



Access to Handbook and the
Election Laws of the State of Florida

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2014 JUN 20 AM 11:45

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Richard

Hales

First Name

Middle Name

Last Name

Midtown Miami CDD

Sear 1

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Candidate / Chairperson Signature

Date:

6/19/14

Primary Telephone Number:

305-975-9033

Alternate Telephone Number:

305-573-8886

E-mail address:

RICHARD@SAKAYAKITCHEN.COM

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2014 JUN 20 AM 11:45

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Richard Hales

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

am a candidate for the nonpartisan office of Midtown Miami CDD Board of Supervisor, _____ ,
(office) (district #)

_____ , 1 ; I am a qualified elector of Dade County, Florida;
(circuit #) (group or seat #)

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

X

[Signature]
Signature of Candidate

(305)965-5505
Telephone Number

Richard@SakayaKitchen.com
Email Address

3250 NE 1st Avenue, 804
Address

Miami
City

FL
State

33137
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110318131

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

RICHARD HALES

STATE OF FLORIDA

COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 19 day of June, 2014.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: _____



Marely Alicea
COMMISSION # FF 003279
EXPIRES: MAR. 28, 2017
WWW.AARONNOTARY.COM

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

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FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hales, Richard

MAILING ADDRESS :

3350 NE 1st Avenue, ~~044~~ 804

CITY :

Miami

ZIP :

33137

COUNTY :

Dade

NAME OF AGENCY :

Midtown Miami Community Development District *Seat 1*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Supervisor

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

2014 JUN 20 AM 11:45

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

DISCLOSURE PERIOD:

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

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

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
Sakaya Kitchend LLC	3401 N. MIAMI AVE, MIAMI FL 33127	RESTAURANT
Sakaya Kitchend Downtown Corp	125 SE 3RD AVE, MIAMI FL 33131	RESTAURANT
Midtown Black Bank LLC	3451 NE 1ST AVE, MIAMI FL 33137	RESTAURANT

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

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

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

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

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

2014 JUN 20 AM 11:45

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

MORTGAGE

CITIBANK

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

N/A

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

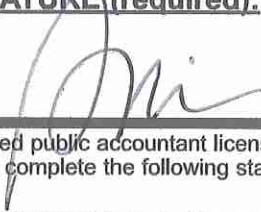
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

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

SIGNATURE (required):

DATE SIGNED (required):



6/19/14

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.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

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2014 JUN 20 PM 12:09

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

REGIONS	Personal Money Order	61-1/620	2100014348
PAY TO THE ORDER OF		06/20/2014	
MIAMI DADE County		Security Feature Details on Back	
TWENTY FIVE DOLLARS AND 00 CENTS		**VOID IF OVER US \$1,000**	
FOR SEAT 1 MIDtown Miami CDD		**\$25.00**	
Purchaser's Signature		Branch FL06195 CC026195	



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7064078

RECEIVED FROM Richard Holes DATE 6 MONTH 20 DAY 14 YEAR

ADDRESS 3250 NE 1st Avenue Apt 804 CASH \$ _____

MIAMI CITY FL STATE 33137 ZIP CHECKS \$ 25 .⁰⁰

AMOUNT OF: Twenty Five DOLLARS, AND 00/100 CENTS TOTAL \$ 25 .⁰⁰

FOR PAYMENT OF: Qualifying Fee - Midtown Miami CDD seat 1

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

DEPT.: Elections By: A. Jemesso Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

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

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

(PLEASE PRINT OR TYPE)

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2014 JUN 20 AM 11:45

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

Richard Hales

3. Address (include post office box or street, city, state, zip code)

3250 NE 1st Avenue, Apt #544, Miami 33137

4. Telephone

(305) 965-5505

5. E-mail address

Richard@SakayaKitchen.com

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

Midtown Miami CDD * SEAT 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Guillermo Diaz

11. Mailing Address

10041 Bird Rd

12. Telephone

(786) 693-4521

13. City

Miami

14. County

DADE

15. State

FL

16. Zip Code

33172

17. E-mail address

MASTERTAXEXPA@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Regions

20. Address

Miami, FL

21. City

Miami

22. County

DADE

23. State

FL

24. Zip Code

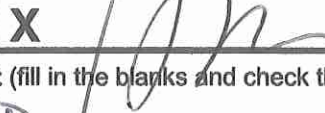
33137

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

6/19/14

26. Signature of Candidate

X 

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

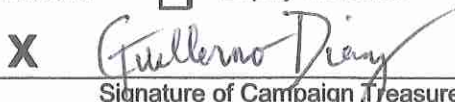
I, Guillermo Diaz Guillermo DIAZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

6/19/14

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

RICHARD HAWES

3. Address (include post office box or street, city, state, zip code)

3250 NE 1st AVENUE Apt 804, Miami
33137

4. Telephone

(305) 965 5505

5. E-mail address

RICHARD@SAKAYAKITCUBA.com

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

MIDTOWN MIAMI CDD SEAT 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

RICHARD HAWES

11. Mailing Address

3250 NE 1st AVE Apt 804

12. Telephone

(305) 965-5505

13. City

MIAMI

14. County

DADE

15. State

FL

16. Zip Code

33137

17. E-mail address

RICHARD@SAKAYAKITCUBA.com

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

19. Name of Bank

Regions

20. Address

Miami, FL

21. City

Miami

22. County

DADE

23. State

FL

24. Zip Code

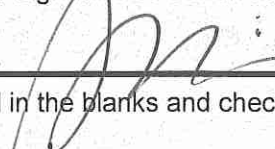
33137

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

6/20/14

26. Signature of Candidate

X 

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

I, RICHARD HAWES, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/20/14
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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2014 JUN 20 AM 11:45


MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Richard Hales ,

candidate for the office of Midtown Miami CDD *Seat 1* ;

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

X



Signature of Candidate

6/19/14

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).

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirements**

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Candidate (office sought): Midtown Miami CDD *Sent* 2014 JUN 20 AM 11:45

Candidate's Florida Voter Registration Number: 110 348139

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Richard Hales
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

 _____ 6/19/14 _____
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305-965-5505

Alternate Contact Number: _____

Email Address: richard@sakayakitchen.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.