

# 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) 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:**

**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**

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**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

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Candidate's Signature

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Date