

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**RECEIVED**  
OFFICE USE ONLY

APR 07 2005

**CITY OF NORTH MIAMI  
CITY CLERKS OFFICE**

(1) SIMON H. BLOOM  
Name  
(2) 12488 NORTH BAYSHORE DRIVE  
Address (number and street)  
NORTH MIAMI, FLORIDA 33181  
City, State, Zip Code

(3) ID Number: \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

- Candidate (office sought): City Clerk, North Miami
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 03 / 23 / 2005 To 04 / 01 / 2005 Report Type G2

- Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 250.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 216.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 250.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 216.00

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DEIDRE OWENS  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name) SIMON H. BLOOM  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Deidre Owens  
Signature

**X** [Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SIMON H. BLOOM (2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 23 / 2005 through 04 / 01 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
03 / 23 / 2005	BLOOM, SIMON H.	I		CHE			\$100.00
1							
03 / 29 / 2005	BLOOM, SIMON H.	I	ATTY.	CHE			\$150.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SIMON H. BLOOM

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 23 /2005 through 04 /01 /2005

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 /29/2005	ELECTIONS TRUST FUND DEPT. OF STATE TALLAHASSEE, FL 32399	ELECTIONS ASSESSMENT	MON		\$36.00
1					
03 /29/ 2005	CITY OF NORTH MIAMI 776 N.E. 125 STREET MIAMI, FL 33161	FILING FEE	MON		\$180.00
///					
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///					

## CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name SIMON H. BLOOM

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 23 / 2005 through 04 / 01 / 2005

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
///	NONE				
///					
///					
///					
///					
///					

# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE

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APR 20 2005

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

BLOOM, SIMON H.

Candidate's Name (Last, Suffix, First, Middle)  
OR Political Committee, CCE or Party Name

12488 North Bayshore Drive

Address (Number and Street)

North Miami, Florida 33181

City State Zip Code

Identification Number (Assigned by Division  
of Elections)

City Clerk, North Miami

Office Sought (Include District, Circuit or  
Group Number)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report.                    |
| <input type="checkbox"/> Political Committee  | <input type="checkbox"/> Party Executive Committee         | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

- January  
 April  
 July  
 October

#### PRIMARY ELECTION

- 32nd day prior  
 18th day prior  
 4th day prior

#### GENERAL ELECTION

- 46th day prior  
 32nd day prior  
 18th day prior  
 4th day prior

**TERMINATION REPORT**

**SPECIAL ELECTION**

### NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

04/02/2005

through

04/15/2005

X

*Deedra Owens*

April 20, 2005

Signature

Date

#### SIGNATURES REQUIRED FOR:

##### Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

##### Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

##### Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

##### Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name SIMON H. BLOOM

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 16 / 05 through 05 / 05 / 05

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
05 / 04 / 05	Bloom, Simon H. 12488 North Bayshore Dr. North Miami, FL 33181	Reimburse for advertisements paid by credit card	MON		556.50
///					
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MAY 06 2005  
CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

## CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name SIMON H. BLOOM

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 16 / 05 through 05 / 05 / 05

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
// /	NONE				
// /					
// /					
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CAMPAIGN TREASURER'S REPORT SUMMARY**

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MAY 06 2005

**CITY OF NORTH MIAMI  
CITY CLERKS OFFICE**

(1) SIMON H. BLOOM

Name

(2) 12488 North Bayshore Drive

Address (number and street)

North Miami, Florida 33181

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): City Clerk, City of North Miami

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 16 / 2005 To 05 / 05 / 2005 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 550.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 556.50

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 550.00

(10) TOTAL Monetary Expenditures To Date

\$ 556.50

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DEIDRE OWENS

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Deidre Owens  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) SIMON H. BLOOM

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name SIMON H. BLOOM (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 16 / 2005 through 05 / 05 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04/ 20 / 2005	John C. Dellagloria, P.A. 9155 S. Dadeland Blvd. Suite 1014 Miami, FL 33156	B	Atty.	CHE			500.00
1							
05 / 04 / 2005	Bloom, Simon H.	I	Atty.	CHE			50.00
2							
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) SIMON H. BLOOM

Name 12488 NORTH BAYSHORE DRIVE

(2) NORTH MIAMI, FL 33181

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

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AUG 08 2005

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

(4) Check appropriate box(es):

Candidate (office sought): City Clerk, City of North Miami

Political Committee  CHECK IF PC HAS DISBANDED

Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 05 / 05 / 2005 To 08 / 03 / 2005 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions  
\$ 27.50

(9) TOTAL Monetary Contributions To Date  
\$ 800.00

(10) TOTAL Monetary Expenditures To Date  
\$ 800.00

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DEIDRE OWENS

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** *Deidre Owens*  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) SIMON H. BLOOM

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** *Simon H. Bloom*  
Signature

## CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name SIMON H. BLOOM (2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 05 / 2005 through 08 / 03 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	none						
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CITY CLERKS OFFICE

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name SIMON H. BLOOM (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 05 / 05 / 2005 through 08 / 03 / 2005 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
07 / 14 / 2005	American Heart Association P.O. Box 21475 St. Petersburg, FL 33742	Close Account	DIS		\$27.50
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## CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name SIMON H. BLOOM

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 05 / 2005 through 08 03 / 2005

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
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