

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

04-07-17A09:37 RCVD SH

09-19-17P02:15 RCVD SWO.

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 9117 FROUDE AVE 4. Telephone 5. É-mail address SURFSIDE, FL 33154 (305)878/229 MAYOR VIC+OR MAYOR FINAIL, Com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: MAYOR 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 12. Telephone 9117 FROUDE AVE, SUES

13. City

14. County

15. State

16. Zip Code

17. E-mail address

MANNI-DADE

18. State

19. Telephone

19. Telephone 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank CITIBANK 22. County MIAMI-DADE 23. State 24. Zip Code SURFSIDE 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 Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment designated above as: Deputy Treasurer. X Campaign Treasurer April 7, 2017

Date Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

04-07-17A09:37 RCVD SAN

officer before opening the cam	paign account.	yg	200.00			OFFIC	E USE	ONLY
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form	Re-filing to Change:	☐ Tre	easurer/Deputy		Depository <b>E</b>	Office		Party
2. Name of Candidate (in this or	der: First, Middle, La	ast)		nclud	de post office box or	street, city,	state,	zip
VICTOR MA)	1		code) 91/7	ED	OUDE AVE	5		
	mail address							
(305)878/229 S. E-mail address SURFSIDE, FL Smail, com S33/54								
6. Office sought (include district,	, circuit, group numb	er)			didate for a <u>nonpar</u>	tisan office	e, chec	k if
MAYOR			арр	lical				
7017707				Ш	My intent is to run a	as a Write-I	n cand	idate.
8. If a candidate for a <u>partisan</u> of	office, check block	and fill ir	n name of part	y as	applicable: My in	ent is to ru	n as a	
☐ Write-In ☑ No Party Æ	Affiliation				Pa	arty can	didate.	
9. I have appointed the following	ig person to act as	my [	Campaign	Trea	surer Depu	ty Treasure	er	
10. Name of Treasurer or Deputy	Treasurer							
11. Mailing Address					12. Tele	phone		
9117 FROUDE AL	VE, SUET				(305	18781	229	
Control of the contro	. County	15. State	The second second second	de	17. E-mail address  MAYOR VI CTOR	and was	ema	1/
SURFSIDE MI	AMI-DADE	FL	33154		MAYORVICION	MAYO	C	om
18. I have designated the follow	ving bank as my		Primary Depo	osito	ry Seconda	ary Deposit	ory	
19. Name of Bank		2	20. Address					
21. City	22. County		23. S	tato		24. Zip C	ode	
Z1. Oily	22. County		25. 0	naic		24. Zip C	oue	
UNDER PENALTIES OF PERJURY, I DE DESIGNATIO					R APPOINTMENT OF CA		EASURI	ER AND
25. Date		2	26. Signature of	Can	didate			
APRIL 7, 2017 X Juay								
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)								
(Please Print or Type Name)								
designated above as: 🔀 Campaign Treasurer 🔲 Deputy Treasurer.								
April 7, 2017 Date	7	X	757	ua	ч			
Date Signature of Campaign Treasurer or Deputy Treasurer								

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

#### OFFICE USE ONLY

04-07-17A09:37 RCVD

1, Victor MAX
candidate for the office of $\underline{\mathcal{MAYOR}}$ ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X Juay Signature of Candidate  April, 7 2017 Date

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



# **TOWN OF SURFSIDE**

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

### GENERAL ELECTION - MARCH 20, 2018

**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 }  02-01-18P02:22 RCVD
TOWN OF SURFSIDE }
I solemnly swear (or affirm) under oath, that my name is VICTOR MAY,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9117 FROUDE AVE SURFSIDE, FL,
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 February 5, 2018 and that if elected, I will willingly serve as
(Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate Date
Sworn to and subscribed before me this day of February 2018.  Notary Public State of Florida NOTARY PUBLIC
Elora Riera My Commission GG 064348 Expires 06/28/2019 PRINTED NAME OF NOTARY

# CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

02-01-18P02:18 RCVD

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, VICTOR MAY  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT *- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of
; 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.
X May (305) 878 1279 mayorvictormayeemail
Signature of Candidate Telephone Number Email Address
Address City SURFSIDE, FL 33154  ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card):
Candidate's Florida Voter Registration Number (located on your voter information card):  * Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

FORM 1	STATE	MENT OF		2017
Please print or type your name, mailing address, agency name, and position below	FINANCIA	FINANCIAL INTERESTS		
LAST NAME FIRST NAME MIDE	LE NAME:			
MAILING ADDRESS:	OU-DE AVF			
SURFSIDE F	L 33/54			
	ZIP: COUNTY	<u> </u>		
NAME OF AGENCY :	Allini Solle	=	02-01	-18P02:19 RCVD
NAME OF OFFICE OR POSITION HE			02 01	- LOLOZ: 18 KCAD
You are not limited to the space on the I	SURISIDI	neate if necessary		
CHECK ONLY IF	OR NEW EMPLOYEE C			
**** <u>BOT</u> I	PARTS OF THIS SEC	TION MUST BE CO	MPLE	TED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLI EITHER (must check one):	JR FINANCIAL INTERESTS FOR	THE PRECEDING TAX YEA	AR WHE	THER BASED ON A CALENDAR
DECEMBER 31, 20	017 <u>OR</u> 🗆 SPEC	CIFY TAX YEAR IF OTHER TH	HAN THE	CALENDAR YEAR:
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEV CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instruct for further details). CHECK THE ONE YOU ARE USING (must check one):			UES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
	ERCENTAGE) THRESHOLDS		LAR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See ins	structions]	
NAME OF SOURCE OF INCOME		DURCE'S DDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FOREIGN INCOME	MOSCOW, RUS	SIA	REI	WAL INCOME
PART B SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting pe	erson - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
VBER	UBER	MIAMI, FL		UBER
		,		
PART C REAL PROPERTY (Land, but	Ildings owned by the reporting perso	n - See instructions!		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
			this fo	SUCTIONS on who must file orm and how to fill it out on page 3.

	A STATE OF THE PARTY OF THE PAR		The state of the same of the s	
PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "not	tocks, bonds, certificatine" or "n/a")	tes of deposit, etc See in	structions]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
n/4	10 / A			
		"/"		
PART E — LIABILITIES [Major debts - See instruction	nsl	MO COMPANY OF THE PARTY OF THE		
(If you have nothing to report, write "nor	ne" or "n/a")			
NAME OF CREDITOR	1	ADDRES	SS OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or positio	ns in certain types of bus	sinesses - See instructions]	
(If you have nothing to report, write "none	" or "n/a")	SS ENTITY # 1	BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY	n/	4	n/A	
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING				
For elected municipal officers required to complete ann				
☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQU	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE			RNEY SIGNATURE ONLY	
Signature:		If a certified public accountant licensed under Chapter 473, or attorney		
OCTU-		in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement:		
VMay		1,	prepared the CE	
Form 1 in accordance with Section 112.3145, Florida Statu instructions to the form. Upon my reasonable knowledge an			ith Section 112.3145, Florida Statutes, and the	
Date Signed:		disclosure herein is true	and correct.	
_				
02/01/2018				
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

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

Candidates file this form together with their filing papers.

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

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

Candidates must file at the same time they file their qualifying

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, 2017.



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### 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 S	URFSIDE,	FLORIDA	-01-1,8P02:19 R	CVD
	We the undersigned electors of the Town of Surfside			lictor M.	A Y for
	the office of(			n election to be held or	
	2018.			無	
	This petition must be filed with the Town Clerk be	tween January 1	5, 2018 and Feb	oruary 5, 2018 (by 12:00p	om).
	Signature: VGS & BARRIOS	Date:	9013	_ Voters Reg. #	Le M
1	- Print Name: // PP Q P and	Address	STATE OF STREET	RESEARCH TO	
2_	Signature: WHILE	Date:	1/27/18	Voters Reg. #	THE REAL PROPERTY.
	Print Name: Jouig J. BALLORON	Address	1015 (0)		
3.	Signature:	Date:	1/27/18	Voters Reg. #	Water Co.
> .	Print Name: War www.fon. 41	Address	Mary Mary		
	Signature:	Date: _	1/27/18	Voters Reg. #	
	Print Name: AARCELA TONE 2	Address:	19/58		
<i>i</i> .	Signature: / Signature:	Date: _	1/27/18	_ Voters Reg. #	SOUTH A
4.	Print Name: Todd Weintraul	Address:	29-27	124 × 130 ×	
~	Signature:	Date: _	1127/18	_ Voters Reg. #	444 2 3 5 3
>	Print Name: JUSH HENMEN	Address: _	ARREAS AF		
	Signature: anthory hast	Date:	990	Voters Reg. #	36516
6.	int Name: ANTONI DENTINO	Address:			
~	Signature: CB Lyines	Date: _	1/28/18	Voters Reg. #	76.897
1.	Print Name: CTA GANES	Address:			
8.	Signature:	Date: _	1/28/18	Voters Reg. #	95154
δ,	Print Name: Low 1.5150/1817	Address:	THE REAL PROPERTY.		
9	Signature: Vac W//	Date: _	1/28/18	Voters Reg.	22133
7.	Print Name: Savier Wivo2	Addres			
10	Signature: Ten (NGH)	Date: _	128/18	Voters Reg. #	3,805,4
<i>ι</i> Ρ .	Print Name:	Address:	.,,		
	Signature:	Date: <u>/</u>	128/18	Voters Reg. #	
	Print Name: 1 PABLO HON 1700	Address		averte peril	
11	Signature:	Date:	1128/18	Voters Reg. #	TOTAL CO.
11,	Print Name: TOAM SCHUCIOR	Address:		ACCAVE NO. 15 AV	<u></u>
	STATEMEN'	T OF CIRCULA	TOR		i
	The undersigned is the circulator of the foregoing paper cowas made in my presence and is the genuine signature of			s. Each signature apper ports to be.	ended thereto
	Signature of Circulator:				
	Address of Circulator: 9117 FROUDE AVE	SURFSIL	DE FL 3	33154	
(	ail address of Circulator: Wayor VICTOR may @				
	I hereby accept the nomination of MAYOR	E OF NOMINA		or or Commissioner)	and agree to
	75 100 c		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/29/9018	

# 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	E, FLORIDA	-01-18PU2:19 R	CVD
We the undersigned electors	of the Town of Surfside, Florida, he	ereby nominate	VICTOR A	YAY
the office of MAYOK 2018.			n election to be held or	n March 2
This petition must be file	d with the Town Clerk between Januar	y 15, 2018 and Feb.	ruary 5, 2018 (by 12:00 <sub>)</sub> .	om).
Signature: ARLANTI	Date	e: 1/21/18	Voters Reg. #	AND BELL
Print Name: RARVIL	TVATI Address		Votoro reg. m	
Signature:	1 X1	e: <u>/ [2] / [8</u>	_ Voters Reg. #	
Print Name: Albert	<u>uah</u> Address	Company of the last live of the last lin		
Signature:	Date	e: 1/a1/18	Voters Reg. #	
	Address Address			8
Signature:	Date	1/21/18	Voters Reg. #	
Print Name: ENRI CO T	REVISAMY 9 Address		Filliage Bid	
Signature: Caracacacacacacacacacacacacacacacacacaca		81.75.10	Voters Reg. #	
Print Name: Emidica Ci	cichese Address	111		
Signature: Print Name:	22112		Voters Reg. #	1/5 (23)
Signature:	7.00.000			
int Name:	Date:		Voters Reg. #	X.1681
:Signature:	Address:			
Print Name:	Date:		Voters Reg. #	Market St.
Signature:	Address: Date:	1000	Votoro Rosa #	
Print Name: Ed De A	CANE NA Address	1121110	Voters Reg. #	
Signature:	Date:	1/27/18	Voters Reg. #	***************************************
Print Name: Manual 1	Address:	The state of the s	Color of the Color	
Signature: While	Date:	427/2017	/oters Reg. #	************
Print Name: Curl Hendle	Sun Address			
Signature:	Date:	1/28/15	/oters Reg. #	400 X 93
Print Name: Sychonolog	Address:		White Colon	
Signature:	Date:	1/38/18 1	oters Reg. #	KOLST
Print Name:	Address:			***********
Tast	STATEMENT OF CIRCUL	ATOR		
The undersigned is the circulator of t	he foregoing paper containing	signatures.	Each signature apper	nded thereto
was made in my presence and is the	genuine signature of the person wh	nose name it purpo	orts to be.	idea increte
Signature of Circulator:	Trans			
Address of Circulator: 9117 T-1	ROUDE AVE SURFSIDE	E.FL 3315	:4	
ail address of Circulator: Mayor	rvictornaya email, con	M		- v <sub>a</sub>
I hereby accept the nomination of	ACCEPTANCE OF NOMIN		or Commissioner) an	nd agree to
Signature of Candidate:			.1/28/2018	agice to
organization of Cariuldate. ()		Date	2.11 60 1 6U X	

4.

# 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

1	TOWN OF SUBSCIENT	
14/- 11	TOWN OF SURFSIDE, FLORIDA 02-01-188 :19	
the efficiency the effect of the efficiency the efficiency the efficiency that the eff	SIDE, FLORIDA 02-07-189 110	Dri
the office of MAYOR 2018.	s of the Town of Surfside, Florida, hereby nominate  (Mayor or Commissioner) at an election to be a surface of the Town of Surfside, Florida, hereby nominate	7 C V
2018.	(Mayor - Name MAY // C	
	(Wayor or Commissioner) at an close:	SK ,
This petition must be su-	(Mayor or Commissioner) at an election to be held on	March 20
Sie In Indist De tile	With the Town Clerk hetwood	march 20
'C:- 1	Ween January 15 2010	

This petition must be file to	at an election to be held on	March 2
The Town (	Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).	viai Ci i z
Signature: War for for	15, 2018 and February 5, 2018 (but a	
Print Name: Name:	5 4, 2016 (by 12:00pm).	
Signature: The U/OC	Date: 1/20 / 8	
	Address: Voters Reg	
Print Name: Po-Sanchez	Date: 1/20/18 Voters Reg	
Signature:	Address Voters Reg.	-
Print Name: Brian	1001653	
Signal	Date: 1/20/18 Voters Reg.	
	Address: Voters Reg.	
Print Name: Col 24	Date: 1 20 18	
Signature: Revious 140	Date: 1 20 18 Voters Reg. #	
Print Name: RIVEN ISRAT		
Signature: The Signature	// D // Oton D	
6. Print Name: If I have		
	Date: 1/20/18 Voters P	
7 Signature:	Address: Voters Reg. #	
int Name: Ben of all	Date	
Signature:		200
Print Non		
Signature: Usun Layanti	Date: Voters D.	_
	Address: Voters Reg. #	
Print Name:	Date:	
Signature: That I - 600	Address: Voters Reg. #	77.
Print Name:		-
Signature:	Date: Voters Reg. #	P -
Print Name: OMARTIA THINK	Address: Voters Reg. #	
	Date: 1-21-18 Voton D	-
Signature: CABRED A 11-50	Address: Voters Reg. #	•
Print Name:		
Signature:	- Votes D	-}
Print Name: F ST 17 C		
TUAT,	Date: //2/// Voters Reg. #	
	Address:	
The undersigned : STATEMENT	OF CIRCULATOR  aining 12 signatures. Each signature appended thereto e person whose name it purports to be.	
was made in my presence and is the genuine signature of the Signature of Circulator:	OF CIRCULATOR	
presence and is the genuine signature of the	aining 12 signatures 5	
Signature of Circulator:	person whose name it purports to a signature appended thereto	
COLORS OF Circulat		
iail address of Circulater I FROUDE AVE SUPE		
TOTOTOTO TO COLOR	-SIDE FL 30154	1
hereby accept the nomination of MAYOR	F NOW	
MAVO	NOMINATION	
ignature of Candidate:	(Mayor or Commissioner) and agree to	
V 3 00	Date: 1/28/7018	1
*	Date: 1/28/2010	1

# 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 02-01-18P02:19 RCVD

We th	e undersigned electors of the Tow	n of Surfside, Florida, here	by nominate VIC+o	R MAY for
the office of	of MAYOR	(Mayor or Comr	missioner) at an election to	o be held on March 20,
2018.			*	· ·
	This petition must be filed with the To	own Clerk between January 1	5, 2018 and February 5, 201	18 (by 12:00pm).
Signature:	Djuay	Date:	<i>U   01   17</i> Voters R	en #
Print Name	: LEVLA MAY	Address:	voters it	eg. #
Signature:	CAMP		<u> </u>	ea #
Print Name	: And me A mahar			
Signature:	AN I CALM	Date:	11/1/12 Voters Re	eq <b>(1994)</b>
2 Print Name:	PAI A DIRF	TITE Of Address:	A MARIANDE TO THE PARTY OF THE	79.
Signature:		Date: _	1/20/18 Voters Re	eg. #
3 Print Name:		Address:	175 RAVE GALE	
Signature:	- ON	Date: _	1/20/16 Voters Re	eg. #
Print Name:	Ser Hoffman	Address:		
Signature:	Janu Bonh	Date: <u>/</u>	149/2013 Voters Re	g. #
Print Name:	Laura Lambers	Address:		TOTALES
Signature:	Allica HWAY	<u> </u>	/20//8 Voters Re	g. #
int Name:	Aleida MVHVT	Z Address:		
Signature:	Atoply no	Date:	1/20//8 Voters Reg	g. #
Print Name:	CAMILO DAG	Address:	Las Course	
Signature:	Cichery	Date:	7019 Voters Reg	g. # <b>#</b> ##################################
Print Name:	Angela Cherry	Address:	17 Story C. Show	
Signature:	J. J	Date: _i	20/18 Voters Reg	). # <b>(407607313)</b>
Print Name/	1 Janet milian	Address:		
Signature:	Signal for the "	Date:	120118 Voters Rec	.#_409331539
Print Name:	Chil BINTI	Address:	10 0 1 1b	
Signature: Print Name:	Tralie B Mitales	Date: _/	120 / /8 Voters Reg	#Wex Marcos
	(M)	Address		
Signature: (Print Name:	Helia Land	Date: <u>//</u>	J918 Voters Reg	.#
ir mit Name.	1911E WOLV	Address		
Th		ATEMENT OF CIRCULAT	TOR	,
was made in r	ned is the circulator of the foregoin my presence and is the genuine sig	g paper containing/ / gnature of the person whos	signatures. Each sign se name it purports to be.	ature appended thereto
Signature of C	Firculator: Thay			
Address of Cir ail address	of Circulator: mayorvictor	ME, SURFSIDE May@GMail. Cov	FL 33154	
	of the nomination of	CEPTANCE OF NOMINAT	ION	
	~ .		(Mayor or Comm	issioner) and agree to
Signature of C	andidate: () ) Juan		Date://2.	8/2018

#### DECLARATION AND FIRST AMENDMENT WAIVER

FOR CANDIDATES WHO AGREE TO COMPLY WITH THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

# AN EXPLANATION REGARDING YOUR RIGHTS 02-01-18P02:23 RCVD

Section 2-11.1.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time *voluntarily* declare that he or she agrees to abide by the *voluntary* Statement of Fair Campaign Practices. In agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the *voluntary* Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, you should carefully read the *voluntary* Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is *voluntary*. You are under no obligation to agree to the *voluntary* Statement of Fair Campaign Practices. If you decide not to agree to the *voluntary* Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the *voluntary* Statement of Fair Campaign Practices.

If you decide to agree to the *voluntary* Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the *voluntary* Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the *voluntary* Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the *voluntary* Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

#### INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the *voluntary* Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics 19 W. Flagler St., Suite 820 Miami, FL 33130 Miami-Dade Elections Department 2700 NW 87<sup>th</sup> Ave. *or* P.O. Box 521550 Doral, FL 33172 Miami, FL 33152-1550

# DECLARATION AND FIRST AMENDMENT WAIVER 02:23 RCVD

FOR CANDIDATES WHO AGREE TO COMPLY WITH THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

### **VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

- 1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- 2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- 3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
- 4. I shall not, without just cause, attack or question my opponent's patriotism.
- 5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
- 6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
- 7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
- 8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
- 10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
- 11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

#### BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- · SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I,	VICTOR MAY	, a candidate	e for the office of
	MAYOR	in town of S	URFSIDE
	elective office sought	county, municipality	, or other jurisdiction

agree to abide by the voluntary Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the voluntary Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the voluntary Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is voluntary, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the voluntary nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the voluntary Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

	Signature	Date
×	Of Turay	02/01/2018

	CAMPAIGN TREASURE	R'S REPORT SUMMARY F		
(1)	Victor May	OFFICE USE ONLY		
	Name			
(2)	9117 Froude Ave	<u></u>		
	Address (number and street) Surfside, FI 33154			
	City, State, Zip Code			
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	✓ Candidate Office Sought: Mayor			
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	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		
		Identifiers		
1		09 / 30 / 2017 Report Type: 2017M9		
<b>V</b> C	Original Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	h & Checks \$ , , 60 . 00	Monetary Expenditures \$ , , 0 . 0		
Loa	ns	Transfers to Office Account \$		
Tota	al Monetary \$ , , 60 . 00	Office Account \$ , ,		
. 0 .	,, ,, ,, ,	Total Monetary \$ ,		
In-K	ind \$ , ,			
		(8) Other Distributions		
		\$ , ,		
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date		
	\$ <u></u>	\$ , , <u>0</u> . <u>00</u>		
(11) Certification				
		on to falsify a public record (ss. 839.13, F.S.)		
1	certify that I have examined this report and it is true, corr	ect, and complete:		
(٦	Type name) Victor May	(Type name) Victor May		
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer relectioneering comm.)	☐ Chairperson (only for PC and PTY)		
Х	15 hay	x Slay		
_	ignature	Signature		

### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	09/01/2017	throu	gh/	<sup>17</sup> /	_ (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
09/19/2017 /	Victor May		RETIRED	Cash	·	N/A	60.00
1 1							
1 1	,·						
1 1					,		
1 5 1							
1 1							
1/1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S RE Victor May	PORT – ITEMIZED	EXPENDIT 2) I.D. Number		
	d 09/01/2017 through 09/				
(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
1					
2					
3					
4					
5					
6					
/7					

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



	OFFICE USE ONLY
Name	OTTION ONLY
VICTOR MAY	
	—
I.D. Number	
Address (number and street)	
9117 FROUDE AVE	
0,4 0,4 7, 0 1	
City, State, Zip Code	
SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
CHECKII ADDRESS HAS CHANGED	
Candidate for:	
Sandidate 101.	
Mayor	
☐ Commissioner, District	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIEIEDS
REPORTIBE	MIFIERS
Report Name 2017M9 Cover Period	1 09/01/2017 through 09/30/2017
Cover i silot	
Report Type Original Amendment	
CERTIE	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.
VICTOR MAY	VICTORMAY
(Type name) Treasurer Deputy Treasurer	(Type name)
261	068
x () may	x D May
Signatura	
Signature	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	2) I.D. Number	
(3) Report	Name <u>2017M9</u>	(4) Cover Period _	09/01/2017	_through <u>09/3</u>	0/2017
(5) Report	Type  Original  Amendment				
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
		$\overline{}$			
		/			
The same of the sa		1	1		1

	CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1)	Victor May	OFFICE USE ONLY		
(2)	Name 9117 Froude Ave	TOWN OF SURFSIDE		
(2)	Address (number and street) Surfside, FI 33154	NOV9 10:44AM		
	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 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		
	_	10 / 31 / 2017 Report Type: 2017M10		
✓ C	Original Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	h & Checks \$ , , <u>00</u> . <u>00</u>	Monetary		
Loar	ns \$,,	Transfers to Office Account \$ , , .		
Tota	Il Monetary \$ , , <u>00</u> . <u>00</u>	Total Monetary \$ ,		
In-K	ind \$ , ,			
		(8) Other Distributions \$ ,		
(9)	TOTAL Monetary Contributions To Date  \$ , , , 00  \[ \frac{1}{5} \fra	(10) TOTAL Monetary Expenditures To Date \$ , , 1700_		
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
L	certify that I have examined this report and it is true, corr	rect, and complete:		
	ype name)  Victor May  Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	(Type name) Victor May  ☑ Candidate ☐ Chairperson (only for PC and PTY)		
X	ignature Ulay	X Signature		

### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	10/01/2017	throu	gh/	<sup>17</sup> /	_ (4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 /						/	
1 1							
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1 1							
1 1							

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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Vict	Victor May		umber
(3) Cover Period 10	/01/2017	through 10/31/20	17 (4) Page	11079 1 <b>2:41</b> 88

(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	Amount
10/10/17	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	17.00
2				n/a	
3	ι.			n/a	
4					
5	*				
6					
7	1				
8					

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



Name VICTOR MAY  I.D. Number	OFFICE USE ONLY
Address (number and street) 9117 FROUDE AVE	TOWN OF SURFSIDE
City, State, Zip Code SURFSIDE, FL 33154  CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
<ul> <li>■ Mayor</li> <li>□ Commissioner, District</li></ul>	
REPORT IDE	
	10/01/2017 through 10/31/2017
CERTIF	CATION
I certify that I have examined this report and it is true,	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.	correct, and complete.
VICTOR MAY       (Type name)     ☐ Treasurer     ☐ Deputy Treasurer	VICTORMAY       (Type name)     ■ Candidate
X Signature	X VIay 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	2) I.D. Number	
	Name 2017M10	(4) Cover Period	10/01/2017	through 10/3	
(5) Report	Type    Original	1		_ of	T
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
-					7

	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Victor May	OFFICE USE ONLY				
	Name					
(2)	9117 Froude Ave	TOWN OF SURFSIDE				
	Address (number and street)	DEC6 10:39AM				
	Surfside, FI 33154  City, State, Zip Code					
	☐ Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):	(e) 18 Hamber.				
(-7)	☐ Candidate Office Sought: Mayor					
	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 [	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>				
	individual making electioneering communications)					
Prince Aller all Areas	(5) Report	Identifiers				
Cove		11 / 30 / 2017 Report Type: 2017M11				
<b></b> ✓ 0	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
` ,	·	Monetary				
Cash	n & Checks \$ , , <u>00</u> . <u>00</u>	Expenditures \$ , , <u>17</u> . <u>00</u>				
1	s \$ ,	Transfers to				
Loar	ης Ψ, ,, ,	Transfers to Office Account \$ , , .				
Tota	I Monetary \$ , , 00 . 00	` — ´ — ´ — · —				
		Total Monetary \$ , , .				
In-Ki	ind \$ , ,					
		(8) Other Distributions				
		\$ , ,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
,	\$, 60 . 00	\$ , , _ 34 00_				
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
lo	certify that I have examined this report and it is true, corr	rect, and complete:				
(T	ype name) Victor May	(Type name) Victor May				
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)				
Х	25 July	x V May				
-	ignature	Signature				

### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	11/01/2017	throu	gh	<sup>17</sup> /	_ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	0.	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
. 1							
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<i>J J</i>							
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1 1							
i)					li l		

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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Vict	cor May	(2) I.D. Number		
(3) Cover Period	1/01/2017	through 11/30/2017	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
11/10/17	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge		,	
1	*		CAN	n/a	17.00
-//					
2				n/a	
/ /				n/a	
3				-,-	
/ /					
4					
/ /					
5					
/ /					
6					
//					
7					
1/					
-8					

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



Name VICTOR MAY  I.D. Number	OFFICE USE ONLY
Address (number and street) 9117 FROUDE AVE	
City, State, Zip Code SURFSIDE, FL 33154	12-06-17A10:49 RCVD SW
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
■ Mayor □ Commissioner, District	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sul	b-Area
REPORT IDEI	NTIFIERS
Report Name 2017M11 Cover Period	11/01/2017 through 11/30/2017
Report Type  Original  Amendment	
CERTIFI	
It is a first degree misdemeanor for any pers 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.
VICTOR MAY	VICTOR MAY
(Type name)	(Type name)
X Thay Signature	X May Signature

	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Victor May	OFFICE USE ONLY 3:32PM				
	Name	JHNO SECTION				
(2)	9117 Froude Ave					
	Address (number and street) Surfside, FI 33154	TOWN OF SURFSIDE				
	City, State, Zip Code	TON				
	Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):					
` '	✓ Candidate Office Sought: Mayor					
	Political Committee (PC)					
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) [	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 12 / 01 / 2017 To	12 / 31 / 2017 Report Type: 2017M12				
<b>⊘</b> 0	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
		Monetary				
Cas	h & Checks \$ , , <u>00</u> . <u>00</u>	Expenditures \$ , , <u>17</u> . <u>00</u>				
Loar	\$	Transfers to				
Loai	, ,	Office Account \$ , ,				
Tota	ll Monetary \$ , , 00 . 00	· · · ·				
		Total Monetary \$ , ,				
In-K	ind \$,,					
		(8) Other Distributions				
		\$ , ,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,, <u>60</u> . <u>00</u>	\$ , , <u>51</u> 00				
	(44) 0					
	(11) Cern It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)				
Lo	certify that I have examined this report and it is true, corr	ect, and complete:				
(T	ype name) Victor May	(Type name) Victor May				
	Individual (only for IE	✓ Candidate ☐ Chairperson (only for PC and PTY)				
51	0511	051,01				
X	· D May	x 'V May				
S	ignature	Signature				

#### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Vic	tor May	(2) I.D. Number _		
(3) Cover Period 12/01/2017	through_12/31/2017_	(4) Page1	of	

(-)	d $\frac{12/91/2917}{1}$ through $\frac{12/9}{1}$		l) Page	of _	
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name	Purpose			
(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
11/10/17	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	17.00
1					
1				,	
2				n/a	
//				n/a	
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7					
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# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS 3:33PM

(1) Name VICTOR MAY				(2) I.D. Number				
(3) Cover Period	12/01/2017	throug	gh/	<sup>17</sup> /	_ (4) Page	C	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	
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1 1								
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1 1								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



	OFFICE USE ONLY
Name	
VICTOR MAY	[
I.D. Number	
I.D. Number	
Address (number and street)	TOWN OF SURFSIDE
9117 FROUDE AVE	JAN5 3:33PM
City, State, Zip Code	
SURFSIDE, FL 33154	
_	_
☐ CHECK IF ADDRESS HAS CHANGED	
Condidate for	
Candidate for:	
В.,	
Mayor	
☐ Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NIIFIEKO
Report Name 2017M12 Cover Period	1 12/01/2017 through 12/31/2017
	•
Report Type	
	IO ATION
	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.
	( 1 to 20 to
VICTOR MAY	VICTOR MAY
(Type name) Treasurer Deputy Treasurer	(Type name)
	and William or
v Officed	Y Wall
^ / J=cco	^
Signature	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 <u>2017M12</u>	(4) Cover Period _	12/01/2017		
(5) Report	Type  Original  Amendment	(6) Page		_ of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10 Name of Organizati (if not directly hire	ion Employed By	(11) Amendment Type
		$\rightarrow$			



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

miamidade.gov

February 5, 2018

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Victor May, a candidate for the office of Mayor for Town of Surfside. A total of 27 petitions were reviewed for verification; of which 25 were certified.

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

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

Sincerely,

Christina White

Supervisor of Elections

Enclosure (1)



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

February 6, 2018

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 Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 20, 2018 Municipal Election.

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

very truly yours,

Sandra Novoa, MMC

Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY		
(1)	Victor May	OFFICE USE ONLY
` '	Name	
(2)	9117 Froude Ave	
	Address (number and street) Surfside, FI 33154	TP#195 19:55PA
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	(-)
. ,	✓ Candidate Office Sought: Mayor	
	Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>
	☐ 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 $01$ / $01$ / $2018$ To	01 / 31 / 2018 Report Type: 2018M01
✓ Original		
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cas	h & Checks \$ , , <u>50</u> . <u>00</u>	Expenditures \$ , , <u>15</u> . <u>00</u>
Loans \$,,		Transfers to
Loai	,,,	Office Account \$ , , .
Total Monetary \$ , , 50 . 00		
		Total Monetary \$ , ,
In-K	ind \$,,	
		(8) Other Distributions
		\$ , ,
(9)	<b>TOTAL Monetary Contributions To Date</b>	(10) TOTAL Monetary Expenditures To Date
	\$ , , <u>110</u> . <u>00</u>	\$ , , <u>65</u> . <u>00</u>
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) Victor May	(Type name) Victor May
-	Individual (only for IE  ☑ Treasurer  ☐ Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)
" Than		
<u>X</u>		X Construe
3	gnature	Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS 2:46PM

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	O1/01/2018 / /	throu	gh/	18 /	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01/19/2018	Victor May	1	RETIRED	Cash	N/A	N/A	50.00
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Vic	Victor May			
(3) Cover Period 01/01/2018	through 01/31/2018	(4) Page 1	of 1	

	/7\	(0)	1 (0)		
(5)	(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
11/10/17	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	15.00
2				n/a	
3				n/a	
4					
5					
6					
7					
8					



IN ABSENTEE BALLO	T ACTIVITIES SUMMARY COUNTY
Name VICTOR MAY  I.D. Number	OFFICE USE ONLY
Address (number and street) 9117 FROUDE AVE  City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	•
<ul> <li>■ Mayor</li> <li>□ Commissioner, District</li></ul>	,
REPORT IDE	NTIFIERS
Report Name 2018M01 Cover Period	through 01/01/2018 through
Report Type  Original  Amendment	
	ICATION
It is a first degree misdemeanor for any personal 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.
VICTOR MAY	VICTOR MAY
(Type name)	(Type name)
X Whay Signature	X VIray Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MA	·Υ		(2	!) I.D. Number	
	Name 2018M0		(4) Cover Period _	01/01/2018	_ <sub>through</sub> <u>01/3</u>	1/2018
(5) Report	Type  Original	☐ Amendment				
(7) Row Number	(8) Full Nan (Last, Suffix, Fir		(9) Employed By	(10 Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
						_
			/			
	/					9
_						

	CAMPAIGN TREASURER'S REPORT SUMMARY			
(1)	Victor May	OFFICE USE ONLY		
	Name			
(2)	9117 Froude Ave	TOWN OF SURFSIDE		
	Address (number and street) Surfside, FI 33154	FEB23 3;21AM		
	City, State, Zip Code			
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):  Candidate Office Sought: Mayor  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed		
	(5) Report	Identifiers		
Cov	er Period: From <u>02</u> / <u>01</u> / <u>2018</u> To	02 / 16 / 2018 Report Type: 25P1		
<b>✓</b> C	Priginal Amendment Spe	ecial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	h & Checks \$ , , <u>40</u> . <u>00</u>	Monetary		
Loa	s,,	Transfers to Office Account \$ , , .		
Tota	al Monetary \$ , , _4000	Total Monetary \$ ,		
In-K	ind \$ , ,			
		(8) Other Distributions \$ , ,		
(9)	TOTAL Monetary Contributions To Date \$ , , _15000	(10) TOTAL Monetary Expenditures To Date \$ , ,13000_		
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
1	certify that I have examined this report and it is true, corr	rect, and complete:		
_(1	Type name) Victor May	(Type name) Victor May		
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)		
Х	75 Tray	x Thay		
-	ignature	Signature		

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	02/01/2018	throu	gh/	18 /	_ (4) Page	1	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
02/08/2018 /	City, State, Zip Code Victor May	Type	Occupation RETIRED	Type Cash	Description N/A	N/A	Amount 40.00
							>
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NameVi	Victor May			
(3) Cover Period 02/01/2018	through 02/16/2018	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	
Number	only, state, 21p sode	candidate)	,,,	Amendment	Amount
02/10/18	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	15.00
1			CAN	11/ a	13.00
2		5		n/a	
/ /					
3				n/a	
			/		
//					
4					
/ /					
5					
/ /					
6					
/ /					
7					
/ /					
8					



Name	OFFICE USE ONLY
VICTOR MAY	
I.D. Number	TOWN OF SURFSIDE
	FEB23 9;21AM
Address (number and street) 9117 FROUDE AVE	
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
<b>■</b> Mayor	
☐ Commissioner, District	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDEN	ITIFIERS
Report Name 25p1 Cover Period	02/01/2018 through 02/16/2018
Report Type    Original    Amendment	
CERTIFIC	CATION
It is a first degree misdemeanor for any person	
	I certify that I have examined this report and it is true, correct, and complete.
VICTOR MAY	VICTOR MAY
(Type name)	(Type name)
X May Signature	X May Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MAY		(2) I.D. Number	
(3) Report	25p1	(4) Cover Period	02/01/2018 through 02/1	
	Type Original Amendment		of 1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		×		
		/		
	/			
	/ .			
	/			
1				

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Victor May	OFFICE USE ONLY
,	Name	
(2)	9117 Froude Ave	77.73 II L. CHEN TO L.
	Address (number and street)	TOWN OF SURFSIDE MARS 10:35AM
	Surfside, FI 33154  City, State, Zip Code	
		(2) 15 N = 1
(4)	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):  Candidate Office Sought: Mayor	
	✓ Candidate Office Sought: IVIAYOI  ☐ 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	
Cov	er Period: From $\frac{02}{2}$ / $\frac{17}{2}$ / $\frac{2018}{2}$ To	03 / 03 / 2018 Report Type: 11P1
✓ C	Priginal Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cas	h & Checks \$ , , <u>00</u> . <u>00</u>	Expenditures $\qquad \qquad \qquad$
	¢	<b>-</b>
Loai	ns \$,,	Transfers to Office Account \$
Tota	al Monetary \$ , , 00 . 00	Office Account \$ , ,
1016	in Worldary	Total Monetary \$,,
In-K	ind \$ , , .	,,,
	···	(8) Other Distributions
		\$ ,
(0)		
(9)	TOTAL Monetary Contributions To Date \$ , , 150 . 00	(10) TOTAL Monetary Expenditures To Date
	\$	\$ , , <u>130</u> . <u>00</u>
	(11) Cert	ification
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
1	certify that I have examined this report and it is true, corr	ect, and complete:
(Τ	Type name) Victor May	(Type name) Victor May
	Individual (only for IE  Treasurer Deputy Treasurer	☑ Candidate ☐ Chairperson (only for PC and PTY)
or	electioneering comm.)	
Х	· U May	x ( ) May
S	ignature	Signature

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number							
(3) Cover Period	02/17/2018	throu	gh/	18 /	_ (4) Page	(	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number /	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Vic	tor May	(2) I.D. Number		
(3) Cover Period 02/1/7/2018	through 03/03/2018	(4) Page 1	of 1	

	u <u></u>		+) Page		
(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
1					7
/ /					
/ /					
4					
5					
6					
7					
(					



	OFFICE USE ONLY
Name	
VICTOR MAY	
I.D. Number	
	TOWN OF SURFSIDE
Address (number and street) 9117 FROUDE AVE	MAR8 10:35AM
9117 FROODE AVE	—
City, State, Zip Code	
SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
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
D1N11n1	. 02/17/2018
Report Name 11p1 Cover Period	through 05/03/2010
Report Type Original Amendment	
CERTIF	ICATION
It is a first degree misdemeanor for any pers	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.
VICTOR MAY	VICTOR MAY
(Type name) Treasurer Deputy Treasurer	(Type name)
008	051.
x (1) May	X May
Signature	Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MAY		(2) I.D. Number	
	11p1	(4) Cover Period	02/17/2018 through 03/0	
	Type  Original  Amendment		of 1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
/				

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Victor May	OFFICE USE ONLY
	Name	0000 00 0000000000000000000000000000000
(2)	9117 Froude Ave	
	Address (number and street) Surfside, FI 33154	TOWN OF SURFSIDE
	City, State, Zip Code	MAR15 4:14PM
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	(-)
. ,	✓ Candidate Office Sought: Mayor	
	Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>
	☐ 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 03 / 03 / 2018 To	03 / 15 / 2018 Report Type: 4P1
<b>✓</b> C	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cas	h & Checks \$ , , <u>0</u> . <u>00</u>	Expenditures \$ , , <u>0</u> . <u>00</u>
Loa	ns \$	Transfers to
Luai	ns \$,,	Office Account \$ , , .
Tota	al Monetary \$ , , 0 . 00	
		Total Monetary \$ , , ,
In-K	ind \$ , ,	
		(8) Other Distributions
		\$,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$ , , <u>130</u> . <u>00</u>
	(44) Cont	Lift: 4;
	(11) Cern It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
1	certify that I have examined this report and it is true, corr	ect, and complete:
(7	Type name) Victor May	(Type name) Victor May
	Individual (only for IE  ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
51	OC 8.	$\alpha$ C1.
_X		x 'O May
S	ignature	Signature

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	03/03/2018 / /	throu	gh/	18 /	_ (4) Page		of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							8
1 1							
	,						
1 1							
1 1							
1 1							
/ ,							

DS-DE 13 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name \_\_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

9 20 100 20 100 1		12 12	_
(3) Cover Period 03/03/2018	through 03/15/2018	(4) Page 1	of <sup>1</sup>
		(+) i age	

(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					
2					
//					
3					
4		<b>/</b>			
/ /					
5					l.
//					
6					
7					
8					



	OFFICE USE ONLY
Name	
VICTOR MAY	
I.D. Number	TOWN OF SURFSIDE
	_
Address (number and street)	MAR15 4:15PM
9117 FROUDE AVE	
City, State, Zip Code	
SURFSIDE, FL 33154	
_	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	•
Sandidate for:	
■ Mayor	
Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
	00/00/0040
Report Name 4p1 Cover Period	03/03/2018 through 03/15/2018
Report Type  Original  Amendment	
Report Type	
CERTIF	ICATION
It is a first degree misdemeanor for any pers	on 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.
VICTOR MAY	VICTOR MAY
(Type name) Treasurer Deputy Treasurer	(Type name)
as and	X1, 2 :
X	X
Signature	Signature

MARIS 4:15PM TONNESSUSSESSUSSES

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MAY		(2) I.D. Number	
	Name 4p1	(4) Cover Period	03/03/2018 through 03/1	
	t <b>Type</b> Original Amendment		of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
-				
		/		
		/		
	/			
/				

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Victor May	OFFICE USE ONLY
	Name	
(2)	9117 Froude Ave	
	Address (number and street) Surfside, FI 33154	04 10 1017
	City, State, Zip Code	04-12-18A09:34 RCVD
	☐ Check here if address has changed	(3) ID Number: APR12 9:33AM
(4)	Check appropriate box(es):	
	Candidate Office Sought: Mayor	TOWN OF SURFSIDE
	☐ 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
		Identifiers
		04 / 16 / 2018 Report Type: 18TRQ
<b></b> ✓ 0	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$ , , <u>10</u> . <u>00</u>	Monetary
Loar	s,,	Transfers to Office Account \$ , , .
Tota	Il Monetary \$ , , ,000	Total Monetary \$ , , .
In-K	ind \$,,	
		(8) Other Distributions
		\$ ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$ , , <u>160</u> . <u>00</u>	\$ , , <u>160</u> . <u>00</u>
	(11) Cen	ltification
		on to falsify a public record (ss. 839.13, F.S.)
10	certify that I have examined this report and it is true, corr	ect, and complete:
(T	ype name) Victor May	(Type name) Victor May
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
Х	Thay	x Thay
	ignature	Signature

#### CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	R MAY	(2) I.D. Number					
(3) Cover Period	03/15/2018	throu	gh/	18 /	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
04/03/2018	Victor May	1	Retired	Cash	n/a	n/a	20.00
1 1							
1 1		-					
I I			<i></i>				
1 1							
1 1							
1							

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Victor May		(2) I.D. Number _		
(3) Cover Period 03/15	/2018	through 04/16/2018	(4) Page 1	of 1	

(5)	(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
1	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	30.00
2				n/a	
3				n/a	
4					
5					
6					
7/					
8					



	OFFICE HOF ONLY			
Name	OFFICE USE ONLY			
VICTOR MAY				
	· ~ W /			
I.D. Number				
	04-12-18A09:34 RCVD			
Address (number and street)				
9117 FROUDE AVE	21007			
	04-12-18A09:34			
City, State, Zip Code				
SURFSIDE, FL 33154				
☐ CHECK IF ADDRESS HAS CHANGED				
CHECK II ADDRESS HAS CHANGED				
Candidate for:				
■ Mayor				
Commissioner, District				
☐ Property Appraiser				
☐ Clerk of the Circuit Courts				
☐ Community Council, Area, Sub-Area				
REPORT IDENTIFIERS				
Report Name 18TRQ Cover Period 03/15/2018	through 04/16/2018			
Report Type				
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, I certify that I				
orrect, and complete.	complete.			
VICTOR MAY	VICTOR MAY			
	_ 3			
	act			
X 'V May X	· v May			
Signature	——————————————————————————————————————			
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.  I certify that I have examined this report and it is true, correct, and complete.				
Signature Signature				

04-12-18A09:34

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MAY		(2) I.D. Number	
	Name 18TRQ	(4) Cover Period	03/15/2018 through 04/1	
	t <b>Type ■</b> Original □ Amendmen		of1	
(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
				7
		/		
				-
-		V		
-				
				-
/				
	,			

	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Victor May	OFFICE USE ONLY				
	Name					
(2)	9117 Froude Ave					
	Address (number and street) Surfside, FI 33154	04.10.10				
	City, State, Zip Code	04-12-18A09:34 RCVD				
	Check here if address has changed	(3) ID Number: 29:33AM				
(4)	Check appropriate box(es):					
	Candidate Office Sought: Mayor	TOW OF SURPSINE				
	☐ 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				
	marriage is storied in grant and a storied in the s					
	(5) Report	Identifiers				
Cov	er Period: From <u>04</u> / <u>15</u> / <u>2018</u> To	04 / 16 / 2018 Report Type: 18TRQ				
✓ C	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Cas	h & Checks \$,, 10 00	Monetary				
Loai	s \$,,	Transfers to Office Account \$ , , .				
Tota	Monetary \$,, 0 . 00	Total Monetary \$ , ,				
In-K	ind \$,,					
		(8) Other Distributions				
		\$ , ,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,	\$ , , <u>160</u> . <u>00</u>				
	(11) Cer	tification				
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)				
1	certify that I have examined this report and it is true, corr	rect, and complete:				
_(1	ype name) Victor May	(Type name) Victor May				
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	✓ Candidate				
	Minne	N. L.				
_X	ignature	X Nay Signature				
3	griature	Signature				

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name VICTOR MAY				(2) I.D. Number			
(3) Cover Period	03/15/2018 / /	throu	gh/	18 /	_ (4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
04/03/2018	Victor May	1	Retired	Cash	n/a	n/a	20.00
1 1							
1 1							
I I			<b>&gt;</b>				
1 1							
	10						

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) NameVic	ctor May	(2) I.D. Number _			
(3) Cover Period 03/1/5/2018	through 04/16/2018	(4) Page 1	of 1		

	45		15:		
(5)	(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
1	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	30.00
2				n/a	
3				n/a	
4					
5					
6					
7					
8					



	OFFICE USE ONLY				
Name					
VICTOR MAY					
I.D. Number	04-12-18A09:34 RCVD				
Address (number and street) 9117 FROUDE AVE	04-12-18A09:34				
City, State, Zip Code SURFSIDE, FL 33154					
☐ CHECK IF ADDRESS HAS CHANGED					
Candidate for:					
■ Mayor					
☐ Commissioner, District	☐ Commissioner, District				
☐ Property Appraiser					
☐ Clerk of the Circuit Courts					
☐ Community Council, Area, Sub	-Area				
REPORTIDEN	ITIFIERS				
Report Name 18TRQ Cover Period	03/15/2018 through <u>04/16/2018</u>				
Report Type					
CERTIFIC	CATION				
It is a first degree misdemeanor for any person	20-0-3 Malauti (20-0-3)				
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.				
VICTOR MAY	VICTOR MAY				
ANY JOSE OLIGO ANDROSON, JOSE OF SCO. MANUE.	(Type name)				
Trosposion Dopaty Headuren	(1.750 hamo)				
X Thay	x Vhay				
Signature	Signature				

04-12-18A09:34

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MA	AY		(2	2) I.D. Number	
(3) Report	Name 18TRQ		(4) Cover Period _	03/15/2018	_through <u>04/1</u>	6/2018
(5) Report	Type	☐ Amendment				
(7) Row Number	(8) Full Na (Last, Suffix, F	ame	(9) Employed By	(10 Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
-						
X						
						9
	0					

(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 (3) ID Number:  (4) Check appropriate box(es): Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an Check here if no other IE or EC reports will be filed	CAMPAIGN TREASURER'S REPORT SUMMARY					
Surfside, FI 33154   O5-03-18P12:50 RCVD	٦					
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 Covers an Covers of Content of the Cover of Covers of C						
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 Covers a						
City, State, Zip Code  ☐ Check here if address has changed  (3) ID Number:  (4) Check appropriate box(es):  ☐ Candidate Office Sought: Mayor  ☐ Political Committee (PC)  ☐ Electioneering Communications Org. (ECO)  ☐ Party Executive Committee (PTY)  ☐ Independent Expenditure (IE) (also covers an ☐ Check here if no other IE or EC reports will be filed						
(4) Check appropriate box(es):						
<ul> <li>✓ Candidate Office Sought: Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an</li> </ul> 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						
□ Political Committee (PC) □ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an □ 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						
<ul> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>						
☐ Party Executive Committee (PTY) ☐ 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						
Cover Period: From 03 / 15 / 2018 To 06 / 16 / 2018 Report Type: 18TRG	; —					
✓ Original Amendment Special Election Report						
(6) Contributions This Report (7) Expenditures This Report						
Cash & Checks \$ , , <u>10</u> . <u>00</u>   Monetary	ð.					
Loans \$ , , Transfers to Office Account \$ , , .						
Total Monetary \$,, Total Monetary \$, Total Monetary \$,	ê					
In-Kind \$ , ,	-					
(8) Other Distributions						
\$ , ,						
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expenditures To Date						
\$ , <u> , 160</u> . <u> </u>						
(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 (Type name) Victor May	y					
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer ☐ Chairperson (only for PC and PTY) or electioneering comm.)	_					
x 75 Juay						
X Signature X Signature	_					

## 05-03-18P12:54 RCVD CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number			
(3) Cover Period	03/15/2018	throu	gh/	18 /	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
04/03/2018	Victor May		Retired	Cash		n/a	20.00
1 1							
1 1			<u></u>				
1 1							
1 1							
1							

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Vic	tor May	(2) I.D. Number	
(3) Cover Period $03/45/2018$	_through_06/18/2018_	(4) Page1	of _1

(5)	(7)	(0)	(0)	(40)	(44)
(5) Date	Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	30.00
1					
7/				n/a	
2					
3				n/a	
4					
5					
6					
7					
8	•				



	OFFICE USE ONLY
Name	
VICTOR MAY	
I.D. Number	
Address (number and street)	05-03-18P12:50 RCVD
9117 FROUDE AVE	
City, State, Zip Code	
SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
O	
Candidate for:	
Mover	
Mayor	
Commissioner, District	—
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 18TRG Cover Period	03/15/2018 through 06/18/2018
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.
VICTOR MAY	VICTOR MAY
(Type name)	(Type name)
or flant	25 11-
X · V Johnson	X U May
Signature	Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VIC	TOR M	AY		(2	?) I.D. Number	
(3) Report	Name	18TRG		(4) Cover Period	03/15/2018	_ <sub>through</sub> <u>06/1</u>	8/2018
(5) Report	Туре	Original	☐ Amendment	(6) Page		_ of	
(7) Row Number	(L	(8) Full Na ast, Suffix, F	ame	(9) Employed By	(10 Name of Organizati (if not directly hire	on Employed By	(11) Amendment Type
			2				
				<del></del>			
-							

	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Victor May	OFFICE USE ONLY					
	Name						
(2)	9117 Froude Ave						
	Address (number and street) Surfside, FI 33154	05-30-18P02:15 RCVD					
	City, State, Zip Code	05-50-10F02.15 KCVD					
	☐ Check here if address has changed	(3) ID Number:					
(4)		(c) 13 Hambon					
(4) Check appropriate box(es):  ✓ Candidate Office Sought: Mayor  ☐ Political Committee (PC)  ☐ Electioneering Communications Org. (ECO)  ☐ Party Executive Committee (PTY)  ☐ Independent Expenditure (IE) (also covers an							
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cov	er Period: From <u>03</u> / <u>15</u> / <u>2018</u> To	06 / 18 / 2018 Report Type: 18TRG					
✓ C	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cas	h & Checks \$ , , <u>20</u> . <u>00</u>	Monetary					
Loai	ns \$,,	Transfers to Office Account \$ , , 10 . 00					
Tota	al Monetary \$ , , _2000	Total Monetary \$ , , 40 . 00					
In-K	ind \$ , ,						
		(8) Other Distributions \$ ,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$ , <u></u> , <u>170</u> . <u>00</u>					
		tification on to falsify a public record (ss. 839.13, F.S.)					
1	certify that I have examined this report and it is true, corr	ect, and complete:					
(Τ	Type name) Victor May	(Type name) Victor May					
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)					
Х	Thay	x Vhay					
_	ignature	Signature					

#### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) NameVi	ctor May	(2) I.D. Number _		
(3) Cover Period 03/45/2018	through_06/18/2018	(4) Page1	of _1	

	/7)	(0)	(0)	(40)	(44)
(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
1	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	30.00
2	Victor May	Balance at closing account	CAN	n/a	10.00
3				n/a	7
4					
5					
6					
1/					
// 8					_

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	R MAY			(2)	I.D. Number	-	
(3) Cover Period	03/15/2018	throu	gh/	18 /	_ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
04/03/2018 //	Victor May	1	Retired	Cash	n/a	n/a	20.00
1 1							
1 1							
1 1							
1 1							
1 1							
1							

DS-DE 13 (Rev. 11/13)



	OFFICE USE ONLY
Name	
VICTOR MAY	
I.D. Number	
-	
Address (number and street) 9117 FROUDE AVE	
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
■ Mayor —	
☐ Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
makan pada man mada m	500 State (1997)
Report Name 18TRG Cover Period	<u>1 03/15/2018</u> through <u>06/18/2018</u>
Report Type  Original  Amendment	
CERTIF	ICATION
It is a first degree misdemeanor for any pers	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.
VICTOR MAY	VICTOR MAY
(Type name)	(Type name)
x Thay	x VIvay
Signature	Signature

### PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	VICTOR MAY		(2) I.D. Number	
(3) Report	Name 18TRG	(4) Cover Period	03/15/2018 through 06/	
	<b>Type</b> ■ Original □ Amendment		<sub>of</sub> _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