL Monetary Expenditures To Date \$,, 80000 |
| | rtification rson to falsify a public record (ss. 839.13, F.S.) rrect, and complete: (Type name) Teroid Blumstein Candidate Chairperson (only for PC and PTY) X Signature |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name Jerold Blunstein (2) I.D. Number | | | | | | |
|---|--|----------------------------------|------------------------|--------------------------|-------------|------|
| (3) Cover Period | 3/19/24 | through 6 | 1/7/21 | (4) Page | | f |
| (5) Date (6) Sequence Number | (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) | (12) |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| (1) Name | erold Blumstein | PORT – ITEMIZED | 2) I.D. Number | UKES | |
|------------------------------|--|---|----------------------------|-----------|----------|
| | d 3, 19,24 through 6, | | 4) Page | of | / |
| (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) | (11) |
| 3/27/24 | Jerold Blumstein 8960 Collins Avenue Surfide, FL 33154 | LOAN Nombrisement | RMB | | \$568,26 |
| // | | | | TOWN OF 5 | |
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| | OFFICE USE ONLY |
|--|--|
| Name Jerald Blunstein | |
| JEGO DIVIGITORIA | TOWN OF SURFSIDE |
| I.D. Number | MODDO 104 AASTON |
| | MAR29 '24 11:38AM |
| Adduses (number and street) | Tr. |
| Address (number and street) 8960 Collins Avenue | |
| | |
| Sity, State, Zip Code | |
| - 30173ide, FC 33/39 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| | |
| Candidate for: | |
| | |
| Mayor | |
| Commissioner, District | |
| ☐ Property Appraiser | |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Su | b-Area |
| REPORT IDE | NTIFIERS |
| | |
| Report Name 18716 Cover Period | 1 3 - 19 - 24 through $6 - 1 - 24$ |
| Report Type Original Amendment | |
| Cheport Type Da Original D Amendment | |
| CERTIF | CATION |
| It is a first degree misdemeanor for any pers | on to falsify a public record (ss. 839.13, F.S.) |
| I certify that I have examined this report and it is true, | I certify that I have examined this report and it is true, |
| correct, and complete. | correct, and complete. |
| Herold Blunstein | Jerold Klumstein |
| Terold Blunstein (Type name) Preasurer Deputy Treasurer | (Type name) Candidate |
| 1 2 2 | |
| x Hell Chin. | X A. 1 Belver. |
| Signature | Signature |



| (1) Name _ | Jerold | Blunste | 3 - 19 - 24 through6 | |
|----------------------|---|--------------------|---|--------------------------|
| 3) Report N | lame 18 TR 6 | (4) Cover Period | 3-19-24 through 6 | -17-24 |
| 5) Report T | 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) Amendmen Type |
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