

**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, GEPSIE METELLUS

(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 COUNTY COMMISSIONER
(Office) _____ (District/Group/Seqt #) _____

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): 109888548

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.]

JIP-SEE METELLUS

X		<u>(305) 323-3628</u>	<u>gepsiem@bellsouth.net</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>515 NE 107 STREET</u>	<u>MIAMI</u>	<u>FL 33161</u>
	Address	City	State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 8 day of June, 2020.

Personally Known: or


Produced Identification: _____

Type of Identification Produced: Driver's License



Karine Mompremier
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Florida DRIVER LICENSE  USA


1d DL# [REDACTED] CLASS E



2 METELLUS
3 GEPSIE M
4 515 NE 107TH ST
5 MIAMI, FL 33161-7138

7 DOB 04/27/1960 15 SEX F 18 SAFE DRIVER
16 HGT 5'-05"
12 REST NONE 14 END NONE

4a ISS 05/31/2019
5 DD [REDACTED]

Gepsie M

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



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Voter Information Card
Miami-Dade County, FL
Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Gepsie Morisset Metellus
515 NE 107Th St
Miami FL 33161

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME

02/22/16

**Bring photo identification
when voting.**

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

109888548

Voting Location | Centro de Votación | Lokal Biwo Vòt

North Miami Seventh Day Adventist C
12800 North Miami Avenue

Precinct No. Núm. del Recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de Inscripción Dat Enskripsyon
152	4/27/1960	7/12/2000

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
24	36	108

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsey Kominotè
3	2	8

Municipality | Municipio | Minisipalite

UNINCORPORATED M-D



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
METELLUS GEPHIE MORISSET

MAILING ADDRESS:
515 NE 107 STREET

CITY: **MIAMI** ZIP: **33161** COUNTY: **MIAMI-DADE**

NAME OF AGENCY:
MIAMI-DADE BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COUNTY COMMISSIONER, DISTRICT 3

CHECK IF THIS IS A FILING BY A CANDIDATE

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 5, 20 20 was \$ 1,016,163.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 250,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PNC Mortgage: P.O. Box 1820, Dayton, OH 45401-1820	\$336,172
Wells Fargo Mortgage - P.O. Box 14411, Des Moines, IA 50306-4311	\$ 89,350
Bank of America (HELOC) - P.O. Box 26249, Tampa, FL 33623-6249	\$138,000

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Sant La Haitian Neighborhood Center, Inc.	13399 W Dixie Hwy North Miami FL 33161	\$94,455
Florida Retirement System (pension payout)	P.O. Box 9000, Tallahassee, FL 32315	\$11,116

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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			

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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 8 day of

June 2020 by Gepsie M. Metello

Karine Mompremier
 (Signature of Notary Public--State of Florida)

Karine Mompremier
 (Print, Type, or Stamp Commissioned Name of Notary Public)



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produce Identification
 Type of Identification Produced Driver's License

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, JASON B. BLANK, Esq., prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Signature] Signature 06/07/2020 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

**GEPSIE METELLUS
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2019**

PART B- ASSETS

<u>DESCRIPTION</u>	<u>VALUE OF ASSETS</u>
<u>REAL PROPERTY</u>	
(Value shown at estimated fair market value)	
515 NE 107 th Street, Miami, FL 33161	\$ 644,190
171 NE 116 th Street, Miami, FL 33161	194,861
5037 Chupp Way Circle, Lithonia, GA 33038	84,600
Hilton Grand Vacation Club at Sea World 6355 Metro West Blvd., #180, Orlando, FL 32835	25,000
TOTAL REAL PROPERTY	<u>\$ 948,651</u>
<u>CASH AND EQUIVALENTS</u>	
BANK OF AMERICA CHK ACCT	\$ 3,940
BANK OF AMERICA SVG ACCT	7,362
DADE COUNTY FEDERAL CREDIT UNION CHK	754
DADE COUNTY FEDERAL CREDIT UNION SVG	1,055
SOUTH FL EDUCATIONAL CREDIT UNION CHK	10,363
SOUTH FL EDUCATIONAL CREDIT UNION SVG	12,772
TOTAL CASH AND EQUIVALENTS	<u>\$ 36,246</u>
<u>RETIREMENT ACCOUNTS</u>	
NATIONWIDE RETIREMENT PLAN <i>BOA-FIXED- \$7859</i>	\$ 7,859
IRA- CHARLES SCHWAB BANK <i>CASH/IRA ROLLOVER- \$8,694</i>	68,822
<u>ETFs</u>	
<i>IJK- \$7,522</i>	
<i>IYW- \$8,584</i>	
<i>SCHX- \$12,854</i>	
<i>VB- \$7,376</i>	
<u>FIXED INCOME</u>	
<i>GENERAL ELECTRIC - \$6,222</i>	
<i>NASDAQ, INC.- \$4,366</i>	
<i>THE GOLDMAN SACHS- \$5,945</i>	
<i>UNUM GOUP- \$ 3,063</i>	
<i>VIACOMCBS, INC.- \$4,196</i>	

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