

COPY

04-07-17A09:37 RCVD *sln*  
09-19-17P02:15 RCVD *sln*

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

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

(PLEASE PRINT OR TYPE)

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

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) 8781229*

5. E-mail address

*MAYORVICTORMAY@  
GMAIL.COM*

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

*MAYOR*

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, ~~STREET~~*

12. Telephone

*(305) 8781229*

13. City

*SURFSIDE*

14. County

*MIAMI-DADE*

15. State

*FL*

16. Zip Code

*33154*

17. E-mail address

*MAYORVICTORMAY@email.com*

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

19. Name of Bank

*CITIBANK*

20. Address

*9525 HARDING AVE.  
SURFSIDE, FL 33154*

21. City

*SURFSIDE*

22. County

*MIAMI-DADE*

23. State

*FLORIDA*

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

*APRIL 7, 2017*

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

COPY

*April 7, 2017*  
Date

*X* *V May*  
Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

04-07-17 A09:37 RCVD

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**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) 8781229

**5. E-mail address**

MAYORVICTORMAY@  
GMAIL.COM

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

MAYOR

**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, SURF

**12. Telephone**

(305) 8781229

**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**

APRIL 7, 2017

**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.

APRIL 7, 2017  
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

04-07-17A09:37 RCVD *gan*

I, Victor MAY,

candidate for the office of MAYOR;

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

X *V May*  
Signature of Candidate

*April 7, 2017*  
Date

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



**TOWN OF SURFSIDE**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

**GENERAL ELECTION – MARCH 20, 2018**

**SWORN STATEMENT OF QUALIFICATION**

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

02-01-18P02:22 RCVD

TOWN OF SURFSIDE }

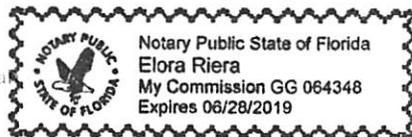
I solemnly swear (or affirm) under oath, that my name is VICTOR MAY,  
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of  
Surfside, Florida; that my address is 9117 FROUDE AVE, SURFSIDE, FL,  
my occupation is RETIRED; that I have been  
a resident of the Town of Surfside since 2012; that I will be at least twenty-one (21) years of  
age by February 5, 2018 and that if elected, I will willingly serve as MAYOR  
(Mayor or Commissioner) of the Town of Surfside, if elected.

Victor May  
Signature of Candidate

01/28/2018  
Date

Sworn to and subscribed before me this 1<sup>st</sup> day of February, 2018.

(Notary Seal)



Elora Riera  
NOTARY PUBLIC  
Elora Riera  
PRINTED NAME OF NOTARY

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

02-01-18P02:18 RCVD

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, VICTOR MAY  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR OF SURFSIDE,  
(office) (district #)

(circuit #) (group or seat #); I am a qualified elector of MIAMI-DADE County, Florida;

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.

V May (305) 878 1229 mayorvictormay@gmail.com  
Signature of Candidate Telephone Number Email Address

9117 FROUDE AVE SURFSIDE, FL 33154  
Address City State ZIP Code

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

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 1<sup>st</sup> day of February, 20 18.

Personally Known:  or \_\_\_\_\_

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Elora Riera  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

STATEMENT OF FINANCIAL INTERESTS

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

SURFSIDE FL 33154

CITY :

ZIP :

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR OF SURFSIDE

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

02-01-18P02:19 RCVD

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2017 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

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	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
UBER	UBER	MIAMI, FL	UBER

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

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.



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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

02-01-18P02:19 RCVD

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

1.	Signature: <u>JOSE BARRIOS</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>8013</u>
	Print Name: <u>JOSE BARRIOS</u>	Address: <u>[REDACTED]</u>	
2.	Signature: <u>[REDACTED]</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>JULIO J. GARDON</u>	Address: <u>[REDACTED]</u>	
3.	Signature: <u>[REDACTED]</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>WILLIAM WYBONKY</u>	Address: <u>[REDACTED]</u>	
	Signature: <u>[REDACTED]</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>MARCELA STONE</u>	Address: <u>[REDACTED]</u>	
4.	Signature: <u>[REDACTED]</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>TODD WEINTRAUB</u>	Address: <u>[REDACTED]</u>	
5.	Signature: <u>[REDACTED]</u>	Date: <u>1/29/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>JOSH HEIMAN</u>	Address: <u>[REDACTED]</u>	
6.	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>ANTHONY SPERDIP</u>	Address: <u>[REDACTED]</u>	
7.	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>CRIS GAINES</u>	Address: <u>[REDACTED]</u>	
8.	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>LOUIS SHERIDAN</u>	Address: <u>[REDACTED]</u>	
9.	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>DAVID ALVAREZ</u>	Address: <u>[REDACTED]</u>	
10.	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>TEN KRYGEL</u>	Address: <u>[REDACTED]</u>	
	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>PABLO HONITOU</u>	Address: <u>[REDACTED]</u>	
11.	Signature: <u>[REDACTED]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[REDACTED]</u>
	Print Name: <u>ADAM SCHUCHER</u>	Address: <u>[REDACTED]</u>	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 11 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, SURFSIDE FL 33154  
Mail address of Circulator: mayorvictormay@gmail.com

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of MAYOR (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1/28/2018

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

02-01-18P02:19 RCVD

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/21/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>RAQUEL TRATI</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/21/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Alberto Truh</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/21/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Anelia Longo</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/21/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>ENRICO TREVISANO</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>01.27.18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Emidia Lucchese</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>01/27/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Paul Johnson</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/27/2018</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>FRANCO RAFAEL</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>ANDRE MIRANDA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Ed De la Cerna</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/27/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Mamuel Viera</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/27/2018</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Carl Henderson</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Richard [Redacted]</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>1/28/18</u>	Voters Reg. # <u>[Redacted]</u>
Print Name: <u>Victory Diamond</u>	Address: <u>[Redacted]</u>	

### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 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, SURFSIDE, FL 33154  
Email address of Circulator: mayorvictormaya@email.com

### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of MAYOR (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1/28/2018

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

**NOMINATING PETITION FOR MAYOR OR COMMISSIONER**

**TOWN OF SURFSIDE, FLORIDA** 02-01-18P 119 RCV

We the undersigned electors of the Town of Surfside, Florida, hereby nominate MAY VICTOR f. the office of MAYOR (Mayor or Commissioner) at an election to be held on March 20 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

1. Signature: [Signature]  
Print Name: Maria K. Kucuk Date: 1/20/18 Voters Reg. # [Redacted]
2. Signature: [Signature]  
Print Name: P.O. Sanchez Date: 1/20/18 Voters Reg. # [Redacted]
3. Signature: [Signature]  
Print Name: Brian Scanone Date: 1/20/18 Voters Reg. # [Redacted]
4. Signature: [Signature]  
Print Name: Ed Colon Date: 1/20/18 Voters Reg. # [Redacted]
5. Signature: [Signature]  
Print Name: RIVEN KRATZ Date: 1/20/18 Voters Reg. # [Redacted]
6. Signature: [Signature]  
Print Name: [Redacted] Date: 1/20/18 Voters Reg. # [Redacted]
7. Signature: [Signature]  
Print Name: Ben Clatter Date: 1-20/18 Voters Reg. # [Redacted]
8. Signature: [Signature]  
Print Name: Gary Lanza Date: 1/20/18 Voters Reg. # [Redacted]
9. Signature: [Signature]  
Print Name: Anat Keren Date: [Redacted] Voters Reg. # [Redacted]
10. Signature: [Signature]  
Print Name: OMARU FUMERO Date: 1-21-18 Voters Reg. # [Redacted]
11. Signature: [Signature]  
Print Name: GABRIELA HERRERA Date: 1-21-18 Voters Reg. # [Redacted]
12. Signature: [Signature]  
Print Name: ESTHER TAJATI Date: 1/21/18 Voters Reg. # [Redacted]

**STATEMENT OF CIRCULATOR**

The undersigned is the circulator of the foregoing paper containing 12 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 SURFSIDE FL 33154  
Email address of Circulator: mayorvictormay@gmail.com

**ACCEPTANCE OF NOMINATION**

I hereby accept the nomination of MAYOR (Mayor or Commissioner) and agree to  
Signature of Candidate: [Signature] Date: 1/28/2018

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA 02-01-18P02:19 RCVD

We the undersigned electors of the Town of Surfside, Florida, hereby nominate VICTOR MAY for the office of MAYOR (Mayor or Commissioner) at an election to be held on March 20, 2018.

This petition must be filed with the Town Clerk between January 15, 2018 and February 5, 2018 (by 12:00pm).

1	Signature: <u>[Signature]</u>	Date: <u>1/01/17</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>LEYLA MAY</u>	Address: <u>[Redacted]</u>	
	Signature: <u>[Signature]</u>	Date: <u>1/1/17</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
2	Signature: <u>[Signature]</u>	Date: <u>1/1/17</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>PAT A DURANTE</u>	Address: <u>[Redacted]</u>	
3	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Christopher Durante</u>	Address: <u>[Redacted]</u>	
4	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Sen Hoffman</u>	Address: <u>[Redacted]</u>	
5	Signature: <u>[Signature]</u>	Date: <u>1/29/2013</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Laura Lambert</u>	Address: <u>[Redacted]</u>	
6	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Aleida Alvarez</u>	Address: <u>[Redacted]</u>	
7	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>CAMILLO DAGER</u>	Address: <u>[Redacted]</u>	
7	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Angela Cherny</u>	Address: <u>[Redacted]</u>	
8	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Janet Milian</u>	Address: <u>[Redacted]</u>	
9	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
10	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Julie B. Mitzler</u>	Address: <u>[Redacted]</u>	
11	Signature: <u>[Signature]</u>	Date: <u>1/20/18</u>	Voters Reg. # <u>[Redacted]</u>
	Print Name: <u>Petie Wald</u>	Address: <u>[Redacted]</u>	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 11 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, SURFSIDE FL 33154  
Mail address of Circulator: mayorvictormay@gmail.com

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of MAYOR (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 1/28/2018

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

# OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

## **citibank**

Citibank, N.A.

FC# 00055 FA# 003 \$0.00 ONL  
020-03 CK. SER.# 170736314

170736314

92-90  
311

DATE 02/01/18

PAY \*\*\*\*\*TOWEN-FIVE DOLLARS\*\*\*\*\*

TO THE ORDER OF \*\*\*\*\*TOWN OF SURFSIDE\*\*\*\*\*

\*\*\*\$25.00\*\*\*



NAME OF REMITTER  
ADDRESS

VICTOR MAY CAMPAIGN ACCOUNT  
REGISTRATION FEE

Citibank, N.A. One Penn's Way  
New Castle, DE 19720

Drawer: Citibank, N.A.

BY  AUTHORIZED SIGNATURE

MP

**DECLARATION AND FIRST AMENDMENT WAIVER**  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

**AN EXPLANATION REGARDING YOUR RIGHTS**

02-01-18P02:23 RCVD

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

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

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

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

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

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

**INSTRUCTIONS**

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

**Miami-Dade Commission on Ethics**  
19 W. Flagler St., Suite 820  
Miami, FL 33130

**Miami-Dade Elections Department**  
2700 NW 87<sup>th</sup> Ave. *or* P.O. Box 521550  
Doral, FL 33172      Miami, FL 33152-1550

02-01-18 02:23 RCVD

**DECLARATION AND FIRST AMENDMENT WAIVER**  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

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

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

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

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

I, VICTOR MAY, a candidate for the office of  
please print your name  
MAYOR in TOWN OF SURFSIDE,  
elective office sought county, municipality, or other jurisdiction

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

x

V May

Signature

02/01/2018

Date

## CAMPAIGN TREASURER'S REPORT SUMMARY

OCT 16 11:28 PM  
 TOWN OF SURFSIDE

(1) Victor May

Name

(2) 9117 Froude Ave

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 09 / 01 / 2017 To 09 / 30 / 2017 Report Type: 2017M9

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

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

### (7) Expenditures This Report

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

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 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 CONTRIBUTIONS

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

(3) Cover Period 09/01/2017 /      /      through 09/30/2017 /      /      (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
09/19/2017 _ / _ / _	Victor May	1	RETIRED	Cash	N/A	N/A	60.00

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

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

(3) Cover Period 09/01/2017 through 09/30/2017

(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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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

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2017M9 Cover Period 09/01/2017 through 09/30/2017

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

*V May*

Signature

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

VICTORMAY

(Type name)  Candidate

X

*V May*

Signature



# 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

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

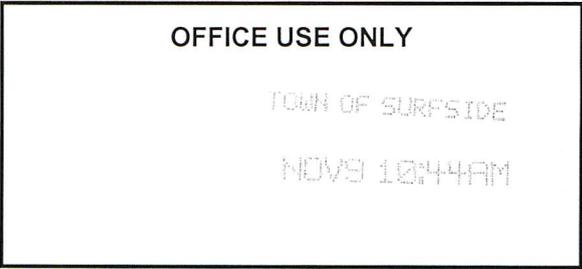
Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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



## (5) Report Identifiers

Cover Period: From 10 / 01 / 2017 To 10 / 31 / 2017 Report Type: 2017M10

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 17 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 60 . 00  
SIXTY

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 17 . 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

Victor May

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

(Type name)

Victor May

Victor May

Candidate  Chairperson (only for PC and PTY)

**X**

Victor May

Signature

**X**

Victor May

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10/01/2017 / \_\_\_\_\_ / \_\_\_\_\_ through 10/31/2017 / \_\_\_\_\_ / \_\_\_\_\_ (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
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NOV 9 10:44 AM

TOWN OF SURSIDE

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

(1) Name Victor May

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

(3) Cover Period 10/01/2017 through 10/31/2017

(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					
10 / 10 / 17	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	17.00
1					
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8					

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

NOV9 10:44AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2017M10 Cover Period 10/01/2017 through 10/31/2017

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

*V May*

Signature

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

VICTORMAY

(Type name)  Candidate

X

*V May*

Signature



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May

Name

(2) 9117 Froude Ave

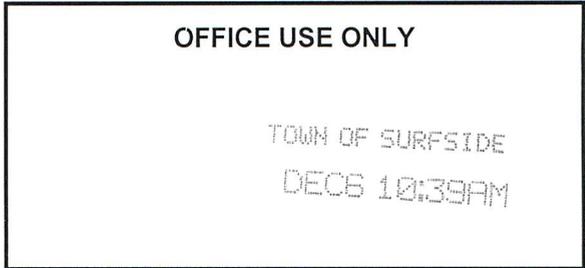
Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

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



(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 11 / 01 / 2017 To 11 / 30 / 2017 Report Type: 2017M11

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 17 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 34 . 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 CONTRIBUTIONS

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

(3) Cover Period 11/01/2017 /    /    through 11/30/2017 /    /    (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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

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

(3) Cover Period 11/01/2017 through 11/30/2017

(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 / 10 / 17	Citibank 9525 Harding Ave, Surfside, Fl 33154	Bank service charge	CAN	n/a	17.00
1					
/ /				n/a	
2					
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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

12-06-17A10:49 RCVD *SEM*

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2017M11 Cover Period 11/01/2017 through 11/30/2017

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** *V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

**X** *V May*

Signature

## 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



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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 12 / 01 / 2017 To 12 / 31 / 2017 Report Type: 2017M12

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 17 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 51 . 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**  
Signature

*Victor May*

(Type name)

Victor May

Candidate  Chairperson (only for PC and PTY)

**X**  
Signature

*Victor May*

TOWN OF SURFSIDE  
 JAN 5 3:33PM

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

(1) Name Victor May

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

(3) Cover Period 12/01/2017 through 12/31/2017

(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 / 10 / 17	Citibank 9525 Harding Ave, Surfside, FL 33154	Bank service charge	CAN	n/a	17.00
1					
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY

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

(3) Cover Period 12/01/2017 / \_\_\_\_\_ / \_\_\_\_\_ through 12/31/2017 / \_\_\_\_\_ / \_\_\_\_\_

(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
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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  
JAN 5 3:33PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2017M12 Cover Period 12/01/2017 through 12/31/2017

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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature





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

[miamidade.gov](http://miamidade.gov)

February 5, 2018

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

Dear Ms. Novoa:

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

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White  
Supervisor of Elections

Enclosure (1)



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

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

February 6, 2018

Mr. Victor May  
9117 Froude Avenue  
Surfside, Fl 33154

Dear Mr. May,

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 20, 2018 Municipal Election.

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

Very truly yours,

Sandra Novoa, MMC  
Town Clerk

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May  
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**

TOWN OF SURFSIDE  
FEB7 12:46PM

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 01 / 01 / 2018 To 01 / 31 / 2018 Report Type: 2018M01

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 50 . 00

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 15 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 110 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 65 . 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 CONTRIBUTIONS**

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

(3) Cover Period 01/01/2018 / \_\_\_\_ / \_\_\_\_ through 01/31/2018 / \_\_\_\_ / \_\_\_\_ (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
(6) Sequence Number		Type	Occupation	Type	Description		
01/19/2018 _ / _ / _	Victor May	1	RETIRED	Cash	N/A	N/A	50.00
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Victor May

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

(3) Cover Period 01/01/2018 through 01/31/2018

(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 / 10 / 17	Citibank 9525 Harding Ave, Surfside, FL 33154	Bank service charge	CAN	n/a	15.00
1					
/ /				n/a	
2					
/ /				n/a	
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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

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2018M01 Cover Period 01/01/2018 through 01/31/2018

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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature



## 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
FEB23 9:21AM

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 02 / 01 / 2018 To 02 / 16 / 2018 Report Type: 25P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 40 . 00

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 55 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 130 . 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 CONTRIBUTIONS

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

(3) Cover Period 02/01/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 02/16/2018 / \_\_\_\_\_ / \_\_\_\_\_ (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
02/08/2018 / /	Victor May	1	RETIRED	Cash	N/A	N/A	40.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Victor May

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

(3) Cover Period 02/01/2018 through 02/16/2018

(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					
02 / 10 / 18	Citibank 9525 Harding Ave, Surfside, FL 33154	Bank service charge	CAN	n/a	15.00
1					
// /				n/a	
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**MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY**



**OFFICE USE ONLY**

TOWN OF SURFSIDE  
FEB23 9:21AM

**Name**

VICTOR MAY

**I.D. Number**

**Address (number and street)**

9117 FROUDE AVE

**City, State, Zip Code**

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

**Candidate for:**

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

**REPORT IDENTIFIERS**

Report Name 25p1 Cover Period 02/01/2018 through 02/16/2018

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**

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

**X**

*V May*

Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

TOWN OF SURFSIDE  
 MAR8 10:35AM

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 02 / 17 / 2018 To 03 / 03 / 2018 Report Type: 11P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

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

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

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 130 . 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 CONTRIBUTIONS

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

(3) Cover Period 02/17/2018 / \_\_\_\_ / \_\_\_\_ through 03/03/2018 / \_\_\_\_ / \_\_\_\_ (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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

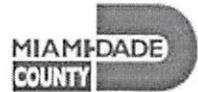
(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/17/2018 through 03/03/2018

(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
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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  
MAR 8 10:35AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 11p1 Cover Period 02/17/2018 through 03/03/2018

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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor May

Name

(2) 9117 Froude Ave

Address (number and street)

Surfside, FI 33154

City, State, Zip Code

Check here if address has changed

<b>OFFICE USE ONLY</b>  TOWN OF SURFSIDE MAR 16 4:14 PM
--

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 03 / 03 / 2018 To 03 / 15 / 2018 Report Type: 4P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

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

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

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

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 130 . 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 CONTRIBUTIONS

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

(3) Cover Period 03/03/2018 / \_\_\_\_ / \_\_\_\_ through 03/15/2018 / \_\_\_\_ / \_\_\_\_ (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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Victor May

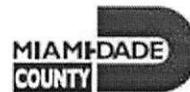
(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03/03/2018 through 03/15/2018

(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
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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

MAR 16 4:15 PM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 4p1 Cover Period 03/03/2018 through 03/15/2018

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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature



## 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

04-12-18A09:34 RCVD

Check here if address has changed

(3) ID Number: APR12 9:33AM

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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

TOWN OF SURFSIDE

### (5) Report Identifiers

Cover Period: From 04 / 15 / 2018 To 04 / 16 / 2018 Report Type: 18TRQ

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 10 . 00

Loans \$        ,        ,        .       

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 30 . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,        .       

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 160 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 160 . 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**

Signature

*Victor May*

(Type name) Victor May

Candidate  Chairperson (only for PC and PTY)

**X**

Signature

*Victor May*

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

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

(3) Cover Period 03/15/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 04/16/2018 / \_\_\_\_\_ / \_\_\_\_\_ (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
04/03/2018 / /	Victor May	1	Retired	Cash	n/a	n/a	20.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Victor May

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

(3) Cover Period 03/15/2018 through 04/16/2018

(4) Page 1 of 1

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

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

04-12-18A09:34 RCVD

04-12-18A09:34

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRQ Cover Period 03/15/2018 through 04/16/2018

Report Type  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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature



## 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

04-12-18A09:34 RCVD

APR 12 9:33AM

(3) ID Number: TOWN OF SURFSIDE

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 04 / 15 / 2018 To 04 / 16 / 2018 Report Type: 18TRQ

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 00

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 30 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 160 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 160 . 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 CONTRIBUTIONS**

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

(3) Cover Period 03/15/2018 /      /      through 04/16/2018 /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
04/03/2018 / /	Victor May	1	Retired	Cash	n/a	n/a	20.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Victor May

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

(3) Cover Period 03/15/2018 through 04/16/2018

(4) Page 1 of 1

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

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

04-12-18A09:34 RCVD

04-12-18A09:34

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRQ Cover Period 03/15/2018 through 04/16/2018

Report Type  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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature



## 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**

MAY 3 12:48 PM

05-03-18P 12:50 RCVD

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 03 / 15 / 2018 To 06 / 16 / 2018 Report Type: 18TRG

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 00

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 30 . 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 160 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 160 . \_\_\_\_\_

### (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**  
Signature

*Victor May*

(Type name)

Victor May

Candidate  Chairperson (only for PC and PTY)

**X**  
Signature

*Victor May*

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

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

(3) Cover Period 03/15/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 06/18/2018 / \_\_\_\_\_ / \_\_\_\_\_ (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
04/03/2018 / /	Victor May	1	Retired	Cash	n/a	n/a	20.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Victor May

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

(3) Cover Period 03/15/2018 through 06/18/2018

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

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

05-03-18P12:50 RCVD

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/15/2018 through 06/18/2018

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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

05-30-18P02:15 RCVD

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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

### (5) Report Identifiers

Cover Period: From 03 / 15 / 2018 To 06 / 18 / 2018 Report Type: 18TRG

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 20 . 00

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 30 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 00

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 170 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 170 . 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**

Signature

*Victor May*

(Type name) Victor May

Candidate  Chairperson (only for PC and PTY)

**X**

Signature

*Victor May*

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

(1) Name Victor May

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

(3) Cover Period 03/15/2018 through 06/18/2018

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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03/15/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 06/18/2018 / \_\_\_\_\_ / \_\_\_\_\_ (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
04/03/2018 / /	Victor May	1	Retired	Cash	n/a	n/a	20.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

Candidate for:

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

REPORT IDENTIFIERS

Report Name 18TRG Cover Period 03/15/2018 through 06/18/2018

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

*V May*

Signature

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

VICTOR MAY

(Type name)  Candidate

X

*V May*

Signature

