| CANDIDATE OATH –<br>NONPARTISAN OFFICE<br>(Do not use this form if a Judicial or School Board Candidate)<br>Check box only if you are seeking to qualify as a<br>write-in candidate:   | RECEIVED<br>2020 JUN -6 AM 8: 12<br>MIAMI-DADE COUNTY<br>ELECTIONS DEPARTMENT<br>OFFICE USE ONLY  |  |  |  |
|--|---|--|--|--|
| Candidate Oath<br>(Section 99.021(1)(a), Florida Statutes)   I, Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colsp  |   |  |  |  |
| am a candidate for the nonpartisan office of $\underline{EastHomsstereAn}$ $\underline{Comp}$ , |   |  |  |  |
| Candidate's Florida Voter Registration Number (located on your voter information card): 110191938  |   |  |  |  |
| <b>Phonetic spelling for audio ballot</b> : 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 ( <i>see</i> instructions on page 2 of this form): [Not applicable to write-in candidates.]  |   |  |  |  |
| 23 5 5 29 TH TERRACE NO   Address   City   STATE OF FLORIDA   COUNTY OF MIAM DADE   Swom to (or affirmed) and subscribed before me by physical or or online presence this 04 day of 500 2020.   Personally Known: or Produced Identification:  | 7154 WALKERANDCORSOVAHGO,<br>Email Address   03 HOMESTEAD FL 33033   State ZIP Code   State   State |  |  |  |
| Type of Identification Produced: FLARIDA LICENSE<br>DS-DE 302NP (Rev. 04/20)   |   |  |  |  |

FD031573

| FORM 1  | STATEM  | ENT OF                   |   | 2019   |
|---|---|--------------------------|---|--|
| Please print or type your name, mailing address, agency name, and position below:   | FINANCIAL   | INTERES                  | STRECE  | FOR OFFICE USE ONLY:   |
| LAST NAME FIRST NAME MIDDLE NA<br>WALKER, STEPHEN WILLIAM   | ME:   |                          | 2020 JUN -6   | AM Q. 10   |
| MAILING ADDRESS :   |   |                          |   |  |
| 235 SE 29TH TER UNIT 3  |   |                          | MIAMI-DADE<br>ELECTIONS DE  | CUUNTY<br>PARTMENE   |
|   |   |                          |   |  |
| on the  | COUNTY :  |                          |   |  |
| HOMESTEAD, FL   | 33033 MIAMI-D   |                          |   |  |
| EAST HOMESTEAD CDD, BOARD OF S  | JPERVISORS  |                          | 0.111   |  |
| NAME OF OFFICE OR POSITION HELD OR SOUGHT :   |   |                          |   |  |
|   | ASSISTANT SECRETARY   |                          |   |  |
| CHECK ONLY IF CANDIDATE OF  | R INEW EMPLOYEE OR  | APPOINTEE                |   |  |
| DISCLOSURE PERIOD:  | **** THIS SECTION <u>MUST</u> BE COMPLETED ****<br>DISCLOSURE PERIOD:<br>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 |   |                          |   |  |
| PART A PRIMARY SOURCES OF INCOM<br>(If you have nothing to report,  | IE [Major sources of income to f<br>write "none" or "n/a")  | the reporting person - S | See instructions]   |  |
| NAME OF SOURCE<br>OF INCOME   |   | SOURCE'S<br>ADDRESS      |   | SCRIPTION OF THE SOURCE'S<br>RINCIPAL BUSINESS ACTIVITY              |
| SOCIAL SECURITY   | US TREASUR  | US TREASURY              |   | TREMENT SS   |
|   | /   | /                        |   |  |
|   | ,<br>   |                          |   |  |
|   |   |                          |   |  |
| PART B SECONDARY SOURCES OF IN<br>[Major customers, clients, and o<br>(If you have nothing to report,   | ther sources of income to busines   | sses owned by the repo   | orting person - See   | instructions]  |
| NAME OF N.<br>BUSINESS ENTITY   | AME OF MAJOR SOURCES<br>OF BUSINESS' INCOME   | ADDRE<br>OF SOU          | 1.562   | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE                             |
| KEYES REDUZED DTE   | RIE SALES   | 309 N                    | FLAGESA   | REALSSTATE   |
|   | RIE SALES BOJ NFL.<br>Ave. Heme   |                          | and the second se | SALES  |
|   |   | 32033                    | FL  |  |
| PART C REAL PROPERTY [Land, buildi<br>(If you have nothing to report,   | write "none" or "n/a")  |                          | lines o   | e not limited to the space on the<br>n this form. Attach additional  |
| 235 SE 29TH TERRACE, NO3 HOMEST   |   | SAO Sheets               | , if necessary.<br>3 INSTRUCTIONS for when  |  |
| 1841 SE 20 TN RO HOMESTERD, TL 33   |   | 033 and w<br>locate      | here to file this form are<br>d at the bottom of page 2.  |  |
| FL 33035  |   |                          | INSTR   | UCTIONS on who must file<br>orm and how to fill it out<br>on page 3. |

| VALKER, STEPHEN WILLIAM  |  |  | F   | D031573              |
|--|--|--|---|----------------------|
| PART D — INTANGIBLE PERSONAL PROPERTY [Steed of the second | ocks, bonds, certifi<br>e" or "n/a")   | cates of deposit, etc See in   | structions]   |                      |
| TYPE OF INTANGIBLE   |  | BUSINESS ENTITY TO V   | WHICH THE PROPERTY RELATES  |                      |
| CASH   | PERSONAL - IN SUN TRUST FL   |  |   | FL-                  |
|  | 1  |  | NE BANKIN AS  |                      |
| PART E — LIABILITIES [Major debts - See instruction  |  | . Christener   |   | 6-57                 |
| (If you have nothing to report, write "non   | e" or "n/a")   |  |   |                      |
| NAME OF CREDITOR   | ADDRESS OF CREDITOR  |  |   |                      |
| LOAN DEPOT   | BOX 660275 DALLAS, TX 75266  |  |   | 266                  |
| Ū  |  |  | ,   |                      |
| PART F — INTERESTS IN SPECIFIED BUSINESSES   | Ownership or pos   | itions in certain types of bus   | sinesses - See instructions]  |                      |
| (If you have nothing to report, write "none"   |  | NESS ENTITY # 1  | BUSINESS ENTITY # 2   | 2                    |
| NAME OF BUSINESS ENTITY  | NON  | E  |   |                      |
| ADDRESS OF BUSINESS ENTITY   |  |  |   |                      |
| PRINCIPAL BUSINESS ACTIVITY  |  |  | 20  |                      |
| POSITION HELD WITH ENTITY  |  |  | SA C X  |                      |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS  |  |  |   |                      |
| NATURE OF MY OWNERSHIP INTEREST  |  |  | SA L  | 1                    |
|  |  |  |   |                      |
| SIGNATURE OF FILER:<br>Signature:  |  |  | ORNEY SIGNATURE ON  |                      |
|  |  | If a certified public accountant licensed under Chapter 473, or attorn<br>in good standing with the Florida Bar prepared this form for you, he<br>she must complete the following statement: |   |                      |
|  |  | l,   | , prepare<br>with Section 112.3145, Florida Statute:  | d the CE             |
|  |  |  | . Upon my reasonable knowledge and  |                      |
| Date Signed:   |  | CPA/Attorney Signature:  |   |                      |
|  |  | Date Signed:   |   |                      |
| FILING INSTRUCTIONS:   |  |  | and a second of the second  |                      |
| If you were mailed the form by the Commission on Et  | hics or a County   | Candidates file this form  | together with their filing papers.  |                      |
| Supervisor of Elections for your annual disclosure form to that location. To determine what category you under, see page 3 of instructions.  | filing, return the   | MULTIPLE FILING UNN  | ECESSARY: A candidate who file  | s a Form<br>nmission |
| Local officers/employees file with the Supervis<br>of the county in which they permanently reside.<br>Dermanently reside in Florida, file with the Supervis<br>where your agency has its headquarters.) Form 1 file<br>he Supervisor of Elections may file by mail or ema<br>Supervisor of Elections for the mailing address or e<br>use. Do not email your form to the Commission on  | (If you do not<br>or of the county<br>ers who file with<br>ail. Contact your<br>email address to | WHEN TO FILE: <i>Initially</i><br>and specified state em<br>date of his or her appoir<br>Appointees who must be  | y, each local officer/employee, stat<br>ployee must file <i>within 30 day</i> s<br>itment or of the beginning of emp<br>confirmed by the Senate must file<br>is less than 30 days from the date | s of the loyment.    |
| <u>eturned</u> .<br>State officers or specified state employees wh   |  | Candidates must file at papers.  | t the same time they file their q   | ualifying            |
| Commission on Ethics may file by mail or email.<br>send the completed form to P.O. Drawer 15709,   | To file by mail.   | <b>Thereafter</b> , file by July 1 hold their positions.   | following each calendar year in wh  | nich they            |

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.

PAGE 2

|               | OFFICIAL RECEIPT           |                            |                  | No.7900517             |  |  |
|---------------|----------------------------|----------------------------|------------------|------------------------|--|--|
| MIAMI DADE    | MIAMI-DADE COUNT           | Y–FLORIDA                  |                  |                        |  |  |
|               | RECEIVED FROM Stave Wilken |                            |                  | NTH DAY YEAR           |  |  |
|               | Address 235                | SE 2 9Th Ten #3            | Сазн             | \$                     |  |  |
|               | <u>Homesteod</u>           | FL                         | 33033 CHECKS     | \$ 25.00               |  |  |
| AMOUNT OF:    | Twenty Five                | STATE DOLLARS, AND 72.08   | CENTS TOTAL      | \$                     |  |  |
| For Payment o | F: Buolding.               | Fers - East Homisterial    | C.D.D 520% 5     |                        |  |  |
| THIS RECEIPT  | NOT VALID UNLESS           | DATED, COMPLETED AND SIGNI | ED BY AUTHORIZED | EMPLOYEE OF DEPARTMENT |  |  |
| DEPT.:        | clions                     | Вү:                        | A Jomesse An     | mocent                 |  |  |
| FOR OFFI      | CE USE ONLY                |                            |                  |                        |  |  |
| TRANS         | SUBSIDIARY                 | INDEX CODE                 | Subobject        | Amount                 |  |  |
|               |                            |                            |                  |                        |  |  |
|               |                            |                            |                  |                        |  |  |
|               |                            |                            |                  |                        |  |  |
|               |                            |                            |                  |                        |  |  |
| 107.01-1 6/04 |                            |                            |                  |                        |  |  |

|  |   | E.C.     |
|--|---|----------|
| STEPHEN WALKER OR<br>LEIRY MARTINEZ<br>ESCROW-TENANTS BY THE ENTIRETIES<br>235 SE 29TH TER # 3<br>HOMESTEAD, FL 33033<br>Date 6 - 4 - 202<br>PMP 2 | 161<br>2-0  |          |
| Pay to the MIAMI-DAOS GYAGYIS25<br>TUSSITY FIVE AND NO<br>Dollars<br>NO<br>Memo EAST NAMESTER<br>Memo EAST NAMESTER<br>COD TENELA                  | Heat<br>Heat<br>Ink<br>ALICEM                                     |          |
| LOOK FOR FRAUD-OFTERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.  | 2020 JUN -6 AM 8: 38<br>MIAMI-DADE COUNTY<br>ELECTIONS DEPARTMENT | RECEIVED |