

**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

RECEIVED

Proof of residency provided:

- Driver's License **2020 JUN - 5 PM 4:54**
 Voter Information Card Utility Bill
 Property Tax Receipt Homestead Exemption Receipt
 Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Joy Spragens

(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/sub area 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.]

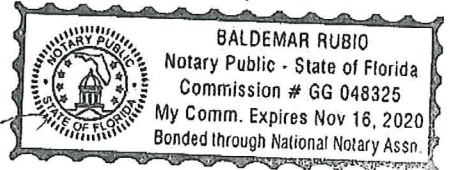
X Joy Spragens (305) 807-8301 Spragens.joy@gmail.com
 Signature of Candidate Telephone Number Email Address
7426 Fisher Island Drive Miami Beach FL 33109
 Address City State ZIP Code

STATE OF FLORIDA
 COUNTY OF Miami Dade

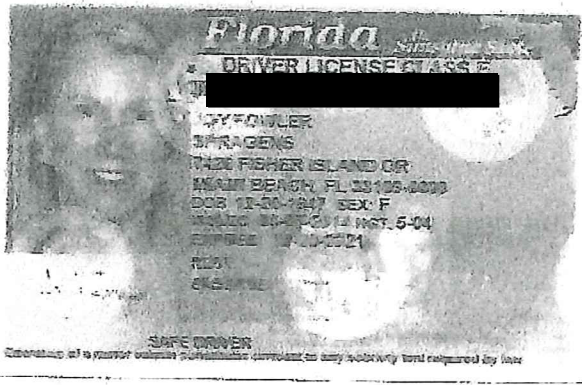
Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 4 day of June, 2020.

Personally Known: or
 Produced Identification:

Type of Identification Produced: _____



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



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ELECTIONS DEPARTMENT

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 *Julie Jones*
Julie Jones
Clayton Boyd Walden *Clayton B. Walden*
Director of Motorist Services
9051403079338
Rev Date 09-01-12

www.flhsmv.gov



01/02/2014 10:09:12 AM

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.

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

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.

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Detache here | Desgranda por aquí | Detache la a

Please check all information for accuracy.

MIAMI-DADE COUNTY

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

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

Joy Fowler Spragens
7426 Fisher Island Dr
Miami FL 33109

ISSUED
ENTRADA
ENPRIME
08/12/15

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
109925971

Voting Location | Centro de Votación | Lokal Biwo Vòt
Rebecca Towers
200 Alton Rd

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
47

Date of Birth
Fecha de Nacimiento
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 | Sipèvizè Eleksyon

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

Congress
Congreso
Kongrè
23

State Senate
Senado Estatal
Sena Eta a
35


State House
Cámara Estatal
Lachamw Eta a
113

County Commission
Comisión del Condado
Komisyón Konte
5

School Board
Junta Escolar
Asanble Edikasyon
3

Community Council
Consejo Comunitario
Konsèy Komünote
16

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



Detache here | Desgranda por aquí | Detache la a

Please check all information for accuracy.

MIAMI-DADE COUNTY

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

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

Jeffery G Spragens
7426 Fisher Island Dr
Miami FL 33109

ISSUED
ENTRADA
ENPRIME
08/12/15

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
109892404

Voting Location | Centro de Votación | Lokal Biwo Vòt
Rebecca Towers
200 Alton Rd

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
47

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

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

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

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

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3

Community Council
Consejo Comunitario
Konsèy Komünote
16

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



Tanpri verifye ke tout enfòmasyon yo kòrèk.

Tanpri verifye ke tout enfòmasyon yo kòrèk.

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 :

Spragens Joy Fowler

MAILING ADDRESS :

7426 Fisher Island Drive

CITY :

Fisher Island FL

ZIP :

33109 Miami Dade

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council Area/subarea 16/161-C

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED 2020 JUN -5 PM 4:55 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include DIS (Disney), FL (Foot Locker), LMCX (Lam Research), and McD (McDonald's).

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains 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")

n/a

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.

Page 2

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 -5 PM 4:55 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Spragens Joy Fowler

MAILING ADDRESS :

PAGE 2

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

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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 [x] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include MSFT (Microsoft), TDG (Transdigm), BTN (Raytheon), and Treasuries & nonclassified.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains 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")

Table with 1 column for reporting real property. Row contains n/a.

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
Mercedes Benz Lease	Pembroke Pines
BoFA mortgage	Charlotte NC

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
no		
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:

By Joubert Spragens

Date Signed:

June 03, 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.