

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

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

(PLEASE PRINT OR TYPE)

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

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

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

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

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

VICTOR MAY

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

9117 FROUDE AVE  
SURFSIDE, FL, 33154

**4. Telephone**

(305) 339 5656

**5. E-mail address**

mayorvictormay@gmail.com

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

Commissioner

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

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

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

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

VICTOR MAY

**11. Mailing Address**

9117 FROUDE AVE, SURFSIDE, FL, 33154

**12. Telephone**

( )

**13. City**

SURFSIDE

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33154

**17. E-mail address**

mayorvictormay@gmail.com

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

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

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

**25. Date**

Nov. 7, 2023

**26. Signature of Candidate**

X

*V May*

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

Nov. 7, 2023  
Date

X

*V May*

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

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

TOWN OF SURFSIDE  
NOV7 '23 11:29AM

SMC

I, Victor May,  
candidate for the office of Commissioner;

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

X Victor May  
Signature of Candidate

Nov. 7, 2023  
Date

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

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

NOV 17 PM 2:34 *SNC*

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE *SNC*

NOV 7 '23 11:29AM

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

VICTOR MAY

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

9117 FROUDE AVE  
SURFSIDE, FL, 33154

4. Telephone

(305) 339 5656

5. E-mail address

mayorvictormay@gmail.com

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

Commissioner

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

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

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

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

VICTOR MAY

11. Mailing Address

9117 FROUDE AVE, SURFSIDE, FL, 33154

12. Telephone

( )

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

mayorvictormay@gmail.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

21. City

BAY HARBOR ISLANDS

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33154

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

25. Date

Nov. 7, 2023

26. Signature of Candidate

X

*V May*

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

I, Victor MAY, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

Nov. 7, 2023  
Date

X

*V May*  
Signature of Campaign Treasurer or Deputy Treasurer



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

### RECEIPT OF DOCUMENTS

Candidate:

VICTOR

MAY

First Name

Middle Name

Last name

COMMISSIONER

Office Sought (Mayor or Commissioner)

Phone No.:

305 339 5656

Fax No.:

Cell Phone:

E-Mail Address:

mayorvictormay@gmail.com

This is to acknowledge my receipt of the following documents:

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

Received by:

T May

Candidate Signature

Date:

Nov. 17, 2023



## Town of Surfside

9293 Harding Avenue  
Surfside, FL 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate VICTOR MAY

Office Sought COMMISSIONER

Phone No.: 305 339 5656 Cell Phone No: \_\_\_\_\_

E-Mail Address: mayorvictor may @ gmail. com

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

& Voter Registration

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

11/17/2023

VS

11/17/2023

VS

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**CANDIDATE OATH  
NONPARTISAN OFFICE**

NOV 21 PM 4:04

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

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

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

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

I, Victor MAY,

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

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

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

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

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

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

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

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

Personally Known  OR Produced Identification   
Type of Identification Produced: DL

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



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







NOV 21 PM 4:04

### TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

### GENERAL ELECTION – MARCH 19, 2024

### SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

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

V May  
Signature of Candidate

11/21/2023  
Date

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



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

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2022**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAY VICTOR

MAILING ADDRESS :

9117 FROUDE AVE

CITY: SURFSIDE ZIP: 33154 COUNTY: MIAMI-DADE

NOV 21 PM 4:04

NAME OF AGENCY :  
TOWN OF SURFSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
COMMISSIONER

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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

**DISCLOSURE PERIOD:**

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

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

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

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

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

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

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

n/a

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

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

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

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

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

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

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

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature: V. May

Date Signed: 11/21/23

**CPA or ATTORNEY SIGNATURE ONLY**

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

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

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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

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

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

**Candidates** file this form together with their filing papers. **MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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

**Candidates** must file at the same time they file their qualifying papers. **Thereafter,** file by July 1 following each calendar year in which they hold their positions.

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



Cashier's Check

No. 1002412449

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

Void After 90 Days

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

30-1/11-40  
NTX

BAY HARBOR ISLAND

0011 0109377 0114



Pay

\*\*Twenty Five and 00/100 Dollars\*\*

\*\*\$25.00\*\*

To The TOWN OF SURFSIDE  
Order Of

RE: QUALIFICATION FEE

Remitter (Purchased By): VICTOR MAY, CAMPAIGN

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

AUTHORIZED SIGNATURE

COPYING CAPTURE - ANTI-FRAUD PROTECTION

00-53-3364B 06-2019

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

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 4:03

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

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

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

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9117 FROUDE AVE  
Email address of Circulator: mayervictor.may@email.com

#### ACCEPTANCE OF NOMINATION

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

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

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 4:04

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

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

Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B.
Print Name: <u>P. Hickey</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-19-2023</u> D.O.B.
Print Name: <u>P.O. SANCHEZ</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B.
Print Name: <u>KRISTIN SANCHEZ</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B.
Print Name: <u>ARHLENEZ AYALIN</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B.
Print Name: <u>Orchella Burkett</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B.
Print Name: <u>Victoria Gitzon</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B.
Print Name: <u>STEFANO GUBALIK</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B.
Print Name: <u>Tina Paul</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B.
Print Name: <u>Mary Lewenson</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B.
Print Name: <u>Reye Navratik</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B.
Print Name: <u>Becca Greenstem</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11/19/23</u> D.O.B.
Print Name: <u>Stake Lew</u>	Address: [Redacted]
Signature: <u>[Signature]</u>	Date: <u>11-19-23</u> D.O.B.
Print Name: <u>Juliana B. Nitzler</u>	Address: [Redacted]

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9117 FROUDE AVE  
Email address of Circulator: mayorvictor.may@gmail.com

#### ACCEPTANCE OF NOMINATION

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

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

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 4:04

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

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

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

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 2 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]  
Address of Circulator: 9117 FROSDE AVE  
Email address of Circulator: mayor.victor.may@email.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 11/21/23



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,  
Town Clerk

November 22, 2023

Mr. Victor May  
9117 Froude Avenue  
Surfside, FL 33154

Dear Mr. May:

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

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

Very truly yours,

Sandra N. McCready, MPA, MMC  
Town Clerk



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May  
 Name  
 (2) 9117 Froude Ave, Surfside, Fl, 33154  
 Address (number and street)  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**

JAN 8 '24 3:03PM

JAN 8 '24 3:03PM *pk*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate, Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

**(5) Report Identifiers**

Cover Period: From 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 2023Q

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans      \$ \_\_\_\_\_ , \_\_\_\_\_ , 50 . 00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 50 . 00

In-Kind      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 32 . 00

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 32 . 00

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 50 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 32 . 00

**(11) Certification**

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

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

(Type name) VICTOR MAY

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

**X** *Victor May*  
 Signature

(Type name) VICTOR MAY

Candidate     Chairperson (only for PC and PTY)

**X** *Victor May*  
 Signature

*PK*

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR MAY

(2) I.D. Number \_\_\_\_\_

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

(4) Page 1 of 1

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

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE  
JAN 24 3:04PM

*PK*

(1) Name VICTOR MAY (2) I.D. Number \_\_\_\_\_

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

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

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



OFFICE USE ONLY

Name VICTOR MAY

I.D. Number

Address (number and street) 9117 FROUDE AVE

City, State, Zip Code SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN10 '24 10:51AM

PK

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

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

Report Type  Original  Amendment

CERTIFICATION

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

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

VICTOR MAY

(Type name)  Treasurer  Deputy Treasurer

X Victor May  
Signature

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

VICTOR MAY

(Type name)  Candidate

X Victor May  
Signature

**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



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

(1) Name VICTOR MAY (2) I.D. Number \_\_\_\_\_

(3) Report Name 2023Q4 (4) Cover Period 10.01.2023 through 12.31.2023

(5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	N/A			
TOWN OF SURFSIDE JAN10 '24 10:51AM <i>PK</i>				

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) VICTOR MAY  
Name

(2) 9117 FROUDE AVE  
Address (number and street)

SURFSIDE, FL, 33154  
City, State, Zip Code

Check here if address has changed

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

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

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

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 50 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 40 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 72 . 00

### (11) Certification

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

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

(Type name) Victor MAX  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** Victor May  
Signature

(Type name) Victor MAX  
 Candidate  Chairperson (only for PC and PTY)

**X** Victor May  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Victor May (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 2024 through 01 / 12 / 2024 (4) Page 1 of 1

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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VITOR MAY

(2) I.D. Number \_\_\_\_\_

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11 / 21 / 2023	BANK OF AMERICA, 1108 KANE CONCORDE, BAY HARBOR ISLANDS	REGISTRATION FEE	CAN		40.00
/ /				TOWN OF SURFSIDE	
/ /				JAN18 '24 12:08PM	<i>pk</i>
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Victor MAY

I.D. Number

Address (number and street)

9117 FROUDE AVE

City, State, Zip Code

SURFSIDE, FL, 33154

TOWN OF SURFSIDE

JAN18 '24 12:08PM

pk

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District \_\_\_\_\_

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name

2024 GO DP  
01/01/2024

Cover Period

01/01/2024 through 01/12/2024

Report Type

Original

Amendment

CERTIFICATION

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

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

Victor MAY

(Type name)

Treasurer

Deputy Treasurer

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

Victor MAY

(Type name)

Candidate

X

V May

Signature

X

V May

Signature

**PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES**



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

(1) Name VICTOR MAY (2) I.D. Number \_\_\_\_\_  
 (3) Report Name 2024 GODP (4) Cover Period 01/01/2024 through 01/12/2024  
 (5) Report Type  Original  Amendment (6) Page 1 of 1

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>n/a</u>			
<p>TOWN OF SURFSIDE                      JAN18 '24 12:08PM  <i>pk</i></p>				

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

TOWN OF SURFSIDE

FEB2 '24 5:01PM

*GMC*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

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

### (5) Report Identifiers

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

Original  Amendment  Special Election Report

### (6) Contributions This Report

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

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 72 . 00

### (11) Certification

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

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

(Type name) Victor May

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** *Victor May*

Signature

(Type name) Victor May

Candidate  Chairperson (only for PC and PTY)

**X** *Victor May*

Signature

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

TOWN OF SURFSIDE

(1) Name Victor May

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

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

(4) Page 1 of 1

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

COUNTY OF SURFSIDE

(1) Name Victor May

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

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Victor May

I.D. Number \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB2 '24 5:01PM

*SMC*

Candidate for:

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

REPORT IDENTIFIERS

Report Name \_\_\_\_\_ Cover Period \_\_\_\_\_ through \_\_\_\_\_

Report Type  Original  Amendment

CERTIFICATION

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

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

(Type name)  Treasurer  Deputy Treasurer

**X**  
Signature

*V May*

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

(Type name)  Candidate

**X**  
Signature

*V May*

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 \_\_\_\_\_ (4) Cover Period \_\_\_\_\_ through TOWN OF SURFSIDE  
(5) Report Type  Original  Amendment (6) Page \_\_\_\_\_ of \_\_\_\_\_ FEB 2 '24 5:01PM *gmc*

(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