

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 6 AM 11:36 *src*

I, William Howard Blumenkranz,
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

January 4, 2026
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).

JAN 6 AM 11:36 *SNC*

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 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)

William Howard Blumenkranz

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

[REDACTED]

Exempt pursuant to F.S. 119.071(4)(d)2.a.

4. Telephone:

[REDACTED]

5. Candidate's Voter Registration #:

109305154

(not required for qualifying purposes)

6. Email Address:

willblume@att.net

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:

Dina Goldstein

12. Telephone:

[REDACTED]

13. Email Address:

digoldstein@att.net

14. Mailing Address:

[REDACTED]

15. City:

[REDACTED]

16. State:

[REDACTED]

17. Zip Code:

[REDACTED]

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:

Miami-Dade

23. State:

Florida

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:

01/06/2026

26. Signature of Candidate:

X *[Signature]*

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

I, Dina Goldstein do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

1/4/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X *[Signature]*

**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 filing officer before opening the campaign account.

JAN 6 AM 11:36

SNC

JAN 6 PM 3:25

yy

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)

William Howard Blumenkranz

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

[REDACTED]

Exempt pursuant to F.S. 119.071(4)(d)2.a.

4. Telephone:

[REDACTED]

5. Candidate's Voter Registration #:

109305154

(not required for qualifying purposes)

6. Email Address:

willblume@att.net

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:

Dina Goldstein

12. Telephone:

[REDACTED]

13. Email Address:

digoldstein@att.net

14. Mailing Address:

[REDACTED]

15. City:

[REDACTED]

16. State:

[REDACTED]

17. Zip Code:

[REDACTED]

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Bank of America

20. Address:

1108 Kane Concourse

21. City:

Bay Harbor Islands

22. County:

Miami-Dade

23. State:

Florida

24. Zip Code:

33154

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:

01/06/2026

26. Signature of Candidate:

X [Signature]

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

I, Dina Goldstein

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

1/4/2026

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:

William

First Name

Howard

Middle Name

Blumenkranz

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

Exempt pursuant to F.S. 119.071(4)(d)2.a.

Cell Phone:

E-Mail Address:

willblume@att.net

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:

William Blumenkranz
Candidate Signature

Date:

01/04/2020



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate William Howard Blumenkranz

Office Sought Commissioner

Phone No.: _____ Cell Phone No: [REDACTED]

E-Mail Address: Willblume2att.net Exempt pursuant to F.S. 119.071(4)(d)2.a.

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

01/06/26

WB

Nominating Petition

Statement of Candidate

01/06/26

WB

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

01/06/26



3. Campaign Activities Memorandum

01/06/26



Candidate's Signature

Date