

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY


JAN 13 AM 10:50

gy

I, Yanathan M. Berdugo,
candidate for the office of COMMISSIONER;

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

X


Signature of Candidate

01 / 13 / 26
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)

JAN 13 AM 10:50 *yjy*

COPY

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Yonathan Mimon BERDUGO

3. Address (include PO Box or Street, City, State, Zip Code):

*9224 Byron Ave
SURFSIDE FL 33154*

4. Telephone:

(347) 280 5929

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Yonathanberdugo@icloud.com

7. Office Sought (include district, circuit, group, or seat #):

COMMISSIONER

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☒ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my: ☒ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Yonathan BERDUGO

12. Telephone:

(347) 280 5929

13. Email Address:

yonathanberdugo@icloud.com

14. Mailing Address:

9224 BYRON AVE, SURFSIDE

15. City:

SURFSIDE

16. State:

FL

17. Zip Code:

33154

18. I have designated the following bank as my (check appropriate box): ☐ 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

01/13/26

26. Signature of Candidate:

X

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

I, *Yonathan M. Berdugo* do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

01/13/26

29. Signature of Campaign Treasurer or Deputy Treasurer

X

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JAN 13 AM 10:50

JAN 14 AM 10:54

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Yonathan Mimon BERDUGO

3. Address (include PO Box or Street, City, State, Zip Code):

9224 Byron Ave
SURFSIDE FL 33154

4. Telephone:

(347) 2805929

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Yonathanberdugo@icloud.com

7. Office Sought (include district, circuit, group, or seat #):

COMMISSIONER

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☒ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Yonathan BERDUGO

12. Telephone:

(347) 2805929

13. Email Address:

Yonathanberdugo@icloud.com

14. Mailing Address:

9224 BYRON Ave, SURFSIDE

15. City:

SURFSIDE

16. State:

FL

17. Zip Code:

33154

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Wells Fargo Bank, NA

20. Address:

9901 Harding Ave.

21. City:

Surfside

22. County:

Miami-Dade

23. State:

FL

24. Zip Code:

33154

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

01/13/26

26. Signature of Candidate:

X

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

I, Yonathan M. Berdugo do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

01/13/26

29. Signature of Campaign Treasurer or Deputy Treasurer

X



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

RECEIPT OF DOCUMENTS

Candidate:

Jonathan MIMON BERDUGO
First Name Middle Name Last name

Commissioner
Office Sought (Mayor or Commissioner)

Phone No.: 347 280 5929

Cell Phone: _____

E-Mail Address: jonathanberdugo@icloud.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2024) – Available on the Town's website
- ☒ Candidate and Campaign Treasurer Handbook (2024) – Available on the Town's website
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2025) – Available on the Town's website
- ☒ Reporting Dates Schedule (Election Date: March 17, 2026)
- ☒ Campaign Activities Memorandum

Received by: _____ Date: 01/14/26
Candidate Signature



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jonathan M. Berdugo
Office Sought COMMISSIONER
Phone No.: 347 280 5929 Cell Phone No: _____
E-Mail Address: Jonathanberdugo@icloud.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>1/13/26</u> <u>1/14/26</u>	<u>JB</u> <u>JB</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>1/13/26</u>	<u>JB</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2025)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____

2. Important Dates to Remember

1/14/24

YB

3. Campaign Activities Memorandum

1/14/24

YB

Candidate's Signature

Date



JAN 15 PM 12:38

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

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 Jonathan Berdugo,
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 9224 Byron Ave, SURFSIDE FL 33154
my occupation is SOFTWARE Engineer; that I have been
a resident of the Town of Surfside since 2015; that I will be at least twenty-one (21) years of
age by February 2, 2026 and that if elected, I will willingly serve as COMMISSIONER
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

1/15/26
Date

Sworn to and subscribed before me this 15 day of January, 2026.



[Signature]
NOTARY PUBLIC

Sandra M. McCreedy
PRINTED NAME OF NOTARY

CANDIDATE OATH**NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

JAN 15 PM 12:38

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

YONATHAN BERDUGO

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Commissioner,
(Office) (District #)
_____, I am a qualified elector of DADE COUNTY County, Florida.
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

(347) 280-59-29

Telephone Number

jonathanberdugo@icloud.com

Email Address

9224 Byron Ave

Address of Legal Residence

SURFSIDE

City

FL

State

33154

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 15 day of January, 2021.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: DL

Signature of Notary Public

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



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☐

this _____ day of _____, 20_____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

2025 Form 1 - Statement of Financial Interests

General Information

Name: Mr Yonathan Mimon Berdugo

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Surfside	Town Commissioner

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of IncomePRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
(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
London Foster	407 lincoln rd miami beach florida	Real estate

2025 Form 1 - Statement of Financial Interests

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
N/A	

2025 Form 1 - Statement of Financial Interests

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Signature of Filer

Yonathan Mimon Berdugo

Digitally signed: 01/14/2026

YONATHAN BERDUGO
CAMPAIGN ACCOUNT

WELLS FARGO BANK

9401 HARDING AVE SURFSIDE, FL 33154

1003

DATE 1/15/2026

63-751/631

PAY TO THE ORDER OF TOWN OF SURFSIDE \$ 25 ⁰⁰/₁₀₀
TWENTY FIVE DOLLARS

YONATHAN BERDUGO
9224 BYRON AVE
SURFSIDE FL 33154-3028



TOWN OF SURFSIDE

9293 Harding Ave.
SURFSIDE, FL 33154

Receipt

No 155451

RECEIVED OF Jonathan Berdugo DATE 1-15-2026
Twenty Five DOLLARS \$ 25.00
Campaign Acct

HOW PAID

CASH ☐

CHECK ☒

CHECK # _____

MONEY
ORDER ☐

CREDIT
CARD ☐

EXECUTIVE ☐

POLICE ☐

PARK &
RECREATION ☐

OTHER ☐

BY 

THANK YOU

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

JAN 15 PM 12:32

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Yonathan BERDUGO for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2026.

This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/15/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARY BERKOWITZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>LEAH BERKOWITZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>01/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Douber Wachtel</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>01/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Ruth Wachtel</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Yehuda Best</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Chaya Woontriker</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>SHAYN FARKASH</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>SANDRA L CAPLIN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-15-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>SHMUEL TEVARDVITZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-15-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Bluma Tevardovitz</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-15-2026</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Devora Lipsker</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>8-07-77</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Avron Lipsker</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-15-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Douber Lipsker</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: 9224 Byron Ave - SURFSIDE FL 33154

Email address of Circulator: Yonathanberdugo@icloud.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/15/26

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 15 PM 12:32

NOMINATING PETITION FOR MAYOR OR COMMISSIONER
TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jonathan BERDUGO for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2026.

This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>01-14-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>RONNI AMISHAY</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>01-14-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>HANA ROTH</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>01-14-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>ARNOLD ROTH</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-14-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>YIPER KATZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>EMANUEL DAVIDOV</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>HANA DAVIDOV</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>SHLOMO KATAN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>AVRAHAM KATAN</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>STANLEY GOLDBERG</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>THOMAS GOLDBERG</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>BENJAMIN MANIO</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>LILIAN BERTAZIN</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: Jonathan M. Berdugo
Address of Circulator: 9224 Byron Ave SURFSIDE FL 33159
Email address of Circulator: Jonathanberdugo@icloud.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/15/26

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

JAN 15 PM 12:32

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jonathan BERDUGO for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2026.

This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/11/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>RAUDY VALDIVIA</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>RUBEN VALDIVIA</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Renee Moore</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Boei Gij</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sharon Gij</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Donna ANNA</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/2026</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>SOEL LAPIDUS</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>BURTON SILVERSTEIN</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Yossi Katan</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>EMILIO COHEN</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>DEVORAH FAILER</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>JOHN ROSE</u>	Address: <u>[REDACTED]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature] Jonathan M. Berdugo
Address of Circulator: 9224 Byron Ave. SURFSIDE FL 33154
Email address of Circulator: Jonathanberdugo@icloud.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/15/26

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

JAN 15 PM 12:32

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jonathan Berdugo for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2026.

This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1-15-26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>menckem rate</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>01/15/2026</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Miriam Elmaleh</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 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: 9724 Byron Avenue SURFSIDE FL 33154
Email address of Circulator: Jonathan.Berdugo@icloud.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/15/26



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Yonathan M. Berdugo
Office Sought COMMISSIONER
Phone No.: 347 280 5929 Cell Phone No: _____
E-Mail Address: Yonathanberdugo@icloud.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

1/13/24

YB

1/14/24

YB

Nominating Petition

1/15/2024

YB

Statement of Candidate

1/13/24

YB

Sworn Statement of Qualification

1/15/24

YB

Candidate Oath

1/15/24

YB

Form 1 – Statement of Financial Interest (2025)

1/15/24

YB

Declaration and First Amendment Waiver

—

YB

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

1/15/2024

YB

L & A Schedule

1/15/2024

YB

2. Important Dates to Remember

1/14/26

YB

3. Campaign Activities Memorandum

1/14/26

YB



Candidate's Signature

1. / 15 / 26

Date

Alina Garcia
Supervisor of Elections

2700 NW 87th Ave
Miami, FL 33172



T 305-499-VOTE(8683)

F 305-499-8501

TTY 305-499-8480

votemiamidade.gov

@votemiamidade

January 26, 2025

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

Dear Mrs. McCready:

The Office of the Supervisor of Elections has completed the verification of the petitions for Yonathan Berdugo, a candidate for Commissioner for Town of Surfside. A total of 40 petitions were reviewed for verification; of which 26 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Best Regards,

Jose Ponce
Chief Deputy Supervisor of Elections
Office of the Supervisor of Elections

Enclosure

Alina Garcia
Supervisor of Elections

2700 NW 87th Ave
Miami, FL 33172



T 305-499-VOTE(8683)
F 305-499-8501
TTY 305-499-8480

votemiamidade.gov
[@votemiamidade](https://twitter.com/votemiamidade)

CERTIFICATION

Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Alina Garcia, Supervisor of Elections of Miami-Dade, Florida, do hereby certify that **26** signatures submitted by **Yonathan Berdugo** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL, AT
MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 26th DAY OF
JANUARY, 2026

Jose Ponce
Chief Deputy Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

January 26, 2026

Yonathan Berdugo
9224 Byron Avenue
Surfside, Fl 33154

Dear Mr. Berdugo:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2026, 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