

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

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

(PLEASE PRINT OR TYPE)

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

TOWN OF SURFSIDE

NOV15 '23 12:21PM
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)

Gerardo Vildostegui

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

9148 Froude Ave.
Surfside FL 33154

4. Telephone

(415) 305-8239

5. E-mail address

gerardo.vildostegui@gmail.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

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

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

10. Name of Treasurer or Deputy Treasurer

Gerardo Vildostegui

11. Mailing Address

9148 Froude Ave.

12. Telephone

(415) 305-8239

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

gerardo.vildostegui@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

11/15/23

26. Signature of Candidate

X Gerardo Vildostegui

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

I, Gerardo Vildostegui, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

11/15/23

Date

X

Gerardo Vildostegui

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

TOWN OF SURFSIDE

NOV15 '23 12:21PM

I, Gerardo Vildostegui,

candidate for the office of Commissioner;

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

X Gerardo Vildostegui
Signature of Candidate

11/15/23
Date

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

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

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

(PLEASE PRINT OR TYPE)

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

NOV 15 PM 4:38 *SMC*

TOWN OF SURFSIDE

NOV 15 '23 12:21 PM
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)

Gerardo Vildostegui

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

*9148 Froude Ave.
Surfside FL 33154*

4. Telephone

(415) 305-8239

5. E-mail address

gerardo.vildostegui@gmail.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

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

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

10. Name of Treasurer or Deputy Treasurer

Gerardo Vildostegui

11. Mailing Address

9148 Froude Ave.

12. Telephone

(415) 305-8239

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

gerardo.vildostegui@gmail.com

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

19. Name of Bank

City National Bank

20. Address

300 71 St.

21. City

miami Beach

22. County

Miami-Dade

23. State

FL

24. Zip Code

33141

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

25. Date

11/15/23

26. Signature of Candidate

X Gerardo Vildostegui

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

I, *Gerardo Vildostegui*, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

11/15/23

Date

X

Gerardo Vildostegui

Signature of Campaign Treasurer or Deputy Treasurer

NOV 15 PM 4:38 *gmc*

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

TOWN OF SURFSIDE

NOV 15 '23 12:21PM

I, Gerardo Vildostegui,

candidate for the office of Commissioner;

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

X Gerardo Vildostegui
Signature of Candidate

11/15/23
Date

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



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Gerardo Vildostegui

Office Sought commissioner

Phone No.: _____ Cell Phone No: 415. 305. 8239

E-Mail Address: gerardo.vildostegui@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
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1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

11/15/2023 GV

Nominating Petition

11/15/2023 GV

Statement of Candidate

Sworn Statement of Qualification

Candidate Oath

Form 1 – Statement of Financial Interest (2022)

Declaration and First Amendment Waiver

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

L & A Schedule

Proof of Residency

& Voter Registration

2. Important Dates to Remember

11/15/2023

GV

3. Campaign Activities Memorandum

11/15/2023

GV

Candidate's Signature

Date



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Gerardo

Aurelio

Vildostegui

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

Fax No.:

Cell Phone:

415. 305. 8239

E-Mail Address:

Gerardo.vildostegui@gmail.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2022) – Digital Format (USB)
- ☒ Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- ☒ Reporting Dates Schedule (Election Date: March 19, 2024)
- ☒ Campaign Activities Memorandum

Received by:

Gerardo Vildostegui

Candidate Signature

Date:

11/15/23

**CANDIDATE OATH
NONPARTISAN OFFICE**

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

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

☐ Write-in candidate

NOV 20 AM 10:14

SJC

OFFICE USE ONLY

Candidate Oath

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

I, Gerardo Vildostegui,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner,
(Office) (District #)

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

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

Candidate's Florida Voter Registration Number (located on your voter information card): 129039026

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.]

je - RAHR - do vil - DOS - te - gee

X Gerardo Vildostegui (415) 305-8239 gerardo.vildostegui@gmail.com
Signature of Candidate Telephone Number Email Address

9148 Froude Ave. Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

online notarization ☐ OR physical presence ☒

this 20th day of November, 2023

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: DL

Sandra McCreedy
Signature of Notary Public

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





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 20 AM 10:17

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 Gerardo Vildostegui,
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 9148 Froude Ave.,
my occupation is teacher; that I have been
a resident of the Town of Surfside since 2020; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Gerardo Vildostegui
Signature of Candidate

11/20/23
Date

Sworn to and subscribed before me this 20th day of November, 20 23.



Sandra McCreedy
NOTARY PUBLIC

Sandra N. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

VILDOSTE GUI - Gerardo Aurelio

MAILING ADDRESS :

9148 Froude Ave.

NOV 20 AM 10:12

SMC

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami-Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

town commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Logic Prep L.L.C.	430 Bedford Rd. Armonk NY 10504	teaching / advising
Blueprint Test Preparation LLC	219 Manhattan Beach Blvd. #3 L.A., CA	teaching

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA (mutual funds)	Morgan Stanley
retirement (mutual funds)	TIAA

PART E — LIABILITIES (Major debts - See instructions)
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
PNC Bank	P.O. Box 747006, Pittsburgh PA 15274
American Express	P.O. Box 96001, Los Angeles CA 90096

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

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

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

Gerardo Vredostegui

Date Signed:

11/20/23

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

GERARDO VILDOSTEGUI CAMPAIGN
GERARDO AURELIO VILDOSTEGUI
9148 FROUDE AVE
SURFSIDE, FL 33154

1001

63-0436//0660

DATE Nov. 20, 2023

PAY
TO THE
ORDER OF

Town of Surfside

\$ 25. ⁰⁰/_{xx}

Twenty - five ⁰⁰/_{xx}

DOLLARS



Security
Features
Details on
Back

 City National Bank

Bci FINANCIAL GROUP

qualifying fee

Gerardo Vildostegui

MP

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

NOV 20 AM 10:08

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Gerardo Vildostegni
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Soledad A. Barriga-Krasner</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>RICHARD GABA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-20-2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PEDRO G. SANCHEZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-20-2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MIKHAIL YUSUF</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-20-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>LUCIA SANCHEZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-20-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>KRISTIN SANCHEZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-20-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JOEL THIEME</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: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 7 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: Gerardo Vildostegni (candidate)
Address of Circulator: Gerardo Vildostegni, 9148 Froude Ave. Surfside
Email address of Circulator: gerardo.vildostegni@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Gerardo Vildostegni Date: 11/20/23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 20 10:08

TOWN OF SURFSIDE, FLORIDA

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for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CARIDAD YIZQUIERDO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Phyllis Thomas</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CAMILIO PINO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ANDREA TRAVANI</u>	Address: <u>[Redacted] SURFSIDE FL</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Janifer Hill</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jalil Thuber</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Judy Martinez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>IRUNE ARIZTOY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11.16.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>TRINA PAUL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ERA KAMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Anthony BUATE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>EMIL FEHLETS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ELIANA R. SALZHAUER</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: Gerardo Vildostegui (candidate)

Address of Circulator: 9148 Froude Ave

Email address of Circulator: gerardo.vildostegui@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Gerardo Vildostegui Date: 11/16/23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY NOV 20 AM 10:08

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Franklin Mac Bride Jr</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ARHLENE AYALIN</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Anna D. N.</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARIA WILSON VILLOSA</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>RODRO ALVAREZ</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARIA ISABEL CARRIL</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Mary Henderson</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARYA SANTOS</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARINA SARABIA</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Lorena O'Malley</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Madeline F. Noble</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Maria F. Noble</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>PAUL O'MALLEY</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: (candidate) Gerardo Vildostegui

Address of Circulator: 9148 Froude Ave.

Email address of Circulator: gerardo.vildostegui@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Gerardo Vildostegui Date: 11/16/23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY NOV 20 AM 10:08

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Gerardo Vildostegui
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Stephanie Romani</u>	Date: <u>11/15/23</u> D.O.B.
Print Name: <u>Stephanie Romani</u>	Address: [REDACTED]
Signature: <u>Jorge A. Romani</u>	Date: <u>11/15/23</u> D.O.B.
Print Name: <u>Jorge A. Romani</u>	Address: [REDACTED]
Signature: <u>Mara Oliver</u>	Date: <u>11/15/23</u> D.O.B.
Print Name: <u>Mara Oliver</u>	Address: [REDACTED]
Signature: <u>Edilia L. Jimenez</u>	Date: <u>11/16-2023</u> D.O.B.
Print Name: <u>EDILIA L. JIMENEZ</u>	Address: [REDACTED]
Signature: <u>Andre Sokoloff Miranda</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>ANDRE SOKOLOFF MIRANDA</u>	Address: [REDACTED]
Signature: <u>Cynthia Callaway</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Cynthia Callaway</u>	Address: [REDACTED]
Signature: <u>Randi E. MacBride</u>	Date: <u>11/16/2023</u> D.O.B.
Print Name: <u>RANDI E. MACBRIDE</u>	Address: [REDACTED]
Signature: <u>Victoria Saite</u>	Date: <u>11/16/2023</u> D.O.B.
Print Name: <u>Victoria Saite</u>	Address: [REDACTED]
Signature: <u>Ruben Cox</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Ruben Cox</u>	Address: [REDACTED]
Signature: <u>Sarah Jacob</u>	Date: <u>11-19-66</u> D.O.B.
Print Name: <u>Sarah Jacob</u>	Address: [REDACTED]
Signature: <u>Sarah Jacob</u>	Date: <u>11-16-2023</u> D.O.B.
Print Name: <u>Sarah Jacob</u>	Address: [REDACTED]
Signature: <u>Dagrell Arnold</u>	Date: <u>11-16-23</u> D.O.B.
Print Name: <u>Dagrell Arnold</u>	Address: [REDACTED]
Signature: <u>Cindy Fitelson</u>	Date: <u>11/16/23</u> D.O.B.
Print Name: <u>Cindy Fitelson</u>	Address: [REDACTED]

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: (candidate) Gerardo Vildostegui

Address of Circulator: 9148 Froude Ave.

Email address of Circulator: gerardo.vildostegui@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Gerardo Vildostegui Date: 11/16/23



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Gerardo Vildostegui
Office Sought commissioner
Phone No.: _____ Cell Phone No: 415. 305. 8239
E-Mail Address: gerardo.vildostegui@gmail.com

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/15/2023</u>	<u>GV</u>
Nominating Petition	<u>11/20/2023</u>	<u>GV</u>
Statement of Candidate	<u>11/15/2023</u>	<u>GV</u>
Sworn Statement of Qualification	<u>11/20/2023</u>	<u>GV</u>
Candidate Oath	<u>11/20/2023</u>	<u>GV</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/20/23</u>	<u>GV</u>
Declaration and First Amendment Waiver	<u>—</u>	<u>GV</u>
Volunteer Statement of Fair Campaign Practice	<u>—</u>	<u>GV</u>
Qualifying Fee \$25.00	<u>11/20/2023</u>	<u>GV</u>
L & A Schedule	<u>N/A</u>	<u>—</u>
Proof of Residency		

& Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

11/20/2023 GV

11/15/2023 GV

11/15/2023 GV

Gerardo Viedostegui

Candidate's Signature

11/20/2023

Date



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Gerardo Vildostegui
9148 Froude Avenue
Surfside, Fl 33154

Dear Mr. Vildostegui:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk