

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



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: _____

E-Mail Address: Willblume@att.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
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01/06/26

WB

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Statement of Candidate

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Sworn Statement of Qualification

01/06/26

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

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 }

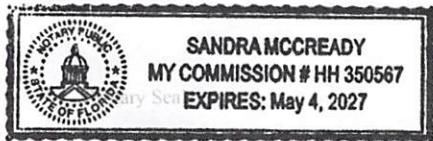
I solemnly swear (or affirm) under oath, that my name is William Blumenkranz, that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, Florida; that my address is 8911 Dickens Ave, my occupation is Retired; that I have been a resident of the Town of 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

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 0000 1/42 **DOLLARS**Security
Features
Details on
BackTwenty Five**BANK OF AMERICA**

ACH R/T 063100277

FOR Candidate Feewillie 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

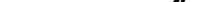
TOWN OF SURFSIDE, FLORIDA

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: <u>Conrado Gabrena</u>	Date: <u>1-6-26</u> D.O.B. REDACTED
Print Name: <u>Conrado Gabrena</u>	Address: REDACTED
Signature: <u>Michael Karpkin</u>	Date: <u>1/6/26</u> D.O.B. REDACTED
Print Name: <u>MICHAEL KARPKIN</u>	Address: REDACTED
Signature: <u>Barbara Cohen</u>	Date: <u>1-7-2026</u> D.O.B. REDACTED
Print Name: <u>BARBARA COHEN</u>	Address: REDACTED
Signature: <u>Ashlene Z. Ayalin</u>	Date: <u>1/7/26</u> D.O.B. REDACTED
Print Name: <u>ASHLENE Z. AYALIN</u>	Address: REDACTED
Signature: <u>Mark Slatko</u>	Date: <u>1/7/26</u> D.O.B. REDACTED
Print Name: <u>Mark Slatko</u>	Address: REDACTED
Signature: <u>Rascia Socarras</u>	Date: <u>1/7/26</u> D.O.B. REDACTED
Print Name: <u>RASCIA SOCARRAS</u>	Address: REDACTED
Signature: <u>Laurie Swedroe</u>	Date: <u>1/8/26</u> D.O.B. REDACTED
Print Name: <u>Laurie Swedroe</u>	Address: REDACTED
Signature: <u>Sandra Klapot</u>	Date: <u>01/09/26</u> D.O.B. REDACTED
Print Name: <u>SANDRA KLAPOD</u>	Address: REDACTED
Signature: <u>Stefano Gulbalis</u>	Date: <u>01/09/26</u> D.O.B. REDACTED
Print Name: <u>STEFANO GULBALIS</u>	Address: REDACTED
Signature: <u>Wilfredo Lee</u>	Date: <u>1-10-26</u> D.O.B. REDACTED
Print Name: <u>WILFREDO LEE</u>	Address: REDACTED
Signature: <u>René E. Toli</u>	Date: <u>01-16-26</u> D.O.B. REDACTED
Print Name: <u>RENE E. TOLI</u>	Address: REDACTED
Signature: <u>Robin Hill</u>	Date: <u>01-14-26</u> D.O.B. REDACTED
Print Name: <u>ROBIN HILL</u>	Address: REDACTED
Signature: <u>Christine J. Taylor</u>	Date: <u>1-14-26</u> D.O.B. REDACTED
Print Name: <u>Christine J. Taylor</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: William Blumenkrantz

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: William Blumenkrantz

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

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).

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: 8911 Dickens Ave.

Email address of Circulator: willblume2@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

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01/06/26

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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:

- 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:

01/06/2026

Alina Garcia
Supervisor of Elections

2700 NW 87th Ave
Miami, FL 33172



T 305-499-VOTE(8683)
F 305-499-8501
TTY 305-499-8480

votemiamidade.gov
@votemiamidade

January 26, 2025

Sandra McCready, MPA, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

Dear Mrs. McCready:

The Office of the Supervisor of Elections has completed the verification of the petitions for William Blumenkranz, a candidate for Commissioner for Town of Surfside. A total of 32 petitions were reviewed for verification; of which 29 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Best Regards,

Jose Ponce
Chief Deputy Supervisor of Elections
Office of the Supervisor of Elections

Enclosure

Alina Garcia

Supervisor of Elections

2700 NW 87th Ave

Miami, FL 33172



T 305-499-VOTE(8683)

F 305-499-8501

TTY 305-499-8480

votemiamidade.gov

@votemiamidade

CERTIFICATION

Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Alina Garcia, Supervisor of Elections of Miami-Dade, Florida, do hereby certify that 29 signatures submitted by William Blumenkranz for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL, AT
MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 26th DAY OF
JANUARY, 2026

Jose Ponce

Chief Deputy Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

January 26, 2026

William Blumenkranz
8911 Dickens Avenue
Surfside, FL 33154

Dear Mr. Blumenkranz:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2026, Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk