

NOV 15 PM 1:36 *gma*

# 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) 878-1229*

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*

12. Telephone

( )

13. City

*SURFSIDE*

14. County

*MIAMI-DADE*

15. State

*FL*

16. Zip Code

*33154*

17. E-mail address

*mayorvictormay@gmail.com*

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

25. Date

*Nov. 15, 2019*

26. Signature of Candidate

*X* *V. May*

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

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

(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*Nov. 15, 2019*

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

NOV 15 PM 1:36 *SM*

I, Victor May \_\_\_\_\_ ,

candidate for the office of Mayor of Surfside Town \_\_\_\_\_ ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

*Victor May*

\_\_\_\_\_  
Signature of Candidate

November 15, 2019

Date

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

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

NOV 15 PM 1:36 *SM*

NOV 15 PM 4:23 *SM*

(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) 878-1229

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

12. Telephone

( )

13. City

SURFSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

mayorvictormay@gmail.com

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

19. Name of Bank

SUNTRUST

20. Address

25 PARK PL NE

21. City

ATLANTA

22. County

GA

23. State

FL  
33023

24. Zip Code

33023

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

25. Date

Nov. 15, 2019

26. Signature of Candidate

*V May*

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

Nov. 15, 2019

Date

*V May*

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 PM 3:46

GENERAL ELECTION - MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

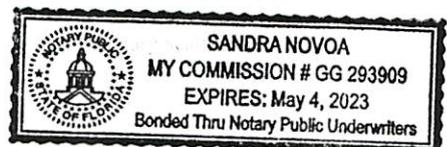
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is 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 33154, my occupation is retired; that I have been a resident of the Town of Surfside since 2012; that I will be at least twenty-one (21) years of age by November 22, 2019 and that if elected, I will willingly serve as MAYOR (Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate: V May

Date: Nov. 21, 2019

Sworn to and subscribed before me this 21st day of November, 2019.



Signature of Notary: Sandra Novoa
NOTARY PUBLIC
PRINTED NAME OF NOTARY

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a  
write-in candidate:

NOV 21 PM 3:44 

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

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

I, VICTOR MAY

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

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

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

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

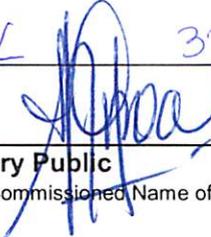
Candidate's Florida Voter Registration Number (located on your voter information card): 120622815

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

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

9117 FROUDE AVE SOAFCIDE FL 33154  
Address City State ZIP Code

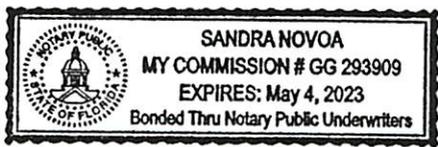
STATE OF FLORIDA  
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 21<sup>ST</sup>  
of November, 20 19.

Personally Known: \_\_\_\_\_ or Produced Identification:

Type of Identification Produced: DL



**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
MAY VICTOR

MAILING ADDRESS :  
9117 FROUDE AVE

CITY : SURFSIDE ZIP : 33154 COUNTY : MIAMI-DADE

NOV 21 PM 3:42 *R*

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

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

**DISCLOSURE PERIOD:**

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

DECEMBER 31, 2018 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

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

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
n/a	n/a	n/a	n/a

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

n/a

**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.

R

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	N/A

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	N/A

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

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

**PART G — TRAINING**  
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature: W. Gray

Date Signed: November, 21, 2019

**CPA or ATTORNEY SIGNATURE ONLY**

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

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

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

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

**FILING INSTRUCTIONS:**

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

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

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

**Candidates** file this form together with their filing papers.

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

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

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

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

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

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

# NOMINATING PETITION FOR MAYOR OR COMMISSIONER

## TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 3:43

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 17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

1	Signature: <u>V May</u>	Date: <u>Nov. 16, 19</u>	D.O.B. [REDACTED]
	Print Name: <u>VICTOR MAY</u>	Address: [REDACTED]	
2	Signature: <u>L May</u>	Date: <u>Nov 17, 19</u>	D.O.B. [REDACTED]
	Print Name: <u>Leila May</u>	Address: [REDACTED]	
3	Signature: <u>Jessica Winston</u>	Date: <u>Nov 17, 2019</u>	D.O.B. [REDACTED]
	Print Name: <u>Jesson Vindker</u>	Address: [REDACTED]	
4	Signature: <u>R. Tuati</u>	Date: <u>Nov. 17, 19</u>	D.O.B. [REDACTED]
	Print Name: <u>Raquel Tuati</u>	Address: [REDACTED]	
5	Signature: <u>Jessica Flax</u>	Date: <u>11/17/19</u>	D.O.B. [REDACTED]
	Print Name: <u>JESSICA FLAX</u>	Address: [REDACTED]	
6	Signature: <u>Stacey Flax</u>	Date: <u>11/17/19</u>	D.O.B. [REDACTED]
	Print Name: <u>Stacey Flax</u>	Address: [REDACTED]	
7	Signature: <u>Ben Clutter</u>	Date: <u>11-17-19</u>	D.O.B. [REDACTED]
	Print Name: <u>Ben Clutter</u>	Address: [REDACTED]	
8	Signature: <u>Esther Tuati</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
	Print Name: <u>ESTHER Tuati</u>	Address: [REDACTED]	
9	Signature: <u>Kate Vaughn</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
	Print Name: <u>Kate Vaughn</u>	Address: [REDACTED]	
10	Signature: <u>Brian Vaughn</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
	Print Name: <u>Brian Vaughn</u>	Address: [REDACTED]	
11	Signature: <u>Christopher Duponte</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
	Print Name: <u>Christopher Duponte</u>	Address: [REDACTED]	
12	Signature: <u>Patricia Duponte</u>	Date: <u>11/18/19</u>	D.O.B. [REDACTED]
	Print Name: <u>PATricia Duponte</u>	Address: [REDACTED]	
13	Signature: <u>Cresty Jimenez</u>	Date: <u>11/19/19</u>	D.O.B. [REDACTED]
	Print Name: <u>Cresty Jimenez</u>	Address: [REDACTED]	

### STATEMENT OF CIRCULATOR

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

Signature of Circulator: V May  
Address of Circulator: 4117 FROUDE AVE  
Email address of Circulator: mayor.victormay@gmail.com

### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: V May Date: Nov. 21, 2019

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

### NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

NOV 21 PM 3:43

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  
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

1	Signature: <u>[Signature]</u>	Date: <u>11/11/19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>JORDANA LUKA</u>	Address: <u>[Redacted]</u>
	Signature: <u>[Signature]</u>	Date: <u>11/19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Enke Piazetti</u>	Address: <u>[Redacted]</u>
	Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
	Print Name: <u>Abram M Howard</u>	Address: <u>[Redacted]</u>
	Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
	Print Name: <u>Marilyn Berelich</u>	Address: _____
2	Signature: <u>[Signature]</u>	Date: <u>11/19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Michael CARIBLLO</u>	Address: <u>[Redacted]</u>
3	Signature: <u>[Signature]</u>	Date: <u>11/20/19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>ANDRE MIRANDA</u>	Address: <u>[Redacted]</u>
4	Signature: <u>[Signature]</u>	Date: <u>11-20-19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Charles Keel</u>	Address: <u>[Redacted]</u>
5	Signature: <u>[Signature]</u>	Date: <u>11/20</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>MARLENE LEVENSON</u>	Address: <u>[Redacted]</u>
6	Signature: <u>[Signature]</u>	Date: <u>11-20-19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Mary Levenson</u>	Address: <u>[Redacted]</u>
7	Signature: <u>[Signature]</u>	Date: <u>11/20/19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Charley Burkett</u>	Address: <u>[Redacted]</u>
8	Signature: <u>[Signature]</u>	Date: <u>11/20/19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Sherie Goldberg</u>	Address: <u>[Redacted]</u>
9	Signature: <u>[Signature]</u>	Date: <u>11-20-19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Jayna Gonzalez</u>	Address: <u>[Redacted]</u>
0	Signature: <u>[Signature]</u>	Date: <u>11-20-19</u> D.O.B. <u>[Redacted]</u>
	Print Name: <u>Friedel Arayz</u>	Address: <u>[Redacted]</u>

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 10 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  
Mail address of Circulator: mayor.victormay@gmail.com

#### ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: Nov. 21, 2019

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

**NOMINATING PETITION FOR MAYOR OR COMMISSIONER**

**TOWN OF SURFSIDE, FLORIDA**

NOV 21 PM 3:43

VICTOR MAY

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 17, 2020.

*This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).*

1	Signature: <u>[Signature]</u>	Date: <u>NOV 21/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>KAMIL KARTER</u>	Address: <u>[Redacted]</u>	
2	Signature: <u>[Signature]</u>	Date: <u>11/21/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
3	Signature: <u>[Signature]</u>	Date: <u>NOV 21/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
4	Signature: <u>[Signature]</u>	Date: <u>NOV 21/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>ANTHONY SPERDUTO</u>	Address: <u>[Redacted]</u>	
	Signature: <u>[Signature]</u>	Date: <u>11/21/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>Jeannette Gato</u>	Address: <u>[Redacted]</u>	
	Signature: <u>[Signature]</u>	Date: <u>11/21/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>Therelle Samzey</u>	Address: <u>[Redacted]</u>	
7	Signature: <u>[Signature]</u>	Date: <u>11/23/19</u>	D.O.B. <u>[Redacted]</u>
	Print Name: <u>SAMIR ELNOMANY</u>	Address: <u>[Redacted]</u>	
	Signature: _____	Date: _____	D.O.B. _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	D.O.B. _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	D.O.B. _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	D.O.B. _____
	Print Name: _____	Address: _____	
	Signature: _____	Date: _____	D.O.B. _____
	Print Name: _____	Address: _____	

**STATEMENT OF CIRCULATOR**

The undersigned is the circulator of the foregoing paper containing 7 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

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

**ACCEPTANCE OF NOMINATION**

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

Signature of Candidate: [Signature] Date: Nov. 21, 2019



**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)

November 22, 2019

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

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Victor May, a candidate for the office of Mayor for Town of Surfside. A total of 30 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 26 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)



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

miamidade.gov

## CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **25** signatures submitted by **Victor May** for the office of **Mayor** for the **Town of Surfside** matched the signatures on the voter files.

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

A handwritten signature in blue ink, appearing to read "Christina White", written over a horizontal line.

Christina White  
Supervisor of Elections



**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

November 25, 2019

Mr. Victor May  
9117 Froude Avenue  
Surfside, Fl 33154

Dear Mr. May:

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

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

Very truly yours,

A handwritten signature in blue ink, appearing to read "Sandra Novoa", is written over a set of horizontal lines.

Sandra Novoa, MMC  
Town Clerk

# 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

DEC9 '19 10:58AM *g*

(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

### (5) Report Identifiers

Cover Period: From 11 / 01 / 2019 To 11 / 30 / 2019 Report Type: 2019M11

Original     Amendment     Special Election Report

**(6) Contributions This Report**

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

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

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

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

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 73 . 00

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

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 73 . 00

**(8) Other Distributions**

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

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

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

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 73 . 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** \_\_\_\_\_  
 Signature

**X** \_\_\_\_\_  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY

(2) I.D. Number 2019 10:58AM

(3) Cover Period 11/01/2019 through 11/30/2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11.15.2019 / /	Victor May	S	n/a	LOA	n/a	n/a	100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Victor May

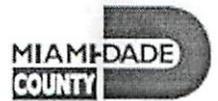
(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11/01/2019 through 11/30/2019

(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	SunTrust Bank PO BOX 305183 NASHVILLE TN 37230-5183	Certified Check and Bank service charge	CAN		33.00
1					
/ /	Miami Dade Elections Department Public Services 2700 NW 87th Avenue Miami, Florida 33172	Election Data	CAN		40.00
2					
/ /					
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

DEC 9 '19 10:58AM

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 2017M11 Cover Period 11/01/2019 through 11/30/2019

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

Signature

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

VICTOR MAY

(Type name)  Candidate

X

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  
 JAN 7 '20 3:23PM

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 / 2019 To 12 / 31 / 2019 Report Type: 2019M12

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 2060 . 00

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , 4227 . 32

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 6287 . 32

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

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 988 . 69

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

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 988 . 69

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 6387 . 32

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 1064 . 69

### (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 42

(3) Cover Period 12/01/2019 through 12/31/2019 (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)
		Type	Occupation	Type	Description	Amendment	Amount
12.13.2019 / /	Pat Durante 9125 Froude Ave	I	n/a	CAS	n/a	n/a	100.00
12/13/2019 / /	Alexander Kamishnikov 9033 Byron Ave	I	Retired	CHE	n/a	n/a	500.00
12/14/2019 / /	Leila May 9117 Froude Ave	I	Retired	CHE	n/a	n/a	1000.00
12/15/2019 / /	Orestes Himenez 9032 Garland Ave	I	n/a	CAS	n/a	n/a	20.00
12/17/2019 / /	Maurice Patric Neville 9148 Abbot Ave	I	n/a	CHE	n/a	n/a	50.00
12/17/2019 / /	Irina Kamishnikov 9033 Byron Ave	I	n/a	CHE	n/a	n/a	100.00
12/17/2019 / /	Kamil Karter 9117 Froude Ave	I	n/a	CAS	n/a	n/a	100.00

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VICTOR MAY (2) I.D. Number 42

(3) Cover Period 12/01/2019 through 12/31/2019 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
12.17.2019 / /	Victor May 9117 Froude Ave	S	retired	LOA	n/a	n/a	1130.00
12/17/2019 / /	Christopher Durante 9125 Froude Ave	I	n/a	CAS	n/a	n/a	100.00
12/17/2019 / /	Benjamin Clatter 817 Surfside Blvd	I	n/a	CAS	n/a	n/a	100.00
12/24/2019 / /	Victor May 9117 Froude Ave	I	retired	LOA	n/a	n/a	2800.00
12/25/2019 / /	Victor May 9117 Froude Ave	I	retired	LOA			297.32
/ /							
/ /							

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

(1) Name Victor May

(2) I.D. Number 42

(3) Cover Period 12/01/2019 through 12/31/2019

(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					
12/09/2019	Vista print 275 Wyman St, Waltham, MA 02451	Stamps			
1			CAN		51.69
12/21/2019	Amazon.com	Envelops			
2			CAN		128.34
12/22/2019	Amazon.com	Adapter			
3			CAN		18.29
12/24/2019	USPS PO 1 2200	Postal Stamps			
4			CAN		300.00
26/12/2019	Office depot 12255 Biscayne Blvd, North Miami, FL 33181	Printer Ink			
5			CAN		129.45
12/27/2019	Office depot 12255 Biscayne Blvd, North Miami, FL 33181	color printer			
6			CAN		258.92
12/28/2019	PayPal	mailing equipment			
7			CAN		99.00
12/31/2019	SunTrust Bank PO BOX 305183 NASHVILLE TN 37230-5183	Bank service charge			
8			CAN		3.00

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



OFFICE USE ONLY

Name

VICTOR MAY

I.D. Number

42

Address (number and street)

9117 FROUDE AVE

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE  
JAN 7 '20 3:23PM

Candidate for:

Mayor

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

Property Appraiser

Clerk of the Circuit Courts

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

REPORT IDENTIFIERS

Report Name 2019M12 Cover Period 12/01/2019 through 12/31/2019

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**

FEB11 '20 9:13AM

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 01 / 01 / 2020 To 01 / 31 / 2020 Report Type: 2020M01

Original       Amendment       Special Election Report

**(6) Contributions This Report**

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

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

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

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

**(7) Expenditures This Report**

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 1580 . 84

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 1580 . 84

**(8) Other Distributions**

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

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

\$ \_\_\_\_\_ , 6 , 287 . 32

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

\$ \_\_\_\_\_ , 2 , 642 . 53

### (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**

FEB11 '20 9:13AM



**(1) Name** Victor May

**(2) I.D. Number** 42

**(3) Cover Period** 01/01/2020 /    /    through 01/31/2020 /    /   

**(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		
/ /							
/ /							
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/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**(1) Name Victor May(2) I.D. Number 42(3) Cover Period 01/01/2020 through 01/31/2020(4) Page 1 of 2

(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					
01 / 14 / 2020	OFFICE MAX 12255 Biscayne Blvd, North Miami, FL 33181	Stationery			
1			CAN		53.49
01/14/2020	AMAZON.COM*RX7YT6CO3 SEATTLE	Stationery			
2			CAN		118.71
01/14/2020	AMAZON.COM*KN9BF4Q13 SEATTLE	Stationery			
3			CAN		12.00
01/21/2020	OFFICE MAX 12255 Biscayne Blvd, North Miami, FL 33181	Postal Stamps			
4			CAN		75.51
01/21/2020	PAYPAL *AAATONER EBAY San Jose1	Printer Ink			
5			CAN		89.99
01/21/2020	Office Max 12255 Biscayne Blvd, North Miami, FL 33181	laser printer			
6			CAN		231.27
01/22/2020	SunTrust Bank PO BOX 305183 NASHVILLE TN 37230-5183	ACCOUNT ANALYSIS FEE			
7			CAN		9.00
01/24/2020	AMAZON.COM*JE3RY6RZ3 SEATTLE	Stationery			
8			CAN		53.98



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

(1) Name Victor May

(2) I.D. Number 42

(3) Cover Period 01/01/2020 /        through 01/31/2020 /       

(4) Page 2 of 2

(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
01/24/2020 / /	Office Max 12255 Biscayne Blvd, North Miami, FL 33181	Stationery	can		43.78
01/27/2020 / /	STARBUCKS STORE 19090 SURFSIDE	coffee break	can		17.66
01/27/2020 / /	AMAZON.COM*ZF4DH5553 SEATTLE	Stationery	can		191.56
01/28/2020 / /	USPS PO 1 2200 MIAMI	Postal service	can		680.89
01/31/2020 / /	SunTrust Bank PO BOX 305163 NASHVILLE TN 37230-5183	statement fee	can		3.00
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name

VICTOR MAY

I.D. Number

42

Address (number and street)

9117 FROUDE AVE

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB11 '20 9:13AM

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2020M01 Cover Period 01/01/2020 through 01/30/2020

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

Signature

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

VICTOR MAY

(Type name)  Candidate

X

Signature





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

February 11, 2020

Via E-mail and Certified mail

Mr. Victor May  
9117 Froude Avenue  
Surfside, FL 33154

Re: **Failure to File Notice** / Campaign Treasurer's Report, 2020-M01, due February 10, 2020, covering the period of January 1, 2020 through January 31, 2020, Received Tuesday, February 11, 2020

Dear Candidate May,

Please note that your Campaign Treasurer's Report 2020-M01, for the above-stated period, which was due on Monday, February 10, 2020, was received today, Tuesday, February 11, 2020, one (1) day past the deadline date.

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

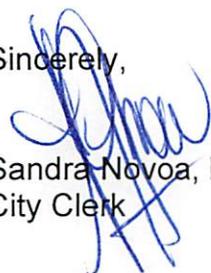
**"[t]he fine shall be \$50 per day for the first 3 days late and, thereafter, \$500.00 per day for each late day not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report."**

Therefore, a fine in the amount of \$50.00 has accrued subsequent to the late filing of the 2020-M01 Report and pursuant to Section 106.07 Florida Statutes.

This fine is payable to the Town of Surfside and **must be drawn from personal funds (F.S.106.07).**

Should you have any questions, please feel free to contact me at [snovoa@townofsurfsidefl.gov](mailto:snovoa@townofsurfsidefl.gov) or the State of Florida Division of Elections at [divelections@dos.state.fl.us](mailto:divelections@dos.state.fl.us).

Sincerely,

  
Sandra Novoa, MMC  
City Clerk

TOWN OF SURFSIDE

9293 Harding Ave.  
SURFSIDE, FL 33154

Receipt # 141816

RECEIVED OF

Victor May

DATE

2/14/2020

DOLLARS \$

50.00

Campaign Race Fee

HOW PAID

- CASH
- CHECK
- CHECK # \_\_\_\_\_
- MONEY ORDER
- CREDIT CARD
- EXECUTIVE
- POLICE
- PARK & RECREATION
- OTHER

BY

*om*

THANK YOU

TOWN OF SURFSIDE

TOWN H

9293 HARDING AVENUE  
SURFSIDE, FL 33154  
3058614863

Cashier: Employee

Transaction 105653

Total \$50.00

DEBIT CARD SALE \$50.00

14-Feb-2020 12:54:08P

\$50.00 | Method: EMV

US DEBIT XXXXXXXXXXXX4064

VICTOR MAY

Ref #: 004500515310

Auth #: 530977

MID: \*\*\*\*\*2880

AID: A000000980840

AthNtwNm: MAESTRO

RtInd: DEBIT

PIN VERIFIED

Online: <https://clover.com/p/5MVCESCFGZJG>

View Privacy Policy  
<https://clover.com/privacy>



# OATH OF WITHDRAWAL

Date: February 19, 2020

I, Victor MAY, have filed as a candidate for the office of MAYOR.

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers. due to family circumstances.

Victor May  
Signature of Candidate

9117 FROUDE AVE  
Address

SURFSIDE FL 33154  
City, State Zip

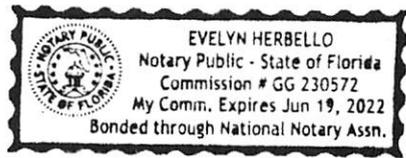
Sworn to and subscribed before me this 19 day of February 2020

[Signature]  
Signature of Officer Administering the Oath or Notary Public

Evelyn Herbello  
Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or  Produced Identification

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



## Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

Victor MAY

9117 FROUDE AVE

SURFSIDE, FL 33154

To: Elections Supervisor

Feb. 19, 2020 Statement

I, Victor MAY, withdraw from campaign for Mayor of Surfside due to family circumstances.

I wish other candidates the best, to win at the elections.

Besides that I endorse Mr. Burkett for office, New Mayor.

At your service,

Victor May

V May



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

February 24, 2020

Via E-mail and Certified mail

Mr. Victor May  
9117 Froude Avenue  
Surfside, FL 33154

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

Dear Candidate May,

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

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

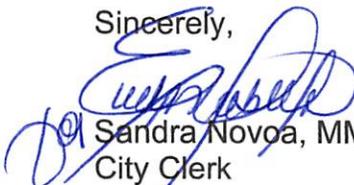
**“[t]he fine shall be \$50 per day for the first 3 days late and, thereafter, \$500.00 per day for each late day not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report.”**

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

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

Should you have any questions, please feel free to contact me at [snovoa@townofsurfsidefl.gov](mailto:snovoa@townofsurfsidefl.gov), [eherbello@townofsurfsidefl.gov](mailto:eherbello@townofsurfsidefl.gov), or the State of Florida Division of Elections at [divelections@dos.state.fl.us](mailto:divelections@dos.state.fl.us).

Sincerely,

  
Sandra Novoa, MMC  
City 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

OFFICE USE ONLY

FEB24 '20 3:36PM

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 / 2020 To 02 / 21 / 2020 Report Type: 25p1

Original  Amendment  Special Election Report

### (6) Contributions This Report

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

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , 3 , 097 . 31

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

Total Monetary \$ \_\_\_\_\_ , 3 , 097 . 31

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 6387 . 32

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 5 , 739 . 84

### (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 42

(3) Cover Period 01/02/2020 /      /      through 05/20/2020 /      /     

(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		Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

(2) I.D. Number 42

(3) Cover Period 02/01/2020 / / through 02/20/2020 / /

(4) Page 2 of 2

(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					
02/14/2020	Cashier Check to Ana Garcia	Salary	can		400.00
02/18/2020	OFFICE MAX/OFFI NORTH MIAMI FL	stationery	can		39.58
02/19/2020	Suntrust Bank CHARGE DELUXE CHECK CHK ORDERS 1410216800	Check book	can		16.95
02/19/2020	VISTAPR*VISTAPRINT.COM 866-8936743 MA	Stamps	can		73.99
02/20/2020	AMAZON.COM*Y60FX0R73 SEATTLE WA	stationery	can		128.34

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



OFFICE USE ONLY

Name

VICTOR MAY

I.D. Number

42

Address (number and street)

9117 FROUDE AVE

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

Candidate for:

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

REPORT IDENTIFIERS

Report Name 2020M01 Cover Period 01/01/2020 through 01/30/2020

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





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

February 24, 2020

Via E-mail and Certified mail

Mr. Victor May  
9117 Froude Avenue  
Surfside, FL 33154

**Re: Failure to File Notice / Campaign Treasurer's Report, 25P1, due February 21, 2020, covering the period of February 1, 2020 through February 20, 2020 – Received February 24, 2020 at 3:38 p.m.**

Dear Candidate May,

Please note that your Campaign Treasurer's Report 25P1, for the above-stated period, which was due on Friday, February 21, 2020, was received today, February 24, 2020 at 3:38 p.m., one (1) day past the deadline date.

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

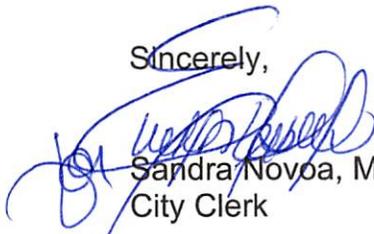
**“[t]he fine shall be \$50 per day for the first 3 days late and, thereafter, \$500.00 per day for each late day not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report.”**

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

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

Should you have any questions, please feel free to contact me at [snovoa@townofsurfsidefl.gov](mailto:snovoa@townofsurfsidefl.gov), [eherbello@townofsurfsidefl.gov](mailto:eherbello@townofsurfsidefl.gov), or the State of Florida Division of Elections at [divelections@dos.state.fl.us](mailto:divelections@dos.state.fl.us).

Sincerely,

  
Sandra Novoa, MMC  
City 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

**OFFICE USE ONLY**

JUN 15 '20 2:07PM  
 TOWN OF SURFSIDE

(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 address has changed

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 / 22 / 2020 To 06 / 15 / 2020 Report Type: 18TRG

Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$        ,   2   ,   000   .   00  

Loans                \$        ,        ,   0   .   00  

Total Monetary    \$        ,   2   ,   000   .   00  

In-Kind             \$        ,        ,        .       

**(7) Expenditures This Report**

Monetary Expenditures    \$        ,   2   ,   647   .   48  

Transfers to Office Account    \$        ,        .       

Total Monetary    \$        ,   2   ,   647   .   48  

**(8) Other Distributions**

\$        ,        ,        .       

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

\$        ,   8   ,   387   .   32  

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

\$        ,   8   ,   387   .   32  

### (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 42

(3) Cover Period 02/22/2020 /      /      through 06/15/2020 /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
02/24/2020 / /	Victor May 9117 Froude Ave	S	Retired	Loa			\$800.00
02/25/2020 / /	Victor May Froude Ave	S	Retired	Loa			\$1,200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Victor May

(2) I.D. Number 42

(3) Cover Period 02/21/2020 through 06/15/2020

(4) Page 1 of 2

(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 / 21 / 2020	WEST MARINE #1 Aventura, Fl	Stationery			
1			CAN		64.480
02 / 24 / 2020	WEBSITE EBUILDER CO 8442117882 MA	Website hosting			
2			CAN		288.00
02 / 24 / 2020	CHECK #102 Ana Garcia	Salary			
3			CAN		350.00
02 / 25 / 2020	USPS PO 1 2200 MIAMI FL	Postal SERVICE			
4			CAN		254.00
02 / 27 / 2020	USPS PO 1 2200 MIAMI FL	POSTAL STAMPS			
5			CAN		554.00
01/21/2020	Office Max 12255 Biscayne Blvd, North Miami, FL 33181	laser printer			
6			CAN		231.27
02 / 28 / 2020	SunTrust Bank PO BOX 305183 NASHVILLE TN 37230-5183	ACCOUNT STATEMENT FEE			
7			CAN		3.00
03 / 02 / 2020	CHECK #103 Ana Garcia	Salary			
8			CAN		380.00

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

(1) Name Victor May

(2) I.D. Number 42

(3) Cover Period 02/21/2020 through 06/15/2020

(4) Page 2 of 2

(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					
03 / 03 / 2020 1	OFFICE MAX NORTH MIAMI	Stationary	CAN	n/a	70.91
03 / 05 / 2020 2	AMAZON.COM SEATTLE WA	Stationary	CAN	n/a	57.98
03 / 09 / 2020 3	USPS PO 1 2200 MIAMI FL	POSTAL SERVICE	CAN	n/a	250.00
03 / 13 / 2020 4	USPS PO 1 2200 MIAMI FL	POSTAL SERVICE	CAN		240.00
03 / 20 / 2020 5	OFFICE MAX NORTH MIAMI	Stationary	CAN		32.09
03 / 31 / 2020 6	SUNTRUST BANK	PAPER STATEMENT FEE	CAN		3.00
04 / 30 / 2020 7	SUNTRUST BANK	PAPER STATEMENT FEE	CAN		3.00
05 / 29 / 2020 8	SUNTRUST BANK  BALANCE \$59.02	PAPER STATEMENT FEE	CAN		3.00

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



OFFICE USE ONLY

Name

VICTOR MAY

I.D. Number

42

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 02/21/2020 through 06/15/2020

Report Type  Original  Amendment

CERTIFICATION

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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

