Erika Gonzalez-Santamaria

From: Erika Gonzalez-Santamaria
Sent: Thursday, February 23, 2023 9:27 AM
To: veteran712020@gmail.com
Subject: Ballot Number for April 4, 2023

Good morning,

I have your Ballot Number for the upcoming election and it is #56.

Thank you!

Erika Gonzalez-Santamaria, MMC, City Clerk
Office of the City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, Florida 33166
E: gonzaleze@miamisprings-fl.gov
T: (305) 805-5006
www.miamisprings-fl.gov

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

February 2nd, 2023

Erika Gonzalez, MMC, City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, FL 33166

Dear Ms. Gonzalez:

The Miami-Dade Elections Department has completed the verification of Batch 1 of the petitions for Victor Vazquez a candidate for City Council, Group IV for the City of Miami Springs. A total of 107 petitions were reviewed for verification; of which 97 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,

Christina White
Supervisor of Elections

Enclosure (1)

Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

CERTIFICATION
Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **97** signatures submitted by **Victor Vazquez** for the office of **City Council, Group IV** for the **City of Miami Springs** matched the signatures on the voter files.

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 2nd DAY OF FEBRUARY, 2023

Christina White
Supervisor of Elections

MIAMI-DADE COUNTY

OFFICIAL RECEIPT

MIAMI-DADE COUNTY–FLORIDA City of Miami Springs

No. 8053551

RECEIVED FROM Jacky Bravo & Victor Vazquez

DATE 1 / 31 / 2023 (MONTH / DAY / YEAR)

ADDRESS _____ (STREET ADDRESS)

Miami Springs (CITY) _____ (STATE) _____ (ZIP)

CASH $ 20 . 10

CHECKS $ _____ . _____

AMOUNT OF: Twenty → DOLLARS, AND 10/100 CENTS

TOTAL $ 20 . 10

FOR PAYMENT OF: Signature Verification Petitions (210) Candidates

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

BY: [signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBOBJECT	AMOUNT

107.01-1 6/04

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:21

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION = FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
DAVID PAUL Date / Fecha 1/24/23	1481 LENAPE DR.	9/25/55	David Paul
Elva de Mazi Date / Fecha 01/24/23	1076 Meadowlark AVE Mi 1076 Meadowlark	11/17/38	[illegible]
ISAAC ROOPCHAN Date / Fecha 1/24/23	970 PLOVER AVE	9/3/53	Isaac Roopchan
ELIZABETH CARPIO Date / Fecha 1/24/23	150 SUNSET WAY	9/16/54	E M Carpio
ARMANDO SUAREZ Date / Fecha 1/24/23	457 PALMETTO DR.	11/20/52	[illegible]
MARILU LEON Date / Fecha 1/24/23	173 TRUXTUN DR	8/24/41	MLeón
MARGARITA Mayo Date / Fecha 1/24/23	1145 Quail AVE	6/13/47	Margarita Mayo
MARIN WILSON Date / Fecha 1/24/23	973 Hunting Lodge Dr.	11/25/48	Marin Wilson
VERLIN MITCHELL Date / Fecha 1/24/23	1235 STARLINE AVE	6/14/43	[illegible]
MARIETTA MITCHELL Date / Fecha 1/24/23	1235 STARLINE AVE	2/13/46	Marietta M. Mitchell

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: [illegible]	**Address: Dirección:** 324 MINOLA DR MIAMI SPRINGS, FL. 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: _____	or Provided Identification: o Quien Produjo Identificación: FL Drivers License
Notary Public: Notario Público: [illegible]	Date: Fecha: 1/25/2023
Print/Letra de Molde: Juan D.	My commission expires: Mi comisión expira: 10/20/2023

JUAN D. GARCIA
MY COMMISSION # GG 347476
EXPIRES: October 20, 2023
Bonded Thru Notary Public Underwriters

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 12:35 pm By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:21

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
John R. Doyle Date / Fecha: 01/14/23	2085 Miami Springs Ave.	01/26/1951	John R Doyle
MIRIE KLEIN Date / Fecha: 5-19-23	940 WRON AVE MIAMI SPRINGS FL	7-17-1951	Mirie J. Klein
MARTIN CROSSLAND Date / Fecha: 01/19/23	900 PLOVER AVE MIA SPGS	2-18-1942	[illegible]
Miryam Crossland Date / Fecha: 01/19/23	900 PLOVER AVE MIA SPRINGS FL.	04/14/1950	MCrossland
Marcia D. Braun Date / Fecha: 1-19-23	180 IROQUOIS ST MIAMI SPRINGS	05/01/43	Marcia Dallett (Anne) Braun
Mary Jo Mejias Date / Fecha: 1-19-23	62 Elm Dr Miami Springs, Fl 33166	9/26/69	[illegible]
Miryam Crossland Date / Fecha: 01-19-23	900 PLOVER AVE Miami Springs. FL.	04/14/1950	Miryam Crossland
Esther M. Flores Date / Fecha: 01-19-23	300 Hibiscus Dr. Miami Spnngs. FL 33166	04/10/50	[illegible]
Felipe Lopez Date / Fecha: 1-19-23	62 ELM Dr	4/11/59	[illegible]
MICHAEL ROSIAKOV Date / Fecha: JAN 21, 2023	907 HUNTING LODGE MIAMI SPRINGS	8/19/48	[illegible]

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Vita Vazquez	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público: [signature]	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334851
Expires 11/25/2026

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:08 By: Sandra Duarte

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:21

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Charles Leonard Date / Fecha 1-21-2023	1 Curydon Dr Miami Springs FL 33166	10-2-58	
Cesar Leonard Date / Fecha 1-21-2022	465 Desoto Dr Miami Springs FL	9-7-28	
Edgar Batista Date / Fecha 1/21/22	1001 Bluebird Ave	4/21/74	
~~Aldo Scaved~~ Date / Fecha 1-21-202	~~529 Curtiss Pkwy~~	~~1/21/2022~~	~~Aldo Scaved~~
Kenai Batista Date / Fecha 1/21/2023	1001 Bluebird Ave	11/16/97	
Aldo Scaved Date / Fecha 1-21-22	529 Curtiss Pkwy	7-27-68	Aldo Scaved
[illegible] Date / Fecha 1-21-23	84 Oakdale	7-6-64	[illegible]
Ronnie Safreed Date / Fecha 01-21-2023	201 Lafayette Drive	3-16-56	[illegible]
Christian Kobiakov Date / Fecha 01-22-2023	907 Hunting Lodge Dr.	09-03-96	[illegible]
Jean-Marc Tréllard Date / Fecha 01/22/2023	1601 Westward Dr	07/26/1960	[illegible]

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Vict Vzq	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:	
Notary Public: Notario Público:	Notary Public State of Florida Sandra Duarte My Commission HH 334861 Expires 11/25/2026	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte		My commission expires: Mi comisión expira: 11/25/26

RECEIVED

JAN 27 23

CITY CLERK'S OFFICE

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:09 By: Sandra Duarte

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:21

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
ROBERT D. PLATZ Date / Fecha: 1/25/2023	380 Falcon Ave Miami Springs, FL	11/23/1940	Robert D Platz
Sara J Platz Date / Fecha: 1/25/2023	380 Falcon Ave Miami Springs, FL	05/23/1942	Sara J Platz
Nieves Kobiakov Date / Fecha:	909 Huntington Lodge Dr Miami Springs, FL	10-01-59	Nieves Kobiakov
Salvadore Andree Date / Fecha:	1062 Huntington Lodge Mia. Springs	06-27-33	Salvadore Andree
Nieves Andree Date / Fecha:	1062 Huntington Lodge Miami Springs	08-05-40	Nieves Andree
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: VMV	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/27/23 Time: 11:10 By: Sandra Duarte

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:22

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
CECILIA M. BORGMEYER Date / Fecha 1-20-2023	530 NIGHTINGALE MIAMI SPRINGS AVE	10-29-1962	C Borgmeyer
Carmen B. Spangenberg Date / Fecha 1-20-23	1131 Quail Ave Miami Springs Fl 33166	11-17-1957	[illegible]
Tom Spangenberg Date / Fecha 1-20-23	1131 Quail Ave Miami Springs FL 33166	4-6-1949 H 20	[illegible]
MALCOLM MICHELSON Date / Fecha 1-24-23	140 WHITETHORN DR MIAMI SPRINGS 33166	8-3-1934	[illegible]
EMELIA M. MICHELSON Date / Fecha 1/24/23	140 Whitethorn Miami Springs, Fl 3	11-21-192	Emelia M Michelson
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Kathleen Doyle	**Address: Dirección:** 2085 Miami Springs Ave Miami Springs FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:11 By: Sandra Duarte

JAN 27 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:22

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Nimal Perera Date / Fecha: 01 Jan 23	217 Duval Dr Miami Springs	109194925	
Ginnette Perera Date / Fecha: 01/22/23	217 Duval Drive Miami Springs, FL 33166	109912816	
NATESSA PERERA Date / Fecha: 1-22-23	217 DUVAL DRIVE MIAMI SPRINGS 33166	122156565	
Eric Richen Date / Fecha: 1-23-23	224 Reineke Dr M.S., FL 33166	4-15-83	
Kathleen Ortiz Date / Fecha: 1/23/23	225 Duval Dr Miami, FL 33166	1/25/74	
Rafael Ortiz Date / Fecha: 01/23/2023	225 Duval Dr M.S. FL 33166	06/30/1973	
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 6 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:12 By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

2023 JAN 27 PM 1:22

CITY OF MIAMI SPRINGS

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Amanda Valdes			
1/14/2023 Date / Fecha	20 Hough Drive Miami Springs FL	05/27/1993	Amanda Valdes
1/14/2023 Date / Fecha	2065 Miami Springs Avenue Miami Springs FL	11/4/1951	
1/14/2023 Date / Fecha	2065 Miami Springs Ave Miami Springs Ave	6/15/1944	
1/14/2023 Date / Fecha	350 Hunting Lodge Dr Apt 506	01/25/1995	
1-14-23 Date / Fecha	401 Falcon Ave MS 33166	6-10-60	
1-14-23 Date / Fecha	401 Falcon Ave MS 33166	2-1-52	
1/14/23 Date / Fecha	849 Ave Way MS 33166	10/27/52	
1/14/23 Date / Fecha	299 Azul Way Apt B	01/06/44	
1/14/23 Date / Fecha	1415 Hadden Way	1/8/85	
1/14/23 Date / Fecha	2055 Miami Springs Ave Miami Sp.	2/14/50	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Kathleen Doyle	**Address: Dirección:** 2055 Miami Springs Ave Miami Springs, FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:12 By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 JAN 27 PM 1:22

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Tyler Fulton Date / Fecha: 1-15-23	406 Forrest Dr.	09-12-03	Tyler Fulton
Freddy Montero Date / Fecha: 1-15-23	440 Morningside Dr.	09-03-75	F Montero
Jose Ortiz Date / Fecha: 1-15-23	440 Morningside Dr.	02-05-76	[illegible]
Giovanni Pelguero Date / Fecha: 15-23	572 De Leon Dr.	09-22-2000	[illegible]
Yomary Calderon Date / Fecha: 1-15-23	632 Minola Dr	06-24-83	[illegible]
Isabelle Fulton Date / Fecha: 1/15/23	406 Forrest	11/19/71	[illegible]
Mara Zapata Date / Fecha: 1-15-23	272 Cherokee St.	06/22/59	Mara Zapata
Ana B. Hernandez Date / Fecha: 1/15/23	1160 Falcon Ave	09/09/65	Ana B. H
Maria Martinez Date / Fecha: 1/15/23	61 S. Royal Poinciana Blvd	04/07/73	[illegible]
Herlinda Lombardi Date / Fecha: 1/15/23	1000 Oxide Avenue	10/7/75	[illegible]

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Vict Vzq	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público: [signature]	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/27/23 Time: 11:13 By: Sandra Duarte

2023 JAN 27 PM 1:55

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Rita Mayer Date / Fecha 1-22-2023	101 Whitethorn Drive Miami Springs, FL 33166	02/23/1967	Rita Mayer
Darlene Epstein Date / Fecha 1/22/2023	Miami Springs 117 Whitethorn Drive	10/01/1954	D. Epstein
Maria Reviones-Bishop Date / Fecha 1/22/23	465 Wren Avenue Miami Springs FL 33166	09-07-65	Maria Reviones Bishop
Charles Bishop Date / Fecha 1/22/23	465 Wren Ave Miami Springs FL 33166	12/16/1956	[illegible]
Nicholas Mayer Date / Fecha 1/27/23	101 Whitethorn Drive Miami Springs FL 33166	12/05/2002	Nicholas Mayer
Orin Mayer Date / Fecha 1/27/23	101 Whitethorn Dr Miami Springs FL 33166	1/1/1964	[illegible]
Date / Fecha			
Date / Fecha			
Date / Fecha			
Date / Fecha			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 6 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: [illegible]	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:	
Notary Public: Notario Público:	Notary Public State of Florida Sandra Duarte My Commission HH 334861 Expires 11/25/2026	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte		My commission expires: Mi comisión expira: 11/25/26

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:54 PM By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS
2023 JAN 27 PM 4:23

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Carlos E. Garcia Date / Fecha: 1-14-2023	298 Glendale Dr.	30 Oct 1951	
Stephen Smith Date / Fecha: 1/14/23	304 S. Royal Poinciana	6/6/54	
Katie Mackert Date / Fecha: 1/14/23	912 Raven Ave	9/6/91	
Elizabeth Kourtesis Date / Fecha: 1/14/23	448 Cardiff Ave MS	7/23/68	
Maibelys Perez Crespo Date / Fecha: 1/14/23	501 Curtiss Pkwy Miami Springs, FL 33166	11/30/74	
[illegible] Date / Fecha: 1/14/23	220 Huntington Dr	12-13-42	
VALENTINE SOLER Date / Fecha: 14 JAN 2023	26 S. Royal Poinciana	20 MAR 45	
Jeffrey VANCE Date / Fecha: 1-14-23	16 DE LEON DR.	04 April 49	
[illegible] Date / Fecha: [illegible]	[illegible] de Leon Drive	[illegible]	
Mayra L. Hernandez Date / Fecha: 1/14/2023	2 De Leon Drive Miami Springs	9/16/1965	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 11:13 By: Sandra Duarte

2023 JAN 27 PM 1:21

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
CARMEN HERTSCH Date / Fecha 01/22/2023	324 MINOLA DR.	5/18/55	
Guillermo A. Cartina Date / Fecha 1/22/23	930 Nightingale Terr	4/14/55	
JAMES P. DUDEN Date / Fecha 1/22/23	308 PAYNE DR	12/9/60	
Beniqna G. Duden Date / Fecha 1/22/23	308 Payne Dr.	10/08/62	
DIANE CLARK Date / Fecha 1/22/23	576 RAVENAVE	4/9/50	
SANDRA de JONG Date / Fecha	800 FALCON Ave	1/14/37	
Christel Smith Date / Fecha 1/20/23	8 White Hora Dr.	12/27/39	
[illegible] Date / Fecha 1/20/23	373 [illegible]	9/29/37	
ANA M. PAULSEN Date / Fecha 1/22/23	337 MINOLA DR.	8/30/50	
BETTY GRAY Date / Fecha 1/22/23	349 Reinette Dr	11/19/36	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address:** 324 MINOLA DR **Dirección:** MIAMI SPRINGS, FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente:	or Provided Identification: o Quien Produjo Identificación:	✓ FL Driver License
Notary Public: Notario Público:	JUAN D. GARCIA MY COMMISSION # GG 347478 EXPIRES: October 20, 2023 Bonded Thru Notary Public Underwriters	Date: Fecha: 1/25/2023
Print/Letra de Molde: Juan D. Garcia		My commission expires: Mi comisión expira: 10/20/2023

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 12:35 pm By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S

2023 JAN 27 PM 1:20

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
KAHNEE RODRIGUEZ Date / Fecha: 1/11/23	649 EASTWARD Dr. MIAMI SPRINGS FL	12/8/75	Kahnee R
Michael Gavila Date / Fecha: 1/11/23	223 NRP Miami Springs	5/3/91	Michael Gavila
ORLANDO LAMAS Date / Fecha: 1/11/2023	951 Swan Ave. Miami Springs, FL	8/30/75	
Ralph Kopp Date / Fecha: 01-13-23	1010 Robin Ave Miami Springs FL 33166	09-09-57	
ROBERT A. BEST Date / Fecha: 1-13-23	1216 IBIS AVE MIAMI SPRINGS FL	12/31/52	
KRISTAN N. BEST Date / Fecha:	1216 IBIS AVE. Miami Springs Fla	~~09/12/90~~ 13 05/30/90	
EMMA L. BEST Date / Fecha: 1-13-23	1216 IBIS AVE MIAMI SPRINGS FL	9-12-91	
Sofia Vazquez Date / Fecha: 1/17/23	2 De Leon Dr. Miami Springs FL 33166	05/25/98	
Melinda M. Nichols Date / Fecha: 1/17/23	1471 Hammond Dr. Miami Springs, FL 33166	2/24/54	M. Nichols
Ann Harrington Date / Fecha: 1/19/23	1471 Hammond Dr. Miami Springs FL 33166	11/19/54	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 2 De Leon Drive

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ✓	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/27/23
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/26

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:06 By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S

2023 JAN 27 PM 1:21

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: Victor Vazquez
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	City Council Group 4

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Fabian Perez-Crespo Date / Fecha 1/14/23	501 Curtiss Pkwy Miami Springs FL 33166	6/28/67	
Juan Espinosa Date / Fecha 1/17/23	61 S. Royal Poinciana M.S FL 33166	1/17/23	
Nelson Esquivel Date / Fecha 1/17/23	231 Lenape Dr MS FL 33166	8/17/79	
Jamell Perez Date / Fecha 1/17/23	750 Shadow Way	6/11/74	
Vincent Vega Date / Fecha 1/17/23	1091 Oriole Ave	3/3/74	
Noelbys Rivera-Marian Date / Fecha 1/19/2023	60 Curtiss Pkwy Miami Springs	8/3/81	
Isabella Perez-Crespo Date / Fecha 1/20/23	501 Curtiss Pkwy Miami Springs	1/30/04	
Date / Fecha			
Date / Fecha			
Date / Fecha			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Fabian Perez-Crespo	**Address:** 501 Curtiss Pkwy **Dirección:** Miami Springs FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: _____	or Provided Identification: o Quien Produjo Identificación: FDL 67-228-0
Notary Public: Notario Público:	Date: Fecha: 01-27-2023
Print/Letra de Molde: Sandra Duarte	My commission expires: Mi comisión expira: 11/25/2026

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/27/23 Time: 1:03 PM By: Sandra Duarte

RECEIVED
JAN 27 23
CITY CLERK'S OFFICE

RECEIVED
DEC 28 22
CITY CLERK'S
OFFICE

Victor Vazquez Campaign
Account Group 4

63-9138/2631

98

DATE 12/28/2022

PAY TO THE ORDER OF City of Miami Springs $ 85 00/100

Eighty Five 00/100 DOLLARS

Security Features Included. Details on Back.

© DELUXE WALLET OR DUPLICATE

TRUIST

MEMO Qualifying Fee

Vict Vaz

MP

⑆263191387⑆ 1000244 22036⑈00098

SPECIALTY BLUE

CITY OF MIAMI SPRINGS
*** CUSTOMER RECEIPT ***
Oper: MIASMBM Type: OC Drawer: 1
Date: 12/28/22 02 Receipt no: 459

Description	Quantity	Amount
FF	CC - CAMPAIGN FILING FEE	
	1.00	$85.00

MIAMI SPRINGS GENERAL ELECTION
VICTOR VAZQUEZ

Tender detail

CK CHECK	98	$85.00
Total tendered		$85.00
Total payment		$85.00

Trans date: 12/28/22 Time: 13:49:34

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.

CITY OF MIAMI SPRINGS
2022 DEC 22 AM 11:38

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)	3. Address (include post office box or street, city, state, zip code)
Victor Vazquez	2 De Leon Drive Miami Springs, FL 33166
4. Telephone: (305) 926-0904	5. E-mail address: Veteran71 2020@gmail.com

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
Miami Springs City Council - Group 4	☐ 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: Mayra L. Hernandez

11. Mailing Address	12. Telephone
2 De Leon Drive Mi	(305) 479-9398

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Miami Springs	Miami Dade	FL	33166	mayralee Hernandez16@yahoo.com

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

19. Name of Bank	20. Address
Truist	69 Westward Drive

21. City	22. County	23. State	24. Zip Code
Miami Springs	Miami Dade	Florida	33166

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	26. Signature of Candidate
12/22/2022	X Victor Vazquez

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

I, Mayra L. Hernandez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

12/22/2022 — Date

X Mayra Lee Hernandez — Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF MIAMI SPRINGS

2022 DEC 22 AM 11:38

I, Victor Vazquez,

candidate for the office of Miami Springs City Council Group #4;

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

X [signature]
Signature of Candidate

12/22/2022
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).

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

CITY OF MIAMI SPRINGS

2022 DEC 22 AM 11:38

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Vazquez Victor

MAILING ADDRESS :
2 De Leon Drive

Miami Springs FL 33166

CITY : Miami Springs ZIP : COUNTY :

NAME OF AGENCY :
City Council Group #4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City Councilman

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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
Miami Dade College	11011 SW 104 St. Miami, FL 33176	Post Secondary Education
Social Security	Social Security Admn. Wash. DC	GOVT AGENCY
Veterans Admin.	US Dept Veterans Affairs Wash. DC	GOVT AGENCY

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
NONE			

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

N/A

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

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

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

(Continued on reverse side)

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
See Attachment	

CITY OF MIAMI SPRINGS
2022 DEC 22 AM 11:38

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Lake View Loan Services LLC	PO Box 8068 Virginia Beach, VA 23450

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 NA		
ADDRESS OF BUSINESS ENTITY		
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, appointed school superintendents, and commissioners of a community redevelopment agency** created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature:

Vira Vega

Date Signed:

12/22/2022

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

Form 1 Statement of Financial Interests Victor Vazquez

CITY OF MIAMI SPRINGS
2022 DEC 22 AM 11: 38

Part D Intangible Personal Property Attachment

TIAA-CREF Retirement Fund	Temple University, Philadelphia, PA
Florida Retirement Fund	Miami Dade College, Miami, FL
Banking Account	Truist, Miami Springs, FL

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

CITY OF MIAMI SPRINGS
2022 DEC 22 AM 11:38

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

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

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

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

I, Victor Vazquez, a candidate for the office of
(please print your name)

City Council Group 4 in Miami Springs,
(elective office sought) (county, municipality, or other jurisdiction)

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

x Vict Vaz
Signature

12/22/2022
Date

CITY OF MIAMI SPRINGS

2022 DEC 22 AM 11:38

AFFIDAVIT OF RESIDENCY

I, Victor Vazquez, hereby file this Affidavit of Residency this 22 day of December, 2023. I reside at 2 DeLeon Drive, Miami Springs 33166, Miami Springs, Florida, do hereby swear (or affirm) that I have resided in the City of Miami Springs for a minimum of six (6) months continuously, prior to the day of qualifying as a candidate for the office of councilmember or mayor, as required by Miami Springs Charter §3.04 (1) for the General Election to be held on April 4, 2023.

Vict Vzq

Signature of Affiant

305-926-0904

Telephone

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22nd day of Dec 2023, by Victor Vazquez.

(Name of person making statement)

Signature of Notary Public, State of Florida

Erika Gonzalez Santamaria

(Notary's name typed, printed or stamped)

ERIKA GONZALEZ-SANTAMARIA
MY COMMISSION # GG 361880
EXPIRES: December 1, 2023
Bonded Thru Notary Public Underwriters

Personally Known ✓ or Produced Identification _____

Type of Identification Produced: _____