MIAMI-DADE COUNTY	OFFICE USE ONLY				
CANDIDATE OATH	Proof of residency profiles: CEIVED				
NONPARTISAN OFFICE	Proof of residency provided:				
(Do not use this form if a Judicial or School Board Candidate)	Driver's License 2020 JUN - D Chity Bill				
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	Voter Information Card Homestead Exemption Receipt Property Tax Receipt TIONS DE Péase Agréement				
☐ Write-in candidate	EEEC HORO SCHOOL				
CANDI	DATE OATH				
I, Joy Spragen 5 (Print name above as you wish it to appear on the ballot. If your la	1. Florida Statutes) Ist name consists of two or more names but has no hyphen, check box 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.)	and the second				
am a candidate for the nonpartisan office of Lommunity L	ouncil Area/subarca 16/161-C (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): 109925971					
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.]					
x Joy Spracers (30	5) 807-8301 Spragens. Joy Ogmail, com phone Number Email Address				
Signature of Candidate Tele	phone Number Email Address				
7426 Fisher Island Nrive Miami	Beach FL 33109				
Address City	State ZIP Code				
STATE OF FLORIDA					
COUNTY OF Miam. Dade	BALDEMAR RUBIO				
Sworn to (or affirmed) and subscribed before me by physical Oo	Notes Oliver				
online opresence this 4 day of 1000	My Comm. Expires Nov 16, 2020 Bonded through National Notary Assn.				
Personally Known:or					
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public				
Type of Identification Produced:					



RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE, The State of Florida retains all property rights herein.



Executive Director Julia January
Julia Jones
Clayton Boyd Walden Life Blueble
Director of Motorita Se Meets
Schildson 133
Rev Date 03-03-12

www.fihsmv.gov



RECEIVED

2020 JUN -5 PM 4: 55

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Help us keep your record current ensure we have an updated signature.

Ayúdenos a mantener actualizados sus datos - cerciórese de que tengamos su firma actualizada.

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MIAMIDADS

Voter Information Card Miami-Dade County, Fl.

Tarieta de Información del Elector Condado de Miami-Dade, FL Kat Enfomasyon Votè Konte Miami-Dade, FL

Joy Fowler Spragens 7426 Fisher Island Dr Miami FL 33109

ISSUED. 08/12/15

Bring photo identification

when voting. Para votar, presente una identificación con fotografía.

Registration No. Nian, de Inscripción Nim. Enskripsyon 109925971

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

Voting Location | Centro de Volación | Rebecca Towers 200 Alton Rd

Lokal Brivo Vot

Precinct No. Min. del Recinto Nim. Bivo Vôt 47

Date of Birth Fecha de Macinianto Dat Nesans 12/20/1947

Registration Date Fecha de Inscripción Dat Enskripsyon 9/27/2000

Party Affiliation | Afiliación Partidista | Pati Politik REPUBLICAN PARTY OF FLORIDA

Penelope Townsley Supervisor of Elections | Supervisora de Elecciones | Sipèvizé Eleksyon

You are eligible to vule for the representatives from the district in tool bullet d, purale color per los impresentantes de las distritos momentales dos. W elijib pop w vote pou reprezonan la nan distrik ki ekri anba la yo.

Congress Congreso Kongrè 23 State Senate Senado Estatal Sena Eta a 35

State House Lachanin Eta a

County Commission Comisión del Condado Komisyon Konte

School Board Asanble Edikasyon

Community Council Consejo Comunitario Konsèy Kominotè

Municipality | Municipia | Minisipalite
UNINCORPORATED M-D



Help us keep your record current ensure we have an updated signature.

Ayúdenos agraphenes octualizados sus datos - cerciórese de que tengamos su firma a gtuatizada TY ELECTIONS DEPARTMENT

Ede nou kenbe dosye ou ajou asire ou nou gen yon siyati ki ajou.

Betach bare

Jeffery G Spragens

Miami FL 33109

7426 Fisher Island Dr

Despressia per equi

Detache In a

Please check all information for

accuracy.

Voter Information Card Miami-Dade County, Ft.

Tarjeta de información del Elector Condado de Miami-Dade, Ft.

> Kat Enfomasyon Votè Konte Miami-Dade, FL

ISSUED 08/12/15

Bring photo identification when voting.

Para votar, presente una identificación con folografía.

Tanpri pote yon pyès identifikasyon ki gen foto w sou li lè wap vin vote.

Registration No. Núm. de Inscripción Nim. Enskripsyon

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car la corrección de todos los

datos.

Tanpri

fomasyon

yo kòrèk.

Voting Location | Centro de Votacium | Lokal Biwo Vot Rebecca Towers 200 Alton Rd

Precinct No. Num. del Recinto Nim. Biwo Vôt

Date of Birth Fecha de Nacimiento Dat Nesans 11/3/1941

Registration Date Fecha de Inscripción Dat Enskripsyon 7/5/2000

Party Affiliation | Afiliación Particista | Pati Politik REPUBLICAN PARTY OF FLORIDA

Penelope Townsley
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to wate for the representatives from the district. Hatert believe Ud, powde votat pro lus representantes de les distrites mattentanes and W elijib pou w yote pou reprezantan ki nan distrik ki ekri arba la yo.

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Congress Congreso Kongrè 23

State Senate Senado Estatul Sena Eta a 35

State Flouse Lachanin Eta a

County Commission Consisión del Condado Komisyon Konte

School Board hunta Escolar Asanble Edikasyon

Community Council Konsèy Kominotè

Municipality | Municipio | Minisipalite UNINCORPORATED M-D



Page 1

FORM 1	STATEMENT OF			2019	
Please print or type your name, mailing address, agency name, and position below:		INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE N	(m) 1				
MAILING ADDRESS:	towler	4		2020 ELE	
7426 Fisher Island	l Drive			RECEI JUN -5 ELECTIONS B	
7				ECEIV JUN-5 PI TIONS BEP	
- Fisher Island Fl	ZIP: COUNTY: 33109 Min	mi Dade			
NAME OF AGENCY:	0 0101 771177	11" unac		35 5 0	
NAME OF OFFICE OR POSITION HELD O	OR SOUGHT:			TY 55	
Community gouncil Arez	1	1-C			
CHECK ONLY IF CANDIDATE OF	NEW EMPLOYEE O	RAPPOINTEE			
**** DISCLOSURE PERIOD:	THIS SECTION MU	ST BE COMPLETED) ****		
THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS F	OR CALENDAR YEAR ENI	DING DE	CEMBER 31, 2019.	
MANNER OF CALCULATING REF					
FILERS HAVE THE OPTION OF USIN FEWER CALCULATIONS, OR USING					
(see instructions for further details). C	HECK THE ONE YOU ARE	USING (must check one):			
	CENTAGE) THRESHOLDS			JE THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME (If you have nothing to report,	write "none" or "n/a")	the reporting person - See insi	ructions		
NAME OF SOURCE OF INCOME STOCKS		URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
DIS (Disney)	Burbank Of	4	ent	extainment	
FL (Foot Locker)	NYC		Sh	oes	
LMCX Clam Research)	Fremont CA		yaf	extraprication	
MCD (McDorald'S) PART B - SECONDARY SOURCES OF IN	Chicago		trus:	f-food	
[Major customers, clients, and of	ther sources of income to busine	sses owned by the reporting pe	rson - See	instructions]	
	AME 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")		lines o	e not limited to the space on the n this form. Attach additional , if necessary.		
			and w	INSTRUCTIONS for when here to file this form are dat the bottom of page 2.	
	40.44	- Interview of the	this fo	UCTIONS on who must file orm and how to fill it out on page 3.	

- Page 2						
FORM 1	STATEN	IENT OF		2019		
Please print or type your name, mailing address, agency name, and position belo	w. FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MID	DDLE NAME :			ELE BO R		
Spragens J	Tou Fowler			CP S		
MAILING ADDRESS :	100,000			三 三 〇		
	. 0			SS J		
	EL			DE COUNT		
CITY:	ZIP: COUNTY:			F: 55		
NAME OF AGENCY:				4		
NAME OF OFFICE OR POSITION I	HELD OR SOUGHT:					
=						
CHECK ONLY IF CANDIDATE	E OR NEW EMPLOYEE OF	R APPOINTEE				
with a second se						
	**** THIS SECTION MUS	ST BE COMPLETED) ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	YOUR FINANCIAL INTERESTS F	DR CALENDAR YEAR ENI	DING DE	CEMBER 31, 2019.		
MANNER OF CALCULATING	G REPORTABLE INTERESTS					
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The state of the s	JSING COMPARATIVE THRESHO	The second secon		D ON PERCENTAGE VALUES		
	is). CHECK THE ONE YOU ARE	USING (must check one):				
L COMPARATIVE	COMPARATIVE (PERCENTAGE) THRESHOLDS OR V 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 "ru/a")						
		the reporting person - See inst	ructions]			
(If you have nothing to r NAME OF SOURCE	report, write "none" or "r/a") SO	URCE'S	DE	SCRIPTION OF THE SOURCE'S		
(If you have nothing to r NAME OF SOURCE OF INCOME	report, write "none" or "r/a") SO AD		DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to r NAME OF SOURCE OF INCOME MSFT (Microsoff)	report, write "none" or "r/a") SO	URCE'S	DE Pl	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to r NAME OF SOURCE OF INCOME MSFT (Microsoff) TDG (Transdiam)	report, write "none" or "r/a") So AD Red Mond V Cleyeland	urce's dress VA	DE Pl	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to r NAME OF SOURCE OF INCOME MSFT (Microsoff)	so Ralmand V	urce's dress VA	DE Pl	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY FLIMITE DS PACE COMPANENTS		
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PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates	s of deposit, etc See ins	etructions]		
TYPĘ OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
N/A			Projection of the second of th		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Mercedes Benz Lease	Pembroke Pines = 3				
BofA mortable		lotte NC	問意為		
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 # 1					
NAME OF BUSINESS ENTITY NO			THE 2		
ADDRESS OF BUSINESS ENTITY			32 3 M		
PRINCIPAL BUSINESS ACTIVITY			35 0		
POSITION HELD WITH ENTITY			3 5		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
PART G — TRAINING For elected municipal officers required to complete and					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY		
Signature: Date Signed:		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,			
June 03, 2020	Date Signed:				
FILING INSTRUCTIONS:					
If you were mailed the form by the Commission on Et	hics or a County Ca	andidates file this form	together with their filing papers.		

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 filling method. Form 6s will not be accepted via email.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.