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

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

NOV 15 PM 2:42 540

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.									OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re	-filing to Change:	П	reasu	ırer/De <sub>l</sub>	puty _	Depositor	ry 🔲	Office		Party
2. Name of Candidate (in Luz Nelly Velasquez	his orde	r: First, Middle, La	ast)	co	ode)		le post offic	e box or s	street, city,	state,	zip
4. Telephone (917 ) 7031905		iil address j@msn.com				syron Ave e, FL 33					
Office sought (include district, circuit, group number)     commissioner				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.							
8. If a candidate for a part	<u>isan</u> off	ce, check block	and fill	in na	ame of	party as	applicable:	: My inte	ent is to rur	as a	
Write-In No	Party Affi	liation						Pa	rty cand	lidate.	
9. I have appointed the fo	9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer										
10. Name of Treasurer or Delly Velasquez	eputy Ti	easurer Polly	Val	asi	90	e2.					
11. Mailing Address 9481 Byron Avenue		1			- (			12. Teler ( 917 )	ohone 703190	5	
13. City Surfside		ounty ni Dade	15. Sta FL		16. Zi 3315	ip Code 4	17. E-mail nellnog@		m		
18. I have designated the	followin	g bank as my				Depositor	у 🔲	Seconda	ry Deposito	ory	
19. Name of Bank				20. A	Addres	S					
21. City		22. County			:	23. State			24. Zip Co	ode	
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  1/15/2019				26. S	Signatu	ire of Cano	didate				
27. Treasure	r's Acce	eptance of Appo	intment	t (fill in	n the bl	lanks and	check the a	ppropriat	e block)		
I.	N	elly Velasquez	7				, do here	ebv accep	t the appoi	ntmen	t
	(Pleas	se Print or Type N	lame)				_ A	,			-
designated above as:	X	Campaign T	reasure	ſ		Deputy Tre	asute.				
11/15/20	)19		X								
Date				Signa	ature o	of Campaig	n Treasure	r or Depu	ty Treasure	er	

# STATEMENT OF CANDIDATE

### OFFICE USE ONLY

NOV 15 PH 2:42 SM

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

	Luz Nelly Velasquez					
	candidate for the office of Commissioner ;					
	have been provided access to read and understand the requirements of					
	Chapter 106, Florida Statutes.					
	11/15/2019					
	Signature of Candidate Date					
A fa	ch candidate must file a statement with the qualifying officer within 10 days after the pointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful are to file this form is a first degree misdemeanor and a civil violation of the Campaign ancing 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)

NOTE: This form must be on file with the qualifying

NOV 15 PH 2:42 GHO NOV 15 PH 4:01 SKO

officer before opening the campaign account.	OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES):					
Initial Filing of Form Re-filing to Change:	reasurer/Deputy Depository Deffice Party				
<ol><li>Name of Candidate (in this order: First, Middle, Last)</li><li>Luz Nelly Velasquez</li></ol>	Address (include post office box or street, city, state, zip code)				
4. Telephone 5. E-mail address	9481 Byron Avenue,				
(917 ) 7031905 nellnog@msn.com	Surfside, FL 33154				
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if				
commissioner	applicable:  My intent is to run as a Write-In candidate.				
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a					
Write-In No Party Affiliation	Party candidate.				
9. I have appointed the following person to act as my					
10. Name of Treasurer or Deputy Treasurer  Netty Velasquez  Loz Dally Valasquez					
11. Mailing Address	12. Telephone				
9481 Byron Avenue	( 917 <sub>)</sub> 7031905				
13. City Surfside  14. County Miami Dade  15. Sta	ate 16. Zip Code 17. E-mail address nellnog@msn.com				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank	20. Address				
Sontrost	9600 Collins Asence				
21. City 22. County	23. State 24. Zip Code				
Baltarbar Many Da	33154				
	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26. Signature of Candidate				
1/15/2019	X				
27. Treasurer's Acceptance of Appointment	t (fill in the blanks and check the appropriate block)				
I, Nelly Velasquez	, do hereby accept the appointment				
(Please Print or Type Name)					
designated above as:   Campaign Treasure	Deputy Treasurer.				
11/15/2019 <b>X</b>					
Date	Signature of Campaign Treasurer or Deputy Treasurer				

# CANDIDATE OATH – NONPARTISAN OFFICE

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

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

☐ Write-in candidate

NOV 21 PM 2:24 547

OFFICE USE ONLY

	Candidate	Oath			
	(Section 99.021(1)(a), F	lorida Statutes)			
I, Nelly Velasquez					
hyphen, check box . (Se	wish it to appear on the ballot. If y see page 2 - Compound Last Nam e's name is not printed on the ballo	es). No change can be mad	de after the end of qualifying.		
am a candidate for the nonparti	san office of Commissioner		,r		
		(Office)	(District #)		
,; I am a qualified elector of Miami - Dade					
(Circuit #) (Group or Sea	nt #)		County, Florida;		
I am qualified under the Constit	ution and the Laws of Florida to ho	ld the office to which I desire	to be nominated or elected; I		
have qualified for no other publi	c office in the state, the term of whi	ch office or any part thereof r	runs concurrent with the office		
I seek; and I have resigned from	n any office from which I am requi	red to resign pursuant to Sec	ction 99.012, Florida Statutes;		
and I will support the Constitution	on of the United States and the Cor	stitution of the State of Florid	da.		
			***************************************		
Candidate's Florida Voter Regi	stration Number (located on your ve	oter information card):			
	illot: Print name phonetically on the with disabilities (see instructions of				
x A	(917) 7031905		nellnog@msn.com		
Signature of Candidate	Telephone Number	!	Email Address		
9481 Byron Avenue	Surfside	Florida	33154		
Address	City	State	ZIP Code		
STATE OF FLORIDA	-	Signature of Notary Public			
COUNTY OF Miami-I	ade.	Print, Type, or Stamp Commissioned	Name of Notary Public below:		
Sworn to (or affirmed) and subsiding day of <u>Dovember</u> , 2  Personally Known: or Produced		MY COM EXF	ANDRA NOVOA MMISSION # GG 293909 PIRES: May 4, 2023 ru Notary Public Underwriters		
Type of Identification Produced:	1				



### TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 21 PM 2:24 SM.

### **GENERAL ELECTION - MARCH 17, 2020**

# SWORN STATEMENT OF QUALIFICATION

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

	STATE OF FLORIDA }
	COUNTY OF MIAMI-DADE }
	TOWN OF SURFSIDE }
	I solemnly swear (or affirm) under oath, that my name is 102 Dely Velasques
	that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
	Surfside, Florida; that my address is 9481 Byron Ace.
	my occupation is; that I have been
	a resident of the Town of Surfside since 2013; that I will be at least twenty-one (21) years of
	age by November 22, 2019 and that if elected, I will willingly serve as Commissional
	(Mayor or Commissioner) of the Town of Surfside, if elected.
	Signature of Candidate Date
	Sworn to and subscribed before me this 21 st day of November, 2019.
	Thoa
	SANDRA NOVOA MY COMMISSION # GG 293909 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters  PRINTED NAME OF NOTARY
11	The state of the s

#### 2018 FORM 1 STATEMENT OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : Velasquez Luz Nelly MAILING ADDRESS: 9481 Byron Avenue COUNTY: ZIP: CITY · Surfside 33154 Miami Dade NAME OF AGENCY : Town of Surfside NOV 21 PM 2:24 03 NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF TO CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\* DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): **DECEMBER 31, 2018** OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): **DOLLAR VALUE THRESHOLDS** COMPARATIVE (PERCENTAGE) THRESHOLDS PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY OF INCOME **ADDRESS** Catering Business 9429 Harding Avenue, Surfside, FI Catering Food and Beverage

#### PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
uz Nelly Velasquez	Rental income	126 Esther Drive	Rental income

PART C REAL PROPERTY	[Land, buildings owned by the	e reporting person - See instructions]
(If you have nothin	g to report, write "none" or '	"n/a")

9481 Byron Avenue, Surfside, Fl 33154

126 Esther Drive, Cocoa Beach, Fl

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

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

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE Florida prepaid college plan	Florida prepaid c		HICH THE PROPERTY RELATES			
Florida prepaid college plan	Florida prepaid c	bliege louridatio	011			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor						
NAME OF CREDITOR	_	ADDRES	S OF CREDITOR			
Lexus Financial	P.O. Box 4102, 0	Carol Stream, IL	60197			
Freedom Mortgage	P.O. Box 5666, 0	Chicago, IL 6068	30			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY		inesses - See instructions] BUSINESS ENTITY # 2				
ADDRESS OF BUSINESS ENTITY	9429 Harding Av	venue #147				
PRINCIPAL BUSINESS ACTIVITY	Catering					
POSITION HELD WITH ENTITY	Owner					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes					
NATURE OF MY OWNERSHIP INTEREST	100%					
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON A	A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY 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				
Date Signed:		disclosure herein is true and correct.  CPA/Attorney Signature:  Date Signed:				
FILING INSTRUCTIONS.						

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

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

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 ame?! Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

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

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

(PLEASE PRINT OR TYPE)

NOV 21 PH 2:245/

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

OFFICE USE ONLY

officer before opening th	e campa	ign account.							OFFIC	E USE	UNLT
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	т <b>Т</b>	reasu	ırer/D	eputy [	Deposito	ry 🔲	Office		Party
2. Name of Candidate (in Luz Nelly Velasquez	this order	: First, Middle, La	ast)		3. Add code)	lress (includ	le post offic	e box or	street, city,	state,	zip
4. Telephone (917 ) 7031905					9481 Byron Avenue, Surfside, FL 33154						
Office sought (include district, circuit, group number)     commissioner				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.							
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a											
Write-In No	Party Affi	liation						Pa	arty can	didate.	
9. I have appointed the fo	llowing	person to act as	s my	X	Cam	npaign Treas	surer	Depu	ty Treasure	er	
10. Name of Treasurer or Deputy Treasurer Luz Nelly Velasquez											
11. Mailing Address       12. Telephone         9481 Byron Avenue       ( 917 ) 7031905											
13. City Surfside		county ni Dade	15. Sta	ate	e 16. Zip Code 17. E-mail address nellnog@msn.com						
18. I have designated the	followin	g bank as my	Σ	Primary Depository Secondary Depository							
19. Name of Bank Suntrust bank					20. Address 9600 Collins Avenue						
21. City Bal Harbour		22. County Miami Dade				23. State Florida			24. Zip C 33154	ode	
UNDER PENALTIES OF PERJU		LARE THAT I HAVE I OF CAMPAIGN DEF								EASURE	RAND
25. Date 11/15/2019					26. Signature of Candidate						
				X		1 111					
27. Treasure		eptance of Appo : Nelly Velasqu		t (fill ir	n the	blanks and					
l,	-11	se Print or Type N					, do her	eby accep	ot the appo	intmen	t .
designated above as:	×	Campaign T	reasure	r		Deputy Tre	asurer.				
11/15/2	019		X			1 All					
Date	Date				Signature of Campaign Treasurer or Deputy Treasurer						

serve if elected.

Signature of Candidate: \_

\*\* Website Version Only\*\*

# \*\* For unredacted version, please contact the Town Clerks Office\*\* 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 SUI	RFSIDE, FLORIDA	NOV 21 PM 2:25 SM
We the undersigned electors of the Town of Surfside,	Florida, hereby nominate <u>L</u>	02 Nally Valasquez.
for the office of Commissioner	(Mayor or Commissioner) at	an election to be held on March
17, 2020.		
This petition must be filed with the Town Clerk between	n November 1, 2019 and Novemb	ber 22, 2019 (by 12:00pm).
Signature: 11 )	Date: [1/16/19)	D.O.B.
Print Name: (2) Signature: (2) Signa	Address:	
Signature:		D.O.B.
Print Name: Feynando Alugaez	Address:	
Signature: 19 Octo		D.O.B.
Print Name: Roce Alvare?	Address:	
Signature: Kalrice Fore Quelle	Date: <u>////6/19</u> [	D.O.B
Print Name: PATRICEA FERNANCE	Address:	
Signature: Carliel 107	Date: <u>/// / / / / /</u> [	D.O.B.
Print Name: CARWS ROSA	Address:	
Signature:	Date: 1116/19 [	D.O.B.
Print Name: Steven Schrag	Address:	The state of the s
Signature:	Date: 11 6 19 [	O.O.B.
It Name: Juliana Arras	Address:	
Signature:		D.O.B.
Print Name: John Gont Colo	Address:	
Signature:	Date: 11/16/19 1	),O.B.
Print Name: Kich Fullyson	Address:	D.O.B.
Signature: (100 by Complete Print Name: 100 by 6 0 0 ml =	Date: III (Q II ) I	J.O.B. 1
Print Name: 1710180 GONSEX	Date: /// / // [	OB
Print Name: 1015 LITTER	Address:	
Signature: Melm Um.		D.O.B.
Print Name:	Address:	
Signature:		D.O.B.
Print Name: Charles Buckett	Address:	
STATEMENT	OF CIRCULATOR	
The undersigned is the circulator of the foregoing paper cor		. Each signature appended
thereto was made in my presence and is the complete signal	ture of the person whose nam	ne it purports to be.
Signature of Circulator:		
dress of Circulator: 9481 Byron Ace	Surfailer F13	3154
lail address of Circulator: 9 178 con Acceptance	OF NOMINATION	3154 (nallnog@msnco
I hereby accept the nomination of		or or Commissioner) and agree to

# 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, FLO	DRIDA	NOV 21 PM 2:25	η.	
We the	undersigned electors of the Town of Surfsid	e. Florida, hereby no	سر ا ominate	Dolly Velasor	7	
for the office		1901		ection to be held on March	h	
17, 2020.						
T	is petition must be filed with the Town Clerk betw	een November 1, 2019	and November 22,	2019 (by 12:00pm).		
Signature:		Date: // -	-17-2019D.O.B			
Print Name:	Jonse Cower	Address:				
Signature:	Links Wintz	Date: _//-	- <i>17-19</i> D.O.B			
Print Name:	Diana Gonzalez	Address:			•	
Signature:	_ 6H	Date: _//-/7	7-/9 D.O.B		***************************************	
Print Name:	Brett Heiken	Address:				
Signature:	RKH.	Date: <u>//-/</u> 7	-/9 D.O.B.		mann.	
Print Name:	Rikki Hriken	Address:				
Signature:	Roger Avila.	Date: _// /	19/19 D.O.B.		-	
Print Name:	Har	Address:	The second second		<b>)</b>	
Signature:	\$114°	Date: // /	9.19 D.O.B			
Print Name:	1 1GIREGIORY KIST	Address:				
Signature:	June	Date: <u>/ 1 / /</u>	9/19 D.O.B.			
it Name:	Judy Martinez	Address:				
Signature:	Conductions U	Date: 11 14	5/14 D.O.B.			
Print Name:	Claudete Schenou	Address:				
Signature:	A.	Date: _// [	9 19 D.O.B.			
Print Name:	("HANA LABER	Address:				
Signature:	Lara AFant	Date: <u> </u>	1/19 D.O.B.			
Print Name:	Lara Frank	Address:			,	
Signature:	Kan ge	Date: <u>// - /</u>	9-19 D.O.B.			
Print Name:	kam gen	Address:				
Signature:	As the	Date: //-/	<u>/ / / /</u> D.O.B.			
Print Name:	RIVERH LIPSKAR	Address:			man.	
Signature:	Misin PHD/	Date: _//_/	19 D.O.B.			
Print Name:	ALISON HITT	Address:				
	STATEMENT OF CIRCULATOR					
	ned is the circulator of the foregoing paper of			n signature appended		
thereto was n	nade in my presence and is the genuine sign	nature of the person	whose name it pu	irports to be.		
Signature of	Circulator:	0	*	~ <b>5</b>		
'dress of C		De Sortan	le F1 32	3154	`	
ail address of Circulator: 9481 Bron An SINTENDE, FI 33,54 (nall nate mente)						
I hereby acce	pt the nomination of	\$ 100 miles		Commissioner) and agree	e to	
Signature of (	Jat I	·	Date:	11/19/19		
	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 2:24 SM

TOWN OF SURFSIDE, FLORIDA

We the	undersigned electors of the Town of Surfside,	Florida, hereby nominate _(Mayor or Commissioner)	Loz Nally Valorates		
17, 2020.		()			
T	his petition must be filed with the Town Clerk between	n November 1, 2019 and Nove	NOV 21 PM 2:25 amber 22, 2019 (by 12:00pm).		
Signature:	Mary wensen	Date: 11-19-19	7 D.O.B.		
Print Name:	MARY, LEVENSON	Address:			
Signature:	Owntrela	Date: 11 / 19 / 19	D.O.B. <b>1</b>		
Print Name:	MAGDALENA FEKETE	Address:			
Signature:	mon	Date: 11/19/19	D.Ó.B		
Print Name:	Jama Grenner	Address:			
Signature:	·hu	Date: 11 19 / 1999	D.O.B.		
Print Name:	166EL RAVD	Address:			
Signature:		Date: ////9/19	_ D.O.B		
Print Name:	KHALNA BOIL	Address:			
Signature:	Jan III	Date: 1/1/9/19	D.O.B.		
Print Name:	Fran Duff	Address:			
Signature:	AM PIA	Date: 1//1//9	D.O.B.		
it Name:	Gree Mont	Address:			
Signature:	Donnes & Mr Duron.	Date: 1/19/2019	D.O.B.		
Print Name:	DONALD S'MCGAVERN	Address:			
Signature:			D.O.B		
Print Name:	GARRELA HERRERA	Address:	The state of the s		
Signature:		Date:///19/2019	D.O.B. 1		
Print Name:	1 DOVARD & COET	Address:	THE RESERVE THE PARTY OF THE PA		
Signature:		Date: / 1-14-19	D.O.B.		
Print Name:	Charles Manuel	Address:			
Signature: ~		Date: 11/19/19	D.O.B.		
Print Name:	Michelle Weinberg	Address:			
Signature:	Mrahe Founds, michelle	Date:	D.O.B.		
Print Name:	N	Address:			
	STATEMENT	OF CIRCULATOR			
The underside	ned is the circulator of the foregoing paper con	× (1-1)	on Each signature appended		
	made in my presence and is the denuine signat		es. Each signature appended ame it purports to be.		
Signature of	Circulator:		to the second		
"dress of Circulator: 948 Byron Acc salsile F1 33154					
ail addres	s of Circulator: 7948 Byron A	OF NOMINATION	33154 (ndlrage mon.com		
I hereby acce	ept the nomination of	***	ayor or Commissioner) and agree to		
serve if elected		,			
Signature of	Candidate:		Date: 11   9   9		



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

miamidade.gov

November 22, 2019

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

Dear Ms. Novoa:

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

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

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

Sincerely

Christina White

Supervisor of Elections

Enclosure (1)



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

miamidade.gov

# **CERTIFICATION**

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>25</u> signatures submitted by <u>Luz Nelly Velasquez</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

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

WITNESS MY HAND

Christina White Supervisor of Elections



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863 Sandra Novoa, MMC, Town Clerk

November 25, 2019

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

Dear Ms. Velasquez:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2020 Municipal Election.

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

Very truly yours,

Sandra Novoa, MMC

Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Name (2) CHSI Byron Address (number and street) City, State, Zip Code  Check here if address has changed	OFFICE USE ONLY  DEC10 '19 9:34AM A					
(4) Check appropriate box(es):  ☐ Candidate Office Sought:						
(5) Report	Identifiers					
	Report Type: 2019 JUI					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , ,	Monetary Expenditures \$ , , <u>25</u> . <u>\infty</u>					
Loans \$,, <u>50</u> · <u>10</u>	Transfers to Office Account \$ , ,					
Total Monetary \$ , ,	Total Monetary \$ , , _25 ·					
In-Kind \$ , ,						
	(8) Other Distributions \$ , ,					
(9) TOTAL Monetary Contributions To Date \$,, _50co	(10) TOTAL Monetary Expenditures To Date					
(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, corre	ect, and complete:					
(Type name)						
X Signature	X Signature					

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

(1) Name Volume Volume (2)				I.D. Number	DEC10'19	9:34AM	
(3) Cover Period / / through / / /					_ (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
11 / 15 /19	Velasquez, Nelly 9481 Byron Aue. Sofsill, Fl 33154		self	LOA			\$30,80
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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 (2) I.D. Number						
(3) Cover Perio	d <u>                                     </u>	30/19	l) 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) Amendment	(11) Amount	
11/22/19	Town of surside 9293 Hardings Ave Bortside, F133154	qualifying Fee	CAN		\$25.—	
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# MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name Naky Valanguez.	
	<del>-</del>
I.D. Number	
Address (see bosses)	
Address (number and street)  9481 Byron Acc	DEC10 '19 9:34AM
City, State, Zip Gode  The State of The Stat	
	_
☐ 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 Name 2019 M II Cover Period	11/1/19 through 11/20/19
Cover Period	tillough
Report Type Original Amendment	
A CO. O SAMON AND AND AND AND AND AND AND AND AND AN	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.
Delly Velisones	Dally Volascorez.
(Type name)	(Type name) Candidate
//1	
Y ATT	X X
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	Kally Valgague	ح	DEC10 '19 9: (2) I.D. Number	35AM (
(3) Report	Name 2019 M 11	(4) Cover Period	DEC10 '19 9: (2) I.D. Number through	30/19
	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) Name Valas gozz.	OFFICE USE ONLY						
Address (number and street)  City, State, Zip Code	TOWN OF SURFSIDE JAN10 '20 9:29AM						
☐ Check here if address has changed	(3) ID Number:						
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)  (3) ID Number:  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	(5) Report Identifiers						
Cover Period:         From 12 / 01 / 2019         To           ☐ Original         ☐ Amendment         ☐ Special	Report Type: 2019   Report Type: 2019   Report Type: 2019   Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , _OO()	Monetary Expenditures \$ , ,						
Loans \$,, <u>O</u> <u>O</u>	Transfers to Office Account \$,,,						
Total Monetary \$,,	Total Monetary \$ , ,						
In-Kind \$							
	(8) Other Distributions \$ , ,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(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, corr							
(Type name)    Individual (only for IE or electioneering comm.)   Deputy Treasurer   Candidate   Chairperson (only for PC and PTY)							
X Signature	X Signature						

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

(1) Name	Dely Velasques 12				I.D. Number		
	12 1 01 1 19						
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address &	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	туре	Occupation	туре	Description	, who have	Amount
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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 (2) I.D. Number \_\_\_\_\_ (3) Cover Period 12 / 31 / 19 through 12 / 31 / 19 (4) Page \_\_\_\_\_ of \_\_\_\_ (7) (9) (10) (11) (8) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type Amount City, State, Zip Code candidate) Amendment Number

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



	OFFICE USE ONLY
Name Delly Velanguez.	
I.D. Number	
	TOWN OF SURFSIDE
Address (number and street)	JAN10 '20 9:29AM
City, State, Zip Code Sortoula, 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
Report Name 2019 M I) Cover Period	through $\frac{12}{3}$
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.
Nolly Valasquez	Dolly Velasgers
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x All	x
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	Dully Valasqu	2. S-2	(2) I.D. Number	
(3) Report	Name 2019 MII	_ (4) Cover Period	$\frac{12/1/9}{9}$ through $\frac{12/3}{2}$	31/9
(5) Report	Type Doriginal DAmendmen	t (6) Page	(2) I.D. Number through of (10)	
(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
		/		
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Name (2) 9481 Byron Acc Address (number and street)	OFFICE USE ONLY				
Address (number and street)  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				
Cover Period: From / / / / ZO To	1 / <u>21 / 20</u> Report Type:				
☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$ , ,	Monetary Expenditures \$ , ,				
Loans \$,, 300	Transfers to Office Account \$ , ,				
Total Monetary \$	Total Monetary \$ , ,				
, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$ ,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(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, corr	ect, and complete:				
(Type name)	(Type name) (Type name) (CSQCZ Chairperson (only for PC and PTY)				
x	x				
Signature VVVV	Signature (W/)				

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

&

(1) Name	Dally Velas	391	200	(2)	I.D. Number	FEB10 '20	9:52AM
(3) Cover Period / / / / through / / of of							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 , 27,120x	Nelly Valasques 948/Byron Aug Sorfsilly F13809	. 5	Sal	LOA	·		300-
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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ÇAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number \_\_\_\_\_ (3) Cover Period of (4) Page (11) (7) (8) (9) (10)(5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Туре City, State, Zip Code candidate) Amendment Amount Number

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



	OFFICE USE ONLY
Name	
Nally Valanquez	
I.D. Number	
i.b. Namber	January Control of the Control of th
	FE810 '20 9:52AM
Address (number and street)	
9481 Byron Ave	
City, State, Zip Code Sortoude FI 33151	
SORSIde FI 33157	
☐ CHECK IF ADDRESS HAS CHANGED	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
-	
☐ Mayor	
Commissioner, District	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	L. A
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
	through $\frac{1}{3i/20}$
Report Name Cover Period	through 1/31/20
Report Type Original Amendment	20
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.
Laly Valgsquez	Holly belongues
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
	44
And Market	Thirth!
X	X Hopey
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. FEB10 '20 9:52AM (2) I.D. Number through \_\_l (4) Cover Period (3) Report Name (5) Report Type Original Amendment (6) Page \_ (11) (8) (10) (7) (9) Row **Full Name Employed By** Name of Organization Employed By Amendment (if not directly hired by campaign) (Last, Suffix, First, Middle) Type Number



February 24, 2020

Via E-mail and Certified mail

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

Re:

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

Dear Candidate Velasquez.

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

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

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

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

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

Should you have any questions, please feel free to contact me at <a href="mailto:snovoa@townofsurfsidefl.gov">snovoa@townofsurfsidefl.gov</a>, eherbello@townofsurfsidefl.gov, or the State of Florida Division of Elections at <a href="mailto:divelections@dos.state.fl.us">dos.state.fl.us</a>.

Sincerely

City Clerk



February 24, 2020

Via E-mail and Certified mail

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

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

Dear Candidate Velasquez,

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

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

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

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

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

Should you have any questions, please feel free to contact me at <a href="mailto:snovoa@townofsurfsidefl.gov">snovoa@townofsurfsidefl.gov</a>, eherbello@townofsurfsidefl.gov, or the State of Florida Division of Elections at divelections@dos.state.fl.us.

Sincerely,

City Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Dally Valasgooz.	OFFICE USE ONLY			
Name (2) $9481B_{\text{V}}$ ron $A0a$				
Address (number and street)	NAR5 '20 2:24PM			
60/4sida F1 33/54				
City, State, Zip Code				
☐ Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):	•			
Candidate Office Sought: Commis	Sonar			
<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			
,				
(5) Repor	t Identifiers			
Cover Period: From 2 / 21 / 2020 To	0 3 / 05 / 2020 Report Type: 11P1			
☐ Original ☐ Amendment ☐ Sp	pecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
_	Monetary			
Cash & Checks \$,	Expenditures \$ , , 00			
Loans \$ , ,	Transfers to			
	Office Account \$ , ,			
Total Monetary \$ , , · むの				
	Total Monetary \$ , ,			
In-Kind \$ , , <u>ĆC</u>				
×	(8) Other Distributions			
	\$			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$,, 400.	\$			
(11) Certification				
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correct, and complete:				
(Type name) Nath Valances (Type name) Nath Valances Z				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
A DA	A.A.I.			
x All A	X TAMAT			
Signature Signature 1997	Signature / Signature			

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

(1) Name Dally Valasques			MAR5 '20 2:24PM (2) I.D. Number			2:24PM	
(3) Cover Period () 2 / 2/ /2020 through () 3 / () 5 / 2020 (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	Robert & MG Mc Monagle						Sa
	Mc Monagle 9040 Fmarson Ki Surfside, Fl 33154	٤		ChE			\$50.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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	_		

1) Name Vally Valasquez (2) I.D. Number					
(3) Cover Period	d <u>D2                                   </u>	0512080 (4	) Page	of _	1
(5) Date	(7) Full Name	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
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# MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name _	OFFICE USE ONLY			
Nally Valangues				
I.D. Number				
	<u> </u>			
Address (number and street)  9481 Byron Accende	MAR5 '20 2:24PM			
City, State, Zip Code  Sortside, F133154	_			
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor				
Commissioner, District	_			
☐ Property Appraiser				
☐ Clerk of the Circuit Courts				
☐ Community Council, Area, Sub	o-Area			
REPORT IDENTIFIERS				
Report Name 1 P 1 Cover Period 02/21/2020 through 03/05/2020				
Report Type    Original    Amendment				
CERTIFICATION				
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.			
Nelly Velasques	Nelly Velasques			
(Type name) / Treasurer Deputy Treasurer	(Type name) / Candidate			
11/1	LAH-			
$\mathbf{x} = \mathbf{x}$	X = 444			
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. MAR5 '20 2:24PM (2) I.D. Number \_\_\_ (1) Name (3) Report Name (5) Report Type Original Amendment (6) Page \_ (7) (8) (9) (10)(11)Row Full Name **Employed By** Name of Organization Employed By Amendment (if not directly hired by campaign) Number (Last, Suffix, First, Middle) Type

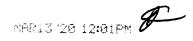
CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Nally Valasquez	OFFICE USE ONLY					
Address (number and street)  City, State, Zip Code	Y					
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):    Candidate Office Sought:						
	Identifiers					
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , ,	Monetary Expenditures \$ , , <u>12 · 03</u>					
Loans \$,, <u>60</u>	Transfers to Office Account \$,,					
Total Monetary \$ , ,	Total Monetary \$ , , <u>Do</u> . <u>OO</u>					
In-Kind \$,, <u>60</u>						
	(8) Other Distributions \$ , ,					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date					
	tification son to falsify a public record (ss. 839.13, F.S.)					
Certify that I have examined this report and it is true, correct, and complete:    (Type name)						
X WHAT	X AMA					
Signature / /	Signature //					

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

•	t	·LI ·	TILL OILL	I I best VII den bes	CONTINIDO	110110	Æ
(1) Name	Delly Valas	<b>S</b> Q.	UCZ	(2)	I.D. Number	MAR13 20	12:01FM
		7	0-	12		10	
(3) Cover Period	03/06/2020	throu	gh <u>03</u> /	1202	(4) Page		of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
(6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	Ad	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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(1) Name (2) I.D. Number (2) I.D. Number							
	(3) Cover Period 03 106 8020 through 03 1 12 12 020 (4) Page of						
(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		
3/12/202	Office Depot North Miam	Office	CAN		\$12.03		
X		,					
1.1							
11							
//							
//							
11							
1/1							

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



Name Valusquez.  I.D. Number	OFFICE USE ONLY  MRR13 '20 12:01PM
Address (number and street)	
City, State, Zip Code  Social Fl 33154  CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
□ Mayor   □ Commissioner, District   □ Property Appraiser   □ Clerk of the Circuit Courts   □ Community Council, Area   _ Sult	
REPORT IDE	NTIFIERS
Report Name Cover Period  Report Type Doriginal DAmendment	$03 \frac{12}{2020}$ through $03 \frac{12}{2020}$
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.
(Type name) Treasurer Deputy Treasurer  X Signature	(Type name) Candidate  X  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. MAR13 '20 12:02PM (1) Name (2) I.D. Number \_ (4) Cover Period 🔼 🖹 2020 through 02 (3) Report Name (5) Report Type Original Amendment (6) Page \_ (8) (7) (10)(11) (9) **Full Name** Row **Employed By** Name of Organization Employed By Amendment (if not directly hired by campaign) Number (Last, Suffix, First, Middle) Type

\$50.00 \$50.00

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

**TOWN OF SURFSIDE** 

Transaction 105887 Cashier: Employee

VISA

CREDIT CARD SALE

Total

\$50.00 | Method: KEYED VISA MANUALLY ENTERED 17-Mar-2020 11:24:13A

AthNtwkNm: VISA SIGNATURE VERIFIED Ref #: 007700517660 MID: \*\*\*\*\*\*2880 Auth #: 002413

Online: https://clover.com/ p/4RZBTPFYY9EQA

Clover Privacy Policy https://clover.com/privacy

Late Payment - For Campaign Treasures Report 2591 Velas Quez Candidate: Luz Nelly

CAMPAIGN TREASURER'S REPORT SUMMARY				
Name (2) 9481 Byron 1 3315  City, State, Zip Code	OFFICE USE ONLY			
Check here if address has changed	(3) ID Number:			
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			
	2 / 20 / 2020 Report Type: 25 P4			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$ , ,	Monetary Expenditures \$,, 262. D4			
Loans \$,,	Transfers to Office Account \$ , , .			
Total Monetary \$,  In-Kind \$ , , ,	Total Monetary \$,, 26z · OH			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$ , , 350.	(10) TOTAL Monetary Expenditures To Date			
	tification on to falsify a public record (ss. 839.13, F.S.)			
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)  Individual (only for IE or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)  X  Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY				
Name (2) Pyron Aca.  Address (number and street)  City, State, Zip Code	OFFICE USE ONLY			
Check here if address has changed	(3) ID Number:			
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			
	Report Type: 174			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, <u>50</u>	Monetary Expenditures \$,,			
Loans \$ , ,	Transfers to Office Account \$ , , .			
Total Monetary \$ , ,	Total Monetary \$ ,			
In-Kind \$ , , 50 .	, <u>e</u>			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	tification on to falsify a public record (ss. 839.13, F.S.)			
Type name)  I certify that I have examined this report and it is true, correctly considered by the construction of the constru	(Type name) Candidate  Candidate  Chairperson (only for PC and PTY)  X  Signature			

	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) (2)	Name  9481 Byron Aco  Address (number and street)  South Side F1 33154  City, State, Zip Code	OFFICE USE ONLY			
(4)	Check appropriate boy(sp):	(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			
Cove	er Period: From Z / 6 / 2020 To	3 / 12 / 2020 Report Type: 4P1			
		ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Casl	n & Checks \$,,	Monetary Expenditures \$ , , 12 · 03			
Loar	s \$,,	Transfers to Office Account \$,,			
Tota	I Monetary \$ , ,	Total Monetary \$ , , 12 · 03			
In-K	ind \$,,				
		(8) Other Distributions \$ , ,			
(9)	TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$,,			
		tification on to falsify a public record (ss. 839.13, F.S.)			
(T	gnature	(Type name) Candidate  Chairperson (only for PC and PTY)  X  Signature			

CAMPAIGN TREASURER'S REPORT SUMMARY				
Name (2)  Address (number and street)  City, State, Zip Code  Check here if address has changed	OFFICE USE ONLY  (3) ID Number:			
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			
Cover Period: From 3 / 3 / 2020 To	6 / 15 / 2020 Report Type: 87R6			
☐ Original ☐ Amendment ☐ Spe	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$ , ,	Monetary			
Loans \$ , ,	Transfers to Office Account \$ , ,			
Total Monetary \$,,  In-Kind \$ , , ,	Total Monetary \$ , , , <u>93</u>			
	(8) Other Distributions \$ , ,			
(9) TOTAL Monetary Contributions To Date	(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.)			
I certify that I have examined this report and it is true, corr				
(Type name)	(Type name) Condition (only for PC and PTY)			
X	X AAAA			
Signature	Signature			

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

(1) Name (2) I.D. Number 115 24 1812/1916							
(3) Cover Period	(1) Name (2) I.D. Number (2) I.D. Number (3) Cover Period 3 / 13 / 2002 through 6 / 15 / 202 (4) Page of						
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1		J.					
1 1							
1 1							
1 1							
			$\times$				
1 1							
1 1							
1 /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED (2	EXPENDIT 2) I.D. Number		
(3) Cover Perio	d <u>3 / /3 /2020</u> through <u>6</u> /	15 12000 14	l) 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) Amount
6 / 15/2020	Addly Valarquez 9481 Byron Acax Sofsile, Fl 33154	Repayment Loan	RMB		\$100.93
/ /					
/ /					
/ /					
/ /					
//					
//					
/ /					

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



	OFFICE HOF ONLY
Name Oally lalasques  I.D. Number	OFFICE USE ONLY
Address (number and street)  City, State, Zip Code  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 Name Cover Period	$\frac{03}{13}$   $\frac{13}{2020}$ through $\frac{6}{15}$   $\frac{15}{2020}$
Report Type    Original    Amendment	
State of the State	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.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
(Type fiame) Deputy fleasurer	(Type name)
X Signature	X 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	Daly Volas	a vas	(2) I.D. Number	
(3) Report	Name 27P1	(4) Cover Period	(2) I.D. Number through	5/2020
(5) Report	Type    Original    Amendmen	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) Amendment Type
				FSIDE
			JU/15 '28 18	16AM
	1			