

# 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 SMC

# **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



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Candidate's Signature

---

Date





JAN 15 PM 12:07

## 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. McCreedy  
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 Oath**Name 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 (305) 587 0098 willblume@aatt.net  
Signature of Candidate Telephone Number Email Address  
8911 Dickens Ave Southside 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 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
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## 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 Income

PRIMARY 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 Balitimore 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.

**Signature of Filer**

***William Howard Blumenkranz***

Digitally signed: 01/15/2026

Filed with COE:



**WILLIAM HOWARD BLUMENKRANZ CAMPAIGN**

8911 DICKENS AVE  
SURFSIDE FL 33154-3360

1026

63-4/630 FL  
1035

DATE 01/15/2026

**PAY TO THE  
ORDER OF**

Town of Surfside

\$ 25 <sup>00</sup>/<sub>100</sub>

Twenty Five

00/100 DOLLARS

 Security  
Features  
Details on  
Back

**BANK OF AMERICA** 

ACH R/T 063100277

**FOR** Candidate Fee



BP

TOWN OF SURFSIDE

9293 Harding Ave.  
SURFSIDE, FL 33154

Receipt

No 155450

RECEIVED OF

William H. Blumenkrantz  
Twenty Five

DATE

1-15-2026

DOLLARS \$

25.00

Candidate Fee

HOW PAID

CASH

☐

CHECK

☒

CHECK #

1026

EXECUTIVE

☐

POLICE

☐

MONEY  
ORDER

☐

PARK &  
RECREATION

☐

CREDIT  
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 AM 11:52

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate William Blumenbranz 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>[Signature]</u>	Date: <u>1/6/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Claudia POU</u>	Address: <u>[REDACTED]</u>	
Signature: <u>Candida E. Feigenbaum</u>	Date: <u>1-6-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>CANDIDA FEIGENBAUM</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/6/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MIRIAM C. ALVAREZ</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-6-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Stephanie Romani</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-6-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Marsha Page</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-6-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Linda Salzhauer</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/6/2026</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARTIN A. FEIGENBAUM</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/6/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>O'NEILL</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/6/2026</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Isaac Levine</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/06/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>SANDRA ARROW</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-6-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Rafael Solares</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>12-4-49</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Maria Elena Solares</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-6-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Raguel Gracet</u>	Address: <u>[REDACTED]</u>	

#### 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: [Signature]

Address of Circulator: 8911 Dickens Ave

Email address of Circulator: willblume@aatt.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: [Signature] Date: 1/15/2026

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 11:52

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate William Blumenkranz 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>[Signature]</u>	Date: <u>1-6-26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Conrado Laguna</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1/6/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MICHAEL KARUKIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1-7-2026</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>BARBARA COHEN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1/7/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ARHLENE Z. AYALIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1/7/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARK SLATKO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1/7/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RASCIA SOLARRAS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1/8/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>LARLIE SWEDROE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>01/09/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SANDRA KLAPOT</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>01/09/26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>STEFANO GULBALIS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1-10-26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>WILFREDO LEE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>01-10-26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RENE E. TOU</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>01-14-26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Robin Hill</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>1-14-26</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Christine J. Taplin</u>	Address: <u>[Redacted]</u>

#### 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: [Signature]

Address of Circulator: 8911 Dickens Ave

Email address of Circulator: will.blume@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: [Signature] 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 Blumenkranz 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>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>CHRISTOPHE GRIGNON</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>YVETTE GRIGNON</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1-14-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARIA SOCILAS</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>01-14-26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>Dana Brunet</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/14/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>MARCO WINTER</u>	Address: <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/15/26</u>	D.O.B. <u>[REDACTED]</u>
Print Name: <u>STANED CAINE</u>	Address: <u>[REDACTED]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

#### 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.

Signature of Circulator: [Signature]

Address of Circulator: 8911 Dickens Ave

Email address of Circulator: willblumenkranz@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: [Signature] Date: 01/15/2026



## 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: 305 587 0098  
E-Mail Address: Willblume@aatt.net

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
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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

\_\_\_\_\_

WB

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

01/15/26

WB

L & A Schedule

01/15/26

WB

2. Important Dates to Remember

01/06/2020



3. Campaign Activities Memorandum

01/06/2020



  
\_\_\_\_\_  
Candidate's Signature

01/15/2020  
\_\_\_\_\_  
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: willblume2att.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:  Date: 01/04/2026

Candidate Signature



**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](http://votemiamidade.gov)  
[@votemiamidade](https://twitter.com/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



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## 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. Blumankranz:

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