

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 Utility Bill
 Voter Information Card Homestead Exemption Receipt
 Property Tax Receipt Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Steven M. Green

(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.)


I am a candidate for the nonpartisan office of Miami-Dade County Community Council, Area 14/Subarea 146
(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): 109014177

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.]
STEE-ven GREEN

<input checked="" type="checkbox"/>		(305) 248-8420	smgreen@bellsouth.net
	Signature of Candidate	Telephone Number	Email Address
	25920 SW 193rd Ave	Homestead	FL 33031-1731
	Address	City	State ZIP Code

STATE OF FLORIDA

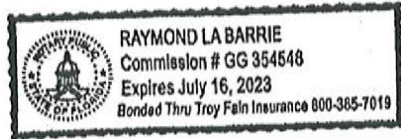
COUNTY OF MIAMI-DADE


Sworn to (or affirmed) and subscribed before me by physical or online presence this 1st day of JUNE, 2020

Personally Known: or


Produced Identification:

Type of Identification Produced: FD/ID

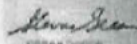



Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Florida *The Sunshine State*
DRIVER LICENSE CLASS 1



STEVEN M
GREEN
25320 SW 153RD AVE
HOMESTEAD, FL 33031-1731
DOB: 12-26-1942 SEX: M
ISSUED: 10-19-2013 HGT: 5-07
EXPIRES: 12-26-2021
REST:
ENDORSE:



SAFE DRIVER
Operator of a motor vehicle constitutes consent to any authority not restricted by law.

RECEIVED
2020 JUN -2 AM 7:41
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

RECEIVED
 2020 JUN -2 AM 11:05
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 Green Steven Michael

MAILING ADDRESS :
 25920 SW 193rd Ave

CITY : ZIP : COUNTY :
 Homestead 33031 Miami-Dade

NAME OF AGENCY :
 Community Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Community Council Area 14/Subarea 146, Miami-Dade County

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, 2019.

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
Social Security	905 9th St NE Washington, D.C. 20018	Social Security Administration
Pension	TIAA-CREF 8500 Andrew Carnegie Blvd Charlotte NC 28262	Insurance company
Investments and Inherited IRA	CharlesSchwab&Co.211 Main St. San Francisco CA94105	Investment company
IRA & Investments	National Financial Svcs, POBox 28019 Albuquerque NM 87125	Investment company

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
Green Groves Farm	Bee Heaven Farm	19000 SW 264 St Homestead FL 33031	sale of organic produce

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

none

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

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")

RECEIVED

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Traditional Fixed Retirement Annuity	TIAA-CREF

2020 JUN -2 AM 11: 05

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

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

NAME OF CREDITOR	ADDRESS OF CREDITOR
none	

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		
ADDRESS OF BUSINESS ENTITY	n/a	n/a
PRINCIPAL BUSINESS ACTIVITY	n/a	n/a
POSITION HELD WITH ENTITY	n/a	n/a
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a	n/a
NATURE OF MY OWNERSHIP INTEREST	n/a	n/a

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:

2 June 2020

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), 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.

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, 2019.

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MAILING ADDRESS :
 25920 SW 193rd Ave

CITY : ZIP : COUNTY :
 Homestead 33031 Miami-Dade

NAME OF AGENCY :
 Community Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Community Council Area 14/Subarea 146, Miami-Dade County

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Pension	TIAA-CREF Charlotte NC	Insurance company
Investments and Inherited IRA	Charles Schwab & Co. San Francisco CA	Investment company
IRA & Investments	National Financial Svcs, Albuquerque NM	Investment company

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

SIGNATURE OF FILER:

Signature:



Date Signed:

1 June 2020

CPA or ATTORNEY SIGNATURE ONLY

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CANDIDATE OATH –
NONPARTISAN OFFICE**

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Write-in candidate

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CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Steven M. Green

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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.

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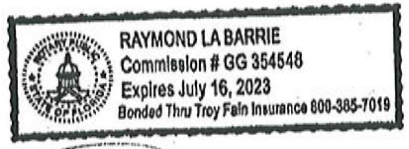
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X		(305) 248-8420	smgreen@bellsouth.net	
	Signature of Candidate	Telephone Number	Email Address	
	25920 SW 193rd Ave	Homestead	FL	33031-1731
	Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

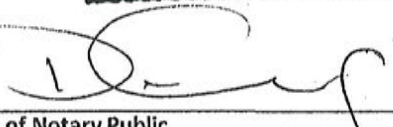
Sworn to (or affirmed) and subscribed before me by physical or online presence this 1st day of JUNE, 2020



Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FD/ID


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