

**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 13 PM 4:33 *SMC*

NOV 13 PM 4:02 *SMC*

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Jerold Blumstein

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

*8960 Collins Ave.
Surfside, FL 33154*

4. Telephone

(305) 868-5279

5. E-mail address

Surfsidejb@gmail.com

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

Surfside Commission

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

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

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

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

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

10. Name of Treasurer or Deputy Treasurer

Jerold Blumstein

11. Mailing Address

8960 Collins Ave.

12. Telephone

(305) 868-5279

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Surfsidejb@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

11-13-23

26. Signature of Candidate

X

Jerold Blumstein

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

I, *Jerold Blumstein*, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer

11-13-23

Date

X

Jerold Blumstein
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 4:33 *sme*

NOV 13 PM 4:02

sme

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

X

Jerald Blumstein

Signature of Candidate

11-13-23

Date

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

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

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

(PLEASE PRINT OR TYPE)

COPY

NOV 13 PM 4:33 SMC

NOV 13 PM 4:02 SMC

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

OFFICE USE ONLY

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)

Jerald Blumstein

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

8960 Collins Ave.
Surfside, FL 33154

4. Telephone

(305) 868-5279

5. E-mail address

Surfsidejb@gmail.com

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

Surfside Commission

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

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

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

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

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jerald Blumstein

11. Mailing Address

8960 Collins Ave.

12. Telephone

(305) 868-5279

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Surfsidejb@gmail.com

18. I have designated the following bank as my

☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

9401 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 APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11-13-23

26. Signature of Candidate

X 

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

I, Jerald Blumstein, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer

11-13-23

Date

X



Signature of Campaign Treasurer or Deputy Treasurer



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jerald Blumstein
Office Sought Commissioner
Phone No.: 305-868-5279 Cell Phone No: _____
E-Mail Address: Surfsidejb@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>JB</u>
Nominating Petition	_____	_____
Statement of Candidate	_____	_____
Sworn Statement of Qualification	_____	_____
Candidate Oath	<u>11/13/2023</u>	<u>JB</u>
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver	_____	_____
Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/13/2023 AM
11/13/2023. PM

Candidate's Signature

Date



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Jerold

First Name

Middle Name

Blumstein

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

305-868-5279

Fax No.:

Cell Phone:

E-Mail Address:

Surfsidejbe@gmail.com

This is to acknowledge my receipt of the following documents:

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

Received by:

Jerold Blumstein

Candidate Signature

Date:

11-13-23

**CANDIDATE OATH
NONPARTISAN OFFICE**

NOV 17 PM 4:51

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

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

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

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

am a candidate for the nonpartisan office of Commissioner,
(Office) (District #)
I am a qualified elector of Miami - Dade County, Florida;
(Circuit #) (Group or Seat #)

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

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

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

X Jerald Blumstein (305) 868-5279 surfsidej@gmail.com
Signature of Candidate Telephone Number Email Address
8960 Collins Ave. Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

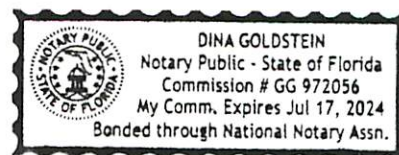
COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 17 day of November, 2023.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Florida Driver's License

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





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 17 PM 4:51

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

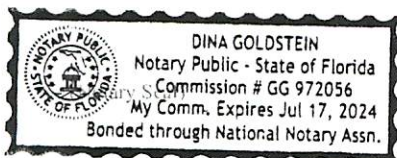
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Jerald Blomstein,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 8960 Collins Avenue,
my occupation is teacher; that I have been
a resident of the Town of Surfside since 1993; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Jerald Blomstein
Signature of Candidate

11-17-23
Date

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



Dina Goldstein
NOTARY PUBLIC

Dina Goldstein
PRINTED NAME OF NOTARY

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 17 PM 4:40

TOWN OF SURFSIDE, FLORIDA

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

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

Signature: <u>[Signature]</u>	Date: <u>11/14/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARK BLUMSTEIN</u>	Address: <u>[REDACTED]</u>
Signature: <u>Allen Blumstein</u>	Date: <u>11/14/2023</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Allen Blumstein</u>	Address: <u>[REDACTED]</u>
Signature: <u>Louis D'Amico</u>	Date: <u>11-14-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Louis D'Amico</u>	Address: <u>[REDACTED]</u>
Signature: <u>Samuel Weintraub</u>	Date: <u>11-14-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Samuel Weintraub</u>	Address: <u>[REDACTED]</u>
Signature: <u>Todd Weintraub</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Todd Weintraub</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Joel Blumstein</u>	Address: <u>[REDACTED]</u>
Signature: <u>Sally Mitrani</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Sally Mitrani</u>	Address: <u>[REDACTED]</u>
Signature: <u>Richard Sussman</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Richard Sussman</u>	Address: <u>[REDACTED]</u>
Signature: <u>PHILIP ANTHONY HART</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>PHILIP ANTHONY HART</u>	Address: <u>[REDACTED]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>LOUIS SCHERR</u>	Address: <u>[REDACTED]</u>
Signature: <u>Anthony Sperduto</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Anthony Sperduto</u>	Address: <u>[REDACTED]</u>
Signature: <u>Ellen Branigan</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Ellen Branigan</u>	Address: <u>[REDACTED]</u>
Signature: <u>Dorit Weintraub</u>	Date: <u>11/14/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Dorit Weintraub</u>	Address: <u>[REDACTED]</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 8926 HAWTHORNE AVENUE

Email address of Circulator: MBJ761996@GMAIL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jerald Blumstein Date: 11-14-23

NOV 17 PM 4:41

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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

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

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

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 8926 Hawthorne Avenue

Email address of Circulator: M35761996@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11-14-23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 4:41

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

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

Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jacqueline Blumstein</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SOL COLON</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alina Calabresi</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mary Maudwell</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Ann Ciccone Dori</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Yoshie Sakurama Parecinos</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Elizabeth Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Celita Cuenca</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Margot Caceres</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 8960 Collins Avenue
Email address of Circulator: jackieblumstein@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: Jerold Blumstein Date: 11-14-23

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

NOV 17 PM 4:41

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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

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

Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michael Kahr</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Peggy Kinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mitchell Kinger</u>	Address: <u>[Redacted]</u>
Signature: <u>Curtis MacPoyld</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 4 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 8926 Hawthorne Ave.

Email address of Circulator: mjb1996@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: J. Blumstein Date: 11-16-23

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2022**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME

Blumstein, Jerold

MAILING ADDRESS:

8960 Collins Avenue

CITY

Surfside

ZIP

33154

COUNTY

Miami-Dade

NAME OF AGENCY

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT

Commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

NOV 17 PM 4:40

****** THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MDCPS	1450 NE 2 AVE., MIAMI, FL 33132	Education

PART B -- SECONDARY SOURCES OF INCOME

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

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

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

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

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

8950 Collins Avenue, Surfside, FL 33154

8960 Collins Avenue, Surfside, FL 33154

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

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Lakeview Loan Servicing	3637 Sentara Way, Virginia Beach, VA 23452

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

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

	BUSINESS 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 BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

11/17/2023

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature _____

Date Signed _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

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



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCreedy, MPA, MMC,
Town Clerk

November 20, 2023

Ms. Michelle McClain
Miami-Dade Elections Department
2700 NW 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 N. McCreedy, MPA, MMC
Town Clerk



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Jerold Blumstein
860 Collins Avenue
Surfside, FL 33154

Dear Mr. Blumstein:

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

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

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk