

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

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Patrick C. Kelly

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Community Council, Area 12, Sub-Area 122 (Office) _____ (District/Group/Seat #)

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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109 766 089

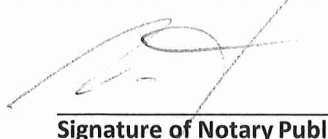
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

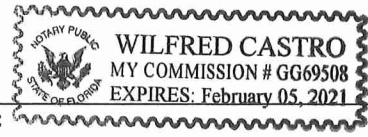
Patrick C Kelly

X		(305) 335-3355	patrickckellypa@gmail.com
	Signature of Candidate	Telephone Number	Email Address
	5820 SW 52nd Ter	Miami	FL 33155
	Address	City	State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me this 18 day of June, 2018.

Personally Known: _____ or
 Produced Identification:
 Type of Identification Produced: FL DL


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



Miami-Dade County, Florida

2017 Real Estate Property Taxes

Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

FOLIO NUMBER	MUNICIPALITY	MILL CODE
30-4024-004-0150	UNINCORPORATED DADE COUNTY	3000

PATRICK KELLY
SOFIA ISABEL LLANEZA
5820 SW 52 TER
MIAMI, FL 33155

Property Address
5820 SW 52 TER

Exemptions:
ADDL HOMESTEAD, HOMESTEAD



AD VALOREM TAXES				
TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	\$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board	301,201	6.77400	276,201	1,870.99
School Board Operating	301,201	0.22000	276,201	60.76
School Board Debt Service				
State and Other				
Florida Inland Navigation Dist	301,201	0.03200	251,201	8.04
South Florida Water Mgmt Dist	301,201	0.12750	251,201	32.03
Okeechobee Basin	301,201	0.13840	251,201	34.77
Everglades Construction Proj	301,201	0.04410	251,201	11.08
Childrens Trust Authority	301,201	0.46730	251,201	17.39
Miami-Dade County				
County Wide Operating	301,201	4.66690	251,201	1,172.33
County Wide Debt Service	301,201	0.40000	251,201	100.48
Unincorporated Operating	301,201	1.92830	251,201	484.39
Library District	301,201	0.28400	251,201	71.34
Fire Rescue Operating	301,201	2.42070	251,201	608.08
Fire Rescue Debt Service	301,201	0.00750	251,201	1.88

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NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
T0004 GARB, TRASH, TRC, RECYCLE	@ 464.0000	1.000	464.00

Save Time. Pay Online. www.miamidade.gov

Combined taxes and assessments \$5,037.56

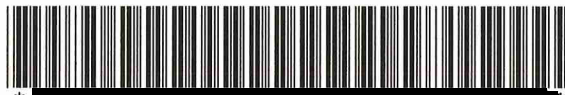
↑ RETAIN FOR YOUR RECORDS ↑

2017 Real Estate Property Taxes

DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT

Duplicate public_user 06/18/2018

FOLIO NUMBER
30-4024-004-0150
PROPERTY ADDRESS
5820 SW 52 TER
LEGAL DESCRIPTION
24 54 40 .23 AC
R C COLLINS SUB PB 47-17
LOT 7 BLK 2
LOT SIZE 69,000 X 147
OR 15891-4046 0



Make checks payable to:
Miami-Dade Tax Collector
(in U.S. funds drawn on U.S. banks)
Amount due May be Subject to Change Without Notice
Mail payments to:
200 NW 2nd Avenue, Miami, FL 33128

PATRICK KELLY
SOFIA ISABEL LLANEZA
5820 SW 52 TER
MIAMI, FL 33155

PAY ONLY ONE AMOUNT

If Paid By Please Pay

Dec 13, 2017 \$0.00

Paid

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Kelly, Patrick, C

MAILING ADDRESS :
5820 SW 52nd Ter

CITY : Miami ZIP : 33155 COUNTY : Miami-Dade

NAME OF AGENCY : Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Community Council, Area 12, Sub-Area 122

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

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 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, 2017 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 (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
Real Estate Sales Force	814 Ponce De Leon #503 Coral Gables FL 33134	Realtor

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")

Home - 5820 SW 52nd Ter	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.

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
Vehical	GM Financial
401K	Wells Fargo

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
GM Financial	P.O. Box 78143


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	None	
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** 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: 

Date Signed: 06/18/2018

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) and send it to CEFom1@leg.state.fl.us. 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, 2017.

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