

**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, Anthony F. Petisco

(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 10 SubArea102

(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): 109861805

**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.]

AN THO NY F PETI SCO

**X**

( ) 305-342-6996

anthonypetisco@gmail.com

Signature of Candidate

Telephone Number

Email Address

6311 SW 34 St

Miami

FL

33155

Address

City

State

ZIP Code

**STATE OF FLORIDA**

**COUNTY OF** Miami-Dade

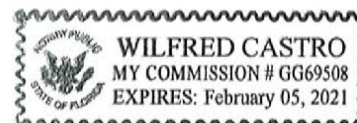
Sworn to (or affirmed) and subscribed before me by physical ☒ or

online ☐ presence this 5 day of June, 2020

Personally Known: \_\_\_\_\_ or

Produced Identification: ☒

Type of Identification Produced: FL DL



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

**Florida** DRIVER LICENSE

USA

CLASS E

4d DLN [REDACTED]

1 PETISCO  
2 ANTHONY  
3 6311 SW 34TH ST  
4 MIAMI, FL 33155-4928

5 DOB 01/19/1982 15 SEX M 16 HGT 5'07" 17 SAFE DRIVER



12 REST NONE 18 END NONE

4a ISS 01/19/2018

500 [REDACTED]

REPLACED 04/27/2018

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



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2020 JUN -5 PM 2:44

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



**Voter Information Card**  
Miami-Dade County, FL

Tarjeta de Información del Elector  
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè  
Konte Miami-Dade, FL

ISSUED  
EMITIDA  
ENPRIME  
05/03/18

Anthony Petisco  
6311 SW 34Th St  
Miami FL 33155

**Bring photo identification  
when voting.**

Para votar, presente una  
identificación con fotografía.

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

Registration No.  
Núm. de Inscripción  
Nim. Enskripsyon

109861805

Voting Location | Centro de Votación | Lokal Biwo Vòt  
Sylvania Heights Elementary School  
5901 SW 16 St

Precinct No.  
Núm. del Recinto  
Nim. Biwo Vòt  
430

Date of Birth  
Fecha de Nacimiento  
Dat Nesans  
1/19/1982

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon  
3/1/2000

Party Affiliation | Afiliación Partidista | Pati Politik  
FLORIDA DEMOCRATIC PARTY

Supervisor of Elections | **Christina White** | 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  
27

State Senate  
Senado Estatal  
Sena Eta  
37

State House  
Cámara Estatal  
Lachannm Eta  
114

County Commission  
Comisión del Condado  
Komisyon Konte  
6

School Board  
Junta Escolar  
Asanble Edikasyon  
8

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
10

Municipality | Municipio | Minisipalite  
UNINCORPORATED M-D



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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:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Petisco Anthony FranciscoMAILING ADDRESS :  
6311 SW 34 StCITY : ZIP : COUNTY :  
Miami 33155 Miami-DadeNAME OF AGENCY :  
Miami-Dade CountyNAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Community Council Area 10 SubArea102CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**RECEIVED**  
2020 JUN -5 PM 2:44  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT\*\*\*\* 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
Wells Fargo Advisors	396 Alhambra Circle Suite 800 Coral Gables, FL 33134	Employment

**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")

4600 SW 67Ave Unit 227 Miami, FL 33155

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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
JP Morgan Chase	PO Box 78420 Phoenix, AZ 85062

**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	
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	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: \_\_\_\_\_

06/05/2020

**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.



RECEIVED FROM Anthony F. Petisco

DATE 6 / 5 / 2020  
MONTH DAY YEAR

ADDRESS 6311 SW 34<sup>th</sup> St

**CASH** \$ \_\_\_\_\_ . \_\_\_\_\_

STREET ADDRESS Miami FL 33  
CITY STATE ZIP

CHECKS \$ 100.<sup>00</sup>

AMOUNT OF: One Hundred DOLLARS, AND Zero CENTS TOTAL \$ 100.

FOR PAYMENT OF: Qualifying Fee - Community Council Area 10 Subarea 102

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

DEPT.: Elections BY: Alexandre Innocent

**FOR OFFICE USE ONLY**

[illegible]

107.01-1 6/04

ANTHONY F PETISCO CAMPAIGN ACCOUNT

000101

DATE 06/05/2020

PAY TO THE ORDER OF Miami Dade County \$ 100.00  
One Hundred xx/100 DOLLARS



MEMO MISCC 10/102 Qual. Fee

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