STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

6-15 PO4:16 RCVD

1, Victor MAY
candidate for the office of $MAYOR$ of $SurFside$;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x VJuan Nov. 16, 2015
Signature of Candidate Date

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

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

Jandra Vousa

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: T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last) VICTOR 4. Telephone (305)8781729 moxidel@hotmail.com moxidel@hotmail.com	3. Address (include post office box or street, city, state, zip code) 9117 FROUDE AVE SURFSIDE, FL 33154
6. Office sought (include district, circuit, group number) MAYOR of SURPSIDE	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 <u>partisan</u> 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	
11. Mailing Address 9117 FROUDE AVE	12. Telephone
13. City 14. County 15. Sta SURFSIDE MIAMI DADE FO	ate 16. Zip Code 17. E-mail address L 33/54 moxidele hotmak.com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank CITIBANK	20. Address 9525 HARDING AVE
21. City 22. County SURFSIDE MIAMI - DAL	23. State 24. Zip Code 33/54
	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date Nov. 16, 2015	26. Signature of Candidate X
27. Treasurer's Acceptance of Appointment I, VICTOR MAY (Please Print or Type Name)	t (fill in the blanks and check the appropriate block) , do hereby accept the appointment
designated above as: Campaign Treasure Nov. 16, 20/5 X	Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer.



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

12-04-15P01:50 RCVD

GENERAL ELECTION - MARCH 15, 2016

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, SURFSIAE, my
occupation is <u>RETIRED</u> ; 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 December 7, 2015 and that if elected, I will willingly serve as
(Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate Date Dec 04, 2
Sworn to and subscribed before me this 4th day of December, 2015
SANDRA NOVOA MY COMMISSION # FF 187423 EXPIRES: May 4, 2019 Sandra LOVOL



PRINTED NAME OF NOTARY

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

12-04-15P01:10 RCVD SW

OFFICE USE ONLY

	OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
I, VICTOR MAY (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	ON THE BALLOT * - NAME MAY NOT BE	CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of ; I am a (; I am a (qualified elector of MAM/	County, Florida
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have r Section 99.012, Florida Statutes; and I will su State of Florida	office in the state, the term of esigned from any office from what	which office or any part thereof runs
X Signature of Candidate	(305) 878-1229 Telephone Number	moxide la hotmail. con Email Address
Address FROUDE AVE		
Candidate's Florida Voter Registration Number		
* Please print name phonetically on the line be with disabilities (see instructions on page 2 of t 	low as you wish it to be pronoun his form):	ced on the audio ballot for persons
STATE OF FLORIDA COUNTY OF <u>Miami Dad</u> e		
Sworn to (or affirmed) and subscribed befor		rcember, 2015.
Personally Known: or or		Sanda Nova. Notary Public
Produced Identification:	, ,	r Stamp Commissioned Name of Notary Public

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the ur	ndersigned electors of the Town of Surfsi			A y for
the office of 2016.	MAYUR	_ (Mayor or Commiss	sioner) at an election to be held on	March 15,
2010.	\sim			
0	This petition must be filed with the Town C	lerk between Novemb	er 17, 2015 and December 7, 2015.	
Signature:		Date: ¹²	02/15 Voters Reg. # 122	422 14-8
Print Name:	I mirella Stup	Address: {	Total Control of the state of t	, cc, in
Signature:	Sultan Fornancia	/ Date: 17	102/15 Voters Reg. # 110	22340
Print Name:	Evelyn Fernandez	Address:	100 10g. # 1.01	+
Signature: _	Hartha Ceraiton	Date:	Voters Reg. #	
Print Name:	Martho,	Address: \		\
Signature:	Kary School	The same of the sa	04-15_ Voters Reg. #	
Print Name	Labrence Schorski	Address:		
Signature: (_	bus !	_ Date: _∫2	13 (15 Voters Reg. # // OC	057651
Print Name: \(\)	ERENICA //UPINA	Address:		
Signature: _	fred	Date:(2 3/15 Voters Reg. # 1/02	36 788
Print Name:	Karida TAMBELLEW	Address:		
Signature: _	gr-	_ Date: <u> </u>	2 <u> 3 20 5</u> Voters Reg. # <u>/ 5</u>	426539
Print Name:	JAGUOT POONIA	Address:		
Signature:	All	_ Date: <u>\</u> `7	13/2015 Voters Reg. # 120	824485
Print Name:	HUCH Kodriguez	Address:		
Signature:		_ Date: 💋	03/15 Voters Reg. # 409	084
Print Name:	IDD HADENSEN	Address:		- ~~ '
Signature:	1 my My	Date:	Voters Reg. #	
Print Name:	Jose M/Bilitein	Address:		
Signature:	Could And	Date:/2	<u>//03//5</u> Voters Reg. # <u>//09</u> 9	171838
Print Name: 🦽	JOURGO HENRY	Address:		
Signature:		. Date: <u>12.</u>	03.15 Voters, Reg, # 109 ©	<u> 263320 </u>
Print Name:	Steve Kaam	Address:		-
Signature:	11/6	Date: 12	03//5 Voters Reg. # 1094	422488
Print Name: 🎵	1060 GOMEZ	Address	The state of the s	
		NT OF CIRCULATO	3	•
The undersigne was made in my	d is the circulator of the foregoing paper y presence and is the genuine signature of	containing <u>/ がんたん</u> of the person whose	signatures. Each signature appe name it purports to be.	nded thereto
Signature of Cir	culator:			
Address of Circ		E AVES	URFSIDE, FL 3	3154
Email address o	T Circulator: hay PEVICTOR	<u>мау @ G-m'ai</u> NCE OF NOMINATIO	e.com '	
hereby accept	LA TAOOLI IAI	AY	(<u>Mayor</u> or Commissioner) a	nd agree to
Signature of Car	ndidata: "I May M			_
ngriature or Cal	ididate.	1:	<u>Date: </u>	W13

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfsi	de, Florida, hereby nominate VICTOR MAY	fc
the office of	(Mayor or Commissioner) at an election to be held on March 1	5,
This petition must be filed with the Town Clerk not mo	re than fifty-five and not less than thirty five days prior to the election.	
Signature: WWW Wien	Date: _// //8//5_ Voters Reg. # /0928206	<u>J</u>
Print Name: ALVAROD DIAZ	Address:	 /
Signature: Hudhelis	Date: 1/18/15 Voters Reg. # 109244419	_
Print Name: HONENTING DIAZI	Address:	_
Signature: Malanamb	Date: 1/8/0 Voters Reg. # 109184622	<u>ー</u>
Print Name: 8 5 T N Durant	Address:	_
Signature: 150	Date: <u>[1-18-15</u> Voters Reg. # <u>110.015.06</u> 0	<u></u>
Print Name: Ben Cluffer	Address:	_
Signature: P. P.	Date: 11/12/15 Voters Reg. #110022479	я
Print Name: Scy 12 YAVIS	Address:	
Signature:	Date:Voters Reg. # \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1
Print Name:	Address:	
Signature:	Date: Voters Reg. #	٦
Print Name:	Address:	
Signature:	Date: Voters Reg. #	
Print Name:	Address:	J
Signature:	Date: Voters Reg. #	7
Print Name:	Address:	
Signature:	Date: Voters Reg. #	
Print Name:	Address:	
Signature:	Date: Voters Reg. #	l
Print Name:	Address:	
Signature:	Date: Voters Reg. #	
Print Name:	Address:	
Signature:	Date: Voters Reg. #	
Print Name:	Address:	
STATEMEN ⁻	T OF CIRCULATOR,	!
The undersigned is the circulator of the foregoing paper co		
was made in my presence and is the genuine signature of	the person whose name it purports to be.	
Signature of Circulator:		
Address of Circulator: 9/17 FROUDE mail address of Circulator: MAYOR VICTORMAY OF	AVE SURFSIDE, FL 33/54	Ļ
ACCEPTANC	E QF, NOMINATION	
I hereby accept the nomination of VICTOR A	(Mayor or Commissioner) and agree to	
Signature of Candidate:		٢
	12-04-15 PO1:05 RCVD	7

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the the office of 2016.	undersigned electors of the Town of Surfs MAYOR	side, Florida, hereby _ (Mayor or Commi	nominate VICTOR MAY for ssioner) at an election to be held on March 15,
	This petition must be filed with the Town	Clerk between Novem	ber 17, 2015 and December 7, 2015.
Signature:	Raylom	Date:	2.03.15 Voters Reg. # 114673043
Print Name:	: Sarah Wilson	Address:	
Signature:	DIM		2.03.15 Voters Rea. # 118823560
Print Name:	: David Wilson	_	/ , ~ / 10 / 10 / 10 / 10 / 10 / 10 / 10 /
Signature:			Voters Reg. #
Print Name:	:	Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
Signature:	· ·	Date:	Voters Reg. #
Print Name:		Address:	
Signature:		Date:	Voters Reg. #
Print Name:		Address:	
	STATEM	IENT OF CIRCULA	TOR
The undersignas made in	gned is the circulator of the foregoing paper n my presence and is the genuine signature	er containing 2(Lw) e of the person who	signatures. Each signature appended thereto se name it purports to be.
Signature of	Circulator:	<u> </u>	5 5 5 22 5 1
Address of C		AVE, SUR	
Email addres	ss of Circulator: Mayor Cto RA	ANCE OF NOMINA	TION
I hereby acco		1AY	(Mayor or Commissioner) and agree to
Signature of	Candidate:		Date: Dec. 03, 2015

NOMINATING PETITION FOR MAYOR OR COMMISSIONER TOWN OF SURFSIDE, FLORIDA

We the un-	dersigned electors of the Town of Surfside,	Florida, hereby nominate	VICTOR MAY for
the office of	MAYOR (M	ayor or Commissioner) at	an election to be held on March 15,
2016.			
	This petition must be filed with the Town Clerk	between November 17, 201	5 and December 7, 2015.
Signature:	Hody Dis	Date: 12/3/20/5	
Print Name:	Sladys, Diaz	Address: 5	1.33/54
Signature:	WI /	Date: 12/3/70/	5 Voters Reg. #
Print Name:	ASH FOONIA	Address:	1/5
Signature:	yeur	Date: <u>/2/2</u> //	5_ Voters Reg. #
Print Name: (Gisela Santiago	Address:	54
Signature:	the tento	Date: 1212/20	<u>5</u> Voters Reg. # <u>//00/3069</u>
Print Name:	Illian Santiago	Address:	
Signature:	dr.	Date: <u>\2/3//</u>	Vpters Reg. #
Print Name:	Hoart Kornin	Address:	
Signature: <u></u>	Wilalia	Date: _/2. 03. /	Voters Rea. # 109631544
Print Name:	H. Calabres,	Address:	
Signature:	Millende	Date: DEC 37	Voters Reg. # 109030469
Print Name: <u>F</u>	1AMRICER NEVILLE	Address:	
Signature:		Date: 12/3	Voters Reg. # 120942810
Print Name:	MANA WANNOG	Address:	
Signature:	CARGO B	Date: <u>17/3</u>	Voters Reg. # <u>/2/2/9747</u>
Print Name:	espen baring	Address:	
Signature: _&	Lawo Junt	Date: 12-3-15	Voters Reg. # <u>/09//4797</u>
Print Name:	taster kernolt	Address:	
Signature:	driane Worder-Bru	m Date: 12/3/15	Voters Reg. # <u>109 541613</u>
Print Name: A	DELANNE WANDER-BRUM	Address:	
Signature: fu	ey Velsello	Date: 12/03//	Voters Reg. # 10900/339
Print Name: ﴿, ﴿	ky VIDANTE	Address:	
Signature:	Maris Isgrrein	Date: 12.03. /	Voters Reg. #
Print Name:	Marisecissinin	Address:	
	STATEMENT	OF CIRCULATOR	,
The undersigned	d is the circulator of the foregoing paper con	taining $lo(te_{N})$ signatur	es. Each signature appended thereto
was made in my	presence and is the genuine signature of the	ne person whose name it p	purports to be.
Signature of Circ	culator:		
Address of Circu		VE, SURFSIL	DE FL 33154
Email address of		C'Email. Com	/
I hereby accept t	the nomination of VICTOR M	E OF NOMINATION (M	layor or Commissioner) and agree to
Signature of Car	ndidate:		Date: Dec. 03 2015

12-04-15P01:37 RCVD

dh	CAMPAIGN TREASURER'S REPORT SUMMARY							
	(1) Victor MAY OFFICE USE ONLY							
	(2) Name Address (number and street) SURFS 1) E, FL 33/ City, State, Zip Code	12-07-15 ATO:58 RCVD 50						
	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) (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							
	Cover Period: From 11 / 16 / 20/5 To	t Identifiers // 1 301 20/5 Report Type: 20/5 4// ecial Election Report						
dfb.	(6) Contributions This Report	(7) Expenditures This Report						
	Cash & Checks \$,,300 . 00	Monetary						
	Loans \$,,	Transfers to Office Account \$, ,						
	Total Monetary \$,, 300.00	Total Monetary \$						
		(8) Other Distributions \$,						
	(9) TOTAL Monetary Contributions To Date \$, 300.00	(10) TOTAL Monetary Expenditures To Date \$,,						
	(11) Cert It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)						
400	(Type name) Control	(Type name) Candidate Chairperson (only for PC and PTY)						
	X Signature	X Wignature						
L								

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

)	(3) Cover Period	11/16/20/	throu	ıgh // /	30,20	/5 (4) Page	/	of /
	(5)	(7)	- 	(8)	(9)	(10)	(11)	(12)
	Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
		VICTOR MAY 9117 FROUDE AVE, SURFSIDE FL, 33154	2		deposit on campaign acc		vla	100.0
	11,19,15	Victor MAY 9117 PROUDE AVE, SURFSIDE FL, 33154	1	retired	deposit on campaign acc	Na	n/a	200.00
	1 1							
	1 1							
_	1 1							
_	1 1							
	DS-DE 13 (Rev. 11/13) SE	EE REV	ERSE FOR IN	STRUCTIONS A	ND CODE VALU	ES	

12-07-15A10:58 RCVD **S4**

(1) Name VICTOR MAY	D EXPENDITURES (2) I.D. Number
(3) Cover Period 10 / 16 72015 through 30 /30 /2015	(4) D. Number

			1	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
(5)	(7)	(8)		(9)	(10)	(11)
(6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought	f	Expenditure	(1.5)	(,,
Sequence Number	City, State, Zip Code	contribution to a candidate)		Type	Amendment	Amount
11/19/15	BISCAYNE BLAD, NORTH MIAMI HOME DEPOT 12055 BISCAYN BLVD, NORTH MIAMI 33	Supplies		CAN	N/a	27.55
11/19/15	BLOD, NORTH MIAMISS BISCAYNE HOME DEPOT 12055 BISCAYNE BLYD NORTH MIAMI, 33/81			CAN	N/a	4.01
11/23/15	BISCAYNE HOME DEPOT 12055 BISCAYNE ZUD NORTH MIAMI, 33/81	Supplies		CAN	V/a	42.77
11 /23/15	BISCAYNE BON & DEPOT ROOSS BISCAYNE BUD NORTH MIAMI, 33181 FL	Supplies		CAN	Ma	7.51
11/2415	BISCAYNE HOME DEPOR 120055 BISCAYNE BLVD NORTH MIAMI, 33181	Supplies		CAN	n/a	93.34
11/24/15	CVI PHAPMACY 9578 HARDING AVE SURFSIDE, FL 33154	Supplies	0	CAN	1/9	15.28
//						
//						

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



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



Name Victor MAY	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9117 FROUDE AVE	12-07-15 A10:58 RCVD 3/I N
City, State, Zip Code SURFS (DE, FL 33152	<u>4</u>
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Su	
REPORT IDE	
Report Name 2015 41/ Cover Period	1 11,16.2015 through 11.30.2015
Report Type Original Amendment	
	ICATION
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Victor, MAY	Victor, MAY
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x Stay	x VJuay
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Victor	MAY		(2) I.D. Number	
(3) Repo	NICTOR NINAME 2015 MII	(4) Cover Period	11.16	20/5 through 11.	30.201
(5) Repo	rt Type 🗹 Original 🔲 Amendmen	t (6) Page		of	1
(7) Row Numbe	(8) Full Name r (Last, Suffix, First, Middle)	(9) Employed By	Name of (if not d	(10) Organization Employed By irectly hired by campaign)	(11) Amendment Type
					7
			/		
		10			
	\sim				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

12-07-15 A10:59 RCVD SKN



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

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

December 8, 2015

Mr. Victor May 9117 Froude Ave 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 Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2016 Municipal Election.

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

Very truly yours,

Sandra Novoa, MMC

Town Clerk

	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1)	Victor May	OFFICE USE ONLY			
	Name				
(2)	9117 Froude Ave				
	Address (number and street)	TOWN OF SURFSIDE			
	Surfside, FL 33154 City, State, Zip Code	JAN6'16 12:54PM			
		(2) ID Niverbarr			
	Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es): Candidate Office Sought: Mayor Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed			
	(5) Report				
Cov	er Period: From 12 / 0/ /20/5 To	12 / 31 / 2015 Report Type: 2015M12			
☑ C	☑ Original ☐ Amendment ☐ Special Election Report				
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	h & Checks \$, , 2 <u>62</u> . <u>o o</u>	Monetary			
Loar	s \$,	Transfers to Office Account \$, , .			
Tota	Il Monetary \$, ,	Total Monetary \$, .			
In-K	ind \$, , .				
		(8) Other Distributions \$, ,			
(9)	TOTAL Monetary Contributions To Date \$,, 562 . 00	(10) TOTAL Monetary Expenditures To Date \$,, 559.2			
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
	certify that I have examined this report and it is true, corr	ect, and complete:			
_(T	_{ype name)} Victor May	_(Type name) Victor May			
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm)	☑ Candidate ☐ Chairperson (only for PC and PTY)			
<u>X</u>		x VJuay			
S	ignature)	Signature			

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/01/15	MIAMI-BEDE COUNTY 2700 NW 87 AXE MIAMI, FL 33172	VOTER'S LIST	CAN	MA	20.00
12/04/15	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE, FL 33154	QUALIFYING FEE	CAN	NA	25.00
12/15/15	WEBSTTEBUILDER-CC.COM UNITG, FULCRUM 2 SOLEN WAY, WHITELEY HANDSI POIST FN UK		CAN	MA	7.14
12/17/15	VISTA-PRINT. COM MA 15350	BUSINESS CARDS	CAN	NA	46.98
12/21/15	SIGNARAMA 730 HALLANDALE BEACH BLOOD HIOY, NALLANDAL BEACH, FL 33009	campaign Edisplay PosTERS	CAN	N/A	125.00
12/24/15	SIGNARAMA 730 HALLANDALE BEACH BLUD #104, HALLANDALE BEACH, PL 33009		CAN	~/4	/25.00
	CITIBANK 9575 HARDING AVE SURFSIDE, FL 33154	Check book	CAN	N/a	8.75
12/31/15	WEBSITEBUILDER UNITG, FULCROM Z SOLENT WAY, WHITELEY HAMPSHIRE POISY FN UK	WEBSITE Monthly FEE	CAN	N/a	10.99

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	lictor	M	AY	(2)	I.D. Number		
(3) Cover Period	12/01/15	throu	gh 12 /	31,19	△ (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	_	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
	VICTOR MAY 9117 FROUDE AVE		RETRED	deposit on camp acc	N/a	N/a	200.00
12 , 22 , 15	VICTOR MAY 9117 FROUPE AVE, SURFSI))E	RETIRE	de posit on camp. acc	Na	N/a	62.00
1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

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



Name Victor MAY	OFFICE USE ONLY
I.D. Number	JAN6716 12:54PM
Address (number and street) 9117 FROVDE AVE	TOWN OF SURFSIDE
City, State, Zip Code SURFSIDE FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
 ✓ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts 	_
☐ Community Council, Area, Sub	o-Area
REPORT IDEN	NTIFIERS
Report Name 20 Cover Period Report Type Original Amendment	12/01/15 through 12/31/15
Report Type in Original in Americanient	
CERTIFI	
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X May	X 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 2015 M 12	(4) Cover Period	12/01/15 through 12/	31/15
	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
	_			
		/		
	/			
/				

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Victor May	OFFICE USE ONLY
	Name	
(2)	9117 Froude Ave	
	Address (number and street) Surfside, FI 33154	
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
` '	✓ Candidate Office Sought: Mayor	
	Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	Check here if PC or ECO has disbanded
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	l Identifiers
Cov	er Period: From 01 / 01 / 2016 To	01 / 31 / 2016 Report Type: 2016M1
Ø o	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$,1 , _00000	Monetary
Loar	ns \$,,	Transfers to Office Account \$, , .
Tota	Il Monetary \$, , <u>1,000.00</u>	
		Total Monetary \$, , 676.75
In-Ki	ind \$,,	
		(8) Other Distributions
		\$, ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>1</u> , <u>562</u> . <u>00</u>	\$, <u>1</u> , <u>237</u> . <u>05</u>
		
		tification on to falsify a public record (ss. 839.13, F.S.)
Ιd	certify that I have examined this report and it is true, corr	rect, and complete:
(T	ype name) Victor May	(Type name) Victor May
	Individual (only for IE	✓ Candidate
Х	Vilan	x V May
	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Victor M	/ Y	<u></u>	(2)	I.D. Number		
	01,01,20/6	,		31 120	<u>/</u> 6 (4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
01,11,2016	CATVA CAME CANT	B			NIA		
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<i>i i</i>							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Victor	May	(2) I.D. Number _		
(3) Cover Period 01/	91/2916 thre	ough 01/31/2016	(4) Page 1	of 2	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/08/2016	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	N/A	27.00
01/11/2016	OfficeMax 12255 Biscayne Blvd N Miami, Fl	Supply	CAN	N/A	116.38
01/11/2016	2024 RAINBOW FARMS DR SAFETY HARBOR FL 34695	SUPPLY	CAN	N/A	80.00
01/15/2016	MIAMI-DADE COUNTY CLERK WEBPAY 111 NW 1ST ST MIAMI, FL 33128	COUNTY RECORDER'S OFFICIAL RECORD SEARCH	CAN	N/A	20.00
01/16/2016, 5	WEB MSZ-SHANTA89 EBAY	SOFTWARE	CAN	N/A	100.00
01/19/2016	MICHAEL'S 20609 BISCAYNE BLVD AVENTURA, FL 33180	SUPPLY	CAN	N/A	20.06
01/19/2016,	A BALLOON INPRINTING 1335 WEST 134TH ST GARDENA, CA 90247	SUPPLY	CAN	N/A	142.52
01/19/2016	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	COPIES OF DOCS	CAN	N/A	7.80

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	VICTOR MAY	(2) I.D. Number		
(3) Cover Period 01/01/2016 /	through 01/31/2016 /	(4) Page 2	of ²	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/20 / 201 6 /	CHEVRON 1501 BROAD CAUSEWAY BAYHARBOR ISLANDS FL 33154	GAS	CAN	N/A	20.00
10	SUTTERSTOCK INC 350 FIFTH AVE, 21ST FLOOR NY, NY 10118	IMAGES OF SMILEYS :)	CAN	N/A	58.00
01/25/2016	CONSTANT CONTACT 1601NTRAPELO RD WALTHAM, MA 02451	SOFTWARE	CAN	N/A	45.00
01/28/2016	OFFICE SUPPLIES 8351 ELMAVE 101 RANCHO CUCAMONGA CA 91730	TONER REFILL	CAN	N/A	39.99
/ /					
/ /					
/ /					
/ /					

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



Name Victor MAX	OFFICE USE ONLY			
I.D. Number	TOWN OF SURFSIDE			
Address (number and street) 9117 FROUDE AVE	FEB8716 03:19PM			
City, State, Zip Code SURFSIDE FC 33/5	<u>4</u>			
Candidate for:				
Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Substituting Mayor				
REPORT IDEN	NTIFIERS			
REPORT IDENTIFIERS Report Name 20/6 M / Cover Period 01/01/2016 through 01/31/2016 Report Type Original Amendment				
CERTIFI	CATION			
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete. Victor MAY	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate			
X Juay Signature	X 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	MAX	(2) I.D. Number	
(3) Report	Name 2015 M12	(4) Cover Period	(2) I.D. Number (1/01/2016 through	31/2016
(5) Report	Type Original Amendmen	t (6) Page		
(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
				/
		/		
	/	/		
		\times		
1				

	CAMPAIGN TREASURE	R'S REPORT SUMMARY		
(1)	Victor May	OFFICE USE ONLY		
	Name	02-17-16P02:43 RCVD SM.		
(2)	9117 Froude Ave			
	Address (number and street) Surfside, FI 33154			
	City, State, Zip Code			
	Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	Candidate Office Sought: Mayor			
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded		
	☐ Party Executive Committee (PTY)	Check here if PTY has disbanded		
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed		
_		Identifiers		
		02 / 12 / 2016 Report Type: 2016M2		
✓ Original Amendment Special Election Report				
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	h & Checks \$, , 200 . 00	Monetary		
Loai	s,,	Transfers to Office Account \$, , .		
Tota	Il Monetary \$, ,200.00	Total Monetary \$, 481.31		
In-K	ind \$,,			
		(8) Other Distributions		
		\$, ,		
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date		
	\$, <u>1</u> , <u>762</u> . <u>00</u>	\$, <u>1</u> , <u>718</u> . <u>36</u>		
	(11) Cer	l tification		
		on to falsify a public record (ss. 839.13, F.S.)		
1	certify that I have examined this report and it is true, corr	ect, and complete:		
Γ)_	Type name) Victor May	(Type name) Victor May		
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)		
Х	of May	x V May		
-	ignature	Signature		

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	R MAY			(2)	I.D. Number		
(3) Cover Period	02/01/2016 / /	throu	gh/	16 /	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02/12/2016	ILJA ZARETSKY 19380 COLLINS AVE APT 1103 SUNNY ISLES BEACH,FL 33160	1	RETIRED	CHECK	N/A	N/A	200.00
1 1							
T I							
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1 1							
1/1							
/							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Victor May		(2) I.D. Number		
(3) Cover Period 02/	01/2016	through 02/12/2016	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
02/01/2016	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	COPIES OF DOCS	CAN	N/A	118.93
02/02/2016,	WEB-SITEDBUILDER.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	10.99
02/09/2016	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	N/A	17.01
02/09/2016	GOOGLE 1600 Amphitheatre Parkway Mountain View, CA 94043 USA	AD	CAN	N/A	50.00
02/16/2016	WEB-SITEDBUILDER.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE UPGRADE	CAN	N/A	5.99
02/12/2016	SINGONTHECHEAP.COM 11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA	SIGNS	CAN	N/A	278.39
7					
/ /					

DS-DE 14 (Rev. 11/13)

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



and the state of t	OFFICE USE ONLY
Name	OTTIOL GOL ONL!
VICTOR MAY	
VIOTORIUMI	
I.D. Number	
	02-17-16P02:43 RCVD 3th.
	— 02-17-16P02:43 RCVD →
Address (number and street)	
9117 FROUDE AVE	
City, State, Zip Code	
SURFSIDE, FL 33154	
_	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
Mayor	
☐ Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDEN	TIFIERS
KEI OKI IDEI	VIII IEIG
Report Name 2016M2 Cover Period	02/01/2016 through 02/12/2016
Troport Hains Cover I dried	
Report Type Original Amendment	
Transmitted and an arrangement of the second	
CERTIFI	CATION
CERTIFI	
It is a first degree misdemeanor for any personal state of the state o	
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
VICTOR MAY	VICTORMAY
(Type name)	(Type name)
(Type hame)	(Type hame)
	N The
X May	X Valai
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	VICTOR MAY		(2) I.D. Number	
(3) Report	VICTOR MAY Name 2016M2	(4) Cover Period	02/01/2016 through 02/1	
	Type Original Amendmen		of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
				7
		,		
_				



	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Victor May	OFFICE USE ONLY				
(2)	Name 9117 Froude Ave	TOWN OF SURFSIDE				
(2)	Address (number and street)					
	Surfside, FI 33154	1311114				
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es): Candidate Office Sought: Mayor					
	☐ Candidate Office Sought: IVIAYOI ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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 <u>02</u> / <u>13</u> / <u>2016</u> To	02 / 26 / 2016 Report Type: 2016M2				
☑0	riginal Amendment Spe	cial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Casl	h & Checks \$, ,	Monetary Expenditures \$, , 98 . 88				
Loar	s,,,	Transfers to Office Account \$, , .				
Tota	Il Monetary \$, , 200.00	Total Monetary \$, , 98.88				
In-Ki	ind \$,,					
		(8) Other Distributions \$, ,				
(9)	TOTAL Monetary Contributions To Date \$,1 ,96200_	(10) TOTAL Monetary Expenditures To Date \$,1_, _81724_				
	(11) Cert It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)				
	certify that I have examined this report and it is true, corr	Viotor May				
	ype name) VICtOI IVIAY Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	(Type name) VICTOI IVIAY ☑ Candidate ☐ Chairperson (only for PC and PTY)				
_X	VJuay	x V Thay				
S	ignature O	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	R MAY			(2)) I.D. Number	•	
(3) Cover Period	02/13/2016	throu	igh/	16 //	_ (4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number 02/17/2016 / /	City, State, Zip Code Victor May 9117 Froude Ave, Surfside, Fl 33154	Type 1	Occupation	Type LOA	Description N/A	Amendment N/A	Amount 200.00
1 1							
1 1		/					
1 1							
, ,							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Victor May	(2) I.D. Number _	
(2) Cover Period 02/	13/2016 through 02/26/2016	6 (4) 5 1	_, 1

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/18/ 2 016/	HARBOR FREIGHT TOOLS 2 PEMBROKE	SUPPLIES	CAN	N/A	\$25.40
2/22/2016	DEBIT PIN PURCHASEOFFICE MAX/OFFI 12255 BNORTH MIAMI FLUS0515	SUPPLIES	CAN	N/A	\$28.48
2/23/2016	CONSTANTCONTACT 1601NTRAPELO RD WALTHAM, MA 02451	Software	CAN	N/A	\$45.00
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MAR316 02:23PM

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IN ABOUNTED BALLOT	I ACTIVITIES SUMMARY
Name Victor May	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9117 Froude A	ve
City, State, Zip Code Surfside, Fl 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
 ■ Mayor □ Commissioner, District	
REPORT IDE	NTIFIERS
Report Name2016M02 Cover Period	d 02/01/2016 through 02/23/2016
Report Type Original Amendment	
	CICATION
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Victor May	Victor May
(Type name) Treasurer Deputy Treasurer	(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	Victor May		(2) I.D. Number	
(3) Report	Name 2016M02	(4) Cover Period	02/01/2016 through 02/2	
	Type Original Amendment		_{of} 1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		/		
	Y			
C				

CAMPAIGN TREAS	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Victor May	OFFICE USE ONLY					
Name						
9117 Froude Ave	MAR1176 11:11AM					
Address (number and street) Surfside, FI 33154	TOWN OF SURFSIDE					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
 ✓ Candidate Office Sought: Mayor ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers are individual making electioneering communication 						
(5) R	eport Identifiers					
Cover Period: From 02 / 27 / 2016	To 03 / 10 / 2016 Report Type: 4 days prior to General					
☐ Original	Special Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, ,	Monetary					
Loans \$, , 0.00	Transfers to Office Account \$, , .					
Total Monetary \$, , 0.0	0 Total Monetary \$, 79.95					
In-Kind \$, ,	_					
	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>1</u> , <u>962</u> . <u>00</u>	\$, <u>1</u> , <u>897</u> . <u>19</u>					
(11	I) Certification					
•	y person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is tru						
(Type name) Victor M	(A) position of the control of the c					
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	surer					
· 15 Than	757104					
Signature	Signature X					

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Victor May	OFFICE USE ONLY
` '	Name	
(2)	9117 Froude Ave	
	Address (number and street) Surfside, FI 33154	
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	☑ Candidate Office Sought: Mayor	
	☐ Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cov		03 / 10 / 2016 Report Type: 4 days prior to General
\ <u>\</u>	Original Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cas	h & Checks \$, ,	Expenditures \$, , <u>79</u> . <u>95</u>
Loar	ns \$. 0.00	Transfers to
Loai	,,,,	Office Account \$, .
Tota	al Monetary \$, , 0.00	
		Total Monetary \$, , 79.95
In-K	ind \$, ,	
		(8) Other Distributions
		\$, ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>1</u> , <u>962</u> . <u>00</u>	\$, <u>1</u> , <u>897</u> . <u>19</u>
	(44) Cont	lift a a A i a u
	(11) Cert It is a first degree misdemeanor for any pers	
Lo	certify that I have examined this report and it is true, corr	ect, and complete:
(1	_{Type name)} V JUM Victor May	(Type name)) Juay Victor May
	Individual (only for IE Treasurer Deputy Treasurer	☐ Chairperson (only for PC and PTY)
or	electioneering comm.)	
_X		<u>x</u>
s	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number					
(3) Cover Period	02/27/2016	throu	gh/	¹⁶ /	_ (4) Page	<u> </u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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1 1								
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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	Victor May	(2) I.D. Number		
(3) Cover Period 02	/27/2016 through 03/1	0/2016 (4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/25/ 2 016/	COSTCO NORTH MIAMI FLUS0215	SUPPLIES	CAN	N/A	\$33.98
2/29/2016	WEBSITEBUILDER-CC.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	\$28.48
03/01/2016	WEBSITEBUILDER-CC.COM UNIT6, FULCRUM 2 SOLENT WAY, WHITELEY, HAMPSHIRE PO157FN UK	WEBSITE	CAN	N/A	\$10.99
03/02/2016	TOWN OF SURFSIDE 9293 HARDING AVE SURFSIDE FL 33154	CD COPY	CAN	N/A	\$6.00
03/09/2016	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	N/A	\$17.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



• • •	
Name Victor May	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9117 Froude A	Ve TOWN OF SURFSIDE MAR11"16 10:30AM
City, State, Zip Code Surfside, Fl 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
■ Mayor□ Commissioner, District□ Property Appraiser	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 4 days prior to General Cover Period	02/27/2016through03/10/2016
Report Type Original	
	CATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Victor May	Victor May
(Type name)	(Type name)
x Thay	x 5 Thay
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Victor May		(2)	I.D. Number	
(3) Report	Name 4 days prior to General	(4) Cover Period	02/27/2016	through <u>03/1</u>	0/2016
(5) Report	Type	(6) Page1		of1	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization (if not directly hire	on Employed By	(11) Amendment Type
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