APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOV 9 PM 2:26 MC

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Initial Filing of Form Party Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 9048 Collins Auc#124 4. Telephone 5. E-mail address Sortside, FI 33154 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. ommissioner 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 candidate. Party 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone 15. State 17. E-mail address 16. Zip Code 18. I have designated the following bank as my **Primary 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 26. Signature of C Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. e GACDEZ , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 9 PM 2:26 SMC

| candidate for the office of <u>Commissiones</u> ; | | | | |
|--|--|--|--|--|
| have been provided access to read and understand the requirements of | | | | |
| Chapter 106, Florida Statutes. | | | | |
| X Signature of Candidate 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 13 AM11:31 GMC

NOTE: This form must be on file with the qualifying

OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Office Party Initial Filing of Form Treasurer/Deputy ☐ Depository Re-filing to Change: 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) 9048 Collins Auc#124 Sorfside, FI 33154 1917 1703 1905 7. If a candidate for a nonpartisan office, check if 6. Office sought (include district, circuit, group number) applicable: My intent is to run as a Write-In candidate. ommissioner 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 candidate. Party Write-In No Party Affiliation Campaign Treasurer **Deputy Treasurer** 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer Jally Va. 12. Telephone 11. Mailing Address 15. State 16. Zip Code 17. E-mail address 13. City Dell fresch 33154 Secondary Depository **Primary Depository** 18. I have designated the following bank as my 20. Address 19. Name of Bank 24. Zip Code 21. City 22. County 3314 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. a GSCUEZ , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Campaign Treasurer designated above as: Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

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

Signature of Candidate

OFFICE USE ONLY

NOV 13 AM11:31 SMC NOV 9 PM 2:26 SMC

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



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

GENERAL ELECTION - MARCH 19, 2024

RECEIPT OF DOCUMENTS

| Candidate: | | |
|-------------------------------|--|------------------------|
| Delly | | Valgogues |
| First Name | Middle Name | Last name |
| Phone No.: | Office Sought (Mayor or Commissioner) Fax No.: | |
| | | |
| Cell Phone: _ E-Mail Addre | 917 703 1905 ss: nelly for sortside Qu | amail , com |
| This is to ack | nowledge my receipt of the following documents: | |
| ď | The Florida Election Code (2022) – Digita | al Format (USB) |
| d | Candidate and Campaign Treasurer Handle Digital Format (USB) | book (2022) – |
| ₫ | Guide to the Sunshine Amendment and Co Digital Format (USB) | ode of Ethics (2023) – |
| K | Reporting Dates Schedule (Election Date: | March 19, 2024) |
| d | Campaign Activities Memorandum | |
| Received by: | | Date: 11/13/23 |



Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

| Name of Candidate Nally Valasquez | | | | |
|---|--|-----------------|--|--|
| Office Sought Commissionar | | | | |
| Phone No.: Cell Phone No: | Phone No.: Cell Phone No: 917 703 1905 | | | |
| E-Mail Address: nally forsortsicle | regnail.co | m_ | | |
| Contents | Date Received | <u>Initials</u> | | |
| 1. Qualifying as a candidate: | | | | |
| Appointment of Campaign Treasurer and Designation of Campaign Depository | 11/13/2023 | NI | | |
| Nominating Petition | | - | | |
| Statement of Candidate | | | | |
| Sworn Statement of Qualification | | _ | | |
| Candidate Oath | 11/13/2023 | NOV | | |
| Form 1 – Statement of Financial Interest (2022) | | | | |
| Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Prac | etice | 7 | | |
| Qualifying Fee \$25.00 | , | | | |
| L & A Schedule | | | | |
| Proof of Residency | | | | |

| & | Voter | Registration |
|---|-------|--------------|
| | | |

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

| 11 | 13/2023 | NU |
|----|---------|----|
| 11 | 13 2023 | NU |

| Candidate's Signature | Date |
|-----------------------|------|



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

November 14, 2023

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

RE: VERIFICATION OF PETITION SIGNATURES - NELLY VELASQUEZ

Dear Ms. McClain:

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

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

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

Sincerely.

Sandra W. McCready, MPA, MMC

Town

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 SU | URFSIDE, FLORIDA NOV 14 PM 4:26 | | |
|---|---|--|--|
| We the undersigned electors of the Town of Surfside for the office of | e, Florida, hereby nominate \(\) \(\alpha | | |
| This petition must be filed with the Town Clerk between | veen November 3, 2023 and November 22, 2023(by 12:00pm). | | |
| Signature: May 6, Sand | Date: 11-13-23 D.O.B. | | |
| Print Name: MARY A. SANTOS | Address: | | |
| Signature: | Date: /1-/3·2023 D.O.B. | | |
| Print Name: MARINA SMADIA | Address: | | |
| Signature: | Date: 111320 B.B. | | |
| Print Name: Victoria M Saite | Address: | | |
| Signature: | Date: 11/13/2013 D.O.B. | | |
| Print Name: Mary Henderson | Address: | | |
| Signature: July 1 | Date: 11-13-2023 D.O.B. | | |
| Print Name: Justin Sirons | Address: | | |
| Signature: Www. | Date: 11/13/23 D.O.B. | | |
| Print Name: Daryh Wall | Address: | | |
| Signature: | Date: 11-13-23 D.O.B. | | |
| int Name: Spigos Pini Thopoulos Signature: | Address: | | |
| Print Name: Lea Co to | Address: | | |
| Signature: | Date: <u>№ -13 ~ 23</u> D.O.B. | | |
| Print Name: Fronci Coto | Address: | | |
| Signature: Sublife | Date: <u>//~/3~23</u> D.O.B. | | |
| Print Name: Rubey Coto | Address: | | |
| Signature: MClark | Date: <u>///3/シ</u> ラ_D.O.B. | | |
| Print Name: MAGALY CHAIT | Address: | | |
| Signature: | Date: 11/13/23 D.O.B. | | |
| Print Name: Pace 1es / CAC/Ce/+ | Address: | | |
| Signature: | Date: | | |
| Print Name: Valgagues | Address: | | |
| 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 | | | |
| address of Circulator: 9048 Colling Ave #124 Sutside, 71 33154 mail address of Circulator: nelly for surfaide amail.com | | | |
| I hereby accept the nomination of | CE OF NOMINATION (Mayor or Commissioner) and agree to | | |
| serve if elected. | (Mayor or Commissioner) and agree to | | |

Signature of Candidate:

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 SU | IRFSIDE, FLORIDA NOV 14 PM 4:26 | | |
| We the undersigned electors of the Town of Surfside | Florida, hereby nominate Nally Valasa Ocz | | |
| for the office of <u>Commissione</u> 19, 2024. | (Mayor or Commissioner) at an election to be held on March | | |
| This petition must be filed with the Town Clerk between | een November 3, 2023 and November 22, 2023(by 12:00pm). | | |
| Signature: Sarbaro Wall | Date: //-/32 3 D.O.B | | |
| Print Name: Barbara Wall | Address: | | |
| Signature: A Mww A Marks | Date: 11/13/23 D.O.B. | | |
| Print Name: ARHLENE AVALIN | Address: | | |
| Signature: | Date: 11-13-23 8-835. | | |
| Print Name: Track Paul | Address: | | |
| 110116 | Date: 77-13-23 D.O.B. | | |
| Signature: VOAN CRUZ CACETES | Address: | | |
| Signature: <u>feuouddloto</u> | Date: 1//3/23 D.O.B. | | |
| Print Name: Fernanda Matach | Address: | | |
| Signature: Wuldtino | Date: 1//13/23 D.O.B. (| | |
| Print Name: William Burkett | Address: | | |
| Signature: | Date: _///13/23 D.O.B | | |
| int Name: CLARA DIAZ-LEAL PALKO | A Address: | | |
| Signature: | Date: /1//3/23 D.O.B. | | |
| Print Name: Steven Facker | Address: | | |
| Signature: | Date: 1//13/7.5 D.O.B. | | |
| Print Name: JOHNE COPTES | Address: | | |
| Signature: M. Corbes | Date: _ 11/13/2023 D.O.B | | |
| Print Name: Miguelansel Cortes | Address: | | |
| Signature: AMONT | Date: 11/13/2023 D.O.B. | | |
| Print Name: Myrge Cortes | Address: | | |
| Signature: Signature: | Date: 11/13/23 D.O.B. | | |
| Print Name: LEANH M. CORTES | Address: | | |
| Signature: Suna Hej | Date: <u>//-/3-23</u> D.O.B | | |
| Print Name: Suma Dongal | Address: | | |
| 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: | U | | |
| address of Circulator: 9048 Collins Ava #124, Surfside, F1 33154 | | | |
| ACCEPTANCE OF NOMINATION | | | |
| I hereby accept the nomination of | | | |

Signature of Candidate: _<

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 SUR | FSIDE, FLORIDA | ., NOV 14 PM 4:26 | | |
|--|----------------------------|--|--|--|
| We the undersigned electors of the Town of Surfside, Florida, hereby nominate \(\sum_{\text{off}} \) \(\text{off} \) \(\te | | | | |
| This petition must be filed with the Town Clerk between | November 3, 2023 and Nove | ember 22, 2023(by 12:00pm). | | |
| Signature: > / ///////////////////////////////// | Date: 11/13/23 | D.O.B. | | |
| Print Name: Ferhando Alvarez | Address: | | | |
| Signature: A OCIO | Date: 11/13/23 | D.O.B. | | |
| Print Name: Rocio Alverez | Address: | Communication of the Communica | | |
| Signature: | Date: 11/13/23 | D.O.B. | | |
| Print Name: Luaaya Alvarez | Address: | | | |
| Signature: X | Date: 11//3/23 | D.O.B. | | |
| Print Name: T-e(nando Jose Alvarez | Address: | | | |
| Signature: Signature: | Date: ((//3/23 , | D.O.B. | | |
| Print Name: 4-UKy Janchet | Address: | *************************************** | | |
| Signature: | Date: 11 13 23 | _ D.O.B. | | |
| Print Name: Roying Capelys | Address: | and the state of t | | |
| Signature: By var Bo | Date: 11-14-2} | D.O.B. | | |
| int Name: Brian Bri | Address: | | | |
| Signature: 114 train | Date: 1 14 23 | _ D.O.B. | | |
| Print Name: JOEL THIEME | Address: | | | |
| Signature: | Date: <u>ll-14-23</u> | D.O.B. | | |
| Print Name: ELO QUITONES | Address: | | | |
| Signature: Duly Lumones | Date: <u>//-/</u> // | D.O.B. | | |
| Print Name: DULCE M. QUINONCES | Address: | | | |
| Signature: Benjama Acquais | Date: 11-14-2 | ≩D.O.B. | | |
| Print Name: BEKJAMIN ACGRANIO | Address: | | | |
| Signature: July Jeunt | Date: 1 - 1 - 3 | б.О.В. | | |
| Print Name: TWHRD VBWEET | Address: | | | |
| Signature: SIALL ELSAMIC | Date: _W/IL//23 | D.O.B. | | |
| Print Name: J. | Address: | | | |
| STATEMENT OF CIRCULATOR | | | | |
| The undersigned is the circulator of the foregoing paper con | | es. Each signature appended | | |
| thereto was made in my presence and is the genuine signat | ure of the person whose na | ame it purports to be. | | |
| Signature of Circulator: | | | | |
| ddress of Circulator: 9048 Collins Aug # 124, Sodside, # 33154 mail address of Circulator: 00114 for Surfaide Dangil Com ACCEPTANCE OF NOMINATION | | | | |
| I hereby accept the nomination of Commission | | layor or Commissioner) and agree to | | |
| serve if elected. | (*** | | | |
| Signature of Candidate: | | Date: 11/13/23 | | |

CANDIDATE OATH NONPARTISAN OFFICE

Do not use this form if a Judicial or School Board Candidate) NOV 14 PM 4:30 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) (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 (District #) ; I am a qualified elector of _______ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 12406566 Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Address STATE OF FLORIDA Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: COUNTY OF MI ami-Dag Sworn to (or affirmed) and subscribed before me by means of SANDRA MCCREADY physical presence OR online notarization MY COMMISSION # HH 350567 day of **EXPIRES: May 4, 2027** Produced Identification Personally Known OR Type of Identification Produced:



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 14 PM 4:36

PRINTED NAME OF NOTARY

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 Naly Valasquez, |
| that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of |
| Surfside, Florida; that my address is 9048 Collins Ava, #124, Sorbicle, F1,3313 |
| my occupation is <u>Salf</u> amployed; that I have been |
| a resident of the Town of Surfside since 2013; that I will be at least twenty-one (21) years of |
| age by November 22, 2023 and that if elected, I will willingly serve as |
| Commissioner) of the Town of Surfside, if elected. |
| Signature of Candidate 17/14/23 Date |
| Sworn to and subscribed before me this 14th day of November, 2023. |
| Willey . |
| SANDRA MCCREADY MY COMMISSION # HH 350567 |
| EXPIRES: May 4, 2027 |

| FORM 1 | STATEM | IENT OF | | 2022 |
|--|--|---|-----------------|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | 5 | FOR OFFICE USE ONLY: |
| LAST NAME FIRST NAME MIDDLE NAME : LOGGCOCS DOLLY MAILING ADDRESS : | | | | |
| 9048 Collins Aux, #124 Sortsida Fl 33154 Miami-Dade CITY: ZIPO COUNTY: NAME OF AGENCY: | | | | NOV 14 PH 4:33 gm |
| NAME OF OFFICE OR POSITION HEL | | R APPOINTEE | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU | ** THIS SECTION MUS | 41 | | CEMBER 31, 2022. |
| MANNER OF CALCULATING R FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USIN (see instructions for further details). COMPARATIVE (PE | ING REPORTING THRESHOL IG COMPARATIVE THRESHO | DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one): | LY BASE | |
| PART A PRIMARY SOURCES OF INC (If you have nothing to repo | | the reporting person - See inst | tructions] | |
| NAME OF SOURCE OF INCOME | | URCE'S DRESS | | SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY |
| Cotaring Busines | ness 9429 Harding Ari, sortside | | Cate | ering Food & Bowning |
| | | | | |
| 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 |
| Nally Inlargues R | antal Incoma | 547 Peachtra | 13. | Rang Irong |
| | | | | |
| PART C REAL PROPERTY [Land, bui | t, write "none" or "n/a") | on - See instructions] | lines o | e not limited to the space on the n this form. Attach additional , if necessary. |
| 9481 Byron A | oa, sorsile, | +132922 +133154 | FILING and w | S INSTRUCTIONS for when here to file this form are d at the bottom of page 2. |
| | | | this fo | UCTIONS on who must file orm and how to fill it out 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 Propaidadea Plan Florida | n Florida prajaid College toondation | | | |
| | | | | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| Shallpoint Nortgaga P.O. Box | 10826 Granville, 50 29603-08 | | | |
| Mr Coopac Y.U. Box | (050793, Pallos Tx 72265 | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or position (If you have nothing to report, write "none" or "n/a") | ns in certain types of businesses - See instructions] S ENTITY # 1 BUSINESS ENTITY # 2 | | | |
| 1 1 | to Girelle. | | | |
| ADDRESS OF BUSINESS ENTITY 9429 Have | 1 4 4 | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | |
| POSITION HELD WITH ENTITY | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | EST IN THE BUSINESS 4 | | | |
| NATURE OF MY OWNERSHIP INTEREST 100 % | | | | |
| 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 SEDADATE SHEET DI EASE CHECK HEDE | | | |
| | | | | |
| SIGNATURE OF FILER: | CPA or ATTORNEY SIGNATURE ONLY | | | |
| Signature: | 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. | | | |
| Date Signed: | CDAMA | | | |
| 11/14/77 | CPA/Attorney Signature: | | | |
| - 41465 | 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 filling 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

| NELLY VELASQUEZ CAMPAIGN ACCOUNT LUZ NELLY VELASQUEZ 9048 COLLINS AVE #124 | 1001 63-0436//0660 |
|--|---|
| SURFSIDE, FL 33154 | DATE 11/14/23 |
| PAY TO THE ORDER OF OWN of Survival | \$ 25. |
| twanty fixe \$ 00/100 - | DOLLARS Decurity Peatures Detail on Deach |
| & City National Bank BCI FINANCIAL GROUP | Qualifying Rea |



Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

| 2024 GENERAL MONICH AL ELECTION QUALIFTI | NOTACKLI | |
|--|------------|---------|
| Name of Candidate Nelly Valasquez | | |
| Office Sought Commissionar | | |
| Phone No.: Cell Phone No: 917 | 703 19 | 05 |
| E-Mail Address: nally for sortsicla Can | iail.com | 1 |
| <u>Contents</u> <u>Date I</u> | Received I | nitials |
| 1. Qualifying as a candidate: | | |
| Appointment of Campaign Treasurer and Designation of Campaign Depository | 2023 | 101 |
| Nominating Petition | 1/2023. | NA |
| Statement of Candidate | 4/2023 | NV |
| Sworn Statement of Qualification | 1/2023. | VICA |
| Candidate Oath | 3 2023 | NI |
| Form 1 – Statement of Financial Interest (2022) | 4/2023 | VI |
| Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice | | NI |
| Qualifying Fee \$25.00 | 1/2023. | W |
| L & A Schedule | A · | VZ |
| Proof of Residency | | |

& Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

11/14/2023 NV 11/13/2023 NV

Candidate's Signature

Date



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

TTY: 305-499-8480

miamidade.gov

November 16, 2023

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

Dear Mrs. McCready:

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

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Christina White

Sincerely

Supervisor of Elections

Enclosure (1)



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 $\underline{\bf 25}$ signatures submitted by $\underline{\bf Nelly \ Velasquez}$ for the office of $\underline{\bf Commissioner}$ for the **Town of Surfside** matched the signatures on the voter files.

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



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863 Sandra N. McCready, MPA, MMC, Town Clerk

November 20, 2023

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

Dear Mrs. Velasquez:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

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

Very truly yours,

Sandra N. McCready, MPA, MMC

Town Clerk

| 20 9048 Collins Ave, #124 Address (number and street) Surfside, FI 33154 City, State, Zip Code Check here if address has changed (3) ID Number: | |
|--|---------|
| Address (number and street) Surfside, FI 33154 City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Identifiers Cover Period: From 10/1/2023 / To 12/31/2023 / Report Type: 2 | IDE |
| Surfside, FI 33154 City, State, Zip Code Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Identifiers Cover Period: From 10/1/2023 / To 12/31/2023 / Report Type: 2 | ODM |
| City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Commissioner 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 individual making electioneering communications) | 2.1.1.1 |
| (4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Identifiers Commissioner ☐ 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 communications) (5) Report Identifiers Cover Period: From 10/1/2023 / Report Type: 2 | |
| Candidate Office Sought: □ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Identifiers Cover Period: From 10/1/2023 / To 12/31/2023 / Report Type: 2 | |
| Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Identifiers Cover Period: From 10/1/2023 / To 12/31/2023 / Report Type: 2 | |
| Cover Period: From 10/1/2023 / To 12/31/2023 / Report Type: 2 | e filed |
| | |
| | 3Q4 |
| ☑ Original ☐ Amendment ☐ Special Election Report | |
| (6) Contributions This Report (7) Expenditures This Report | |
| Cash & Checks \$ 125 , , Monetary Expenditures \$ 25 , , | |
| Loans \$, , Transfers to Office Account \$, , | |
| Total Monetary \$, Total Monetary \$ 25 ,, . | |
| In-Kind \$, , | |
| (8) Other Distributions \$, , | |
| (9) TOTAL Monetary Contributions To Date \$ 125 , , (10) TOTAL Monetary Expenditures To \$ 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: | |
| Nelly Velacquez | |
| (Type name) TVCIII V Classific 2 ☐ Individual (only for IE ☐ Treasurer or electioneering comm) ☐ Chairperson (only for PC and idate ☐ Chairperson (only for | nd PTY) |
| X Signature X Signature | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name <u>Nelly</u> | Velasquez | | | (2) I.D. Numbe | | |
|-----------------------|----------------|----------------|-----|----------------|------|------|
| (3) Cover Perio | d 10/1/20/23 / | throughthrough | 3_/ | (4) Page | of | |
| (5) | | (7) | (8) | (9) | (10) | (11) |

| (5) Date | (7) Full Name | (8) Purpose | (9) | (10) | (11) |
|---------------------------|--|--|---------------------|-----------|--------|
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 1/13/23 / | Town of Surfside 9293 Harding Avenue Surfside, Fl 33154 | Qualifying Fee | CAN | | \$25 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Velasquez | | | (| TOWN OF JAN10 (2) I.D. Number | : 0E '24 5≋12PM | |
|------------------|-----------|-------------|------------|-----|--|--------------------|---|
| (3) Cover Period | 10/1/2023 | through | 12/31/2023 | - · | (4) Page | of ¹ | • |

| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
|-----------------|---|------|------------|--------------|--------------|-----------|--------|
| Date | Full Name | | (0) | | (.0) | (''') | (12) |
| (6) | (Last, Suffix, First, Middle) | | | | | | |
| Sequence | Street Address & | C | ontributor | Contribution | In-kind | 1 | |
| Number | City, State, Zip Code | Туре | Occupation | Type | Description | Amendment | Amount |
| 11/13/23 / / | Nelly Velasquez 9048 Collins Avenue #124 Surfside, FL, 33154 | | Self | LOA | 2000, p. 100 | | \$100 |
| 12/16/23 | Emilia Jimenez 9025 Byron Avenue Surfside FL 33154 | | Retired | СНЕ | | | \$25 |
| 1 1 | | | | | | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



| Name Nelly Velasquez | OFFICE USE ONLY |
|---|---|
| I.D. Number | |
| Address (number and street) 9048 Collins Avenue, #124 | TOWN OF SURFSIDE |
| City, State, Zip Code Surfside, FI, 33154 | JAN10 '24 5:12PM |
| ☐ CHECK IF ADDRESS HAS CHANGED | Smi |
| Candidate for: | |
| ☐ Mayor | |
| ☐ Mayor ☐ Commissioner, District | |
| ☐ Property Appraiser | _ |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Su | h-Area |
| Gorifficity Couries, Area, 3d | D-Alea |
| REPORT IDE | NTIFIERS |
| Report Name 23Q4 Cover Period | 1 10/1/2023 through 12/31/2023 |
| Report Type 🗵 Original 🔲 Amendment | |
| CERTIF | CATION |
| | on 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. | I certify that I have examined this report and it is true, correct, and complete. |
| | |
| (Type name) | (Type name) Z candidate |
| (Type name) I Treasurer | X Zummannen |
| Signature | Signature |

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMPDADE COUNTY TOWN OF SURFSIDE

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

JAN10 '24 5tt 2PM

| (1) Namo | Nelly Velasquez | | (2) I.D. Number | • |
|----------------------|---|--------------------|---|---------------------------|
| | Name 23Q4 | (4) Cover Period | (2) l.D. Number | |
| | Type ☐ Original ☐ Amendment | | of | |
| (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 | | | |
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| | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | | |
|-------|--|--|--|--|--|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY | | | | | |
| (2) | Name 9048 Collins Avenue #124 | JAN 18 AM10:13 | | | | | |
| , , | Address (number and street) Surfside, FL 33154 | Smc | | | | | |
| | City, State, Zip Code | | | | | | |
| | Check here if address has changed | (3) ID Number: | | | | | |
| (4) | Check appropriate box(es): | | | | | | |
| | Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed | | | | | | |
| | (5) Report | Identifiers | | | | | |
| - | er Period: From 1/1/24 / To | 1/12/24 / Report Type: 2460DP | | | | | |
| 0 | ✓ Original | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | |
| Cash | n & Checks \$ 625 , , | Monetary Expenditures \$ 25 , , | | | | | |
| Loan | s \$,, | Transfers to Office Account \$, , . | | | | | |
| Tota | I Monetary \$, , | Total Monetary \$, | | | | | |
| In-Ki | nd \$, , | | | | | | |
| | × | (8) Other Distributions \$ 25 , , | | | | | |
| (9) | TOTAL Monetary Contributions To Date \$ 625 , , | (10) TOTAL Monetary Expenditures To Date | | | | | |
| | (11) Cert It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13, F.S.) | | | | | |
| 10 | certify that I have examined this report and it is true, corr | | | | | | |
| (T | ype name) Nelly Velasquez | (Type name) Nelly Velasquez | | | | | |
| | Individual (only for IE | ☑ Candidate ☐ Chairperson (only for PC and PTY) | | | | | |
| X | | x | | | | | |
| Si | gnature | Signature | | | | | |

JAN 18 AM10:13

2460DP

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name Nelly Velasquez | | | |) I.D. Number | 2460DP | | |
|---------------------------|--|------------|---------|---------------|-----------|--------------------|--|
| (3) Cover Period | 1/1/2024 | through | 12/2024 | _ (4) Page | 1 | of | |
| (5) Date (6) Sequence | (7) Full Name (Last, Suffix, First, Middle) Street Address & | (8) | | (10) | (11) | (12) | |
| Number 1/8/2024 / / | City, State, Zip Code Donal Lewin 9225 Collins Avenue #702 Surfside, Fl 33154 | Type Occup | | Description | Amendment | Amount \$500.00 | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name Nelly | Velasquez | (2 | (2) I.D. Number 2460DP | | | | |
|------------------------------|--|--|----------------------------|------|------|--|--|
| (3) Cover Perio | d | 2024 / | 4) Page | of _ | 1 | | |
| (5) Date (6) Sequence Number | (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) | (11) | | |
| / / | N/A | | | | | | |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY | | | |
|---|---|--|--|--|
| Name Nelly Velasquez | | | | |
| I.D. Number | YAM 40 | | | |
| | JAN 18 AM 10:13 | | | |
| Address (number and street) 9048 Collins Avenue, #124 | Sme | | | |
| 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, Su | b-Area | | | |
| REPORT IDENTIFIERS | | | | |
| Report Name 2460DP Cover Period | through1/1/2024 | | | |
| Report Type 🗵 Original 🗆 Amendment | | | | |
| CERTIF | ICATION | | | |
| | son 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. | I certify that I have examined this report and it is true, correct, and complete. | | | |
| Nelly Velasquez | Nelly Velasquez | | | |
| (Type name) | (Type name) X Candidate | | | |
| | | | | |
| X | X-Thomas | | | |
| Signature | Signature | | | |

JAN 18 AM 10:13 SMC

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMIDADE COUNTY

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

| (1) Name | Nelly Velasquez | | | | (2) I.D. Numbe | r |
|--------------|--------------------|--------------|------------------|------------------|-----------------|------------|
| (3) Renort (| Name 2460DP | | (4) Cover Period | 1/1/2024 | through | 1/12/2024 |
| (5) Report | Type ഥ Original | LI Amendment | (6) Page | | of | |
| (7) | (8) | Ι | (9) | <u> </u> | (10) | 1 (11) |
| mber | (Last, Sunix, F | rst, Middle) | | (if not directly | hired by campai | gn) Type |
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| CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | |
|--|---|--|--|--|
| (1) Nelly Velasquez | OFFICE USE ONLY | | | |
| Name | C ma | | | |
| (2) 9048 collins Avenue #124 Address (number and street) | —— SIIIU | | | |
| Surfside, Fl 33154 | FEB 1 AM 9:37 | | | |
| City, State, Zip Code | | | | |
| Check here if address has changed | (3) ID Number: | | | |
| (4) Check appropriate box(es): Commissioner | | | | |
| Political Committee (PC) | | | | |
| ☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY) | ☐ Check here if PC or ECO has disbanded ☐ 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 | | | |
| | | | | |
| 0.1/0.1/0.001 | t Identifiers | | | |
| Cover Period: From 01/01/2024 / To | 01/12/2024 / Report Type: 2460DP | | | |
| Original Amendment Sp | ecial Election Report | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | |
| Cash & Checks \$ 625.00 , , | Monetary Expenditures \$ 0 , , | | | |
| Loans \$,, | Transfers to Office Account \$, , . | | | |
| Total Monetary \$, , | Total Monetary \$, , . | | | |
| In-Kind \$, | | | | |
| | (8) Other Distributions | | | |
| | \$, , | | | |
| (9) TOTAL Monetary Contributions To Date \$ 625.00,, | (10) TOTAL Monetary Expenditures To Date | | | |
| (11) Certification | | | | |
| | son 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) Neily Velasquez | (Type name) Neily Velasquez Candidate Chairperson (only for PC and PTY) | | | |
| Individual (only for IE Deputy Treasurer Candidate Chairperson (only for PC and PTY) | | | | |
| X AAAA | X | | | |
| Signature VVV | Signature Signature | | | |
| DS-DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | |

| | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | |
|---|--|---|--|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY | | | |
| | Name | | | | |
| (2) | 9048 Collins Avenue #124 Address (number and street) | FEB 1 AM10:18 | | | |
| | Surfside, FL 33154 | Smc | | | |
| | City, State, Zip Code | | | | |
| | Check here if address has changed | (3) ID Number: | | | |
| (4) | Check appropriate box(es): Commissioner | | | | |
| | □ Candidate Office Sought: □ 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 | | | |
| Cov | er Period: From 1/13/2024 / To | 1/00/0001 01P1 | | | |
| ₩ c | Original Amendment Spe | ecial Election Report | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | |
| Cas | h & Checks \$ 200.00 , , | Monetary \$ 364.38 , | | | |
| Loa | s,, | Transfers to Office Account \$, , | | | |
| Tota | al Monetary \$, , | Total Monetary \$, , | | | |
| In-K | ind \$, , | | | | |
| | | (8) Other Distributions \$, , | | | |
| (9) | TOTAL Monetary Contributions To Date \$ 825.00, | (10) TOTAL Monetary Expenditures To Date \$ 364.38, | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | |
| I certify that I have examined this report and it is true, correct, and complete: | | | | | |
| | Nelly Velasquez | (Type name) Nelly Velasquez | | | |
| | Individual (only for IE Treasurer Deputy Treasurer relectioneering comm.) | Candidate Chairperson (only for PC and PTY) | | | |
| | AAA | × | | | |
| X | Signature | Signature | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name Nelly | Velasquez | | | (2) | I.D. Number | 24Bl | |
|-----------------------|--|-------|--------------------|---------------------|-----------------|-----------|--------------------|
| (3) Cover Period | 1/13/24 | throu | gh/. | / | _ (4) Page | 1 | of |
| (5) Date (6) Sequence | (7) Full Name (Last, Suffix, First, Middle) Street Address & | Co | (8) ontributor | (9) Contribution | (10) In-kind | (11) | (12) |
| Number 1/13/24 / / | City, State, Zip Code Maria Villalba 400 90th street Surfside, Fl 33154 | Туре | Occupation Retired | Type | Description | Amendment | Amount \$100.00 |
| 1/25/24 / | Jessy Vinagre 701 88th street Surfside, FL 33154 | | Real estate | RCT | | | \$100.00 |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FEB 1 AM 9:37 GMC.

| 3) Cover Perio | od through through | 6/24 /(4 | 4) Page | of _ | 1 |
|---------------------------|--|--|---------------------|-----------|----------|
| (5) Date | (7) Full Name | (8) Purpose | (9) | (10) | (11) |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| /17/24 | UZ Marketing 5900 Bingle Rd, Houston, TX 77092 | Yard Signs | CAN | | \$364.38 |
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



| | OFFICE USE ONLY | | | |
|---|---|--|--|--|
| Name Nelly Velasquez | | | | |
| I.D. Number | | | | |
| | | | | |
| Address (number and street) 9048 Collins Avenue, #124 | FEB 1AM 9:37 | | | |
| City, State, Zip Code Surfside, FI, 33154 | - Cnc | | | |
| | | | | |
| ☐ CHECK IF ADDRESS HAS CHANGED | | | | |
| Candidate for: | | | | |
| ☐ Mayor | | | | |
| ☑ Commissioner, District | | | | |
| ☐ Property Appraiser | _ | | | |
| ☐ Clerk of the Circuit Courts | | | | |
| ☐ Community Council, Area, Su | ıb-Area | | | |
| | | | | |
| REPORT IDE | | | | |
| Report Name: 24B1 Cover Period | through 01/26/2024 | | | |
| Report Type Original Amendment | | | | |
| CERTIF | ICATION | | | |
| It is a first degree misdemeanor for any pers | son 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. | I certify that I have examined this report and it is true, correct, and complete. | | | |
| Nelly Velasquez | Nelly Velasquez | | | |
| (Type name) X Treasurer Deputy Treasurer | (Type name) Z Candidate | | | |
| LAN | KILA | | | |
| X | X | | | |
| Signature / | Signature | | | |

MD-ED 26 (Rev. 03/13)



| (1) Name | Nelly Vela | | | | | FEB IAM (2) I.D. Number | 5377 |
|----------------------|------------|-------------------------------------|-----------|---|---------------------------------|--|---------------------------|
| (3) Report | Name24B | 1 | | (4) Cover Period | 01/13/24 | through01/2 | 6/24 |
| (5) Report | Туре 🗆 О | riginal 🔲 | Amendment | (6) Page | | of | |
| (7) Row Number | (Last, S | (8) Full Name uffix, First, I | Middle) | (9) Employed By | Name of Orga (if not directi | (10) nization Employed By y hired by campaign) | (11) Amendment Type |
| | N/A | | | | | | |
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| | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|--|---|--|--|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY | | | | |
| | Name | | | | | |
| (2) | 9048 Collins Avenue #124 | EED 14 - 10 10 | | | | |
| | Address (number and street) Surfside, FL 33154 | FEB 14 PH12:43 | | | | |
| | City, State, Zip Code | 7116 | | | | |
| | Check here if address has changed | (3) ID Number: | | | | |
| (4) | Check appropriate box(es): | | | | | |
| | □ Candidate Office Sought: □ 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 | | | | |
| Cov | er Period: From 01/27/2024 / To | 02/09/2024 / Report Type: 24B2 | | | | |
| ₽C | Original Amendment Spe | ecial Election Report | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | |
| Cas | h & Checks \$ 325.00 , | Monetary \$ 0.00,, | | | | |
| Loai | ns \$,, | Transfers to Office Account \$, , . | | | | |
| | al Monetary \$, , | Total Monetary \$, , | | | | |
| In-K | ind \$,, | | | | | |
| | | (8) Other Distributions | | | | |
| | | | | | | |
| (9) | \$ 1,150.00 , | (10) TOTAL Monetary Expenditures To Date \$ 0.00 , , | | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| | | | | | | |
| | certify that I have examined this report and it is true, corr Type name) Nelly Velasquez | (Type name) Nelly Velasquez | | | | |
| | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | ☐ Chairperson (only for PC and PTY) | | | | |
| Х | | X A | | | | |
| | ignature | Signature | | | | |
| DS-E | DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name Nelly | Velasquez | | | (2) | FE I.D. Number | B 14 FM1: | 2:44 |
|------------------------------|--|------------|-----------------------------|-----------------------|--------------------------------|-----------|-------------|
| (3) Cover Period | /// | throu | gh/ | 4// | _ (4) Page | 1 | of |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | (12) Amount |
| 1/28/2024 / / | Magaly Chait 8858 Byron Avenue Surfside, Fl 33154 | I | self coployed / | СНЕ | Description | | 200.00 |
| 2 | Soledad Barriga 8840 Garland Avenue Surfside, FL 33154 | ı | Journalist | СНЕ | | | \$125 |
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name Ne | lly Velasquez | | (2) I.D. Number 24B2 | | | |
|---------------|---------------|-------------|----------------------|------|-------|--|
| (3) Cover Per | riodthrough | 2/09/2024 / | (4) Page | of | l | |
| (5) | (7) | (8) | (9) | (10) | (11) | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|--------------------------|---|---|---------------------|-----------|------|
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | |
| / / | N/A | | | | |
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| | OFFICE HOF ONLY |
|---|---|
| Name Nelly Velasquez | OFFICE USE ONLY |
| I.D. Number | |
| Address (number and street) 9048 Collins Avenue, #124 | FEB 14 PM 12:44 |
| 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, Sul | b-Area |
| REPORT IDE | NTIFIERS |
| Report Name24B2 Cover Period | 1/27/2024 through |
| Report Type Original Amendment | |
| CERTIF | CATION |
| | on 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. | I certify that I have examined this report and it is true, correct, and complete. |
| Nelly Velasquez | Nelly Velasquez |
| (Type name) X Treasurer Deputy Treasurer | (Type name) Candidate |
| Signature | Signature |

MD-ED 26 (Rev. 03/13)



| (1) Name | Nelly Velasqu | uez | | | FEB 14 PM12 (2) I.D. Number | :44 |
|----------------------|------------------|--|--------------------|-----------------------------------|---|---------------------------|
| (3) Report | Name <u>24</u> E | 32 | (4) Cover Period | 01/27/2024 | through02/0 | 9/2024 |
| (5) Report | Type | inal 🛮 Amendme | nt (6) Page | | of | |
| (7) Row Number | | (8) ull Name îix, First, Middle) | (9) Employed By | Name of Organ (if not directly | (10) ization Employed By hired by campaign) | (11) Amendment Type |
| | N/A | | | | | |
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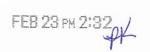
| | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|--|---|--|--|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY | | | | |
| | Name | | | | | |
| (2) | 9048 Collins Avenue #124 Address (number and street) Surfside, FL 33154 | FEB 23 PM 2:32 | | | | |
| | City, State, Zip Code | | | | | |
| | Check here if address has changed | (3) ID Number: | | | | |
| (4) | Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) Commissioner ☐ 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 | | | | |
| Cov | er Period: From <u>02/1</u> 0/2024 / To | 02/22/2024 / Report Type: 25P1 | | | | |
| V C | original Amendment Spe | ecial Election Report | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | |
| Cas | h & Checks \$ 50.00, , | Monetary \$ 0.00,, | | | | |
| Loai | s,, | Transfers to Office Account \$, , . | | | | |
| Tota | Il Monetary \$, , | Total Monetary \$, , | | | | |
| In-K | ind \$, , | | | | | |
| | | (8) Other Distributions \$, , | | | | |
| (9) TOTAL Monetary Contributions To Date \$ 1200.00 , , \$ 364.38, , | | | | | | |
| | (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete: (Type name) Nelly Velasquez | | | | | |
| or | Individual (only for IE Treasurer Deputy Treasurer electioneering comm | Candidate Chairperson (only for PC and PTY) X Signature | | | | |

FEB 23 PM 2:32

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | Velasquez | | | (2) | I.D. Number | | |
|-----------------------------------|---|------------|--------------------------|----------------------|------------------------|-----------|---------|
| (3) Cover Period | 02/10/2024 | throu | gh/ | / | _ (4) Page | 1 | of |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 02/16/2024 / | HH Kinsey 9465 Byron Avenue Surfside Fl 33154 | ı | Retired | СНЕ | | | \$50.00 |
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DS-DE 13 (Rev. 11/13)



| l) Name Nell | CAMPAIGN TREASURER'S R | | EXPENDIT 2) I.D. Number | | |
|------------------------------|--|--|----------------------------|------|----------------|
| 3) Cover Perio | od <u>02/10/</u> 2024 / through <u>02/2</u> | 22/2024 / (4 | 4) Page | of _ | 1 |
| (5) Date (6) Sequence Number | (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) | (11) Amount |
| / / | N/A | | | | |
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| | OFFICE USE ONLY |
|---|---|
| Name Nelly Velasquez | |
| I.D. Number | FFD 90 0100 |
| Address (number and street) 9048 Collins Avenue, #124 | FEB 23 PM 2:32 |
| City, State, Zip Code Surfside, FI, 33154 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| □ Mouse | |
| ☐ Mayor | |
| ☐ Commissioner, District | _ |
| ☐ Property Appraiser | |
| ☐ Clerk of the Circuit Courts | L. A |
| ☐ Community Council, Area, Su | D-Area |
| REPORT IDE | NTIFIERS |
| Report Name25P1 Cover Period | 02/10/2024 through 02/22/2024 |
| Report Type 🗵 Original 🗆 Amendment | |
| CERTIF | ICATION |
| | on 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. | I certify that I have examined this report and it is true, correct, and complete. |
| Nelly Velasquez | Nelly Velasquez |
| (Type name) Treasurer Deputy Treasurer | (Type name) X Candidate |
| | |
| X | X |
| Signature | Signature |

FEB 23 PM 2:32

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



| (1) Name | Nelly Velasquez | | (2) I.D. Number | |
|----------------------|---|--------------------|---|---------------------------|
| (3)Report I | Name25P1 | (4) Cover Period | 02/10/2024 through <u>02/2</u> | 2/2024 |
| (5) Report | Type ☐ Original ☐ Amendment | (6) Page | of | |
| (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 | | | |
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| | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | |
|------|--|--|--|--|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY | | | | |
| (0) | Name | | | | | |
| (2) | 9048 Collins Avenue #124 Address (number and street) | MAR 7 PM 2:54 | | | | |
| | Surfside, FI 33154 | Smc | | | | |
| | City, State, Zip Code | | | | | |
| | Check here if address has changed | (3) ID Number: | | | | |
| (4) | Check appropriate box(es): Classification Office County Commissioner | | | | | |
| | □ Candidate Office Sought: □ 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 | | | | |
| Cov | er Period: From 02/23/2024 / To | 03/07/2024 / Report Type: 11P1 | | | | |
| V O | riginal Amendment Spe | ecial Election Report | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | |
| Cas | h & Checks \$ 0.00 , , | Monetary \$ 317.88 , | | | | |
| Loar | s , , | Transfers to Office Account \$,, | | | | |
| Tota | ll Monetary \$, , | | | | | |
| | • • • | Total Monetary \$, , | | | | |
| In-K | ind • , , | (8) Other Distributions | | | | |
| | | \$, , | | | | |
| (9) | TOTAL Monetary Contributions To Date \$ 1,200.00 , | (10) TOTAL Monetary Expenditures To Date \$ 707.26,, | | | | |
| | (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | |
| 1.0 | certify that I have examined this report and it is true, corr | | | | | |
| (T | ype name) Nelly Velasquez | (Type name) Nelly Velasquez | | | | |
| | Individual (only for ID Treasurer Deputy Treasurer electioneering comm) | Candidate Chairperson (only for PC and PTY) | | | | |
| v | TAATA. | Y TAIL | | | | |
| S | ignature | Signature | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name Nelly | Velasquez | | | (2) | I.D. Number | 11P1 | |
|------------------------------|--|------------|-----------------------------|-----------------------|--------------------------------|------|------|
| (3) Cover Period | 02/23/2024 | throu | gh/ | / | _ (4) Page | | of |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | (12) |
| 1 | N/A | | | | | | |
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name Nelly Velasquez | (2) I.D. Number 11P1 |
|--|----------------------|
| (3) Cover Period 02/23/2024 / through 03/07/2024 / | (4) Page of |

| (5) Date (6) Sequence Number | (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) | (11) |
|------------------------------|--|--|----------------------------|------|----------|
| 1 | Color Copies USA 140 NE 32nd Ct, Lauderdale, Fl 33334 | campaign flyers | CAN | | \$317.88 |
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| | OFFICE USE ONLY |
|---|---|
| Name Nelly Velasquez | |
| I.D. Number | MAR 7 PM 2:54 |
| Address (number and street) 9048 Collins Avenue, #124 | |
| City, State, Zip Code Surfside, FI, 33154 | |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| ☐ Mayor | |
| ☐ Commissioner, District | |
| ☐ Property Appraiser | _ |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Su | b-Area |
| REPORT IDE | NTIFIERS |
| Report Name11P1 Cover Period | dthrough03/07/2024 |
| Report Type 🗵 Original 🗆 Amendment | |
| CERTIF | ICATION |
| | son 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. | I certify that I have examined this report and it is true, correct, and complete. |
| Nelly Velasquez | Nelly Velasquez |
| (Type name) X Treasurer Deputy Treasurer | (Type name) |
| x A | X |
| Signature | Signature |



| (1) Name | Nelly Velasquez | ****** | | (2) I.D. Number | 1P1 |
|----------------------|---|---------------------------------------|------------------|--|---------------------------|
| (3) Report | Name11P1 | (4) Cover Period | 02/23/2024 | | |
| (5) Report | Type 🗵 Original 🔲 Amendment | (6) Page | | of | |
| (7) Row Number | (8) Full Name (Last, Suffix, First, Middle) | (9) Employed By | Name of Organiza | 0) tion Employed By red by campaign) | (11) Amendment Type |
| | N/A | | | | |
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| | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | |
|--|--|---|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY | | |
| (0) | Name 9048 collins Avenue #124 | | | |
| (2) | Address (number and street) | MAR 7pm 2:55 | | |
| | Surfside, FI 33154 | - Conf | | |
| | City, State, Zip Code | | | |
| 2.55 | Check here if address has changed | (3) ID Number: | | |
| (4) | Check appropriate box(es): Classification Office Sought. Commissioner | | | |
| | ✓ Candidate Office Sought: Offinitissioner ☐ Political Committee (PC) | | | |
| | ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ | ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded | | |
| | Independent Expenditure (IE) (also covers an | ☐ Check here if no other IE or EC reports will be filed | | |
| | individual making electioneering communications) | | | |
| | (5) Report | Identifiers | | |
| Cov | er Period: From 01/01/2024 / To | 01/12/2024 / Report Type: 2460DP | | |
| | original ✓ Amendment ☐ Spe | ecial Election Report | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | |
| Casl | h & Checks \$ 625.00 , | Monetary Expenditures \$ 0 , , | | |
| Loar | s \$,, | Transfers to Office Account \$, , . | | |
| Tota | Il Monetary \$, , | Total Monetary \$, | | |
| In-K | ind \$, , | | | |
| | | (8) Other Distributions \$, , | | |
| (9) | TOTAL Monetary Contributions To Date \$ 625.00,, | (10) TOTAL Monetary Expenditures To Date \$ 25.00, | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | |
| I certify that I have examined this report and it is true, correct, and complete: | | | | |
| _(T | ype name) Nelly Velasquez | (Type name) Nelly Velasquez | | |
| | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | Candidate Chairperson (only for PC and PTY) | | |
| _X | | x | | |
| Si | gnature | Signature | | |

| | CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|------|--|--|
| (1) | Nelly Velasquez | OFFICE USE ONLY |
| | Name | |
| (2) | 9048 Collins Avenue #124 Address (number and street) | MAR 7 PM 3:05 |
| | Surfside, FL 33154 | |
| | City, State, Zip Code | 7/10 |
| | 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 |
| Cove | er Period: From 1/13/2024 / To | 1/26/2024 / Report Type: 24B1 |
| | riginal 🗹 Amendment 🔲 Spe | ecial Election Report |
| (6) | Contributions This Report | (7) Expenditures This Report |
| Casl | n & Checks \$ 200.00 , | Monetary \$ 364.38 , |
| Loar | s \$,, | Transfers to Office Account \$, , . |
| Tota | I Monetary \$, , | Total Monetary \$, |
| In-K | ind \$, , | |
| | | (8) Other Distributions \$, , |
| (9) | TOTAL Monetary Contributions To Date \$ 825.00, , | (10) TOTAL Monetary Expenditures To Date \$ 389.38,, |
| | (11) Cert It is a first degree misdemeanor for any pers | tification |
| 1.0 | certify that I have examined this report and it is true, corr | |
| | Nolly Volgenuez | (Type name) Nelly Velasquez |
| | ype name) Treasurer Deputy T | (Type name) ☑ Candidate ☐ Chairperson (only for PC and PTY) |
| or | electioneering comm.) | Lin |
| X | CART | x AAA |
| Si | gnature | Signature |

| | CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|------|--|---|
| (1) | Nelly Velasquez | OFFICE USE ONLY |
| (0) | Name | |
| (2) | 9048 Collins Avenue #124 Address (number and street) | MAR 7 PM 2:57 |
| | Surfside, FL 33154 | 2mc |
| | City, State, Zip Code | |
| | Check here if address has changed | (3) ID Number: |
| (4) | Check appropriate box(es): Classification Office South Commissioner | |
| | ☐ Candidate Office Sought: ☐ 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 |
| Cov | er Period: From 01/27/2024 / To | 02/09/2024 / Report Type: 24B2 |
| _ o | riginal | ecial Election Report |
| (6) | Contributions This Report | (7) Expenditures This Report |
| Cas | h & Checks \$ 325.00 , , | Monetary Expenditures \$ 0.00,, |
| Loar | s,, | Transfers to Office Account \$, , . |
| Tota | Il Monetary \$, , | Total Monetary \$, , |
| In-K | ind \$,, | |
| | | (8) Other Distributions \$, |
| (9) | TOTAL Monetary Contributions To Date \$150.00 , | (10) TOTAL Monetary Expenditures To Date |
| | (11) Cert It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13, F.S.) |
| Le | certify that I have examined this report and it is true, corr | |
| | ype name) Nelly Velasquez | (Type name) Nelly Velasquez |
| È | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | ☐ Chairperson (only for PC and PTY) |
| Х | | x A |
| - | ignature | Signature |
| | DE 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS |

| | CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|------|--|---|
| (1) | Nelly Velasquez | OFFICE USE ONLY |
| | Name "4404 | MAR 7 PM 3:00 |
| (2) | 9048 Collins Avenue #124 Address (number and street) | — Smc |
| | Surfside, FL 33154 | |
| | City, State, Zip Code | |
| | Check here if address has changed | (3) ID Number: |
| (4) | Check appropriate box(es): ☑ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ | ☐ Check here if PC or ECO has disbanded |
| | ☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) | ☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed |
| | (5) Report | Identifiers |
| Cov | er Period: From 02/10/2024 / To | 02/22/2024 / Report Type: 25P1 |
| □Dr | iginal Amendment Spe | ecial Election Report |
| (6) | Contributions This Report | (7) Expenditures This Report |
| Cas | h & Checks \$ 50.00, , | Monetary \$ 0.00,, |
| Loar | s , , | Transfers to Office Account \$, , . |
| Tota | Il Monetary \$, , | Total Monetary \$, , |
| In-K | ind \$, , | |
| | | (8) Other Distributions \$, |
| (9) | TOTAL Monetary Contributions To Date \$ _1200.00 , , | (10) TOTAL Monetary Expenditures To Date \$ 389.38,, |
| | It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13, F.S.) |
| | certify that I have examined this report and it is true, corr | , , |
| È | Individual (only for E Treasurer Deputy Treasurer electioneering comm.) | (Type name) Nelly Velasquez ☐ Chairperson (only for PC and PTY) |
| Х | | x |
| | ignature | Signature |

| | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|----------|--|---|--|--|--|--|
| (1) No | elly Velasquez | OFFICE USE ONLY | | | | |
| | lame | | | | | |
| · · — | 048 Collins Avenue, #124 ddress (number and street) | MAR15 '24 4:10PM | | | | |
| | urfside, FI 33154 | | | | | |
| С | ity, State, Zip Code | | | | | |
| | Check here if address has changed | (3) ID Number: | | | | |
| (4) C | theck appropriate box(es): Commissioner | | | | | |
| <u> </u> | Candidate Office Sought: Commissioner Political Committee (PC) | | | | | |
| | Electioneering Communications Org. (ECO) | ☐ Check here if PC or ECO has disbanded | | | | |
| | Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an | ☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed☐ | | | | |
| _ | dividual making electioneering communications) | _ check here if no other it of to reports will be med | | | | |
| _ | (5) Report | Identifiers | | | | |
| Cover F | 2010010001 | 03/15/2024 / Report Type: 4P1 | | | | |
| ☑ Origi | | ecial Election Report | | | | |
| | ontributions This Report | (7) Expenditures This Report | | | | |
| (0) | ontributions rins Report | Monetary | | | | |
| Cash & | & Checks \$ 0.00 , , | Expenditures \$ 95.00, | | | | |
| | | | | | | |
| Loans | \$ | Transfers to Office Account \$ | | | | |
| Total M | onetary \$, , . | · — · — · — · — | | | | |
| | | Total Monetary \$, , | | | | |
| In-Kind | \$ | | | | | |
| | | (8) Other Distributions | | | | |
| | | , · · | | | | |
| • • | OTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | |
| \$ | 1,200.00 | \$ <u>802.76</u> , | | | | |
| | (11) Cert | | | | | |
| | It is a first degree misdemeanor for any pers | <u> </u> | | | | |
| I cert | tify that I have examined this report and it is true, corn | | | | | |
| <u> </u> | Nelly Velasquez | (Type name) Nelly Velasquez | | | | |
| | dividual (only for IE | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | |
| Х | | | | | | |
| Signa | ature | X Signature | | | | |
| | 2 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS, 15 '24 4:10PM

| (1) Name Nelly | Velasquez | | | (2) | I.D. Number | 4P1 | |
|-----------------------|--|---------|----------------|-----------------|-------------|-----------|--------|
| (3) Cover Period | 03/08/2024 | through | 03/15/20 n/ | ²⁴ / | _ (4) Page | 1 | of |
| (5) Date (6) Sequence | (7) Full Name (Last, Suffix, First, Middle) Street Address & | Cọn | (8) | (9) | (10) | (11) | (12) |
| Number / / | City, State, Zip Code N/A | Type | Occupation | Туре | Description | Amendment | Amount |
| / | | | | | | | |
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| 1 1 | | | | | | | |
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name Nelly Velasquez | (2) I.D. Number 4P1 | |
|--------------------------|---------------------|--|
| (3) Cover Period | (4) Page of | |

| | (7) | (0) | (0) | 1 (40) | 4440 |
|---------------------------|---|---|---------------------|-----------|---------|
| (5) Date | (7) | (8) | (9) | (10) | (11) |
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 03/11/2024 | Amazon Fulfillment Center1900 NW 132nd Place, Miami Fl 33182 | Office Supplies | CAN | | \$95.00 |
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| | OFFICE USE ONLY |
|---|--|
| Name Nelly Velasquez | |
| | |
| I.D. Number | |
| | |
| Address (number and street) 9048 Collins Avenue, #124 | |
| | MAR15 '24 4:10PM |
| City, State, Zip Code Surfside, Fl, 33154 | |
| | |
| ☐ CHECK IF ADDRESS HAS CHANGED | and the second s |
| Candidate for: | |
| | |
| ☐ Mayor | |
| ☑ Commissioner, District | |
| ☐ Property Appraiser | |
| ☐ Clerk of the Circuit Courts | |
| ☐ Community Council, Area, Su | b-Area |
| REPORT IDE | NTIFIERS |
| Report Name 4P1 Cover Period | 03/08/2024 through03/15/2024 |
| Report Type Original Amendment | tillough |
| | |
| CERTIE | ICATION |
| | ICATION son 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. | I certify that I have examined this report and it is true, correct, and complete. |
| Nelly Velasquez | Nelly Velasquez |
| (Type name) | (Type name) |
| | / last |
| Y SHAA | X The |
| Signature | Signature |
| <u> </u> | 2.33.0 |



| (1) Name | Nelly Velasquez | | | ************************************** | ЭРМ 11Р1 |
|----------------------|---|--------------------|---------------|---|---------------------------|
| (3) Report | Name 4P1 | (4) Cover Period | 03/08/2024 | through03/1 | |
| (5) Report | Type 🗵 Original 🗆 Amendment | (6) Page | | of | |
| (7) Row Number | (8) Full Name (Last, Suffix, First, Middle) | (9) Employed By | Name of Orgar | (10) nization Employed By rhired by campaign) | (11) Amendment Type |
| | N/A | | | | |
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| | CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|-------------|---|---|
| (1) | Nelly Velasquez | OFFICE USE ONLY |
| <i>(</i> -) | Name | TIBLET & 4.90 |
| (2) | 9048 Collins Avenue # 124 Address (number and street) | JUN 17 PM 4:33 |
| | 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) ☐ | 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 |
| | mandad making decitoriesing communications) | |
| | (5) Report | Identifiers |
| Cove | er Period: From 03/19/2024 / To | 06/17/2024 / Report Type: 18TRG |
| | riginal Amendment Spe | cial Election Report |
| (6) | Contributions This Report | (7) Expenditures This Report |
| | | Monetary |
| Cash | n & Checks \$ 0 , , | Expenditures \$ 397.24 , |
| Loar | \$0,,, | Transfers to |
| Loai | ,, | Office Account \$, , . |
| Tota | l Monetary \$ 0 , , . | |
| | | Total Monetary \$ 397.24 , |
| In-Ki | ind \$ <u>0</u> , , | |
| | | (8) Other Distributions |
| | | \$, |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date |
| | \$ <u>1200.</u> 00, | \$ <u>1200.</u> 00 , |
| | (11) Cert | ification |
| | It is a first degree misdemeanor for any pers | |
| lo | certify that I have examined this report and it is true, corn | ect, and complete: |
| (T | ype name) Nelly Velasquez | (Type name) Nelly Velasquez |
| | Individual (only for IE Treasurer Deputy Treasurer | ☑ Candidate ☐ Chairperson (only for PC and PTY) |
| or | electioneering comm() | To A |
| X | | X |
| Si | ignature | Signature |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name NELLY | VELASQUEZ | | (2) I.D. Number 18TRG | |
|------------------|--------------|---------|-----------------------|----|
| (3) Cover Period | 03/19/2024 / | through | (4) Page | of |

| (5) | (7) | (8) | (9) | (10) | (11) |
|----------------------------------|---|---|---------------------|-----------|----------|
| (6) (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | |
| 03 /19 /2024 | HOME DEPOT 12055 Biscayne Blvd North Miami, FL 33181 | EQUIPMENT & SUPPLIES FOR ELECTION DAY | CAN | | \$297.24 |
| 05 /06 /2024 | NELLY VELASQUEZ 9048 COLLINS AVE # 124 SURFSIDE, FL 33154 | LOAN REIMBURSEMENT | RMB | | \$100.00 |
| // | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (5) (7) (8) (9) (10) (11) Date Full Name (6) (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind | |
|--|-------|
| Date Full Name (6) (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind | |
| Number City, State, 2ip Code Type Occupation Type Description Amendment A | (12) |
| | mount |
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| , , | |
| | |
| DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES | |



| | OFFICE USE ONLY |
|--|---|
| Name Dally Valasquez. | |
| I.D. Number | _ |
| | ì |
| Address (number and street) 9048 Collins Aug, #124 | JUN 17 PM 4:34 |
| City, State, Zip Gode Suctoida, Fl 33154 | _ |
| ☐ CHECK IF ADDRESS HAS CHANGED | |
| Candidate for: | |
| □ Marian | |
| Mayor | |
| Commissioner, District | - |
| ☐ Property Appraiser | |
| ☐ Clerk of the Circuit Courts | h. A |
| ☐ Community Council, Area, Su | b-Area |
| REPORT IDE | NTIFIERS |
| Report Name 1813 Cover Period | $\frac{13/19/24}{13/19/24}$ through $\frac{6/17/24}{17/24}$ |
| Report Type Original Amendment | |
| CERTIF | ICATION |
| | son to falsify a public record (ss. 839.13, F.S.) |
| I certify that I have examined this report and it is true, | I certify that I have examined this report and it is true, |
| correct, and complete. | correct, and complete. |
| Lally Valasquez | Maly Jalasquez. |
| (Type name) Treasurer Deputy Treasurer | (Type name) |
| | With A |
| X AM | X AMH |
| Signature / /// | Signature |

PAID CAMPAIGN WORKERS PARTICIPATING JUN 17 PM 4: MAMPDADE IN ABSENTEE BALLOT ACTIVITIES COUNTY

| (1) Name | Delly Valasqu | c2 | (2) I.D. Number | |
|----------------------|---|--------------------|---|-------------|
| (3) Report | Name_18TRG | (4) Cover Period | (2) I.D. Number | 7/24 |
| (5) Report | Type Original Amendment | t (6) Page |) of | |
| (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) |
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