

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

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

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE *gmc*

NOV '23 11:29AM

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) 339 5656

5. E-mail address

mayorvictormay@gmail.com

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

Commissioner

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

VICTOR MAY

11. Mailing Address

9117 FROUDE AVE, SURFSIDE, FL, 33154

12. Telephone

()

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

mayorvictormay@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

Nov. 7, 2023

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. 7, 2023
Date

X

V May

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

TOWN OF SURFSIDE

NOV7 '23 11:29AM

SMC

I, Victor May,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X Victor May
Signature of Candidate

Nov. 7, 2023
Date

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

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

NOV 17 PM 2:34 *SMC*

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE *SME*

NOV 7 '23 11:29AM

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) 339 5656

5. E-mail address

mayorvictormay@gmail.com

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

Commissioner

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

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

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

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

VICTOR MAY

11. Mailing Address

9117 FROUDE AVE, SURFSIDE, FL, 33154

12. Telephone

()

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

mayorvictormay@gmail.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

21. City

BAY HARBOR ISLANDS

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. 7, 2023

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. 7, 2023

Date

X

V May

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

VICTOR

MAY

First Name

Middle Name

Last name

COMMISSIONER

Office Sought (Mayor or Commissioner)

Phone No.:

305 339 5656

Fax No.:

Cell Phone:

E-Mail Address:

mayorvictormay@gmail.com

This is to acknowledge my receipt of the following documents:

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

Received by:

T May

Candidate Signature

Date:

Nov. 17, 2023



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate VICTOR MAY
Office Sought COMMISSIONER
Phone No.: 305 339 5656 Cell Phone No: _____
E-Mail Address: mayorvictor may @ gmail. com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/7/2023</u> <u>11/17/2023</u>	<u>VJL</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>11/7/2023</u>	<u>VJL</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____

& Voter Registration

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

11/17/2023

VS

11/17/2023

VS

Candidate's Signature

Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

NOV 21 PM 4:04

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

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, Victor MAY,

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

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

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

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

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

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 Victor May 1305 339 5656 mayorvictormay@gmail.com
Signature of Candidate Telephone Number Email Address
917 FROUDE AVE SURFSIDE FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 21ST day of November, 2023

Personally Known OR Produced Identification
Type of Identification Produced: DL

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



EXPIRES: MAY 4, 2021
MY COMMISSION # HM 330881
SANDRA MCCREARY





NOV 21 PM 4:04

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is 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,
my occupation is retired; that I have been
a resident of the Town of Surfside since 2012; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected.

V May
Signature of Candidate

11/21/2023
Date

Sworn to and subscribed before me this 21 day of November, 2023.



Sandra W. McCreedy
NOTARY PUBLIC
Sandra W. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAY VICTOR

MAILING ADDRESS :

9117 FROUDE AVE

CITY: SURFSIDE ZIP: 33154 COUNTY: MIAMI-DADE

NOV 21 PM 4:04

NAME OF AGENCY :
TOWN OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COMMISSIONER

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FOREIGN INCOME	20 LOBACHEVSKI ST, MOSCOW, RUSSIA	rental income

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
n/a			

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

n/a

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

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

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
n/a	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

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
		n/a
ADDRESS OF BUSINESS ENTITY	n/a	
PRINCIPAL BUSINESS ACTIVITY	n/a	
POSITION HELD WITH ENTITY	n/a	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a	
NATURE OF MY OWNERSHIP INTEREST	n/a	

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: V. May

Date Signed: 11/21/23

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

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



Cashier's Check

No. 1002412449

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

Date 11/21/23 02:50:11 PM

30-1/11-40
NTX

BAY HARBOR ISLAND

0011 0109377 0114



Pay

\$25.00

Twenty Five and 00/100 Dollars

To The TOWN OF SURFSIDE
Order Of

RE: QUALIFICATION FEE

Remitter (Purchased By): VICTOR MAY, CAMPAIGN

Bank of America, N.A.
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

COPYING CAPTURE - ANTI-FRAUD PROTECTION

00-53-3364B 06-2019

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

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 4:03

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

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

Signature: <u>[Signature]</u>	Date: <u>11/18/2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PAT N. DURANT III</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>VICTOR MAY</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Julie Ferrer</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Aaron Rosenthal</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>BRIAN SPILLING</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Nancy Adams</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Mery Macdonell</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>CARLOS SARRIO</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Sam Tellez</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Alena Teller</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/2023</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PAMPA MALLEY</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-18-23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>OMAR TO FUMERO</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/18/23</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Maria Siles</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: 9117 FROUDE AVE
Email address of Circulator: mayervictor.may@email.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: 11/19/2023

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 4:04

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

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

Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B. [REDACTED]
Print Name: <u>P. Hickey</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-2023</u> D.O.B. [REDACTED]
Print Name: <u>P.O. SANCHEZ</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B. [REDACTED]
Print Name: <u>KRISTIN SANCHEZ</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>ARHLENEZ AYALIN</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>Orchella Burkett</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>Victoria Gitzon</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>STEFANO GUBALIK</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B. [REDACTED]
Print Name: <u>Tina Paul</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B. [REDACTED]
Print Name: <u>Mary Lewenson</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B. [REDACTED]
Print Name: <u>Reye Navratik</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>Beesa Greenstem</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B. [REDACTED]
Print Name: <u>Stake Lew</u>	Address: [REDACTED]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B. [REDACTED]
Print Name: <u>Juliana B. Nitzler</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: 9117 FROUDE AVE
Email address of Circulator: mayorvictor.may@gmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/19/2023

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 4:04

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

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

Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	D.O.B.:
Print Name: <u>LAMYSHNIKOV ALEXANDER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u>	D.O.B.:
Print Name: <u>LAMYSHNIKOV IRINA</u>	Address: <u>[Redacted]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 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 FROSDE AVE
Email address of Circulator: mayor.victor.may@email.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: 11/21/23



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Victor May
9117 Froude Avenue
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 the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

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

Very truly yours,

Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May
 Name
 (2) 9117 Froude Ave, Surfside, Fl, 33154
 Address (number and street)

 City, State, Zip Code

OFFICE USE ONLY

JAN 8 '24 3:03PM

JAN 8 '24 3:03PM *pk*

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 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 2023Q

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 50 . 00

Total Monetary \$ _____ , _____ , 50 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 32 . 00

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

Total Monetary \$ _____ , _____ , 32 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 32 . 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) 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

pk

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR MAY

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11 / 28 / 2023	BANK OF AMERICA, 1108 KANE CONCORDE, BAY HARBOR ISLANDS	BANK FEE	CAN		16.00
1.					
12 / 28 / 2023	BANK OF AMERICA, 1108 KANE CONCORDE, BAY HARBOR ISLANDS	BANK FEE	CAN		16.00
2.					
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE
JAN 24 3:04PM

PK

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

(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11 / 24 / 2023	VICTOR MAY, 9117 FROUDE AVE, SURFSIDE, FL 33154	LOA	RETIRED	CASH			50.00
1							
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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

JAN10 '24 10:51AM

PK

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023Q4 Cover Period 10/01/2023 through 12/31/2023

Report Type Original Amendment

CERTIFICATION

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

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

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 2023Q4 (4) Cover Period 10.01.2023 through 12.31.2023

(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
	N/A			
TOWN OF SURFSIDE JAN10 '24 10:51AM <i>PK</i>				

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

Check here if address has changed

OFFICE USE ONLY
COUNTY OF SURFSIDE
JAN 18 '24 12:07PM
PK

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

(5) Report Identifiers

Cover Period: From 01 / 01 / 2024 To 01 / 12 / 2024 Report Type: 202460DP

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 50 . 00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 40 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 72 . 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) Victor MAX
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X V May
Signature

(Type name) Victor MAX
 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 01 / 01 / 2024 through 01 / 12 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
01 / 01 / 2024	Victor May	LOA	RETIRED	CASH			50.00
/ /							
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TOWN OF SURFSIDE
JAN18 '24 12:08PM
pk

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VITOR MAY

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2024 through 01 / 12 / 2024

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11 / 21 / 2023	BANK OF AMERICA, 1108 KANE CONCORDE, BAY HARBOR ISLANDS	REGISTRATION FEE	CAN		40.00
				TOWN OF SURFSIDE	
				JAN18 '24 12:08PM	
				<i>pk</i>	

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

TOWN OF SURFSIDE

JAN18 '24 12:08PM

pk

CHECK IF ADDRESS HAS CHANGED

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024 GO DP
01/01/2024 Cover Period 01/01/2024 through 01/12/2024

Report Type Original Amendment

CERTIFICATION

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

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

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

**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 2024 GODP (4) Cover Period 01/01/2024 through 01/12/2024
 (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
	<u>n/a</u>			
TOWN OF SURFSIDE JAN18 '24 12:08PM <i>pk</i>				

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

TOWN OF SURFSIDE

FEB2 '24 5:01PM

GMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 01 / 13 / 24 To 01 / 25 / 24 Report Type: 2024B1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 72 . 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) 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 EXPENDITURES

TOWN OF SURFSIDE

(1) Name Victor May

(2) I.D. Number FEB2 '24 5:01PM *SMD*

(3) Cover Period 01 / 13 / 24 through 01 / 25 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

COUNTY OF SURFSIDE

(1) Name Victor May

(2) I.D. Number FEB2 '24 5:01PM *SNC*

(3) Cover Period 01 / 13 / 24 through 01 / 25 / 24

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
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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) _____

City, State, Zip Code _____

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB2 '24 5:01PM

SMC

Candidate for:

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

REPORT IDENTIFIERS

Report Name _____ Cover Period _____ through _____

Report Type Original Amendment

CERTIFICATION

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

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

(Type name) Treasurer Deputy Treasurer

X

V May

Signature

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

(Type name) Candidate

X

V 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

FEB 14 AM 10:00 *pk*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

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

- Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 72 . 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) 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

FEB 14 AM 10:00

(1) Name Victor May

(2) I.D. Number PK

(3) Cover Period 01 / 27 / 24 through 02 / 09 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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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

FEB 14 AM 10:01
pk

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2024 B2 Cover Period 01/27/24 through 02/09/24

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

**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.

FEB 14 AM 10:01

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

(3) Report Name _____ (4) Cover Period 01/27/24 through 02/09/24

(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

FEB 14 AM 10:02
pk

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

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

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

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

(5) Report Identifiers

Cover Period: From 02 / 20 / 2024 To 02 / 20 / Report Type: 2SP1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 72 . 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) 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

FEB 14 AM 10:02
pk

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 02 / 10 / 24 through 02 / 22 / 24

(4) Page 1 of 1

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

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 02/10/24 through 02/23/24

(4) Page 1 of 1

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



OFFICE USE ONLY

Name

Victor MAY

I.D. Number

FEB 14 AM 10:02
JK

Address (number and street)

917 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 25 P1 Cover Period 02/10/24 through 02/22/24

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

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
 FEB 14 AM 10:02 *pk*

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

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

(5) Report Identifiers

Cover Period: From 02 / 23 / 2024 To 03 / 07 / 2024 Report Type: 11 P1
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____

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

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 72 . 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) Victor May
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
 Signature *V May*

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

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Victor May

FEB 14 AM 10:03 *pk*
 (2) I.D. Number _____

(3) Cover Period 02 / 23 / 24 through 03 / 07 / 24 (4) Page 1 of 1

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

(1) Name Victor May

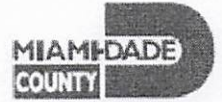
(2) I.D. Number _____

(3) Cover Period 02/23/24 through 03/07/24

(4) Page 1 of 1

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

FEB 14 AM 10:07

pk

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P1 Cover Period 02/23 through 03/07/24

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

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

FEB 14 AM 10:07

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner

Political Committee (PC)

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

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

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

(5) Report Identifiers

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

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 72 . 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) 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

FEB 14 AM 10:07 *pk*

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 03 / 08 / 24 through 03 / 15 / 24

(4) Page 1 of 1

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

(1) Name Victor May

(2) I.D. Number _____

(3) Cover Period 03/08/24 through 03/15/24

(4) Page 1 of 1

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

FEB 14 AM 10:08
pk

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4 P1 Cover Period 03/08/24 through 03/15/24

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, FL, 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 14 AM 10:09 *pk*

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 03 / 19 / 2024 To 06 / 17 / 2024 Report Type: 18TRG

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 72 . 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) 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 FEB 14 AM 10:09 *pk*

(3) Cover Period 06 / 18 / 24 through 03 / 19 / 24

(4) Page 1 of 1

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

(1) Name Victor May

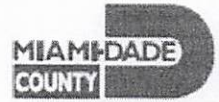
(2) I.D. Number _____

(3) Cover Period 03/19/24 through 06/17/24

(4) Page 1 of 1

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

FEB 14 AM 10:09
pk

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18 TRG Cover Period ~~03/19/24~~ through _____

Report Type Original Amendment 03/19/24 06/17/24

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 J May
Signature

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

Victor MAY
(Type name) Candidate

X J May
Signature

