

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 9 PM 2:26 *SML*

NOTE: This form must be on file with the qualifying 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)

Nally Velasquez

3. Address (include post office box or street, city, state, zip code)

*9048 Collins Ave #124
Surtside, FL 33154*

4. Telephone

917 17031905

5. E-mail address

nallyforsurtside@gmail.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Nally Velasquez

11. Mailing Address

9048 Collins Ave #124

12. Telephone

()

13. City

Surtside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Nallyforsurtside@gmail.com

18. I have designated the following bank as my 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 APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11/9/23

26. Signature of Candidate

X *[Signature]*

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

I, *Nally Velasquez*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/9/23
Date

X *[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 9 PM 2:26

SMC

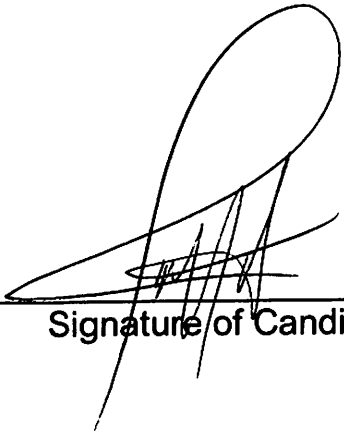
I, Nelly Velasquez,

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

11/9/23
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.)

NOV 13 AM 11:31 SMC

NOV 9 PM 2:26 SMC

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying 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)

Nelly Velasquez

3. Address (include post office box or street, city, state, zip code)

9048 Collins Ave #124
Surfside, FL 33154

4. Telephone

(917) 7031905

5. E-mail address

nellyforsurfside@gmail.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Nelly Velasquez

11. Mailing Address

9048 Collins Ave #124

12. Telephone

()

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Nellyforsurfside@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

City National Bank

20. Address

300 71st Street

21. City

Miami Beach

22. County

Miami Dade

23. State

Florida

24. Zip Code

33141

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

25. Date

11/9/23

26. Signature of Candidate

X 


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

I, Nelly Velasquez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/9/23
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

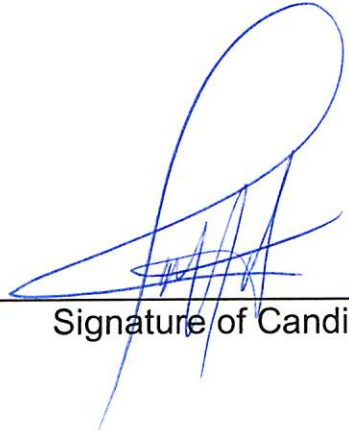
NOV 13 AM 11:31

NOV 9 PM 2:26

SMC
SMC

I, Nelly Velasquez,
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

11/9/23

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).



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Nally

First Name

Middle Name

Valasquez

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: _____ Fax No.: _____

Cell Phone: 917 703 1905

E-Mail Address: nallyforsurfside@gmail.com

This is to acknowledge my receipt of the following documents:

- The Florida Election Code (2022) – Digital Format (USB)
- Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- Reporting Dates Schedule (Election Date: March 19, 2024)
- Campaign Activities Memorandum

Received by: _____ Date: 11/13/23

[Signature]
Candidate Signature



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Nelly Velasquez

Office Sought Commissioner

Phone No.: _____ Cell Phone No: 917 703 1905

E-Mail Address: nellyforsurfside@gmail.com

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

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/9/2023</u> <u>11/13/2023</u>	<u>NV</u>
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Nominating Petition	_____	_____
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Statement of Candidate	_____	_____
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Sworn Statement of Qualification	_____	_____
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Candidate Oath	<u>11/9/2023</u> <u>11/13/2023</u>	<u>NV</u>
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Form 1 – Statement of Financial Interest (2022)	_____	_____
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Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
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Qualifying Fee \$25.00	_____	_____
------------------------	-------	-------

L & A Schedule	_____	_____
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Proof of Residency	_____	_____
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& Voter Registration

2. Important Dates to Remember

11/13/2023

NV

3. Campaign Activities Memorandum

11/13/2023

NV

Candidate's Signature

Date



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

November 14, 2023

Ms. Michelle McClain
Miami-Dade Elections Department
2700 NW 87th Avenue
Miami, FL 33172

RE: VERIFICATION OF PETITION SIGNATURES – NELLY VELASQUEZ

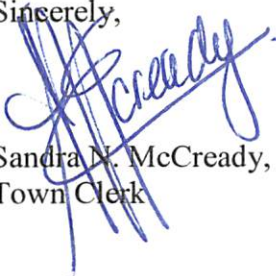
Dear Ms. McClain:

Enclosed are the original petition forms for NELLY VELASQUEZ. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 valid signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

NELLY VELASQUEZ: Filed intent to run for office on November 9, 2023

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,


Sandra N. McCready, MPA, MMC
Town Clerk

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 4:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Nelly Velasquez
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Mary A. Santos</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>MARY A. SANTOS</u>	Address: [REDACTED]
Signature: <u>MARINA SMABIA</u>	Date: <u>11-13-2023</u> D.O.B. [REDACTED]
Print Name: <u>MARINA SMABIA</u>	Address: [REDACTED]
Signature: <u>Victoria H Saife</u>	Date: <u>11/13/2023</u> D.O.B. [REDACTED]
Print Name: <u>Victoria H Saife</u>	Address: [REDACTED]
Signature: <u>Mary Henderson</u>	Date: <u>11/13/2023</u> D.O.B. [REDACTED]
Print Name: <u>Mary Henderson</u>	Address: [REDACTED]
Signature: <u>Justin Simons</u>	Date: <u>11-13-2023</u> D.O.B. [REDACTED]
Print Name: <u>Justin Simons</u>	Address: [REDACTED]
Signature: <u>Daryl Wall</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Daryl Wall</u>	Address: [REDACTED]
Signature: <u>Spiros Piniropoulos</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Spiros Piniropoulos</u>	Address: [REDACTED]
Signature: <u>Lea Coto</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Lea Coto</u>	Address: [REDACTED]
Signature: <u>Gabriel Coto</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Gabriel Coto</u>	Address: [REDACTED]
Signature: <u>Ruben Coto</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Ruben Coto</u>	Address: [REDACTED]
Signature: <u>MAGALY CHAIT</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>MAGALY CHAIT</u>	Address: [REDACTED]
Signature: <u>Charles Buckell</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Charles Buckell</u>	Address: [REDACTED]
Signature: <u>Nelly Velasquez</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Nelly Velasquez</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: [Signature]
Address of Circulator: 9048 Collins Ave #124, Surfside, FL 33154
Email address of Circulator: nellyforsurfside@gmail.com

COPY

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/23

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 4:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Nally Velasquez
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Barbara Wall</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Barbara Wall</u>	Address: [REDACTED]
Signature: <u>Arlene Ayala</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>ARLENE AYALA IN</u>	Address: [REDACTED]
Signature: <u>Tim Paul</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Tim Paul</u>	Address: [REDACTED]
Signature: <u>Juan Cruz</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>JUAN CRUZ CAJERES</u>	Address: [REDACTED]
Signature: <u>Fernanda Matach</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Fernanda Matach</u>	Address: [REDACTED]
Signature: <u>William Burkett</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>William Burkett</u>	Address: [REDACTED]
Signature: <u>Cara Diaz-Leal Parker</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>CARA DIAZ-LEAL PARKER</u>	Address: [REDACTED]
Signature: <u>Steven Parker</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Steven Parker</u>	Address: [REDACTED]
Signature: <u>Jorge Cortes</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>Jorge Cortes</u>	Address: [REDACTED]
Signature: <u>M. Cortes</u>	Date: <u>11/13/2023</u> D.O.B. [REDACTED]
Print Name: <u>Miguelangel Cortes</u>	Address: [REDACTED]
Signature: <u>Jorge Cortes</u>	Date: <u>11/13/2023</u> D.O.B. [REDACTED]
Print Name: <u>Jorge Cortes</u>	Address: [REDACTED]
Signature: <u>Ileana M. Cortes</u>	Date: <u>11/13/23</u> D.O.B. [REDACTED]
Print Name: <u>ILEANA M. CORTES</u>	Address: [REDACTED]
Signature: <u>Sima Domy</u>	Date: <u>11-13-23</u> D.O.B. [REDACTED]
Print Name: <u>Sima Domy</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: [Signature]
Address of Circulator: 9048 Collins Ave #124, Surfside, FL 33154
Email address of Circulator: nallyfor surfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/23

COPY

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

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 14 PM 4:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Nally Velasquez for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Fernando Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Rocio Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Luciana Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Fernando Jose Alvarez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Kelly Sanchez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u>	D.O.B.:
Print Name: <u>Regino Sanchez</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>Brian B...</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>JOEL TREME</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>ELO QUIÑONES</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>Dulce Quiñones</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>BENJAMIN ACQUARDO</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11-14-23</u>	D.O.B.:
Print Name: <u>HOWARD BUNNET</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/14/23</u>	D.O.B.:
Print Name: <u>ISRAEL ELBAMIL</u>	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: 9048 Collins Ave #124, Surfside, FL 33154
Email address of Circulator: nallyforsurfside@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/13/23

COPY

**CANDIDATE OATH
NONPARTISAN OFFICE**

NOV 14 PM 4:30

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

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Nelly Velasquez,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

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 qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 12406566

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] Telephone Number 917 703 1905 Email Address nellyforsortside@gmail.com

Address 9048 Collins Ave #124 sortside City FI State 33154 ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 14th day of November, 2023

Personally Known OR Produced Identification

Type of Identification Produced: _____





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 14 PM 4:36

GENERAL ELECTION – MARCH 19, 2024

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 Nelly Valasquez, 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 9048 Collins Ave, #124, Surfside, FL 33154 my occupation is Self employed; that I have been a resident of the Town of Surfside since 2013; that I will be at least twenty-one (21) years of age by November 22, 2023 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

11/14/23
Date

Sworn to and subscribed before me this 14th day of November, 2023.



[Signature]
NOTARY PUBLIC
Sandra N. McCready
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Velasquez Nelly

MAILING ADDRESS :
9048 Collins Ave, #124

Sortside Fl 33154 Miami-Dade

CITY : *Town of Sortside* ZIP : COUNTY :

NAME OF AGENCY :
Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

NOV 14 PM 4:33 *sme*

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:
 THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:
 FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
 (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
<i>Catering Business</i>	<i>9429 Harding Ave, ^{Fl 33154} Sortside Fl</i>	<i>Catering Food & Beverage</i>

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
 (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
<i>Nelly Velasquez</i>	<i>Rental Income</i>	<i>547 Peachtree St.</i>	<i>Rental Income</i>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

<i>547 Peachtree St. Coconut, FL 32922</i>
<i>9481 Byron Ave, Sortside, FL 33154</i>

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Florida prepaid college Pbn	Florida prepaid college foundation

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Shellpoint Mortgage Mr Cooper	P.O. Box 10826 Greenville, SC 29603-0826 P.O. Box 650783 Dallas TX 75205

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")


NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	The Lobster Guy LLC 9429 Harding Ave #119 Catering Owner Yes 100%	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 11/14/23

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEFform1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

NELLY VELASQUEZ CAMPAIGN ACCOUNT
LUZ NELLY VELASQUEZ
9048 COLLINS AVE #124
SURFSIDE, FL 33154

1001
63-0436/0660

DATE 11/14/23

PAY TO THE ORDER OF Town of Surfside

\$ 25. —

twenty five & 00/100

DOLLARS



 **City National Bank**
Bci FINANCIAL GROUP

Qualifying Fee

Harland Clarke

MP

& Voter Registration

- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

11/14/2023 NH

11/13/2023 NH

11/13/2023 NH



Candidate's Signature

11/14/23

Date



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY: 305-499-8480

miamidade.gov

November 16, 2023

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

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Nelly Velasquez, a candidate for the office of Commissioner for Town of Surfside. A total of 32 petitions were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 29 petitions were reviewed for verification; of which 25 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.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY: 305-499-8480

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **25** signatures submitted by **Nelly Velasquez** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.



A handwritten signature in blue ink, appearing to read "Christina White", is written over a horizontal line.

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 16th DAY OF
NOVEMBER, 2023



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCreedy, MPA, MMC,
Town Clerk

November 20, 2023

Mrs. Nelly Velasquez
9048 Collins Avenue #124
Surfside, Fl 33154

Dear Mrs. Velasquez:

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 19, 2024 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. McCreedy, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez

Name

(2) 9048 Collins Ave, #124

Address (number and street)

Surfside, Fl 33154

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN 10 '24 5:12PM

GMC

(5) Report Identifiers

Cover Period: From 10/1/2023 / _____ To 12/31/2023 / _____ Report Type: 23Q4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 125 , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 25 , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 25 , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 125 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 25 , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number _____

(3) Cover Period 10/1/2023 / _____ through 12/31/2023 / _____

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/13/23 /	Town of Surfside 9293 Harding Avenue Surfside, Fl 33154	Qualifying Fee			
			CAN		\$25
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF : OE

JAN10 '24 5:12PM

(1) Name Nelly Velasquez

(2) I.D. Number _____

(3) Cover Period 10/1/2023 / _____ / _____ through 12/31/2023 / _____ / _____

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/13/23 / /	Nelly Velasquez 9048 Collins Avenue #124 Surfside, FL, 33154		Self	LOA			\$100
12/16/23 / /	Emilia Jimenez 9025 Byron Avenue Surfside FL 33154		Retired	CHE			\$25
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, Fl, 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN10 '24 5:12PM

smc

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 23Q4 Cover Period 10/1/2023 through 12/31/2023

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Treasurer Deputy Treasurer

X _____
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Candidate

X _____
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 18 AM 10:13

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1/1/24 / ____ / ____ To 1/12/24 / ____ / ____ Report Type: 2460DP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 625 , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 25 , ____ , ____ . ____

Transfers to Office Account \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ 25 , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 625 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ ____ , ____ , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

SME

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez (2) I.D. Number 2460DP

(3) Cover Period 1/1/2024 / / through 1/12/2024 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/8/2024 / /	Donal Lewin 9225 Collins Avenue #702 Surfside, Fl 33154		Retired	CHE			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number 2460DP

(3) Cover Period 1/1/2024 / / through 1/12/2024 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	N/A				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, Fl, 33154

CHECK IF ADDRESS HAS CHANGED

JAN 18 AM 10:13

SME

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2460DP Cover Period 1/1/2024 through 1/12/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

SNC

FEB 1 AM 9:37

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01/01/2024 / _____ To 01/12/2024 / _____ Report Type: 2460DP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 625.00 , _____ . _____

Loans \$ _____ , _____ . _____

Total Monetary \$ _____ , _____ . _____

In-Kind \$ _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 0 , _____ . _____

Transfers to Office Account \$ _____ , _____ . _____

Total Monetary \$ _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 625.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0 , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer


 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)


 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 1 AM 10:18

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1/13/2024 / ____ / ____ To 1/26/2024 / ____ / ____ Report Type: 24B1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 200.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 364.38 , ____ . ____

Transfers to Office Account \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 825.00 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 364.38 , ____ , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez (2) I.D. Number 24B1

(3) Cover Period 1/13/24 / / through 1/26/24 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
1/13/24 / /	Maria Villalba 400 90th street Surfside, FL 33154		Retired	RCT			\$100.00
1							
1/25/24 / /	Jessy Vinagre 701 98th street Surfside, FL 33154		Real estate	RCT			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number 24B1

(3) Cover Period 1/12/24 / / through 1/26/24 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/17/24 / / 1	UZ Marketing 5900 Bingle Rd, Houston, TX 77092	Yard Signs	CAN		\$364.38
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, FL, 33154

CHECK IF ADDRESS HAS CHANGED

FEB 1 AM 9:37

GNC

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name: 24B1 Cover Period 01/13/2024 through 01/26/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 14 PM 12:43

S.M.C.

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01/27/2024 / _____ To 02/09/2024 / _____ Report Type: 24B2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 325.00 , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00 , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 1,150.00 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 0.00 , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 14 PM 12:44
24B2

(1) Name Nelly Velasquez

(2) I.D. Number _____

(3) Cover Period 1/27/202 / / through 2/09/2024 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
1/28/2024 / /	Magaly Chait 8858 Byron Avenue Surfside, FL 33154	I	self employed / business owner	CHE			200.00
1							
1/31/2024 / /	Soledad Barriga 8840 Garland Avenue Surfside, FL 33154	I	Journalist	CHE			\$125
2							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number 24B2

(3) Cover Period 01/27/2024 / _____ through 02/09/2024 / _____

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	N/A				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number _____

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, Fl, 33154

FEB 14 PM 12:44

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 24B2 Cover Period 1/27/2024 through 2/9/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 23 PM 2:32

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02/10/2024 / _____ To 02/22/2024 / _____ Report Type: 25P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 50.00, _____, _____

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00, _____, _____

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ 1200.00, _____, _____

(10) TOTAL Monetary Expenditures To Date

\$ 364.38, _____, _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

pk

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez (2) I.D. Number 25P1

(3) Cover Period 02/10/2024 / / through 02/22/2024 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02/16/2024 / /	HH Kinsey 9465 Byron Avenue Surfside Fl 33154	I	Retired	CHE			\$50.00
1							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number 25P1

(3) Cover Period 02/10/2024 / / through 02/22/2024 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	N/A				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, FL, 33154

FEB 23 PM 2:32
pk

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 02/10/2024 through 02/22/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez
(Type name) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 7 PM 2:54

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02/23/2024 / _____ To 03/07/2024 / _____ Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00 , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 317.88 , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 1,200.00 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 707.26 , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm) Treasurer Deputy Treasurer

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez

(2) I.D. Number 11P1

(3) Cover Period 02/23/2024 / / through 03/07/2024 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	N/A						
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

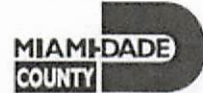
(2) I.D. Number 11P1

(3) Cover Period 02/23/2024 / / through 03/07/2024 / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02/29/2024	Color Copies USA 140 NE 32nd Ct, Lauderdale, Fl 33334	campaign flyers	CAN		\$317.88
1					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

MAR 7 PM 2:54

Name Nelly Velasquez

I.D. Number

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, FL, 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 02/23/2024 through 03/07/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 collins Avenue #124
 Address (number and street)
Surfside, FI 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 7 PM 2:55

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01/01/2024 / ____ / ____ To 01/12/2024 / ____ / ____ Report Type: 2460DP

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 625.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 0 , ____ , ____ . ____

Transfers to Office Account \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 625.00 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 25.00 , ____ , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 7 PM 3:05

Smc

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1/13/2024 / _____ To 1/26/2024 / _____ Report Type: 24B1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 200.00 , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 364.38 , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 825.00 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 389.38 , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 7 PM 2:57
Smc

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01/27/2024 / _____ To 02/09/2024 / _____ Report Type: 24B2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 325.00 , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00 , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 1150.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 389.38 , _____ , _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
 (2) 9048 Collins Avenue #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY
 MAR 7 PM 3:00
Smc

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commissioner
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02/10/2024 / _____ To 02/22/2024 / _____ Report Type: 25P1
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 50.00, _____, _____ . _____
 Loans \$ _____, _____, _____ . _____
 Total Monetary \$ _____, _____, _____ . _____
 In-Kind \$ _____, _____, _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ 0.00, _____, _____ . _____
 Transfers to Office Account \$ _____, _____, _____ . _____
 Total Monetary \$ _____, _____, _____ . _____

(8) **Other Distributions**
 \$ _____, _____, _____ . _____

(9) **TOTAL Monetary Contributions To Date**
 \$ 1200.00, _____, _____ . _____

(10) **TOTAL Monetary Expenditures To Date**
 \$ 389.38, _____, _____ . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) Nelly Velasquez
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
 Name
9048 Collins Avenue, #124
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 15 '24 4:10 PM

SMC

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03/08/2024 / _____ To 03/15/2024 / _____ Report Type: 4P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00, _____, _____

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ 95.00, _____, _____

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ 1,200.00, _____, _____

(10) TOTAL Monetary Expenditures To Date

\$ 802.76, _____, _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nelly Velasquez

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name) Nelly Velasquez

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 15 '24 4:10PM

(1) Name Nelly Velasquez (2) I.D. Number 4P1

(3) Cover Period 03/08/2024 / / through 03/15/2024 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /	N/A						
/ /							
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MAR 15 '24 4:10PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number ^{4P1} _____

(3) Cover Period 03/08/2024 / _____ through 03/15/2024 / _____

(4) Page ¹ _____ of ¹ _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03/11/2024	Amazon Fulfillment Center 1900 NW 132nd Place, Miami FL 33182	Office Supplies	CAN		\$95.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Nelly Velasquez

I.D. Number

Address (number and street)
9048 Collins Avenue, #124

City, State, Zip Code
Surfside, FL, 33154

MAR 15 '24 4:10PM

SAC

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 03/08/2024 through 03/15/2024
Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez
(Type name) Treasurer Deputy Treasurer

X _____
Signature

I certify that I have examined this report and it is true, correct, and complete.

Nelly Velasquez
(Type name) Candidate

X _____
Signature

