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.

DS-DE 9 (Rev. 10/10)

JAN 11 417:03

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES	1)•		. (11		
		reasurer/Deputy	y 🗌 Office 🔲 Party		
2. Name of Candidate (in this order	: First, Middle, Last)	3. Address (include post office	e box or street, city, state, zip		
17-11 . 1/1		code)	A		
4. Telephone 5. E-ma	il address	- 9481 Byror	1 ACC.		
		- 9481 Byron Sortside, FI	33154		
(917)-1031905 Nall	node mon.co		nonpartisan office, check if		
6. Office sought (include district, cir	cuit group number)	applicable:	nonpartiour office, office in		
	00-		s to run as a Write-In candidate.		
8. If a candidate for a partisan offi	ce, check block and fil	I in name of party as applicable:	My intent is to run as a		
	_	I III IIdillo of party as application			
Write-In No Party Affi	liation				
9. I have appointed the following	person to act as my	Campaign Treasurer	Deputy Treasurer		
10. Name of Treasurer or Deputy Tr	easurer				
Nelly labor	JUEZ.		12 Telephone		
11. Mailing Address	().		12. Telephone		
9481 Byron A	100,50451	Ja Fl	(G17)7031905		
13. City 14. County 15. State 16. Zip Code 17. E-mail address					
2011/10	milade It		Secondary Depository		
10. I flave designated the following bunk as my					
19. Name of Bank		20. Address			
04.0%	22. County	23. State	24. Zip Code		
21. City	22. County	20. 014.0			
UNDER PENALTIES OF PERJURY, I DEC	ADE THAT I HAVE BEAD TO	HE EOREGOING FORM FOR APPOINTM	ENT OF CAMPAIGN TREASURER AND		
DESIGNATION	OF CAMPAIGN DEPOSITOR	RY AND THAT THE FACTS STATED IN IT	ARE TRUE.		
25. Date		26. Signature of Candidate			
1/11/2022.		X A			
- / C					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
	se Print or Type Name)	do nei	eby accept the appointment		
designated above as:	Campaign Treasur	er Deputy Freasurer.	and the second s		
assignated assistant	-	- Home			
1 1	V				
1/11/2022. Date	X	Signature of ¢ampaign Treasur	er or Deputy Treasurer		

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 11 AM 11:03

1, Nelly Valasques

candidate for the office of

Commissioner

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

Signature of Candidate

Date

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

DS-DE 84 (05/11)

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JAN 12 AM11:49

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):				
	reasurer/Deputy Depository Office Party			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)			
4. Telephone 5. E-mail address	- 9481 Byron Acc. Sorbide, F1 33154			
(917)2031905 nallnode mon.co	m Sortside, F1 33154			
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:			
Commissioner	My intent is to run as a Write-In candidate.			
8. If a candidate for a <u>partisan</u> office, check block and fill	in name of party as applicable: My intent is to run as a			
Write-In No Party Affiliation	Party candidate.			
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer			
10. Name of Treasurer or Deputy Treasurer				
11. Mailing Address 12. Telephone				
9481 Byron Ave, Surside, FI (917)7031905				
13. City 14. County 15. State 16. Zip Code 17. E-mail address 52 F5icle 17. E-mail address 18. City 19. City				
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank SUNTRUST	9600 Collins Owe			
21. City Bal Harbour Miam Dad	23. State 24. Zip Code 333154			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.			
25. Date	26. Signature of Capaddate			
1/11/2022.	X			
27. Treasurer's Acceptance of Appointment (fill in the banks and check the appropriate block)				
I, Class Print or Type Name)	do hereby accept the appointment			
designated above as: Campaign Treasure	r Deput Freasurer.			
1/11/2022. X				
/ / Date	Signature of Carripaign Treasurer or Deputy Treasurer			
DS-DE 9 (Rev. 10/10)	Rule 1S-2.0001, F.A.C.			

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

We the undersigned electors of the Town of Surfside,	
for the office of Commissione	(Mayor or Commissioner) at an election to be held on March
15, 2022.	JAN 19 PM 2:21
This petition must be filed with the Town Clerk betw	een January 10, 2022 and January 29, 2022(by 12:00pm).
Signature: A hey Q (I challerc	Date: 114 2021 D.O.B.
Print Name: SIRTUZ GOLDHARG	Address:
Signature:	Date: /// 1/2 D.O.B
Print Name Charles Banket	Address: //
Signature: Debond Cinedaile	Date: 1 19 222 D.O.B.
Print Name: Deborah Cimadavilla	Address:
Signature: Starre	Date: 01-19-21 D.O.B. C.
Print Name: Maren, Starre	Address:
Signature: Stort Later	Date: 1-19-22 D.Q.B.
Print Name Deannette: Gato	Address:
Signature: Discourse Signature	Date: <u>(), 19. 202</u> 8.0.B
Print Name: Johny M. Horld HU1	Address: L
gnature:	Date: <u> </u>
i. rint Name: Name	Address: 4
Signature:	Date: 1/19/21 D.O.B
Print Name: Laylas Somelos	Address:
Signature:	Date: _///9/22 D.O.B
Print Name: William Humenkrunz	Address:
Signature:	Date: 1-19-72, D.O.B.
Print Name: MARIA SOCALLAS	Address: Louis Control
Signature:	Date: • 9 LZ D.O.B
Print Name: MUCHELL NO.559	Address:
Signature:	Date: D.O.B
Print Name:	Address:
Signature:	Date: D.O.B
Print Name:	Address:
Λ. STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co	ontaining signatures. Each signature appended
thereto was made in my presence and is the genuine signa	ature of the person whose name it purports to be.
Signature of Circulator:	0.0
ddress of Circulator:	Do, Sortsida, F13315M
Email address of Circulator: hallhood MSn. Co.	E OF NOMINATION
	(Mayor or Commissioner) and agree to
Signature of Candidate:	Date: 1/19/22
orginature of Cariolidate.	

** For unredacted version, please contact the Town Clerk's Office**

Website Version Only

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

Signature: Marie - Chris A Date: Marie Do. D.	15, 2022.	(Mayor or Commissioner) at an election to be held on March
Print Name: Print Name: Print Name: Print Name: Print Name: Print Name: Signature: Print Name: Signature: Print Name: Signature: Print Name: Signature: Print Name: Print Name: Signature: Print Name: Signature: Print Name: Print Name: Signature: Print Name: Print Name: Print Name: Print Name: Signature: Print Name: Print Name: Signature: Print Name: Signature: Print Name: Print Name: Signature: Print Name: Address: Signature: Print Name: Date: Do.B. Address: Signature: Print Name: Address: Signature: Print Name: Address: Date: Do.B. Address: Signature: Print Name: Address: Date: Do.B. Address: Signature: Poo.B. Address: Date: Do.B. Address:	This petition must be filed with the Town C	Clerk between January 10, 2022 and January 29, 2022(by 12:00pm).
Print Name: Hoh's FERRITA Address: Signature: Hohe Edd Address: Signature: Address: Date: Law 19/22 D.O.B. Print Name: BRETT FILK Date: Law 19/22 D.O.B. Print Name: Hohe For Address: Date: Law 19/22 D.O.B. Print Name: Frede Vico Silva Address: Signature: Hohe For Address: Signature: Hohe For Address: Signature: Hohe For Address: Signature: Hohe For Address: Signature: Date: Law 19/22 D.O.B. Address: Signature: Date: Law 19/22 D.O.B. Address: Signature: Date: Law 19/22 D.O.B. Address: Signature: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Address: Signature: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Address: Signature: Date: D.O.B. Address: Signature: Date: D.O.B. Address: Signature: Date: D.O.B. Address:	Signature: MARIO FERREIRA	Date: 8/(18/22 D.O.B.
Signature: Print Name: Print Name: Signature: Print Name: Signature: Print Name: Chan Tachin Address: Signature: Date: Date:		Address:
Print Name:	13.1	
Signature: Charter Truch a Address: Signature: Charter Truch a Address: Signature: Al Ne Ell's Date: 1820.0.B. Print Name: Address: Date: 1972 D.O.B. Print Name: Brett flix Date: 1972 D.O.B. Print Name: Frede vico 5 1 2 4 Address: Signature: The Address: Date: 1972 D.O.B. Print Name: Frede vico 5 1 2 4 Address: Signature: Date: 1972 D.O.B. Print Name: Emily Ellis Address: Signature: Date: 1972 D.O.B. Print Name: Date: 1972 D.O.B. Print Name: Date: 1972 D.O.B. Print Name: Date: 1972 D.O.B. Address: Date: 1972 D.O.B. Address: Date: 1972 D.O.B. Print Name: Date: Date: D.O.B. Signature: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B.	ho 11	
Print Name: Char. Track. Signature: Date: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	63 - OV 1	, , , ,
Signature: Me Ellis Date: Lan 19/22 D.O.B. Print Name: Bellis Date: Lan 19/22 D.O.B. Print Name: Brett till Date: Lan 19/22 D.O.B. Print Name: Date: Lan 19/22 D.O.B. Address: Signature: Date: Lan 19/22 D.O.B. Address: Gnature: Frede vico Silva Address: Signature: Date: Lan 19/22 D.O.B. Print Name: Frede vico Silva Address: Signature: Date: Lan 19/22 D.O.B. Print Name: Date: Lan 19/22 D.O.B. Address: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B.		Address:
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Signature: Alive Ellic Date: law 19122 D.O.B. Print Name: BRETT FILE Date: law 19122 D.O.B. Print Name: The device Silve Address: Signature: Fredevice Silve Address: Signature: Date: law 19122 D.O.B. Print Name: Emily Ellic Address: Signature: Date: law 19122 D.O.B. Print Name: Emily Ellic Address: Signature: Date: Jij9 22 D.O.B. Print Name: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B.		Address:
Print Name: BRETT GILL Date: Icm 19/27 D.O.B. Print Name: Print Name: Date: Icm 19/27 D.O.B. Print Name: Frede V Co SILVA Address: Signature: Date: Icm 19/27 D.O.B. Print Name: Frede V Co SILVA Address: Signature: Date: Implication Date: Imp	$\Delta 1 = 0 \pm 11$	Date: \au 19/22 D.O.B.
Signature: BRETT TILK Print Name: Address: gnature: Tede V Co S I V G Signature: Date: Van 19/22 D.O.B. Address: Signature: Date: Van 19/22 D.O.B. Print Name: Em 14 Ellis Signature: Date: Van 19/22 D.O.B. Print Name: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B.	10001	Address:
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gnature: The delight Date: Jan 19/12 D.O.B. rint Name: Frede V. Co S. I. V. Address: Signature: Date: Jan 19/12 D.O.B. Print Name: Emily Ellis Address: Signature: Date: J./// D.O.B. Print Name: Date: D.O.B. Print Name: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Date: D.O.B. Print Name: Address: Date: D.O.B.	1/2 - 1/2 - 1/2	Address:
Signature: Freder Co SILVA Address: Signature: Freder Co SILVA Date: CM 1972D.O.B. Print Name: Emuly Ellis Address: Signature: Date: 1/19/22 D.O.B. Print Name: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Print Name: Address: Signature: Date: D.O.B. Address: D.O.B. Print Name: Address:		Date: \an 19/21 D.O.B.
Signature:	r. 1	Address: Address:
Print Name: Emily Ellis Address: Signature: Date: 1/19/22 D.O.B. Print Name: Date: D.O.B. Print Name: Address: D.O.B. Signature: Date: D.O.B. Print Name: Address: Print Name: Address:	1 - 1 1 6 1	
Signature: Date: 1/19/22 D.O.B. Print Name: Address: D.O.B. Signature: Date: D.O.B. Print Name: Address: Print Name: Address:		
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Signature: Date: D.O.B. Print Name: Address:		Address:
Print Name: Address:		Date: D.O.B
		Address:
. Olympico.	Signature:	Date: D.O.B
Print Name: Address:		Address:
Signature: D.O.B		D.O.B
Print Name: Address:		Address:
	·····	TEMENT OF CIRCULATOR
STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing signatures. Each signature appended		
The undersigned is the circulator of the foregoing paper containing signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.	The undersigned is the circulator of the foregoing	
thereto was made in my presence and is the genuine signature of the percent where them is perpendicular.	(Hereto was made in my presence and is the gent	and digitation of the person misses here it purposes
Signature of Circulator:	Signature of Circulator:	
ddress of Circulator: 701 88 St. SURESICO FL 33154	ddress of Circulator: 70188	
Email address of Circulator: Sesuincare & bolimail com ACCEPTANCE OF NOMINATION	Email address of Circulator: Session	EPTANCE OF NOMINATION
I hereby accept the nomination of(Mayor or Commissioner) and agree to		
serve if elected.		
Signature of Candidate:Date:	Signature of Candidate:	Date: 1/19/22

** For unredacted version, please contact the Town Clerk's Office**

Signature of Candidate:

Website Version Only

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 We the undersigned electors of the Town of Surfside, Florida, hereby nominate (Mayor or Commissioner) at an election to be held on March for the office of Commission Col 15, 2022. JAN 19 PM 2:21 This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022(by 12:00pm). Date: Signature: Address Print Name Date: -2Z D.O.B. Signature: Address Print Name Date: Signature: Address: Print Name Signature: Date: D.O.B. Address: Print Name Signature: Date: D.O.B. Print Name: Address Date: Signature: RAND Address: Print Name: ignature: . rint Name: Address: Signature: Nate: Print Name nelladdress D.O.B. Date: Signature: Address: Print Name Date: Signature: Address: Print Name: Date: O D.O Signature: Print Name: Address Signature: Date:C D.O Address Print Name: Date:O Signature: Address Print Name: STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing 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: ddress of Circulator: Email address of Circulator: MInoa Plyon. Com ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to I hereby accept the nomination of serve if elected.

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

Website Version Only PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

Marilla and desired alaska at the Town of Curfoids	Florida harabu naminata
We the undersigned electors of the Town of Surfside,	(Mayor or Commissioner) at an election to be held on March
15, 2022.	JAN 19 PM 2:21
This patition must be filed with the Toule Clark between	een January 10, 2022 and January 29, 2022(by 12:00pm).
This petition must be filed with the Town Clerk between	Seri Sandary 10, 2022 and Sandary 29, 2022(by 12.00pin).
Signature: Illumilo Cl	Date: 1/12/22 D.O.B.
Print Name: NEPRNANDO ANVAVEZ	Address:
Signature: William (VIII)	Date: 01.12-22 D.O.B.
Print Name: WMW PERTAMIDER	Address:
Signature:	Date: 01/02/29 D.O.B.
Print Name: ESTESKU CANDING	Address:
Signature:	Date: 1/12/22 D.O.B.
Print Name: WEEV BASOO	Address.
Signature:	Date: 1/12/72 D.O.B.
Print Name: ADARA CUA VEZ	Address:
Signature:	Date: _///フ/ 7 Z D.O.B.
Print Name: Victoric Sout	Address:
ignature:	Date: 11/18/72 D.O.B
:. rint Name: Chrishna Tuchs	Address:
Signature: SOMME	Date: 11\8\22 D.O.B
Print Name: 1 JESSV VINAGRE	Address:
Signature: // Wtts	Date: 1/18/22_ D.O.B
Print Name: Thema Corts	Address
Signature: Mi Cortie	Date: 1/13/20からD.O.B
Print Name: Miguelangel Cortes	Address:
Signature:	Date: _//18/22 D.O.B
Print Name: KMALIL: SEI	Address:
Signature: Causign Baumel	Date: 1/18/22 D.O.B.
Print Name: CARDYN BAUMEL	Address:
Signature:	Date: 1/16/22
Print Name: LINDEN D.NELSON	Address: , , , , , ,
STATEMENT	OF CIRCULATOR
	13
The undersigned is the circulator of the foregoing paper co thereto was made in my presence and is the genuine signa	ature of the person whose name it purports to be.
Signature of Circulator:	$\bigcap_{i \in \mathcal{I}} \mathcal{I}_{i} = \mathcal{I}_{i}$
ddress of Circulator: 948 Daron Au, 5	2) +5, F/33/54
Email address of Circulator: ntll address of Circulator: ACCEPTANCI	E OF NOMINATION
I hereby accept the nomination of	
serve if elected.	
Signature of Candidate:	Date: 1/19/2022

Date 1/19/2022.

PAY TO LOWIN of surficide \$25.

The ORDER OF TWANTE TO BOULARS TO SHOULD BE SUNTRUST ACH RT 061000104

MEMO QUALITYING FOR APPLICATION APPLICATION OF THE ORDER OF THE ORD

SPECIALTY BLUE

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:

JAN 19 PH 2:51

Write-in candidate	OFFICE USE ONLY
	ate Oath (a), Florida Statutes)
(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 ames). No change can be made after the end of qualifying.
am a candidate for the nonpartisan office of; I am a qualified elector of; I am a qualified elector of	(Office) (District #) Town of Sursicle County, Florida;
have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on y	vour voter information card):
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction)	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]
X 9/7/703 Signature of Candidate Telephone Number Address City STATE OF FLORIDA	1905 Todhog Omen. com Email/Address Fly 33,324 State ZIP Code
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 by means of online notarization \(\sum_{OR} \) physical presence \(\sum_{OR} \) this \(\sum_{OR} \) day of \(\sum_{OR} \) Produced Identification \(\sum_{OR} \) Type of Identification Produced:	SANDRA MCCREADY MY COMMISSION # HH 140057 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

JAN 19 PM 2:29

GENERAL ELECTION - MARCH 15, 2022

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 law law law,
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 9481 Byron Avender, 5045il Fl 33154
Surfside, Florida; that my address is 9481 Byron Avender, 504504 Fl 33154 my occupation is 521f - Employed; that I have been
a resident of the Town of Surfside since 2013; that I will be at least twenty-one (21) years of
age by January 29, 2022 and that if elected, I will willingly serve as
(Mayor or Commissioner) of the Town of Surfside, if elected. Signature of Candidate Date
Sworn to and subscribed before me this 19 th day of January , 20 22.
SANDRA MCCREADY MY COMMISSION # HH 140057 EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters PRINTED NAME OF NOTARY

	FORM 1	STATEMENT OF			2020		
	Please print or type your name, malling	FINANCIAL	INTERESTS	TS FOR OFFICE USE ONLY			
,	LAST NAME FIRST NAME MIDE MAILING ADDRESS:						
	Syrsida Sirsida						
CITY: COUNTY: SUFSILIA . 33154 Hami, NAME OF AGENCY:					JAN 19 PM 2:51		
	NAME OF OFFICE OR POSITION F		R APPOINTEE				
	ONESK SHEET II			****			
	DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y		ST BE COMPLETED OR CALENDAR YEAR END		CEMBER 31, 2020.		
	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):						
		PERCENTAGE) THRESHOLDS			JE THRESHOLDS		
	PART A PRIMARY SOURCES OF (If you have nothing to re	INCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See instr	uctions]			
	NAME OF SOURCE OF INCOME		DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
	Cotoring Brines	550 9429 Harding Ave, Sudil		ato	ring For Francis		
		OF INCOME and other sources of income to busine eport, write "none" or "n/a")	esses owned by the reporting per	son - See	: instructions]		
	NAME OF BUSINESS ENTITY				PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
	Nolly Valence	Randal Income	547 Doachtra	tracest Partal Inon			
	PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting pers port, write "none" or "n/a")	I on - See instructions]	lines o	e not limited to the space on the on this form. Attach additional of the control		
	•) side F1 33154	and w	G INSTRUCTIONS for when here to file this form are dat the bottom of page 2.		
	547 Harchton	re, cocoq, Fla	32422	this fo	CUCTIONS on who must file orm and how to fill it out on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (If you have nothing to report, write "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
Florida Prezaidcollege Thin F	lorida Propail college toundation		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	r "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Hr Cooper 80	950 Cypross Waters, Blvd, Coppell TX 75019		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Own (If you have nothing to report, write "none" or "	rership or positions in certain types of businesses - See instructions] 'n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	The Lobata Guy LLC		
ADDRESS OF BUSINESS ENTITY	429 Harding Log #149		
C. C	atarina		
	wher		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS Y	6		
NATURE OF MY OWNERSHIP INTEREST 10	00 %		
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.			
☐ I CERTIFY THAT I HA	VE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CO	ONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE		
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY		
Signature:	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.		
Date Signed:	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

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

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.



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

miamidade.gov

January 20, 2022

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

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Nelly Velasquez, a candidate for the office of Commissioner for Town of Surfside. A total of 26 petitions were reviewed for verification; of which 26 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.

Christina White

Supervisor of Elections

Enclosure (1)





CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>26</u> signatures submitted by <u>Nelly Velasquez</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 20th DAY OF
JANUARY, 2022

WITNESS MY HAND

Christina White Supervisor of Elections



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863 Sandra N. McCready, MPA, MMC, Town Clerk

January 21, 2022

Ms. Nelly Velasquez 9481 Byron Avenue Surfside, Fl 33154

Dear Ms. Velasquez:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2022 Municipal Election.

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

Very truly yours,

Sandra N. McCready, MPA, MMC

Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Delly Volasquez Name	OFFICE USE ONLY				
Address (number and street) City, State, Zip Code	FEB 9 AM 11:28				
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
(5) Report	Identifiers				
	1 / 3/ / 22 Report Type: 2022 N I ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$, , 25				
Loans \$	Transfers to Office Account \$, ,				
Total Monetary \$,, In-Kind \$, , ,	Total Monetary \$, , <u>25</u> ·				
	(8) Other Distributions \$, ,				
(9) TOTAL Monetary Contributions To Date \$,, 400 (10) TOTAL Monetary Expenditures To Date \$,, 25					
(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) (Type name) (Type name) (Type name) Chairperson (only or electioneering comm.)					
X Signature	X				
Signature Signature Signature See Reverse FOR INSTA					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Jelly Velore	JUEZ		(2)	I.D. Number	<u>B 9 AM 11</u>	.28
(3) Cover Period/ _ / / / through/ / / of of							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	1	itributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
112122	Nelly Velasquez anor Byron Ave exclaide, F133154	王	Emplepel	LOA			200,0 6
1133 122	Nelly Veloques. 9481 Byron Ave Sortside, F13864	1	Employed	LOA			200,00
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S RE		EXPENDIT I.D. Number		
(3) Cover Perio	d (/ / / 22 through / /	31122 (4	l) Page	of _	1
(5) Date (6) Sequence Number	(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 /19/22	Qualification Face	Qualifying	401		25.
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//					

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



Name Valasques. I.D. Number	OFFICE USE ONLY
Address (number and street) 9481 Byron Ava City, State, Zip Code Ortolog, F1 33154 CHECK IF ADDRESS HAS CHANGED	FEB 9 AM11:29
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	
REPORT IDE	NTIFIERS
Report Name 2022	1 - - 2022 through - 31 - 2022
CERTIF	ICATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X Signature	X Signature
	0.3

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Nelly Velacque	22		(2) I.D. Number	
(3) Report	Name 2022 M I	(4) Cover Period	1/1/22	through/_	1/22
(5) Report	Name 2027 M1 Type Poriginal Amendment	(6) Page		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organi	(10) zation Employed By hired by campaign)	(11) Amendment Type
	,				
	NA				

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Daly Valorguez.	OFFICE USE ONLY				
Name (2) 9481 Byron Acc. Address (number and street)	FEB 18 AM 11:07				
City, State, Zip Code					
☐ Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 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 findividual making electioneering communications)					
(5) Report	Identifiers				
Cover Period: From 2 / 1 / 22 To	2 / 17 / 22 Report Type: 2574				
☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$, , ,	Monetary Expenditures \$,, 922 · 69				
Loans \$, ,	Transfers to Office Account \$, ,				
Total Monetary \$, ,	Total Monetary \$, 922 · 69				
In-Kind \$, ,					
	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$,, 1900	\$, <u></u> , <u>947</u> . <u>69</u>				
(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, corr	ect, and complete:				
(Type name) (Type					
X Signature	X Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 18 AM11:07

(1) Name \(\alpha \) \(\alpha							
(3) Cover Per	od <u>2</u> / <u>1</u> / <u>22</u>	throug	h <u>2</u> /	17/22	_ (4) Page		of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
21812	Bippy 4 Tachie Siacal 950 Park Aux		Self Emplayed	CHE			\$1500
001	NY NY 10028						
1 1							
1 1							
1 1							
1 1					*		
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN, TREASURER'S REPORT - ITEMIZED EXPENDITURES Jelly Valasques (1) Name (2) I.D. Number (3) Cover Period _____/ __ / ___ through ____ / 17/22_ (4) Page _____ of ___ (7) (8) (9) (10) (11) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number 001 200

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



	OFFICE USE ONLY
Name	
Delly Valasquez.	_
I.D. Number	FEB 18 AM11:03
	1 CD TO HWTT: AC
Address (number and street)	
9481 Byron Acc.	_
City, State, Zip Code	
Sortside, Fl 33154	_
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
Commissioner, District	-
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDEN	ITIFIERS
Report Name 2574 Cover Period	2-1-2022 through 2-17-2022
Report Type Original Amendment	
CERTIFI	
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Delly Valasques	(Type name) Candidate
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
-tolong	Kart
X AMI	X CAM
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Delly Valasa	UEZ		(2) I.D. Number	
(3) Report	Name 2571	(4) Cover Period	2/1/22	through/	17/22
(5) Report	Name 25 P 1 Type Doriginal Amendment	t (6) Page	-	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organia	(10) zation Employed By nired by campaign)	(11)
		1			
		, (
		,			
					a)
		1			

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) Name Valasquez	OFFICE USE ONLY			
Address (number and street) City, State, Zip Code	MAR 4 AM 10:55			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 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 2 / 18 / 2022 To	3 / 3 / 2022 Report Type: IIP I			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,2000	Monetary			
Loans \$, ,	Transfers to Office Account \$, , .			
Total Monetary \$,	Total Monetary \$,, <u>1844</u> . <u>61</u>			
In-Kind \$,	(8) Other Distributions \$,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,			
(11) Cert It is a first degree misdemeanor for any pers				
I certify that I have examined this report and it is true, corn				
(Type name) (Type				
X Signature	X Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Delly Velose	1002	(2)	MA I.D. Number	R 4AM10:	55
(3) Cover Period	2118122	through 3 /	3 1 22	_ (4) Page		of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
2122122	Linden Nation,	Tach T Invostor	CHE			1,000.
1	924 884h 51. Surfaide, Fl 33/54					1,000.
2127122	David 4 Tacqueline Possing	I Saff Evaployed	CHE			1,000.
7 .	PO Box 7033 Indiampolo IN460	Fr4				/
1						
1 1						
1 1		X				
1 1						
1						
DS-DE 13 (Rev. 11/1	13)	SEE REVERSE FOR I	NSTRUCTIONS	AND CODE VAL	IIFS	

(1) Name (2) I.D. Number						
(3) Cover Perio	d <u>2 / 18 / 22</u> through <u>3 /</u>	3122 14	l) Page	of		
(5) Date (6) Sequence Number	(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)	(11) Amount	
2/19/22	Office Nax 122-25 Biscayne Blod WMiami, F133181	officer Supplies	CAN		99.83	
2/22/22	Signarama. 730 W HallanobleB Bird #104 Hallandale, Fl 33009	Door Hangers	CAN		754.33	
2/20/22 3	Signarama 730 w Halbordale Brach Bluf #104 Halbordale, F1 33009	Flyers.	CAN		905.22	
3/1/ZZ	Office Nax 12235 Biocayna Blid North Miami, F133181	Supplies	CAN		85.23	
7						
/ /						
/ /				/		
11/						

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



	OFFICE USE ONLY				
Name Valasquez.					
I.D. Number					
	MAR 4 AM 10:56				
Address (number and street) 9481 Byron Avanue					
City, State, Zip Code					
☐ CHECK IF ADDRESS HAS CHANGED					
Candidate for:					
☐ Mayor					
Commissioner, District	_				
☐ Property Appraiser					
☐ Clerk of the Circuit Courts					
☐ Community Council, Area, Sul	o-Area				
REPORT IDENTIFIERS					
Report Name Cover Period	$\frac{2/18/22}{2}$ through $\frac{3/3/22}{2}$				
Report Type Original Amendment					
CERTIF					
	on to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.				
Nelly Relanguas.	Dally belasquez.				
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate				
14	/ All				
X	X				
Signature	Signature				

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Nally Valas	SQUEZ.	MAR 4 AM 10 (2) I.D. Number	-56
(3) Report	Name IFI	(4) Cover Period	MAR 4 AM 10 (2) I.D. Number 2/18/22 through _3/3	/22
(5) Report	Type Original Amendment	t (6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		1		
		1	7	

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Wally Valasquez.	OFFICE USE ONLY			
Address (number and street) City, State, Zip Code	MAR 11 PM 3:01			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	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			
	3 / 10 / 22 Report Type: 4P1			
(6) Contributions This Report Cash & Checks \$,, 250 Loans \$, , , .	(7) Expenditures This Report Monetary Expenditures \$,,, Transfers to			
Total Monetary \$,,	Office Account \$,, Total Monetary \$,,			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,,966.30_			
(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)	(Type name) (CSQ CSQ CSQ CSQ CSQ CSQ CSQ CSQ CSQ CSQ			
X Signature	X Signature			
Signature DS-DE 12 (Rev. 1/1/13)	Signature / SEE REVERSE FOR INSTRUCTIONS			

DS-DE 12 (Rev. 1/1/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	ally belong	00	2	(2)	I.D. Number	AK 11 PM 3	A control of the cont
	314122						
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
314122	Stave Schott	,	Salf				1
1 122	State Schott 9111 collins Ave #N914 Sorside, F1335		Employed	CHE			1230.
1	Sorsila, F1335	4					
,							
1 1							
1 1							
1 1							
1 1							
1/							
DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

(1) Name	CAMPAIGN TREASURER'S REI	PORT – ITEMIZED (2	EXPENDIT 2) I.D. Number	URES	
(3) Cover Period	d <u>3 </u>	10122 (4	l) Page	of _	
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
_ / /					
/ /					
/ /					
//					
/ /					
DS-DE 14 (Rev. 1	1/13) SEE REVERSE FOR INS	TRUCTIONS AND CODE	VALUES		

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



Name ofly Valasques	OFFICE USE ONLY
I.D. Number	
Address (number and street) 9481 Byron Ax	MAR 11 pm 3:12
City, State, Zip Cade Surfside, Fl 33154	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Subsection	o-Area
REPORT IDEN	
Report Name 471 Cover Period	3/4/22 through $3/10/22$
Report Type Original	
CERTIFI	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete.
(Type name) Treasurer Deputy Treasurer	$\begin{array}{c c} \hline & C & C & C & C & C & C & C & C & C &$
x A	x AAA
Signature /	Signature /

MAR 11 PM 3:12

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Delly Valaso	102Z.	(2) I.D. Number 3/4/22 through <u>3/</u> /	
(3) Report	Name 4P1	` (4) Cover Period <u>.</u>	3/4/22 through $3/8$	0/22
			of	•
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	/			

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Nelly Velasquez	OFFICE USE ONLY
Name	 JUN 13 AM 9:21
(2) 9481 Byron Avenue 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): Commissioner	
✓ Candidate Office Sought:☐ Political Committee (PC)	
☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded
☐ Party Executive Committee (PTY)☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Report	Identifiers
Cover Period: From 03 / 11 / 2022 To	00 40 0000 40700
Original Amendment Spe	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$, ,	Expenditures \$, , 1,183.70
Loans \$_ , , .	Transfers to
	Office Account \$, , .
Total Monetary \$, , 0.00	
	Total Monetary \$, 1,183.70
In-Kind \$, ,	
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$, , 4,150.00	(10) TOTAL Monetary Expenditures To Date \$, , 4,150.00
·	,,,
(11) Cert	tification on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	• • • • • • • • • • • • • • • • • • • •
Nelly Velasquez	Nelly Velasquez
(Type name) ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	(Type name) ☐ Candidate ☐ Chajrperson (only for PC and PTY)
or electioneering comm.)	
X	x
Signature VVV V	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelly Velasquez							(2) I.D. Number	_	
	03	11	2022	06	13	2022	1 -	1	
(3) Cover Period		_/	_/	through	/	/	(4) Page	of	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
03 11 2022	Publix 9400 Harding Avenue, Surfiside, FL 33154	Food & Beverage for Campaign Event	CAN		\$180.70
03 11 2022	Katana Restaurant 920 71st street, Miami Beach, FL 33141	Food Platter for Campaign Event	CAN		\$200.00
, ,	Monica Gorog 7735 Byron Avenue, Miami Beach, FL 33141	Distribution Campaign Door Hangers	CAN		\$150.00
1 , , 1	Home Depot 12055 Biscayne BLVD., North Miami, FL 33181	Equipment & Supplies For Election Day	CAN		\$303.00
, , ,	Nelly Velasquez 9481 Byron Avenue Surfside, FL 33154	Loan Reimbursement	RMB		\$350.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jelly Velasai	(2)	JUI I.D. Number	V 13 AM 9:2:	2			
(1) Name								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	.UES		

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



Nama	OFFICE USE ONLY
Name Wally Vala-guaz	
I.D. Number	
	JUN 13 AM 9:22
Address (number and street)	
9481 Byron Aug	
City, State, Zip Code	į
Sixtside, FI 3315M	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
□ Mover	
☐ Mayor ☐ Commissioner, District	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 18 TRG Cover Period	03/11/2022 through 6/13/2022
Report Type Original	
CERTIF	CATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
Jan	A TOTAL OF THE PROPERTY OF THE
X AM	x - /////
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



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

(1) Name	Nolly Velasau	<i>و</i> ځ_		JUN 13 AM 9 (2) J.D. Number	:22
(3) Report	Name 18 TRG Type Poriginal Amendment	(4) Cover Period	3/11/22	through	13/22
(5) Report	Type Poriginal Amendment	t (6) Page		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By		(10) lization Employed l hired by campaigi	
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