

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

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