

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 6 AM11:36 *Smc*

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).

**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):

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

4. Telephone:

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:

13. Email Address:

digoldstein@att.net

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

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:

Miami-Dade

Florida

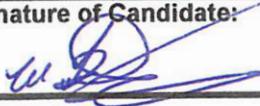
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

01/06/2026

26. Signature of Candidate:

X



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:

11/4/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X



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

JAN 6 AM 11:36 SNC

JAN 6 PM 3:25 yy

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:

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



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





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:

willblume
Candidate Signature

Date:

01/04/2026

2. Important Dates to Remember
3. Campaign Activities Memorandum

01/06/26

01/06/26



Candidate's Signature

Date



JAN 15 PM12:07

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 William Blumenkranz, 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 8911 Dickens Ave, my occupation is Retired; that I have been a resident of the Town of Surfside since 1957; 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.

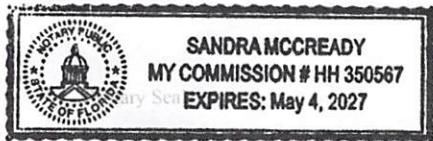


Signature of Candidate

01/15/2026

Date

Sworn to and subscribed before me this 15 day of January, 20 26.




NOTARY PUBLIC


Sandra N. McCready
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 15 PM 12:05

OFFICE USE ONLY

Candidate OathName to appear on ballot: William BlumenkranzCheck 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, _____, _____,
 (Office) (District #)

_____, _____; I am a qualified elector of 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 William Blumenkranz

Signature of Candidate

(305) 587 0098

Telephone Number

willblume@att.net

Email Address

8911 Dickens AveSurfsideFL33154

Address of Legal Residence

City

State

STATE OF FLORIDACOUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me by means of

online notarization OR physical presence this 15 day of January, 2020.Personally Known OR Produced Identification

Type of Identification Produced: _____

Signature of Notary Public

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



2025 Form 1 - Statement of Financial Interests

General Information

Name: Mr William Howard Blumenkranz

PID 277927

AGENCY INFORMATION

Organization

Suborganization

Title

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
social security	6401 Security blvd Baltimore Md	Retirement
Pension	55 Glenlake Prkw At Ga	Retirement

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
N/A

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
stocks	self

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
N/A	

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

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

2025 Form 1 - Statement of Financial Interests

Signature of Filer

William Howard Blumenkranz

Digitally signed: 01/15/2026

Filed with COE:

WILLIAM HOWARD BLUMENKRANZ CAMPAIGN8911 DICKENS AVE
SURFSIDE FL 33154-3360

1026

63-4/630 FL
1035DATE 01/15/2026**PAY TO THE****ORDER OF** Town of Surfside\$ 25 00Twenty Five00/100 **DOLLARS**Security
Features
Details on
Back**BANK OF AMERICA**

ACH R/T 063100277

FOR Candidate FeeWilly Blumenkranz

MP

TOWN OF SURFSIDE

9293 Harding Ave.
SURFSIDE, FL 33154

Receipt

No 155450

RECEIVED OF

William H. Blumenkrantz
Twenty Five
Candidate Fee

DATE

1-15-2006

DOLLARS \$

25.00

HOW PAID

CASH

1026

CHECK

EXECUTIVE

CHECK #

POLICE

MONEY
ORDERPARK &
RECREATIONCREDIT
CARD

OTHER

BY



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 15 AM11:52

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

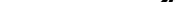
TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate William Blumenkrantz for the office of Council Member (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 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: 8911 Dickens Ave

Email address of Circulator: willblume@att.net

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: 01/15/2026

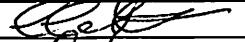
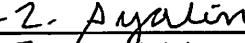
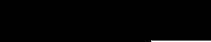
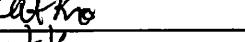
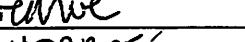
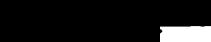
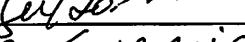
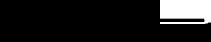
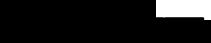
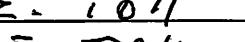
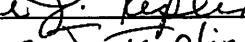
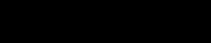
YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 15 AM11:52

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate William Blumenkrantz 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: 	Date: <u>1-6-26</u> D.O.B. 
Print Name: <u>Conrado Gabrena</u>	Address: 
Signature: 	Date: <u>1/6/26</u> D.O.B. 
Print Name: <u>MICHAEL KARPKIN</u>	Address: 
Signature: 	Date: <u>1-7-2026</u> D.O.B. 
Print Name: <u>BARBARA COHEN</u>	Address: 
Signature: 	Date: <u>1/7/26</u> D.O.B. 
Print Name: <u>ARLENE Z. AYALIN</u>	Address: 
Signature: 	Date: <u>1/7/26</u> D.O.B. 
Print Name: <u>Mark Slatko</u>	Address: 
Signature: 	Date: <u>1/7/26</u> D.O.B. 
Print Name: <u>RASCIA SOCARRAS</u>	Address: 
Signature: 	Date: <u>1/8/26</u> D.O.B. 
Print Name: <u>Laurie Swedroe</u>	Address: 
Signature: 	Date: <u>01/09/26</u> D.O.B. 
Print Name: <u>SANDRA KLAPOET</u>	Address: 
Signature: 	Date: <u>01/09/26</u> D.O.B. 
Print Name: <u>STEFANO GULBALIS</u>	Address: 
Signature: 	Date: <u>1-10-26</u> D.O.B. 
Print Name: <u>Wilfredo Lee</u>	Address: 
Signature: 	Date: <u>01-16-26</u> D.O.B. 
Print Name: <u>RENE E. TOLI</u>	Address: 
Signature: 	Date: <u>01-14-26</u> D.O.B. 
Print Name: <u>Robin Hill</u>	Address: 
Signature: 	Date: <u>1-14-26</u> D.O.B. 
Print Name: <u>Christine J. Taylor</u>	Address: 

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: 2911 Dickens Ave

Email address of Circulator: willblume@att.net

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: 01/15/2026

**YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY** JAN 15 AM 11:53

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 6 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Address of Circulator: 889 1/2 Dickens Ave

Email address of Circulator: willblume@att.net

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: 01/15/2025



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate William Howard Blumentkranz

Office Sought Commissioner

Phone No.: _____ Cell Phone No: 305 587 0098

E-Mail Address: Willblume@att.net

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

01/06/26

WB

Nominating Petition

01/15/26

WB

Statement of Candidate

01/06/26

WB

Sworn Statement of Qualification

01/15/26

WB

Candidate Oath

01/15/26

WB

Form 1 – Statement of Financial Interest (2025)

01/15/26

WB

Declaration and First Amendment Waiver
Volunteer Statement of Fair Campaign Practice

WB

Qualifying Fee \$25.00

01/15/26

WB

L & A Schedule

01/15/26

WB

2. Important Dates to Remember
3. Campaign Activities Memorandum

01/06/26

✓
✓

01/06/26

✓

Candidate's Signature

01/15/2026

Date



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.: 305 587 0098

Cell Phone: _____

E-Mail Address: willblume@att.net

This is to acknowledge my receipt of the following documents:

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willblume
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Date:

01/06/2026