FORM 1		STATE	MENT OF		2022	
Please print or type your name, mailing address, agency name, and position be	elow:		INTEREST	S	FOR OFFICE USE ONLY:	
Smith-Butle		~ /				
MAILING ADDRESS: 404 W. Paln	n I	rive				
Florida City	/	ZIP: COUNTY; 33034 Mic	am'i Dade			
NAME OF AGENCY: Florida City	Ma	yor and City (Commission			
NAME OF OFFICE OR POSITION Commission	HELD	OR SOUGHT:				
CHECK ONLY IF CANDIDA	TE O	R NEW EMFLOYEE O	R APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.					
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIL FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALU (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS					ED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES O	F INCO	ME [Major sources of income to			UE THRESHOLDS	
(If you have nothing to NAME OF SOURCE	report,	,	URCE'S	i DE	ESCRIPTION OF THE SOURCE'S	
OF INCOME Miami-Dade Pub	lic	2351 SE 12 AV	DRESS		RINCIPAL BUSINESS ACTIVITY	
School	110	assi de la Fivi	33034		security	
		03037				
PART B SECONDARY SOURCE [Major customers, client: (If you have nothing to	s, and ot	her sources of incorr e to busines	sses owned by the reporting p	erson - See	instructions]	
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
N/						
/A .						
DART O DEAL PROPERTY	2					
PART C REAL PROPERTY [Land (If you have nothing to r	d, buildin r eport, w	gs owned by the reporting personal pers	n - See instructions]	lines o	e not limited to the space on the n this form. Attach additional , if necessary.	
845 SW3 Street Florida City, FL 33034				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
Florida City, FL 33034				INSTR	UCTIONS on who must file rm and how to fill it out on page 3.	

	ARCHIOL TO THE PARTY OF THE PAR			
PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor	ocks, bonds, certificate	es of deposit, etc See in	structions]	
TYPE OF INTANGIBLE	<u> </u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non				
NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
N/				
/A				
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	' or "n/a")	ns in certain types of bus S ENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	1/2	11=	-	
ADDRESS OF BUSINESS ENTITY	140	NE		
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				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY	
Signature:		If a certified public acco in good standing with th she must complete the i	untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or following statement:	
Sharon Smott-Buttle		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:				
Dec. 1, 2023		CPA/Attorney Signature	3	
		Date Signed:		
FILING INSTRUCTIONS:				
If you were mailed the form by the Commission on Etr	nics or a County Ca	andidates file this form t	together with their filing papers	

Supervisor of Elections for your annual disclosure filing, eturn 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 nct use any other format), send it to CEForm1@leg.state.fl.us and retein 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.

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, 2022.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES):					
E-7	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				
Sharon "Sheep" Smith-Butler	code) 845 SW 3rd Street				
4. Telephone 5. E-mail address	Florida Citys FL 33034				
(305)967-1325 Sharonfleity@ac	ol.com crtyfl.gov				
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 fi	l 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					
Michelle Smith					
11. Mailing Address	12. Telephone				
750 NW 8th Street, Apt#	(305) 438-8217				
13. City 14. County 15. St Florida City Dade FL	The state of the s				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank South State Bank	20. Address 1550 N. Krome Avenue				
21. City 22. County	23. State 24. Zip Code				
Homestead Dade	FL 33030				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITORY	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26. Signature of Candidate				
Aug. 1, 2023	X Sharon Smith Butter				
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
Michelle Smith , do hereby accept the appointment					
(Please Print or Type Name)					
designated above as: 🔀 Campaign Treasurer	Deputy Treasurer.				
Aug. 1, 2023 X	Lichelle Lisson				
Date	Signature of Campaign Treasurer or Deputy Treasurer				

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

1, Sharon Smith Butler

candidate for the office of Florida City Commissioner

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

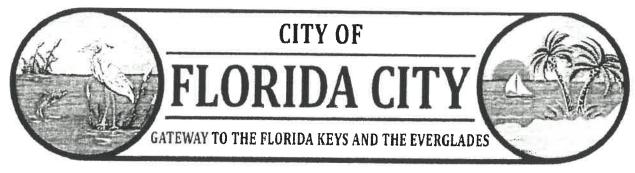
X Sharon Smith Buttler Signature of Candidata

Signature of Candidate

Dec. 1, 2023

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).



Notice of Candidacy

My name is Sharon Smith-Butler and I am an
Elector of the City of Florida City, Florida, having resided continuously in the City for at least
One (1) year preceding the date of filing of this Notice of Candidacy. My address is
845 SW 3 Street, Florida City, FL 33034 in the
City of Florida City, Florida.
I hereby announce my candidacy for the office of Florida CHy Commissiques
voted for at the City's biennial election to be held on the 23 rd day of January 2024, and
I hereby agree to serve if elected.
Shoron Smith Butter Signature of Candidate
Date and hour of filing: Dec. 1, 2023 Received by: Jennifer A. Evelyn, City Clerk/Municipal Supervisor of Elections



NOTICE OF ACKNOWLEDGEMENT TO READ/REVIEW THE CHARTER- CITY OF FLORIDA CITY

1, Sharon Smith-Butler hereby acknowledge that I will visit
the City of Florida City's website and under City Information/Code of Ordinances read
Part 1- Charter of the City of Florida City, FL.
Sharon Smith Buttler Signature of Candidate
Date: Dec. 1, 2023
Received by: Jennifer A. Evelyn, City Clerk/Supervisor of Flertions

FORM 1	STATE	MENT OF		2022	
Please print or type your name, mailing address, agency name, and position below:	FINANCIA	LINTEREST	\mathbf{s}	FOR OFFICE USE ONLY:	
GOLD James	NAME: Edward				
MAILING ADDRESS :	Avenue				
Florida City	33034 D	ade			
City of Floric	da city county				
Commissioner NAME OF OFFICE OR POSITION HELD	of Florida	City			
	OR NEW EMFLOYEE C				
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.					
MANNER OF CALCULATING RIFILERS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details). COMPARATIVE (PER	NG REPORTING THRESHO G COMPARATIVE THRESHO	LDS THAT ARE ABSOLUT DLDS, WHICH ARE USUAI USING (must check one)	LLY BASE :	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES UE THRESHOLDS	
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to	the reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME	1	URCE'S DRESS		ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Career Source of South Flor				le driver (lead)	
	. 0				
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to report	other sources of incorr e to busine	sses owned by the reporting pe	erson - See	instructions]	
NAME OF N BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
City of Fl. City	5,000.00	404 West. Palm	Drive	Fl. City business	
700					
PART C REAL PROPERTY [Land, build (If you have nothing to report,	ings owned by the reporting perso write "none" or "n/a")	on - See instructions]	lines o	e not limited to the space on the n this form. Attach additional if necessary.	
N/I	1		FILING and wi	in necessary. INSTRUCTIONS for when nere to file this form are dat the bottom of page 2.	

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			
NA					
* **					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non					
NAME OF CREDITOR		ADDRES	SS OF CREDITOR		
NIA					
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	' or "n/a")	ns in certain types of bus	-		
NAME OF BUSINESS ENTITY	BUSINES	S ENTITY !	BUSINESS ENTITY # 2		
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 SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY 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:			
James Sold		l,, prepared the Form 1 in accordance with Section 112.3145, Florida Statutes, as instructions to the form. Upon my reasonable knowledge and belied is disclosure herein is true and correct.			
Date Signed:		CPA/Attorney Signature:	:		
December 1,202	3	Date Signed:			
FILING INSTRUCTIONS:					
	ics or a County Co	andidates file this form	together with their filing papers.		
If you were mailed the form by the Commission on Eth Supervisor of Elections for your annual disclosure from to that leading. To determine what extension	iling, return the		ECESSARY: A candidate who files a Form		

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 nct 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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Gold James 1147 South West 8th Avenue Florida City, Fl. 33034 (786) 553-6099 Jgold1060 Dgmail. com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if Florida City applicable: My intent is to run as a Write-In candidate. 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In No Party Affiliation candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Charlie Burr 11. Mailing Address 12. Telephone 545 NW. 10th Street

orida Dade F1. (305)345-972716. Zip Code | 17. E-mail address Florida 33034 | charlie burr 082 yahoo com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Center State 21. City 22. County Homestead Dade 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. 26. Signature of Candidate 10/26/2023 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Charlie Burr , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. 0 26 20 23 Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

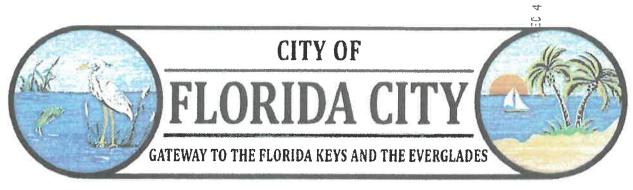
STATEMENT OF CANDIDATE

OFFICE USE ONLY

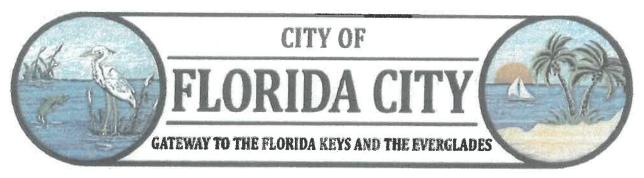
(Section 106.023, F.S.)
(Please print or type)

I, James Gold	
candidate for the office of <u>Commission</u> ;	
have been provided access to read and understand the requirements of	
Chapter 106, Florida Statutes.	
17-00111001	3
/ 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).



Notice of Candidacy



NOTICE OF ACKNOWLEDGEMENT TO READ/REVIEW THE CHARTER- CITY OF FLORIDA CITY

1, James Gold	hereby acknowledge that I will visit
the City of Florida City's website and under City	Information/Code of Ordinances read
Part 1 Charter of the City of Florida City, FL.	
Signature of Candidate	
Date: December 1, 2023	
Received by: Jennifer A. Evelyn, City Clerk/S	upervisor of Elections

FORM 1	STATEN	MENT OF		2022	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESIS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME: WILDOWN CArrie Katring MAILING ADDRESS: 942 Davis Parkway Florida City FL 33034 Mami-Dade CITY: zip: county: City of Florida City NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT:					
CHECK ONLY IF CANDIDATE	OR NEW EMF'LOYEE OF	R APPOINTEE	VI. X		
**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022. 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					
	INCOME [Major sources of income to	the reporting person - See instru	ctions]		
(If you have nothing to report, write "none" or "n/a") NAME OF SOURCE OF INCOME SOURCE'S ADDRESS H.A.D.A P.O. Box 344393			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
	OF INCOME and other sources of incorre to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	sses owned by the reporting pers ADDRESS OF SOURCE	on - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") You are not limited to the space on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when and where to file this form are				on this form. Attach additional s, if necessary. G INSTRUCTIONS for when	
			INSTR	RUCTIONS 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					
N/A					
PART E LIABILITIES [Major debts - See instructions]					
(If you have nothing to report, write "none	" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
PART F — INTERESTS IN SPECIFIED BUSINESSES [O)wnership or position	ns in certain types of bus	sinesses - See instructions]		
(If you have nothing to report, write "none" o	or "n/a")	S ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	N/A		.11		
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 SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILER	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:			
Carrie Willan		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			
Date Signed:		disclosure herein is true	and correct.		
11/00/0003		CPA/Attorney Signature:	·		
11/24/202		Date Signed:			
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on Ethic	cs or a County Ca	undidates file this form	together with their filing papers.		
Supervisor of Elections for your annual disclosure fili	ing return the		ECESSARY: A candidate who files a Form		

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 nct 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 for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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, 2022.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)942 Davis Harkway #9 Florida Citi, FL 33034 4. Telephone (863)940-1348 CWILDORN @ SUDDORT Kada.org 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In No Party Affiliation Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Carrie Wilborn 11. Mailing Address 12. Telephone (863)94113. City 15. State 16. Zip Code 17. E-mail address Florida Miami-Dac rina19@amail.com 18. I have designated the following bank as my **Primary Depository** Secondary Depository 19. Name of Bank 20. Address 21. City 22. County 23. State 24. Zip Code UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

SEP 6 23 2:33F

STATEMENT OF CANDIDATE

OFFICE USE ONLY

(Section 106.023, F.S.)
(Please print or type)

1. Carrie Wilborn
candidate for the office of;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X Casse Weller 11/29/2023 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).



Notice of Candidacy

My name is <u>Carrie</u> wilborn and I am an
Elector of the City of Florida City, Florida, having resided continuously in the City for at least
One (1) year preceding the date of filing of this Notice of Candidacy. My address is
942 Davis Parkway, Florida City, Fl 33034 in the
City of Florida City, Florida.
I hereby announce my candidacy for the office of
voted for at the City's biennial election to be held on the 23 rd day of January 2024, and
I hereby agree to serve if elected.
Cossie Willand Signature of Candidate
Date and hour of filing: Received by Jennifer A. Evelyn, City Clerk/Municipal Supervisor of Elections



NOTICE OF ACKNOWLEDGEMENT TO READ/REVIEW THE CHARTER- CITY OF FLORIDA CITY

, Carrie Wilborn	hereby acknowledge that I will visit
the City of Florida City's website and under City Information	on/Code of Ordinances read
Part 1- Charter of the City of Florida City, FL.	
Cone Willia Signature of Candidate	
Date: 11/29/2023	
Received by: Jennifer A. Evelyn, City Clerk/Supervisor	of Elections

FORM 1	STATE	MENT OF	2022	
Please print or type your name, mailing address, agency name, and position be	FINANCIAI	L INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI Dixon Henic	IDDLÉ NAME :			
MAILING ADDRESS :	estace			
FLCA4		- I		
CITY: City of FI. Ci	ZIP: COUNTY	- Dade		
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:			
CHECK ONLY IF CANDIDAT	TE OR NEW EMPLOYEE C	R APPOINTEE		
MANNER OF CALCULATIN	**** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022. MANNER OF CALCULATING REPORTABLE INTERESTS:			
(see instructions for further deta	F USING REPORTING THRESHO USING COMPARATIVE THRESHO IIIS). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS	DLDS, WHICH ARE USUALLY USING (must check one):	OOLLAR VALUES, WHICH REQUIRES 'BASED ON PERCENTAGE VALUES R VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF	FINCOME [Major sources of income to report, write "none" or "na")	the reporting person - See instruc	otions]	
NAME OF SOURCE OF INCOME	7	DURCE'S DDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
First State Security	14629 SW 104 59	rest Migmy Fl 33190	Security Services	
PART B SECONDARY SOURCE	S OF INCOME	LIST TO THE RESERVE T		
[Major customers, clients	s, and other sources of income to busine report, write "none" or "n a")	sses owned by the reporting perso	n - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SCURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
First State Security	CornerStone Management	14129 SW WH START.	Annih Security Services	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
V- E /			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
		t	NSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certification of the control of the certification of the cer			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
N 1/4			
. , , , , , , , , , , , , , , , , , , ,			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or *n/a")	,		
NAME OF CREDITOR	ADDRESS OF CREDITOR		
A / /	A		
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n.a")			
NAME OF BUSINESS ENTITY	INESS ENTITY # 1 BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	1///		
POSITION HELD WITH ENTITY	N/H		
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:	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,		
Date Signed: [1] 30 23	instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: Date Signed: 12//33		
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, return the form to that location. To determine what cotoons your action falls	Candidates file this form together with their filing papers. MULTIPLE FILING UNNECESSARY: A candidate who files a Form		

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.flus and retain a copy of the part file by both soil and email. Choose any 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. 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, 2022.

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):				
Initial Filing of Form Re-filing to Change:	Treasurer/Deputy Depository Office Party			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip			
Henry L. Dixon	code)			
4. Telephone 5. F-mail address	- 755 N.W. 3rd Terrace			
(786)205-0589 Hiney d @ 1 State in c. US	F1. City, F1 33034			
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if			
M - C TI C'+ A	applicable: My intent is to run as a Write-In candidate.			
City of Flicity Commission Seat				
8. If a candidate for a <u>partisan</u> office, check block and f				
Write-In No Party Affiliation X De	moccatic Party candidate.			
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer			
10. Name of Treasurer or Deputy Treasurer				
Leonardo Forero	1 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10			
11. Mailing Address	12. Telephone			
1226 NW 312 Lane 13. City 14. County 15. Si	(786)610-8500			
TI at				
18. I have designated the following bank as my	137 111113 119 131614116103			
19. Name of Bank	Primary Depository Secondary Depository 20. Address			
Power Financial Credit Union	33004 S. Dixie Hwy			
21. City 22. County	23. State 24. Zip Code			
Flicity Migm-Dade	FI 33034			
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			
10/4/23	x 33			
27. Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)			
Leonado Free	, do hereby accept the appointment			
(Please Print or Type Name)	, to its about the appointment			
designated above as: Campaign Treasure	r Deputy Treasurer.			
October 4,2023 X	June brown			
Date	Signature of Campaign Treasurer or Deputy Treasurer			

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

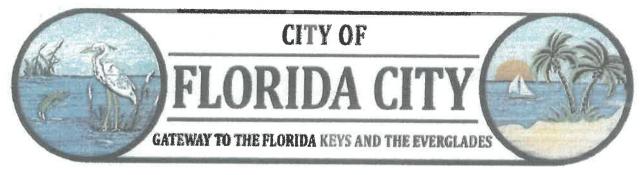
1, Henry Dixon.
candidate for the office of;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x 3/23
Signature of Candidate Date

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).



Notice of Candidacy

My name is Henry Dixon and I	am an
Elector of the City of Florida City, Florida, having resided continuously in the City for	or at least
One (1) year preceding the date of filing of this Notice of Candidacy. My address is	
755 NW 3rd Terrace	in the
City of Florida City, Florida.	
I hereby announce my candidacy for the office of	to be
voted for at the City's biennial election to be held on the 23 rd day of January 2024, an	d
I hereby agree to serve if elected.	
362	
Signature of Candidate	
Date and hour of filing: Ween ber 30, 1023	
Received by: Q Words A. Fleby 18-1-8	3
Jennifer A. Evelyn, City Clerk/Municipal Supervisor of Elections	



NOTICE OF ACKNOWLEDGEMENT TO READ/REVIEW THE CHARTER- CITY OF FLORIDA CITY

. Henry Dixon	hereby acknowledge that I will visit
the City of Florida City's website and under City Informa	tion/Code of Ordinances read
David Charles of the City of the City of	
Part 1- Charter of the City of Florida City, FL.	
Signature of Candidate	
Date: 11 30 23	
Received by: Jennifer A. Evelyn, City Clerk/Supervise	× 18-1-83
sometime to Engly City Clerk/Superviso	OI OI EIECHOIIS

2 2022 FORM 1 STATEMENT OF M **FINANCIAL INTERESTS** 台FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME latcher evess MAILING ADDRESS NAME OF AGENCY ommissione! NAME OF OFFICE OR POSITION HELD OR SOUGHT: 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, 2022. **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): **DOLLAR VALUE THRESHOLDS COMPARATIVE (PERCENTAGE) 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") DESCRIPTION OF THE SOURCE'S NAME OF SOURCE SOURCE'S PRINCIPAL BUSINESS ACTIVITY OF INCOME **ADDRESS** 33030 Dade PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of incorr e to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME **ACTIVITY OF SOURCE** OF SOURCE 1630 NW Gh AUR MTC TAX SOTTICES Accounts Recievable PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space on the (If you have nothing to report, write "none" or "n/a") lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when and where to flie this form are located at the bottom of page 2. INSTRUCTIONS on who must file

DEPENDENT LABORATER PROPERTY

this form and how to fill it out

begin on page 3.

TYPE OF INTANGIBLE	Man a special or special and s	24 240 1 2 2400 1 200 mm (m. 100
V	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
UIA		
PART E — LIABILITIES [Major debts - See instruction	lar.	
(If you have nothing to report, write "not	ne" or "n/a")	
NAME OF CREDITOR	ADDRESS	OF CREDITOR
NIA		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a")	
NAME OF BUSINESS ENTITY	BUSINESS ENTITY#1 HTC TAX Services, LLC	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	1630 No 6th Ave FC fr	
PRINCIPAL BUSINESS ACTIVITY	Firenial Senies	
POSITION HELD WITH ENTITY	Owner whenher Mat.	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST	201	
agency created under Part III, Chapter 163 required to	complets annual ethics training pursuant to section HAVE COMPLETED THE REQU	IRED TRAINING.
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G AR	Complete annual ethics training pursuant to section HAVE COMPLETED THE REQU E CONTINUED ON A SEPARATE SHEE	IRED TRAINING. T, PLEASE CHECK HERE
agency created under Part III, Chapter 163 required to	HAVE COMPLETED THE REQUESTION OF THE REQUESTION OF THE REQUESTION OF THE REQUESTION OF THE REPORT OF	IRED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G AR SIGNATURE OF FILE	HAVE COMPLETED THE REQUESTION OF THE REQUESTION	IRED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY Intent licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement:
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G AR SIGNATURE OF FILE	HAVE COMPLETED THE REQUESTION OF THE REQUESTION	IRED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY Intent licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement: prepared the CI th Section 112.3145, Florida Statutes, and the ilpon my reasonable knowledge and belief, the
IF ANY OF PARTS A THROUGH G AR SIGNATURE OF FILE Signature:	HAVE COMPLETED THE REQUESTION OF THE REQUESTION	IRED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY Intent licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or Illowing statement: prepared the CE th Section 112.3145, Florida Statutes, and the Ilpon my reasonable knowledge and belief, the
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G AR SIGNATURE OF FILE Signature:	HAVE COMPLETED THE REQUESTION OF THE REQUESTION	IRED TRAINING. T, PLEASE CHECK HERE RNEY SIGNATURE ONLY Intent licensed under Chapter 473, or attorney Florida Bar prepared this form for you, he or illowing statement: prepared the Ci th Section 112.3145, Florida Statutes, and the ilpon my reasonable knowledge and belief, the

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filling, eturn 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 Fiorida, 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, Bidg E Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do nct 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.

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, 2022.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

NOTE: This form must be on file with the quali officer before opening the campaign account.	fying			OFFICE USE ONL
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change:	☐ Trea	asurer/Deputy [Office Part
2. Name of Candidate (in this order: First, Middle, Last Taxevess Cordain Hatcher 4. Telephone 5. E-mail address (305) 910-1113 hatcher taxevess of the contains		code) 1636	de post office box or NW 6th Ca City, Fl	
Office sought (include district, circuit, group numbe	er)	7. If a can applica	ble: My intent is to run a	tisan office, check if as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block a	ind fill in	name of party as	applicable: My in	tent is to run as a
Write-In No Party Affiliation	Demo	crat	Pa	arty candidate.
9. I have appointed the following person to act as n	ny 🗀	Campaign Trea	surer Depu	ty Treasurer
10. Name of Treasurer or Deputy Treasurer				
11. Mailing Address			12. Tele	•
160 Nw 9th Ase 13. City 14. County 1	15 01-1-	140 71 0 1		1796-0259
Florida City Miami-Dade	15. State	16. Zip Code 39034	17. E-mail address	
18. I have designated the following bank as my				
19. Name of Bank Bank of America	20.	. Address		
21. City 22. County		23. State		24. Zip Code
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26.	Signature of Cano	lidate	
Nov. 7, 2023 X Tel Total				
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
Gina R. Smith			_ , do hereby accep	t the appointment
(Please Print or Type Name)				
designated above as: Campaign Treasurer Deputy Treasurer X				
Date	Sigr	nature of Campaigi	Treasurer or Deput	ty Treasurer

Rule 1S-2.0001, F.A.C.

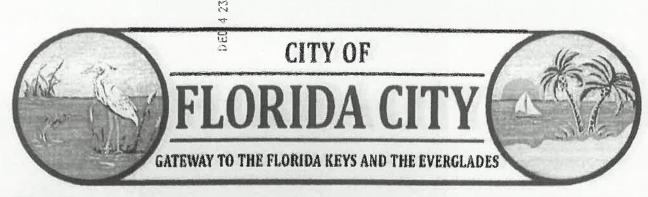
STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

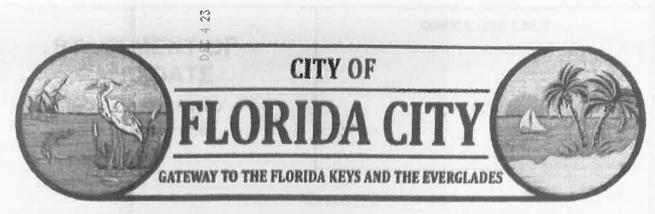
1. Takevess C. Hatches	*		
candidate for the office ofCommiss	ionec		
have been provided access to read and understand the requirements of			
Chapter 106, Florida Statutes.			
e from			
Signature of Candidate	December 4, 2023 Date		

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).



Notice of Candidacy

My name is Taxevess C. Hatcher	and I am an
Elector of the City of Florida City, Florida, having resided continuously in the	City for at least
One (1) year preceding the date of filing of this Notice of Candidacy. My addr	ress is
830 Sw 6th PL Florida City, FL 33034	in the
City of Florida City, Florida.	
I hereby announce my candidacy for the office of	to be
voted for at the City's biennial election to be held on the 23 rd day of January 20	024, and
I hereby agree to serve if elected.	
Lot Colored St. S.	
Signature of Candidate	
Date and hour of filing: 184435-3139m	
Received by: Jennifer A. Evelyn, City Clerk/Municipal Supervisor of Elec	etions



NOTICE OF ACKNOWLEDGEMENT TO READ/REVIEW THE CHARTER- CITY OF FLORIDA CITY

Laxeress C. Hatcher	hereby acknowledge that I will visit
the City of Florida City's website and under City Info	ormation/Code of Ordinances read
Part 1- Charter of the City of Florida City, FL.	
Signature of Candidate	Dala
Date: December 4, 2023	
Received by: Jennifer A. Evelyn, City Clerk/Supe	Flebenservisor of Elections