

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

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

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE *gmc*
NOV 7 '23 11:29AM

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

VICTOR MAY

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

*9117 FROUDE AVE
SURFSIDE, FL, 33154*

4. Telephone

(305) 339 5656

5. E-mail address

mayorvictormay@gmail.com

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

Commissioner

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

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

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

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

VICTOR MAY

11. Mailing Address

9117 FROUDE AVE, SURFSIDE, FL, 33154

12. Telephone

()

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

mayorvictormay@gmail.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

Nov. 7, 2023

26. Signature of Candidate

X

V May

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

I, *Victor MAY*, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

Nov. 7, 2023

Date

X

V May

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

TOWN OF SURFSIDE

NOV7 '23 11:29AM

SMC

I, Victor May,

candidate for the office of Commissioner;

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

X

Victor May

Signature of Candidate

Nov. 7, 2023

Date

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

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

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

(PLEASE PRINT OR TYPE)

NOV 17 PM 2:34 *gmc*

TOWN OF SURFSIDE *gmc*

NOV 7 '23 11:29AM

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

VICTOR MAY

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

*9117 FROUDE AVE
SURFSIDE, FL, 33154*

4. Telephone

(305) 339 5656

5. E-mail address

mayorvictormay@gmail.com

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

Commissioner

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

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

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

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

VICTOR MAY

11. Mailing Address

9117 FROUDE AVE, SURFSIDE, FL, 33154

12. Telephone

()

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

mayorvictormay@gmail.com

18. I have designated the following bank as my

☐ Primary Depository

☐ Secondary Depository

19. Name of Bank

BANK OF AMERICA

20. Address

21. City

BAY HARBOR ISLANDS

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33154

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

25. Date

Nov. 7, 2023

26. Signature of Candidate

X

V May

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

I, *Victor MAY*, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

Nov. 7, 2023

Date

X

V May

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

VICTOR

MAY

First Name

Middle Name

Last name

COMMISSIONER

Office Sought (Mayor or Commissioner)

Phone No.:

305 339 5656

Fax No.:

Cell Phone:

E-Mail Address:

mayorvictormay@gmail.com

This is to acknowledge my receipt of the following documents:

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

Received by:

T May

Candidate Signature

Date:

Nov. 17, 2023



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

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

Contents

Date Received

Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and
Designation of Campaign Depository

11/7/2023
11/17/2023

VS

Nominating Petition

Statement of Candidate

11/7/2023

VS

Sworn Statement of Qualification

Candidate Oath

Form 1 – Statement of Financial Interest (2022)

Declaration and First Amendment Waiver
Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

L & A Schedule

Proof of Residency

& Voter Registration

2. Important Dates to Remember
3. Campaign Activities Memorandum

11/17/2023

VS

11/17/2023

VS

Candidate's Signature

Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

NOV 21 PM 4:04

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

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

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, Victor MAY,

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

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

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

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

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

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X V May 1305 339 5656 mayvictormay@gmail.com
Signature of Candidate Telephone Number Email Address

9117 FROUDE AVE SURFSIDE FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

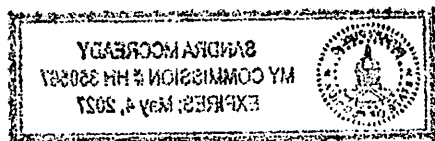
Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 21ST day of November, 2023

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: DL

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







NOV 21 PM 4:04

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Victor MAY,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9117 FROUDE AVE,
my occupation is retired; that I have been
a resident of the Town of Surfside since 2012; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
COMMISSIONER (Mayor or Commissioner) of the Town of Surfside, if elected.

V May
Signature of Candidate

11/21/2023
Date

Sworn to and subscribed before me this 21 day of November, 20 23.



Sandra W. McCreedy
NOTARY PUBLIC

Sandra W. McCreedy
PRINTED NAME OF NOTARY

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2022**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAY VICTOR

MAILING ADDRESS :

9117 FROUDE AVE

CITY :

SURFSIDE

ZIP :

33154

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

TOWN OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

NOV 21 PM 4:04

**** THIS SECTION MUST BE COMPLETED ******DISCLOSURE PERIOD:**

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

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

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

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a			

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

n/a

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

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

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

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

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	n/a	
PRINCIPAL BUSINESS ACTIVITY	n/a	
POSITION HELD WITH ENTITY	n/a	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a	
NATURE OF MY OWNERSHIP INTEREST	n/a	

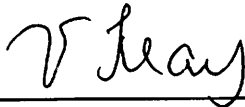
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

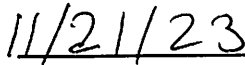
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:



Date Signed:


CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

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



Cashier's Check

No. 1002412449

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

BAY HARBOR ISLAND

0011 0109377 0114

Pay



Twenty Five and 00/100 Dollars

To The TOWN OF SURFSIDE
Order Of

RE: QUALIFICATION FEE

Remitter (Purchased By): VICTOR MAY, CAMPAIGN

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

Void After 90 Days

30-1/1140
NTX

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

\$25.00

AUTHORIZED SIGNATURE

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



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Victor May
9117 Froude Avenue
Surfside, FL 33154

Dear Mr. May:

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

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

Very truly yours,

Sandra N. McCready, MPA, MMC
Town Clerk