

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community
Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, **Anthony F. Petisco**

(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 **Miami Dade Community Council**

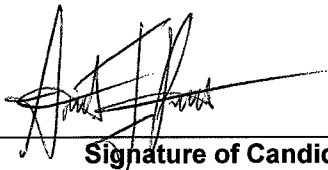
(OFFICE)

(DISTRICT/AREA/SUBAREA)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X



Signature of Candidate

(305) 342-6996

Telephone Number

apetisco@me.com

Email Address

4600 SW 67 Ave Unit 227

Address

Miami

City

FL

State

33155

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): **109861805**

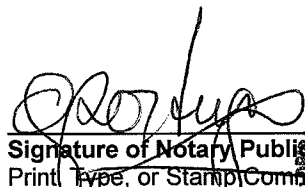
STATE OF FLORIDA
COUNTY OF **Miami/Dade**

Sworn to (or affirmed) and subscribed before me this **18** day of **May**, 20 **12**.

Personally Known: **X** or

Produced Identification: _____

Type of Identification Produced:



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



OLGA PORTUGUES
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD0946330
Expires 12/13/2013



OLGA PORTUGUES
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD0946330
Expires 12/13/2013

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

FINANCIAL INTERESTS

RECEIVED

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Petisc Anthony Francisco

MAILING ADDRESS :

4600 SW 67 Ave Unit 227

CITY :

Miami

ZIP :

33155

COUNTY :

Miami-Dade

NAME OF AGENCY :

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council Member

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 APPOINTEEFOR OFFICE
USE ONLY:

2012 MAY 23 PM 1:51

ID Code
MIAMI-DADE
ELECTIONS

ID No.

Conf. Code

P. Req. Code

2011 PDF Form 1

**** 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, 2011

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 p. 4]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Coconut Grove Bank	2701 South Bayshore Drive Miami, FL	Salary/Commissions
Total Bank	2720 Coral Way Miami, FL	Salary/Commissions

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must 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 p. 4]

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

4600 SW 67 AVE Unit 227 Miami, FL 33155

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks and Mutual Funds	Scottrade (IRA Assets)
	2012 MAY 23 PM 1:21

PART E — LIABILITIES [Major debts - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

RECEIVED
MIAMI-DADE
ELECTIONS

NAME OF CREDITOR	ADDRESS OF CREDITOR
Lending Tree	P.O. Box 94710 Palatine, IL 60094
SunTrust	100 Miracle Mile Coral Gables, FL 33134
American Express	P.O. Box 981540 El Paso, TX 79998

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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):

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.

FILING INSTRUCTIONS:

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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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, 2011.

Part E (Continued)

Chase

P.O. Box 15298 Wilmington, DE 19850

RECEIVED

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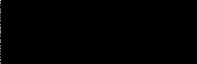

MIAMI-DADE
ELECTIONS

RECEIVED

2012 MAY 23 PM 1:26

MIAMI-DADE
ELECTIONS

Florida *The Sunshine State*
DRIVER LICENSE CLASS E

 ANTHONY
PETISCO
4600 SW 67 AVE UNIT 227
MIAMI, FL 33155-5845
DOB: 01-19-1982 SEX: M
ISSUED: 12-14-2009 H: 16-0
EXPIRES: 01-19-2018
REST: 
ENDORSE: 

SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 6741166

RECEIVED FROM Anthony Petisco
ADDRESS 4600 SW 67 Ave Unit 227
STREET ADDRESS
Miami FL 33155
CITY STATE ZIP

DATE 5 / 23 / 12
MONTH DAY YEAR

CASH \$ _____

CHECKS \$ 100.00

TOTAL \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying FCC-Comm. Council 12/122

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

DEPT.: Elections By: Marin Austin

FOR OFFICE USE ONLY

[illegible]

107-01-1 6/04

Anthony F. Petisco
Campaign Account

0091
63-915/660
135

DATE May 23, 2012

PAY TO THE ORDER OF Board of County Commissioners
One Hundred

_____ \$ 100.00
XX/100

100 DOLLARS Security Features Details on



PINECREST 135
10207 S. Dixie Hwy
Pinecrest, FL 33156

FOR Qualifying Fee Community Council 2/122

M