

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

Sandra Novoa
11-16-15 P04:16 RCVD

I, VICTOR MAY,
candidate for the office of MAYOR OF SURFSIDE;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

V May

Signature of Candidate

Nov. 16, 2015

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

11-16-15P04:16 RCVD

Jandra Nova

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)

VICTOR MAY

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

9117 FROUDE AVE
SURFSIDE, FL 33154

4. Telephone

(305) 8781229

5. E-mail address

moxidel@hotmail.com

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

MAYOR OF SURFSIDE

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

VICTOR MAY

11. Mailing Address

9117 FROUDE AVE

12. Telephone

()

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

moxidel@hotmail.com

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

19. Name of Bank

CITIBANK

20. Address

9525 HARDING AVE

21. City

SURFSIDE

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33154

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

Nov. 16, 2015

26. Signature of Candidate

X V May

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

I, VICTOR MAY, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Nov. 16, 2015
Date

X

V May
Signature of Campaign Treasurer or Deputy Treasurer

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

12-04-15 P01:50 RCVD

GENERAL ELECTION – MARCH 15, 2016

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 }

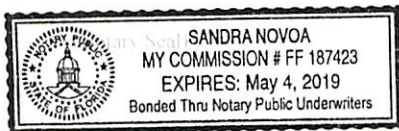
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is VICTOR MAY, 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 9117 FROUDE AVE, SURFSIDE, my occupation is RETIRED; 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 December 7, 2015 and that if elected, I will willingly serve as MAYOR (Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

Dec 04, 2015
Date

Sworn to and subscribed before me this 4th day of December, 2015



[Signature]
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

12-04-15P01:10 RCVD *SKW*

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, VICTOR MAY
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR, _____, _____
(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.

Victor May 305 878-1229 moxidel@hotmail.com
Signature of Candidate Telephone Number Email Address

917 FROUDE AVE SURFSIDE FL 33154
Address City State ZIP Code

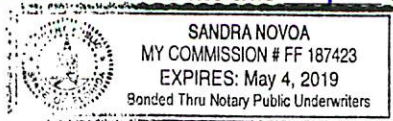
Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 4th day of December, 2015.

Personally Known: _____ or



Sandra Novoa
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification:

Type of Identification Produced: DL # M000-860-61-169-0

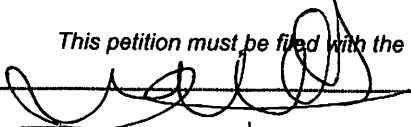
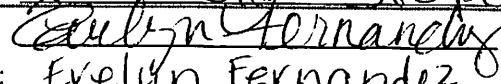
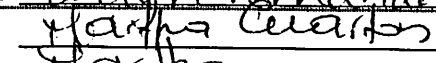
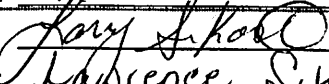

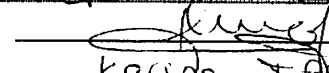
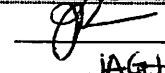
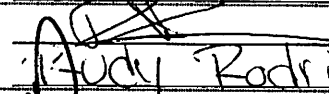
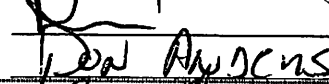
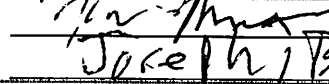

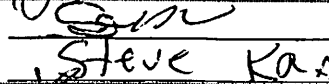
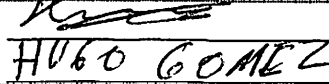
**YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY**

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15, 2016.

This petition must be filed with the Town Clerk between November 17, 2015 and December 7, 2015.

Signature: 	Date: <u>12/02/15</u>	Voters Reg. # <u>122422148</u>
Print Name: <u>J. Mirella Stoppel</u>	Address: <u>1100 11th Ave</u>	
Signature: 	Date: <u>12/02/15</u>	Voters Reg. # <u>110223360</u>
Print Name: <u>Evelyn Fernandez</u>	Address: <u>1100 11th Ave</u>	
Signature: 	Date: _____	Voters Reg. # _____
Print Name: <u>Martha</u>	Address: _____	
Signature: 	Date: <u>12-04-15</u>	Voters Reg. # _____
Print Name: <u>Lawrence Sidoriski</u>	Address: _____	
Signature: 	Date: <u>12/3/15</u>	Voters Reg. # <u>110057651</u>
Print Name: <u>VERONICA LUPINACCI</u>	Address: _____	
Signature: 	Date: <u>12/3/15</u>	Voters Reg. # <u>110236788</u>
Print Name: <u>Karine Fancher</u>	Address: _____	
Signature: 	Date: <u>12/3/2015</u>	Voters Reg. # <u>115426539</u>
Print Name: <u>JAGOT POONIA</u>	Address: _____	
Signature: 	Date: <u>12/3/2015</u>	Voters Reg. # <u>120824485</u>
Print Name: <u>JUDY RODRIGUEZ</u>	Address: _____	
Signature: 	Date: <u>12/03/15</u>	Voters Reg. # <u>909084</u>
Print Name: <u>DON ANDERSEN</u>	Address: _____	
Signature: 	Date: _____	Voters Reg. # _____
Print Name: <u>Joseph Bilitzin</u>	Address: _____	
Signature: 	Date: <u>12/03/15</u>	Voters Reg. # <u>109971838</u>
Print Name: <u>DAVID HENRY</u>	Address: _____	
Signature: 	Date: <u>12.03.15</u>	Voters Reg. # <u>109063320</u>
Print Name: <u>Steve Kasm</u>	Address: _____	
Signature: 	Date: <u>12/03/15</u>	Voters Reg. # <u>109422488</u>
Print Name: <u>HUGO GOMEZ</u>	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 10 (ten) 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: V May
 Address of Circulator: 9117 FROUDE AVE SURFSIDE, FL 33154
 Email address of Circulator: mayorvictormay@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of VICTOR MAY (Mayor or Commissioner) and agree to

Signature of Candidate: V May Date: Dec. 03, 2015

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**

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for
the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15,
2016.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>[Signature]</u>	Date: <u>11/18/15</u>	Voters Reg. # <u>109282021</u>
Print Name: <u>ALVARO DIAZ</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>11/18/15</u>	Voters Reg. # <u>109244419</u>
Print Name: <u>FLORENTINA DIAZ</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>11/18/15</u>	Voters Reg. # <u>109184622</u>
Print Name: <u>PHILIP DUNN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>11-18-15</u>	Voters Reg. # <u>110015060</u>
Print Name: <u>BEN CLUTTER</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>11/22/15</u>	Voters Reg. # <u>110022479</u>
Print Name: <u>REX R. YAVIS</u>	Address: _____	
Signature: _____	Date: _____	Voters Reg. # <u>110022479</u>
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 Five 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: 9117 FROUDE AVE, SURFSIDE, FL 33154
mail address of Circulator: MAYORVICTORMAY@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of VICTOR MAY (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: Dec. 02, 2015

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15, 2016.

This petition must be filed with the Town Clerk between November 17, 2015 and December 7, 2015.

Signature: <u>[Signature]</u>	Date: <u>12.03.15</u>	Voters Reg. # <u>114673043</u>
Print Name: <u>Sarah Wilson</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>12.03.15</u>	Voters Reg. # <u>118823560</u>
Print Name: <u>David Wilson</u>	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 (two) 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: 9117 FROUDE AVE, SURFSIDE, FL 33154
Email address of Circulator: mayorvictor.may@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of VICTOR MAY (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: Dec. 03, 2015

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 15, 2016.

This petition must be filed with the Town Clerk between November 17, 2015 and December 7, 2015.

Signature: <u>Gladys Diaz</u>	Date: <u>12/3/2015</u> Voters Reg. # <u>109457628</u>
Print Name: <u>Gladys Diaz</u>	Address: <u>1. 33154</u>
Signature: <u>[Signature]</u>	Date: <u>12/3/2015</u> Voters Reg. # <u>[Blank]</u>
Print Name: <u>ASH POONIA</u>	Address: <u>IE</u>
Signature: <u>[Signature]</u>	Date: <u>12/2/15</u> Voters Reg. # <u>[Blank]</u>
Print Name: <u>Gisela Santiago</u>	Address: <u>54</u>
Signature: <u>[Signature]</u>	Date: <u>12/2/2015</u> Voters Reg. # <u>110013069</u>
Print Name: <u>Lillian Santiago</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12/3/15</u> Voters Reg. # <u>119906253</u>
Print Name: <u>SHARON KORDAN</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12.03.15</u> Voters Reg. # <u>109631544</u>
Print Name: <u>A. Galabresi</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>DEC 3rd</u> Voters Reg. # <u>109030469</u>
Print Name: <u>MAURICE P. NEVILLE</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12/3</u> Voters Reg. # <u>120942810</u>
Print Name: <u>DAVID BUCHOF</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12/3</u> Voters Reg. # <u>121219247</u>
Print Name: <u>LESLIE GARCIA</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12-3-15</u> Voters Reg. # <u>109114797</u>
Print Name: <u>HAOPER BOWEN</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12/3/15</u> Voters Reg. # <u>109541613</u>
Print Name: <u>ADRIANNE WANDER-BRUM</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12/03/15</u> Voters Reg. # <u>109001339</u>
Print Name: <u>LUCY VIDARTE</u>	Address: <u>[Blank]</u>
Signature: <u>[Signature]</u>	Date: <u>12.03.15</u> Voters Reg. # <u>[Blank]</u>
Print Name: <u>MARIS C. BARREIRO</u>	Address: <u>[Blank]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 10(ten) 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: 9117 FROUDE AVE, SURFSIDE, FL 33154
Email address of Circulator: mayorvictormay@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of VICTOR MAY (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: Dec. 03, 2015

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) VICTOR MAY
 Name
 (2) 9117 FROUDE AVE
 Address (number and street)
SURFSIDE, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

12-07-15 A10:58 RCVD CRD

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

(4) Check appropriate box(es):
 Candidate Office Sought: MAYOR
 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 11 / 16 / 2015 To 11 / 30 / 2015 Report Type: 2015 M11
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 300.00
 Loans \$ _____, _____, _____
 Total Monetary \$ _____, 300.00
 In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 190.46
 Transfers to Office Account \$ _____, _____, _____
 Total Monetary \$ _____, 190.46

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

(9) TOTAL Monetary Contributions To Date
 \$ _____, 300.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 190.46

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

X V May
 Signature

(Type name) VICTOR MAY
 Candidate Chairperson (only for PC and PTY)

X V May
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Victor MAY (2) I.D. Number _____

(3) Cover Period 11 / 16 / 2015 through 11 / 30 / 2015 (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	Type	Description		
11, 16, 15	VICTOR MAY 9117 PROUDE AVE, SURFSIDE FL, 33154	1	retired	deposit on campaign acc	n/a	n/a	100.00
11, 19, 15	VICTOR MAY 9117 PROUDE AVE, SURFSIDE FL, 33154	1	RETIRED	deposit on campaign acc	n/a	n/a	200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

12-07-15A10:58 RCVD *SM*

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name VICTOR MAY

(2) I.D. Number _____

(3) Cover Period 10/16/2015 through 10/30/2015

(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
11/19/15	BISCAYNE BLVD, NORTH MIAMI HOME DEPOT 12055 BISCAYNE BLVD, NORTH MIAMI 33181	Supplies	CAN	N/A	27.55
11/19/15	BISCAYNE HOME DEPOT 12055 BISCAYNE BLVD, NORTH MIAMI, 33181 FL	Supplies	CAN	N/A	4.01
11/23/15	BISCAYNE HOME DEPOT 12055 BISCAYNE BLVD, NORTH MIAMI, 33181 FL	Supplies	CAN	N/A	42.77
11/23/15	BISCAYNE HOME DEPOT 12055 BISCAYNE BLVD NORTH MIAMI, 33181 FL	Supplies	CAN	N/A	7.51
11/24/15	BISCAYNE HOME DEPOT 120055 BISCAYNE BLVD, NORTH MIAMI, 33181	Supplies	CAN	N/A	93.34
11/24/15	CVS PHARMACY 9578 HARDING AVE SURFSIDE, FL 33154	Supplies	CAN	N/A	15.28
1/1					
1/1					

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



OFFICE USE ONLY

Name VICTOR MAY

I.D. Number _____

Address (number and street)
9117 FROUDE AVE,

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

12-07-15 A10:58 RCVD *gxn*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2015 M11 Cover Period 11.16.2015 through 11.30.2015

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.

VICTOR MAY
(Type name) Treasurer Deputy Treasurer

X V May
Signature

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

VICTOR MAY
(Type name) Candidate

X V May
Signature



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

December 8, 2015

Mr. Victor May
9117 Froude Ave
Surfside, Fl 33154

Dear Mr. May:

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 Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2016 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 Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
 Name
 (2) 9117 Froude Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY
TOWN OF SURFSIDE JAN 6 '16 12:54PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 12 10 1 2015 To 12 31 2015 Report Type: 2015M12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 262.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 368.86

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 562.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 559.32

(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) Victor May

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

X

Signature

Victor May

(Type name) Victor May

Candidate Chairperson (only for PC and PTY)

X

Signature

Victor May

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name VICTOR MAY

(2) I.D. Number _____

(3) Cover Period 12/01/15 through 12/31/15

(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					
12/01/15	MIAMI-DADE COUNTY 2700 NW 87 AVE MIAMI, FL 33172	VOTER'S LIST	CAN	N/A	20.00
12/04/15	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE, FL 33154	QUALIFYING FEE	CAN	N/A	25.00
12/15/15	WEBSITEBUILDER-CC.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	7.14
12/17/15	VISTA-PRINT.COM MA 15350	BUSINESS CARDS	CAN	N/A	46.98
12/21/15	SIGNARAMA 730 HALLANDALE BEACH BLVD #104, HALLANDALE BEACH, FL 33009	campaign display POSTERS	CAN	N/A	125.00
12/24/15	SIGNARAMA 730 HALLANDALE BEACH BLVD #104, HALLANDALE BEACH, FL 33009	campaign display POSTERS	CAN	N/A	125.00
12/29/15	CITIBANK 9525 HARDING AVE SURFSIDE, FL 33154	check book	CAN	N/A	8.75
12/31/15	WEBSITEBUILDER UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY HAMPSHIRE PO157FN UK	WEBSITE monthly FEE	CAN	N/A	10.99

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY (2) I.D. Number _____

(3) Cover Period 12, 01, 15 through 12, 31, 15 (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
12, 17, 15	VICTOR MAY 9117 FROUDE AVE		RETIRED	deposit on camp acc	N/A	N/A	200.00
12, 22, 15	VICTOR MAY 9117 FROUDE AVE, SURFSIDE		RETIRED	deposit on camp. acc	N/A	N/A	62.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

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



OFFICE USE ONLY

Name VICTOR MAY

I.D. Number _____

Address (number and street)
9117 FROUDE AVE

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN6'16 12:54PM

TOWN OF SURFSIDE

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2015 M12 Cover Period 12/01/15 through 12/31/15

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.

VICTOR MAY
(Type name) Treasurer Deputy Treasurer

X V May
Signature

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

VICTOR MAY
(Type name) Candidate

X V May
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name VICTOR MAY (2) I.D. Number _____
 (3) Report Name 2015 M12 (4) Cover Period 12/01/15 through 12/31/15
 (5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
 Name
 (2) 9117 Froude Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 / 2016 To 01 / 31 / 2016 Report Type: 2016M1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 000 . 00

Loans \$, , .

Total Monetary \$, , 1,000.00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 676 . 75

Transfers to Office Account \$, , .

Total Monetary \$, , 676.75

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1 , 562 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 237 . 05

(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) Victor May

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

X Victor May
 Signature

(Type name) Victor May

Candidate Chairperson (only for PC and PTY)

X Victor May
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Victor MAY (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2016 through 01 / 31 / 2016 (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	Type	Description		
01, 11, 2016	GREY@SONS SOUTH FLORIDA GOLD R SILVER EXCHANGE 9595 HARDING AVE SURFIDE, FL 33154	B	JEWELRY EXCH	CHE	N/A	N/A	1,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 01/01/2016 through 01/31/2016

(4) Page 1 of 2

(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					
01/08/2016 1	Citibank 9525 Harding Ave, Surfside, FL 33154	Bank service charge	CAN	N/A	27.00
01/11/2016 2	OfficeMax 12255 Biscayne Blvd N Miami, FL	Supply	CAN	N/A	116.38
01/11/2016 3	2024 RAINBOW FARMS DR SAFETY HARBOR FL 34695	SUPPLY	CAN	N/A	80.00
01/15/2016 4	MIAMI-DADE COUNTY CLERK WEBPAY 111 NW 1ST ST MIAMI, FL 33128	COUNTY RECORDER'S OFFICIAL RECORD SEARCH	CAN	N/A	20.00
01/16/2016 5	WEB MSZ-SHANTA89 EBAY	SOFTWARE	CAN	N/A	100.00
01/19/2016 6	MICHAEL'S 20609 BISCAYNE BLVD AVENTURA, FL 33180	SUPPLY	CAN	N/A	20.06
01/19/2016 7	A BALLOON INPRINTING 1335 WEST 134TH ST GARDENA, CA 90247	SUPPLY	CAN	N/A	142.52
01/19/2016 8	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	COPIES OF DOCS	CAN	N/A	7.80

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR MAY (2) I.D. Number _____

(3) Cover Period 01/01/2016 / _____ through 01/31/2016 / _____ (4) Page 2 of 2

(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					
01/20/2016 9	CHEVRON 1501 BROAD CAUSEWAY BAYHARBOR ISLANDS FL 33154	GAS	CAN	N/A	20.00
01/22/2016 10	SUTTERSTOCK INC 350 FIFTH AVE, 21ST FLOOR NY, NY 10118	IMAGES OF SMILEYS :)	CAN	N/A	58.00
01/25/2016 11	CONSTANT CONTACT 1601NTRAPELO RD WALTHAM, MA 02451	SOFTWARE	CAN	N/A	45.00
01/28/2016 12	OFFICE SUPPLIES 8351 ELMAVE 101 RANCHO CUCAMONGA CA 91730	TONER REFILL	CAN	N/A	39.99
///					
///					
///					
///					

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



OFFICE USE ONLY

Name VICTOR MAX

I.D. Number _____

Address (number and street)
9117 FROUDE AVE

City, State, Zip Code
SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB8'16 03:19PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2016 M1 Cover Period 01/01/2016 through 01/31/2016

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.

Victor MAX
(Type name) Treasurer Deputy Treasurer

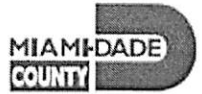
X V May
Signature

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

Victor MAX
(Type name) Candidate

X V May
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES**



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name VICTOR MAX (2) I.D. Number _____
 (3) Report Name 2015 MR (4) Cover Period 01/01/2016 through 01/31/2016
 (5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

1				

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
 Name
9117 Froude Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY
 02-17-16P02:43 RCVD *SM*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 / 01 / 2016 To 02 / 12 / 2016 Report Type: 2016M2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 200.00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 481 . 31

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

Total Monetary \$ _____ , _____ , 481.31

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 762 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 718 . 36

(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)

Victor May

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

X

Signature

Victor May

(Type name)

Victor May

Candidate Chairperson (only for PC and PTY)

X

Signature

Victor May

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY (2) I.D. Number _____

(3) Cover Period 02/01/2016 / _____ / _____ through 02/12/2016 / _____ / _____ (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				
02/12/2016 / /	ILJA ZARETSKY 19380 COLLINS AVE APT 1103 SUNNY ISLES BEACH, FL 33160	1	RETIRED	CHECK	N/A	N/A	200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 02/01/2016 through 02/12/2016

(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
02/01/2016 1	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	COPIES OF DOCS	CAN	N/A	118.93
02/02/2016 2	WEB-SITEDBUILDER.COM uNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	10.99
02/09/2016 3	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	N/A	17.01
02/09/2016 4	GOOGLE 1600 Amphitheatre Parkway Mountain View, CA 94043 USA	AD	CAN	N/A	50.00
02/16/2016 5	WEB-SITEDBUILDER.COM uNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE UPGRADE	CAN	N/A	5.99
02/12/2016 6	SINGONTHECHEAP.COM 11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA	SIGNS	CAN	N/A	278.39
 7	 	 	 	 	
 8	 	 	 	 	

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



OFFICE USE ONLY

Name

VICTOR MAY

I.D. Number

Address (number and street)

9117 FROUDE AVE

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

02-17-16 P02:43 RCVD *gm.*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2016M2 Cover Period 02/01/2016 through 02/12/2016

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.

VICTOR MAY

(Type name) Treasurer Deputy Treasurer

X

V May

Signature

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

VICTORMAY

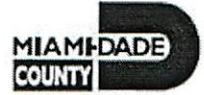
(Type name) Candidate

X

V May

Signature

PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name VICTOR MAY (2) I.D. Number _____
(3) Report Name 2016M2 (4) Cover Period 02/01/2016 through 02/12/2016
(5) Report Type Original Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
 Name
 (2) 9117 Froude Ave
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE
 MAR 2 '16 02:34PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 / 13 / 2016 To 02 / 26 / 2016 Report Type: 2016M2

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 200.00

Total Monetary \$ _____ , _____ , 200.00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 98 . 88

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

Total Monetary \$ _____ , _____ , 98.88

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 962 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 817 . 24

(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)

Victor May

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

X

Signature

Victor May

(Type name)

Victor May

Candidate Chairperson (only for PC and PTY)

X

Signature

Victor May

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY (2) I.D. Number _____

(3) Cover Period 02/13/2016 / ____ / ____ through 02/26/2016 / ____ / ____ (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				
02/17/2016 / /	Victor May 9117 Froude Ave. Surfside, Fl 33154	1	RETIRED	LOA	N/A	N/A	200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 02/13/2016 through 02/26/2016

(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
2/18/2016 1	HARBOR FREIGHT TOOLS 2 PEMBROKE	SUPPLIES	CAN	N/A	\$25.40
2/22/2016 2	DEBIT PIN PURCHASE OFFICE MAX/OFFI 12255 BNORTH MIAMI FLUS0515	SUPPLIES	CAN	N/A	\$28.48
2/23/2016 3	CONSTANTCONTACT 1601NTRAPELO RD WALTHAM, MA 02451	Software	CAN	N/A	\$45.00
/// 4					
/// 5					
/// 6					
/// 7					
/// 8					

TOWN OF SURFSIDE

MAR 3 16 02:12 PM

TOWN OF SURFSIDE

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



OFFICE USE ONLY

Name **Victor May**

I.D. Number

Address (number and street) **9117 Froude Ave**

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 2016M02 Cover Period 02/01/2016 through 02/23/2016

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.

Victor May
(Type name) Treasurer Deputy Treasurer

X Victor May
Signature

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

Victor May
(Type name) Candidate

X Victor May
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
 Name
 (2) 9117 Froude Ave
 Address (number and street)
Surfside, FI 33154
 City, State, Zip Code

OFFICE USE ONLY
MAR 11 2016 11:11AM
TOWN OF SURFSIDE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|-----------------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: <u>Mayor</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 02 / 27 / 2016 To 03 / 10 / 2016 Report Type: 4 days prior to General

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ _____ , _____ , _____ 0.00
 Total Monetary \$ _____ , _____ , _____ 0.00
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 79 . 95
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ 79.95

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 962 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 897 . 19

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

X Victor May
 Signature

(Type name) Victor May
 Candidate Chairperson (only for PC and PTY)

X Victor May
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
Name
(2) 9117 Froude Ave
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- 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 03 / 27 / 2016 To 03 / 10 / 2016 Report Type: 4 days prior to General

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ 0.00

Total Monetary \$ _____ , _____ , _____ 0.00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 79 . 95

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

Total Monetary \$ _____ , _____ , _____ 79.95

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

(9) TOTAL Monetary Contributions To Date
\$ _____ , 1 , 962 . 00

(10) TOTAL Monetary Expenditures To Date
\$ _____ , 1 , 897 . 19

(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) Victor May Victor May

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

(Type name) Victor May Victor May

Candidate Chairperson (only for PC and PTY)

X
Signature

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY (2) I.D. Number _____

(3) Cover Period 02/27/2016 / _____ / _____ through 03/10/2016 / _____ / _____ (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 02/27/2016 through 03/10/2016

(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
2/25/2016 1	COSTCO NORTH MIAMI FLUS0215	SUPPLIES	CAN	N/A	\$33.98
2/29/2016 2	WEBSITEBUILDER-CC.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	\$28.48
03/01/2016 3	WEBSITEBUILDER-CC.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	\$10.99
03/02/2016 4	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	CD COPY	CAN	N/A	\$6.00
03/09/2016 5	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	N/A	\$17.00
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____

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



OFFICE USE ONLY

Name **Victor May**

I.D. Number

Address (number and street) **9117 Froude Ave**

City, State, Zip Code **Surfside, Fl 33154**

 CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
MAR11'16 10:30AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4 days prior to General Cover Period 02/27/2016 through 03/10/2016
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.

Victor May
(Type name) Treasurer Deputy Treasurer

X

Victor May

Signature

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

Victor May
(Type name) Candidate

X

Victor May

Signature

