

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 12 PM 1:36

4me

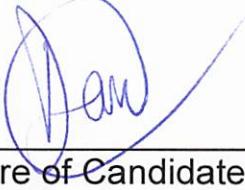
I, Donna Dayana Benmergul,

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

Jan 12, 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 12 PM 1:36

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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)

Donna Dayana Benmengui

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

*9149 Froude Ave.
Surfside FL 33154*

4. Telephone:

(305)7850115

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

dayialfon@hotmail.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:

Donna Dayana Benmengui

12. Telephone:

(305)7850115

13. Email Address:

dayialfon@hotmail.com

14. Mailing Address:

9149 Froude 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:

Jan 12, 2026

26. Signature of Candidate:

X

Daya

27.

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

I, *Donna Dayana Benmengui* do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

Jan 12, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X

Daya

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)
(PLEASE PRINT OR TYPE)

JAN 12 PM 4:15 SMC

JAN 12 PM 1:36 SMC

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)

Donna Dayana Benmengui

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

9149 Froude Ave.
Surfside FL 33154

4. Telephone:

(305) 785 0115

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

dayialfon@hotmail.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:

Donna Dayana Benmengui

12. Telephone:

(305) 785 0115

13. Email Address:

dayialfon@hotmail.com

14. Mailing Address:

9149 Froude 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:

400 Arthur Godfrey Rd. suite 102

First Horizon

21. City:

Miami Beach

22. County:

Dade

23. State:

FL

24. Zip Code:

33140

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:

Jan 12, 2026

26. Signature of Candidate:

X

[Signature]

27.

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

I, Donna Dayana Benmengui do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

Jan 12, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X

[Signature]



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

RECEIPT OF DOCUMENTS

Candidate:

Donna

First Name

Dayana

Middle Name

Benmergui

Last name

Commissioner.

Office Sought (Mayor or Commissioner)

Phone No.: 305-785 0115

Cell Phone: 11

E-Mail Address: dayialfon @ hot mail. 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:

[Handwritten Signature]
Candidate Signature

Date: Jan 12, 26



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Donna Dayana Benmergu

Office Sought Commissioner

Phone No.: ← Cell Phone No: 305-7850115

E-Mail Address: dayialfon@hotmail.com

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

1/12/2026

D.B

Nominating Petition

1/12/2026.

D. B.

Statement of Candidate

1/12/2026.

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
3. Campaign Activities Memorandum

1/12/2026

D.B

1/12/2026

D.B

Candidate's Signature

Date



JAN 29 PM 2:58

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 Donna Dayana Benmergui 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 9149 Froude Ave, Surfside FL 33154 my occupation is Stay home; that I have been a resident of the Town of Surfside since 2005; 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.

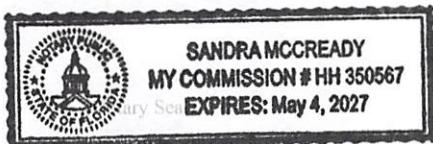


Signature of Candidate

1/29/26

Date

Sworn to and subscribed before me this 24 day of January, 20 26.





NOTARY PUBLIC



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 29 PM 2:58

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Donna Dayana Benmerguji

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, (District #),
(Office) Miami Dade County, Florida
(Circuit #) (Group or Seat #)

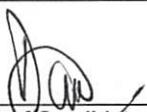
I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from 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 (305) 785 0115 Telephone Number dayajafon@hotmail.com
9149 Froude Ave Surfside FL 33154
Address of Legal Residence 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 29 day of January, 202020

Personally Known OR Produced Identification

Type of Identification Produced: DL

Signature of Notary Public

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



2025 Form 1 - Statement of Financial Interests

General Information

Name: Mrs Donna Benmergui

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)	Town of Surfside	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
Rental home	2770 NE 30 St, Lighthouse	rental property
Rental unit	10000 West Bay Harbor Dr	rental

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
2770 NE 30 street, Lighthouse Point
10000 West Bay Harbor Dr

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
IRA	Bank

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
Bank of America	100 North Tryon Street, Charlotte, NC 28255
Amerihome	Baxter Way, Suite 300, Thousand Oaks, CA 91362-3880
SPS	PO Box 65250 Salt Lake City, UT 84165-0250
Chase Financial	00 Kansas Lane, LA4-0006, Monroe, LA 71203-4774

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

Donna Benmergui

Digitally signed: 01/29/2026

CASHIER'S CHECK



Remitter: DONNA BENMERGUI FOR CITY COM

Pay to the Order of: TOWN OF SURFSIDE

Twenty Five Dollars And 00/100 ¢

331801830

DATE: 01/14/2026

\$25.00

David J. Jennings
Corporate Controller

TOWN OF SURFSIDE

9293 Harding Ave.
SURFSIDE, FL 33154

Receipt

Nº 155466

RECEIVED OF

Donna Benmerqui - Qualifiers

DATE

DOLLARS \$

1-29-2026
25.00

HOW PAID

CASH

*331801830

CHECK

EXECUTIVE

CHECK #

POLICE

MONEY
ORDERPARK &
RECREATIONCREDIT
CARD

OTHER

BY

DM

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 29 PM 2:58

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Donna Dayana Benmerguí 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>John</u>	Date: 01/12/2026 D.O.B. [REDACTED]
Print Name: <u>MARK ADUININ</u>	Address: [REDACTED]
Signature: <u>Julia Aquinini</u>	Date: 01/12/2026 D.O.B. [REDACTED]
Print Name: <u>SUSTANA AQUININI</u>	Address: [REDACTED]
Signature: <u>Julia</u>	Date: 01/12/2026 D.O.B. [REDACTED]
Print Name: <u>ABRAMAH AQUININI</u>	Address: [REDACTED]
Signature: <u>Julia</u>	Date: 01/12/2026 D.O.B. [REDACTED]
Print Name: <u>ESMERALDA AQUININI</u>	Address: [REDACTED]
Signature: <u>Car</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u>Dorothy Ness</u>	Address: [REDACTED]
Signature: <u>Gaudenz Koskas</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u></u>	Address: [REDACTED]
Signature: <u>Eliezer</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u>Enna Kadouch</u>	Address: [REDACTED]
Signature: <u>Max</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u>Max Aquinini</u>	Address: [REDACTED]
Signature: <u>Max</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: [REDACTED]
Signature: <u>M. Rubinstein</u>	Date: 1-13-26 D.O.B. [REDACTED]
Print Name: <u>Menachem Rubinstein</u>	Address: [REDACTED]
Signature: <u>D. Talant</u>	Date: 1-13-26 D.O.B. [REDACTED]
Print Name: <u>Dora Rubinstein</u>	Address: [REDACTED]
Signature: <u>William Berkowitz</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u>Lilian Berkowitz</u>	Address: [REDACTED]
Signature: <u>Maria Berkowitz</u>	Date: 01/13/26 D.O.B. [REDACTED]
Print Name: <u></u>	Address: [REDACTED]

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: John

Address of Circulator: 9149 Froude Ave, Surfside FL 33154

Email address of Circulator: dayianafon@hotmail.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: John Date: 1/29/26

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

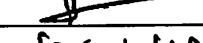
JAN 29 PM 2:58

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Donna Dayana Benmergui (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: 	Date: 01/12/26 D.O.B. [REDACTED]
Print Name: <u>STUART HALIN</u>	Address: [REDACTED]
Signature: 	Date: 1/12/26 D.O.B. [REDACTED]
Print Name: <u>YUDAH BENMERGUI</u>	Address: [REDACTED]
Signature: 	Date: 1/17/26 D.O.B. [REDACTED]
Print Name: <u>ISAAC AMARAN</u>	Address: [REDACTED]
Signature: 	Date: 1/12/26 D.O.B. [REDACTED]
Print Name: <u>Jonathan Eddorei</u>	Address: [REDACTED]
Signature: 	Date: 1-12-25 D.O.B. [REDACTED]
Print Name: <u>Shimi Benmergui</u>	Address: [REDACTED]
Signature: 	Date: 1/12/25 D.O.B. [REDACTED]
Print Name: <u>Yosef Benmergui</u>	Address: [REDACTED]
Signature: 	Date: 1/12/25 D.O.B. [REDACTED]
Print Name: <u>Daniel Waisman</u>	Address: [REDACTED]
Signature: 	Date: 1/12/26 D.O.B. [REDACTED]
Print Name: <u>SARAH SIMCHA WAIMAN</u>	Address: [REDACTED]
Signature: 	Date: 1/12/26 D.O.B. [REDACTED]
Print Name: <u>ESTHER WAIMAN</u>	Address: [REDACTED]
Signature: 	Date: 1/12/26 D.O.B. [REDACTED]
Print Name: <u>Moshe Waisman</u>	Address: [REDACTED]
Signature: 	Date: 1.12.2020 D.O.B. [REDACTED]
Print Name: <u>Judy Benmergui</u>	Address: [REDACTED]
Signature: 	Date: 1.12.2020 D.O.B. [REDACTED]
Print Name: <u>Tania Bentolila</u>	Address: [REDACTED]
Signature: 	Date: 1-13-26 D.O.B. [REDACTED]
Print Name: <u>ISAAC BENMERGUI</u>	Address: [REDACTED]

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: 

Address of Circulator: 9149 Grodke Ave, Surfside FL 33154

Email address of Circulator: dayialfon@hotmail.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: 

Date: 1/29/26

**YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 29 PM 2:58**

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Donna Dayne 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).

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 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:

Address of Circulator: 9149 Froude Ave, Suffside FL 32154

Email address of Circulator: dayialfon@hotmail.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: Date: 1/29/26



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Donna Dayana Benmergu

Office Sought Commissioner

Phone No.: ← Cell Phone No: 305-7850115

E-Mail Address: dayialfon@hotmail.com

Contents

Date Received

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Designation of Campaign Depository

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1/29/2026. D.B.

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1/29/2026. D.B.

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— D.B.

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

1/29/2026. D.B.

L & A Schedule

1/29/2026. D.B.

2. Important Dates to Remember
3. Campaign Activities Memorandum

1/12/2026

D.B

1/12/2026

D.B



Candidate's Signature

1/29/26

Date