

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

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

NOV 15 PM 2:42 *gh*

(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)
Luz Nelly Velasquez

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

4. Telephone
(917) 7031905

5. E-mail address
nellnog@msn.com

9481 Byron Avenue,
Surfside, FL 33154

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 *Luz Nelly Velasquez*

11. Mailing Address
9481 Byron Avenue

12. Telephone
(917) 7031905

13. City
Surfside

14. County
Miami Dade

15. State
FL

16. Zip Code
33154

17. E-mail address
nellnog@msn.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
11/15/2019

26. Signature of Candidate

X *[Signature]*

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.

11/15/2019

X *[Signature]*

Date

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

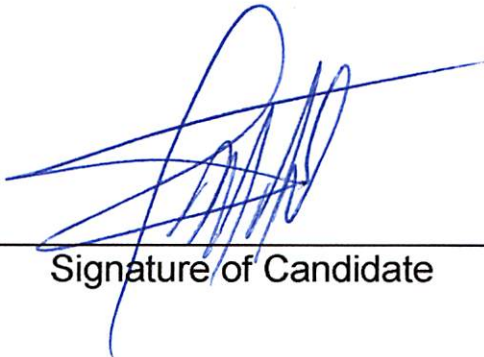
NOV 15 PM 2:42 *SM*

I, Luz 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

11/15/2019

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)

NOV 15 PM 2:42 *SKN*

NOV 15 PM 4:01 *SKN*

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)
Luz Nelly Velasquez

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

9481 Byron Avenue,
Surfside, FL 33154

4. Telephone
(917) 7031905

5. E-mail address
nellnog@msn.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~~ *Luz Nelly Velasquez*

11. Mailing Address
9481 Byron Avenue

12. Telephone
(917) 7031905

13. City
Surfside

14. County
Miami Dade

15. State
FL

16. Zip Code
33154

17. E-mail address
nellnog@msn.com

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

19. Name of Bank

Santrost

20. Address

9600 Collins Avenue

21. City

Bal Harbour

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
11/15/2019

26. Signature of Candidate

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

Nelly Velasquez

I, _____, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer

11/15/2019

Date

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

NOV 21 PM 2:24 *SN*

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.)

I am a candidate for the nonpartisan office of Commissioner, _____, _____
(Office) (District #)

_____ ; I am a qualified elector of Miami - Dade County, Florida;
(Circuit #) (Group or Seat #)

I am 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): _____

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	(917) 7031905	nellnog@msn.com
Signature of Candidate	Telephone Number	Email Address
9481 Byron Avenue	Surfside	Florida 33154
Address	City	State 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 this 21ST day of November, 2019.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: DL





TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 PM 2:24 gm.

GENERAL ELECTION - MARCH 17, 2020

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 }

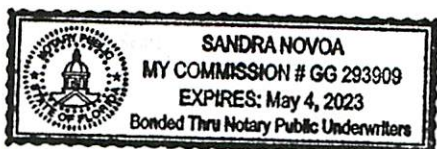
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Luz Dally Velasquez 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 9481 Byron Ave. 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, 2019 and that if elected, I will willingly serve as Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate

11/21/19 Date

Sworn to and subscribed before me this 21st day of November, 2019.



Signature of Notary Public
NOTARY PUBLIC
Sandra Novoa
PRINTED NAME OF NOTARY

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Velasquez Luz Nelly

MAILING ADDRESS :

9481 Byron Avenue

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

NOV 21 PM 2:24 *cyh*

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
Catering Business	9429 Harding Avenue, Surfside, Fl	Catering Food and Beverage

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
Luz Nelly Velasquez	Rental income	126 Esther Drive	Rental income

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

9481 Byron Avenue, Surfside, Fl 33154
126 Esther Drive, Cocoa Beach, Fl

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 plan	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
Lexus Financial	P.O. Box 4102, Carol Stream, IL 60197
Freedom Mortgage	P.O. Box 5666, Chicago, IL 60680

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 Lobsta Guy, LLC	
ADDRESS OF BUSINESS ENTITY	9429 Harding Avenue #147	
PRINCIPAL BUSINESS ACTIVITY	Catering	
POSITION HELD WITH ENTITY	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	100%	

PART G — TRAINING

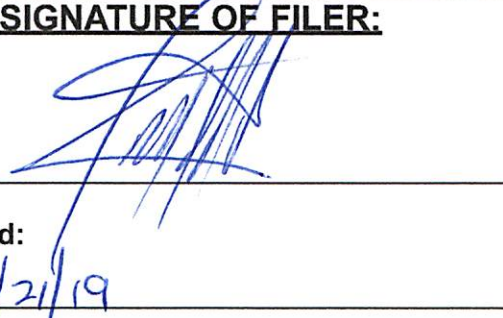
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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: _____

11/21/19

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

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

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

(PLEASE PRINT OR TYPE)

NOV 21 PM 2:24 *SM*

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)
Luz Nelly Velasquez

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

4. Telephone
(917) 7031905

5. E-mail address
nellnog@msn.com

9481 Byron Avenue,
Surfside, FL 33154

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
Luz Nelly Velasquez

11. Mailing Address
9481 Byron Avenue

12. Telephone
(917) 7031905

13. City
Surfside

14. County
Miami Dade

15. State
FL

16. Zip Code
33154

17. E-mail address
nellnog@msn.com

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

19. Name of Bank
Suntrust bank

20. Address
9600 Collins Avenue

21. City
Bal Harbour

22. County
Miami Dade

23. State
Florida

24. Zip Code
33154

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

25. Date
11/15/2019

26. Signature of Candidate
X *[Signature]*

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

I, Luz Nelly Velasquez, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/15/2019

X *[Signature]*

Date

Signature of Campaign Treasurer or Deputy Treasurer

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 21 PM 2:25 SKM

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Loz Nelly Velasquez for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Dassimo Tessini</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Fernando Alvarez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Rocio Alvarez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PATRICIA FERNANDEZ</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>CARLOS ROSA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>STEVEN SCHROGA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Juliana Amos</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Adrian Sotocho</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Rich Fulinson</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Alexia Gomez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PAUL LITTE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Mely Vargas</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Charles Buckett</u>	Address: <u>[Redacted]</u>	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 9481 Byron Ave Surfside, FL 33154

Mail address of Circulator: 9481 Byron Ave Surfside, FL 33154 (nallnog@msn.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: 11/17/19

**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 21 PM 2:25 *gen.*

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Luz Dally Velasquez for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-17-2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jorge Gomez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Diana Gonzalez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Brett Heiken</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rikki Hicks</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Roger Avila</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>GREGORY KRISNITZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Judy Martinez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Claude Schenow</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CHANA LABER</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Lara Frank</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-19-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Kamryn</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-19-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RIVKA LIPSEAR</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ALISON HUI</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 9481 Byron Ave, Surfside, FL 33154
Email address of Circulator: 9481 Byron Ave, Surfside, FL 33154 (nellner@msn.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: 11/19/19

**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 NOV 21 PM 2:24 5/19

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Loz Nelly Velazquez for the office of Commissioner (Mayor or Commissioner) at an election to be held on March 17, 2020.

NOV 21 PM 2:25

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Mary Levensen</u>	Date: <u>11-19-19</u> D.O.B. [REDACTED]
Print Name: <u>MARY LEVENSON</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>MAGDALENA FEKETE</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>Shara Steiner</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/2019</u> D.O.B. [REDACTED]
Print Name: <u>Robert Pao D</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>KHALIA BELL</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>EVAN DUFF</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. [REDACTED]
Print Name: <u>Gree Moya</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/2019</u> D.O.B. [REDACTED]
Print Name: <u>DONALD S. MCGAVERN</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>GABRIELA HERRERA</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/2019</u> D.O.B. [REDACTED]
Print Name: <u>Donald Cooper</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-19</u> D.O.B. [REDACTED]
Print Name: <u>Charles Manuel</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>Michelle Weinberg</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u> D.O.B. [REDACTED]
Print Name: <u>MARIE Edwards, Michelle</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: 948 Byron Ave, Surfside, FL 33154
Email address of Circulator: 948 Byron Ave, Surfside, FL 33154 (redtrac@men.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: 11/19/19



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

miamidade.gov

November 22, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Luz Nelly Velasquez, a candidate for the office of Commissioner for Town of Surfside. A total of 39 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 25 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 Luz Nelly Velasquez for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 22nd DAY OF
NOVEMBER, 2019

A handwritten signature in blue ink, appearing to read "CW" followed by a flourish and "fgn".

Christina White
Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Ms. Luz Nelly Velasquez
9481 Byron Avenue
Surfside, Fl 33154

Dear Ms. 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 17, 2020 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,

A handwritten signature in blue ink, appearing to read "Sandra Novoa", is positioned above the typed name.

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velazquez
Name

(2) 9481 Byron Ave
Address (number and street)

Southside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

DEC 10 '19 9:34AM

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 11 / 01 / 19 To 11 / 30 / 19 Report Type: 2019411

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 50.00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25.00

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

Total Monetary \$ _____ , _____ , 25.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50.00

(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 Velazquez

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

X _____
Signature

(Type name) Nelly Velazquez

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nelly Velasquez

(2) I.D. Number DEC10 '19 9:34AM

(3) Cover Period 11 / 1 / 19 through 11 / 30 / 19

(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 / 15 / 19	Velasquez, Nelly 9401 Byron Ave. Suttside, FL 33154		self	LOA			\$30.00
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velazquez

(2) I.D. Number _____

(3) Cover Period 11 / 1 / 19 through 11 / 30 / 19

(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
11/22/19	Town of outside 9293 Harding Ave Sartside, FL 33154	Qualifying Fee	CAN		\$25.-
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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) 9481 Byron Ave

City, State, Zip Code Southside, FL 33154

CHECK IF ADDRESS HAS CHANGED

DEC10 '19 9:34AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2019 M11 Cover Period 11/1/19 through 11/30/19

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

OFFICE USE ONLY

TOWN OF SURFSIDE
JAN 10 '20 9:29AM

(1) Nelly Velasquez
Name

(2) 9481 Byron Ave
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

(5) Report Identifiers

Cover Period: From 12 / 01 / 2019 To 12 / 31 / 2019 Report Type: 2019M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 0 . 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

(1) Name Dolly Velasquez (2) I.D. Number _____

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19 (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							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nolly Velasquez

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19

(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					
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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) 9481 Byron Ave

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE
JAN10 '20 9:29AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2019 M11 Cover Period 12/1/19 through 12/31/19

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

OFFICE USE ONLY

FEB 18 '20 9:52AM

(1) Nelly Velasquez
Name

(2) 9481 Byron Ave
Address (number and street)

Outside, 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

(5) Report Identifiers

Cover Period: From 1 / 1 / 20 To 1 / 31 / 20 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 300 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 350 . _____

(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 CONTRIBUTIONS

FEB 10 '20 9:52AM 

(1) Name Nelly Velasquez

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 20 through 1 / 31 / 20

(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 / 27 / 2020	Nelly Velasquez 9481 Byron Ave Suntside, FL 33511	S	Self	LOA			300
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 20 through 1 / 31 / 20

(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					
///	None				
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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)

9481 Byron Ave

City, State, Zip Code

Southside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB10 '20 9:52AM

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name _____ Cover Period 1/1/20 through 1/31/20

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



TOWN OF SURFSIDE
Office of the Town Clerk

February 24, 2020

Via E-mail and Certified mail

Ms. Luz Nelly Velasquez
9481 Byron Avenue
Surfside, FL 33154

Re: Failure to File Notice / Campaign Treasurer's Report, 25P1, due February 21, 2020, covering the period of February 1, 2020 through February 20, 2020

Dear Candidate Velasquez,

Please note that your Campaign Treasurer's Report 25P1, for the above-stated period, which was due on Friday, February 21, 2020, has not been received as of today's date.

Pursuant to Section 106.07, Florida Statutes, regarding reports not received by the deadline date:

“[t]he fine shall be \$50 per day for the first 3 days late and, thereafter, \$500.00 per day for each late day not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report.”

Therefore, a fine is accruing for failure to file Report 25P1. As of today's date, the fine is \$50.00. The fine will increase to \$500.00 per day starting February 27, 2020 if the report is not filed prior to that date pursuant to Section 106.07 Florida Statutes.

This fine is to be made payable to the Town of Surfside and **must be drawn you're your personal funds (F.S.106.07).**

Should you have any questions, please feel free to contact me at snovoa@townofsurfsidefl.gov, eherbello@townofsurfsidefl.gov, or the State of Florida Division of Elections at divelections@dos.state.fl.us.

Sincerely,

Sandra Novoa, MMC
City Clerk



TOWN OF SURFSIDE
Office of the Town Clerk

February 24, 2020

Via E-mail and Certified mail

Ms. Luz Nelly Velasquez
9481 Byron Avenue
Surfside, FL 33154

Re: Failure to File Notice / Campaign Treasurer's Report, 25P1, due February 21, 2020, covering the period of February 1, 2020 through February 20, 2020 – Received Monday, February 24, 2020 at 2:08 p.m.

Dear Candidate Velasquez,

Please note that your Campaign Treasurer's Report 25P1, for the above-stated period, which was due on Friday, February 21, 2020, was received today, February 24, 2020 at 2:08 p.m., one (1) day past the deadline date.

Pursuant to Section 106.07, Florida Statutes, regarding reports not received by the deadline date:

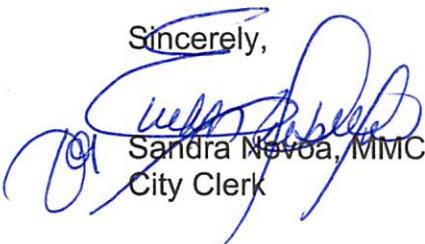
“[t]he fine shall be \$50 per day for the first 3 days late and, thereafter, \$500.00 per day for each late day not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report.”

Therefore, a fine in the amount of \$50.00 has accrued subsequent to the late filing of the 25P1 Report and pursuant to Section 106.07 Florida Statutes.

This fine is to be made payable to the Town of Surfside and **must be drawn you're your personal funds (F.S.106.07).**

Should you have any questions, please feel free to contact me at snovoa@townofsurfsidefl.gov, eherbello@townofsurfsidefl.gov, or the State of Florida Division of Elections at divelections@dos.state.fl.us.

Sincerely,



Sandra Novoa, MMC
City Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
Name

(2) 9481 Byron Ave
Address (number and street)

Southside FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

MAR 5 '20 2:24PM

(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 2 / 21 / 2020 To 3 / 05 / 2020 Report Type: IFP1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 50.00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

In-Kind \$ _____ , _____ , _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00.00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 400.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 287.00

(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

MARS '20 2:24PM

(1) Name Nelly Velazquez

(2) I.D. Number _____

(3) Cover Period 02 / 21 / 2020 through 03 / 05 / 2020 (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
/ /	Robert #MG McMonagle 9040 Emerson Ave Suntside, FL 33154			ChE			\$50. ⁰⁰
/ /	/						
/ /	/						
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/ /	/						

CAMPAIGN TREASURER'S REPORT -- ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez (2) I.D. Number _____

(3) Cover Period 02/21/2020 through 03/05/2020 (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					
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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) 9481 Byron Avenue

City, State, Zip Code Sartside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 5 '20 2:24PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name IP1 Cover Period 02/21/2020 through 03/05/2020

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) 9481 Byron Ave
Address (number and street)

Southside, FL 33154
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

MAR 13 '20 12:01 PM

(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 03 / 06 / 2020 To 03 / 12 / 2020 Report Type: 4+1

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____, _____, _____ . 00

Total Monetary \$ _____, _____, _____ . 00

In-Kind \$ _____, _____, _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 12 . 03

Transfers to Office Account \$ _____, _____, 00 . 00

Total Monetary \$ _____, _____, 00 . 00

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 400 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 12 . 03

(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

MAR13 '20 12:01PM

(1) Name Jelly Velasquez (2) I.D. Number _____

(3) Cover Period 03/06/2020 through 03/12/2020 (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		Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Nelly Velasco (2) I.D. Number _____
 (3) Cover Period 03/06/2020 through 03/12/2020 (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
3/12/2020	Office Depot North Miami	Office Supplies	CAN		\$12.03
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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)
9481 Byron Ave.

City, State, Zip Code
Southside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 13 '20 12:01 PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name LP1 Cover Period 03/06/2020 through 03/12/2020

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

TOWN OF SURFSIDE
TOWN H
9293 HARDING AVENUE
SURFSIDE, FL 33154
3058614863

Cashier: Employee

Transaction **105887**

Total \$50.00

CREDIT CARD SALE \$50.00

VISA

17-Mar-2020 11:24:13A

\$50.00 | Method: KEYED

VISA

MANUALLY ENTERED

Ref #: 007700517660

Auth #: 002413

MID: *****2880

AthNtwNm: VISA

SIGNATURE VERIFIED

Online: <https://clover.com/p/4RZBTPFY9EQA>

[Clover Privacy Policy](https://clover.com/privacy)
<https://clover.com/privacy>

Late Payment - For Campaign Treasurer's Report 25P1
Candidate: Luz Nelly Velasquez

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
Name

(2) 9481 Byron Ave
Address (number and street)

Sartside, 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: 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 2 / 1 / 2020 To 2 / 20 / 2020 Report Type: 2574

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 262 . 04

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

Total Monetary \$ _____, _____, 262 . 04

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

(9) TOTAL Monetary Contributions To Date
\$ _____, _____, 350 . _____

(10) TOTAL Monetary Expenditures To Date
\$ _____, _____, 287 . 04

(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

OFFICE USE ONLY

(1) Nelly Velasquez
Name

(2) 9481 Byron Ave.
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

(5) Report Identifiers

Cover Period: From 2 / 21 / 2020 To 3 / 05 / 2020 Report Type: IPR

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 50 . —

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 50 . —

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00 . —

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

Total Monetary \$ _____ , _____ , 00 . —

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 400 . —

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 287.04

(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) Nolly Velasquez
Name

(2) 9481 Byron Ave
Address (number and street)

Southside, 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: 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 3 / 6 / 2020 To 3 / 12 / 2020 Report Type: HPL

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 12 . 03

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

Total Monetary \$ _____, _____, 12 . 03

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 400 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 299 . 03

(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) Nolly Velasquez

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

X _____
Signature

(Type name) Nolly Velasquez

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nelly Velasquez
Name
(2) 9481 Byron 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: 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 3 / 13 / 2020 To 6 / 15 / 2020 Report Type: BTR6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____
Loans \$ _____, _____, _____ . _____
Total Monetary \$ _____, _____, _____ . _____
In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 100 . 93
Transfers to Office Account \$ _____, _____, _____ . _____
Total Monetary \$ _____, _____, 100 . 93

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 400 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 400 . _____

(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

TOWN OF SURFSIDE

JUN 15 '20 10:27AM

(1) Name Nelly Velasquez

(2) I.D. Number _____

(3) Cover Period 3 / 13 / 2020 through 6 / 15 / 2022

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez (2) I.D. Number _____

(3) Cover Period 3 / 13 / 2020 through 6 / 15 / 2020 (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					
6 / 15 / 2020	Nelly Velasquez 9481 Byron Ave Surfside, FL 33154	Repayment Loan	RMB		\$100.93
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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)

9481 Byron 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 4P1 Cover Period 03/13/2020 through 6/15/2020

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

