

**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:

- | | |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Stanley Thompkins

(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 Subarea
14/141
(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): 109188639

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.]

Stanley Thompkins

X <u>Stanley Thompkins</u>	<u>(305) 989-7486</u>	<u>stanthom@live.com</u>
Signature of Candidate	Telephone Number	Email Address
<u>14452 SW 104 Place</u>	<u>Miami</u>	<u>FL 33176</u>
Address	City	State ZIP Code

STATE OF FLORIDA

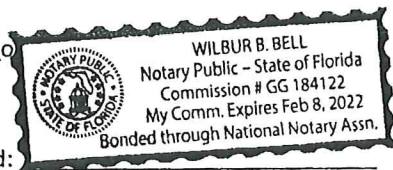
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 5 day of June, 2020.

Personally Known:

Produced Identification:

Type of Identification Produced:



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



FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

STANLEY THOMPKINS
14452 SW 104TH PL
MIAMI FL 33176-8808

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2020 JUN -8 PM 2:41

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

May 20, 2020 Electric Bill

For: Apr 20, 2020 to May 20, 2020 (30 days)

Service Address
14452 SW 104TH PL
MIAMI, FL 33176
STANTHOM@BELLSOUTH.NET
Account Number [REDACTED]

Questions? Contact Us
Reliable energy is affordable energy.
Learn how we save you money at fpl.com/savings

Hello Stanley Thompkins,
Here's what you owe for this billing period.

Amount of your last bill	\$127.60
Payments	-\$127.60
New charges due by Jun 10, 2020	\$89.84
Total amount you owe	\$89.84

Amount of your last bill	127.60
Payment received - Thank you	-127.60
Balance before new charges	\$0.00
NEW CHARGES	
Rate: RS-1 RESIDENTIAL SERVICE	
Customer charge:	\$8.34
Non-fuel: (First 1000 kWh at \$0.066840) (Over 1000 kWh at \$0.077460)	\$70.87
Fuel: (First 1000 kWh at - \$0.003650) (Over 1000 kWh at \$0.006350)	-\$3.32
Electric service amount	75.89
Gross receipts tax	1.95
Franchise charge	2.80
Utility tax	9.20
Taxes and charges	13.95
Total new charges	\$89.84
Total amount you owe	\$89.84

Meter Summary

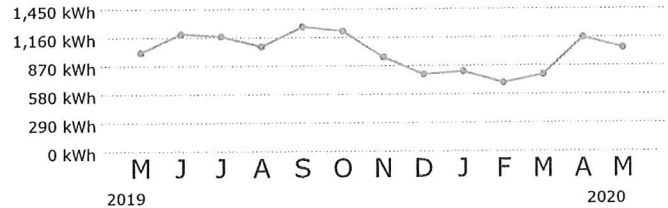
Meter reading - Meter ACD0317 Next meter reading Jun 19, 2020
Current reading 41922
Previous reading -40870

kWh used 1052

Energy Usage Comparison

	This Month	Last Month	Last Year
Service to	May 20, 2020	Apr 20, 2020	May 20, 2019
kWh Used	1052	1159	1008
Service days	30	32	31
kWh/day	35	36	33
Amount	\$89.84	\$127.60	\$112.99

Energy Usage History



Keep In Mind

- Payments received after June 10, 2020 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- Your bill includes a rate adjustment to reflect four new solar power plants entering service, as well as a one-time fuel credit for \$23.66. Learn more at FPL.com/Rates.

May bill credit

Your May bill includes a one-time fuel credit that we fast-tracked to help you during the COVID-19 crisis.
[Where to find it](#)

Save money with the Energy Analyzer

Our free online tool helps you better understand your energy use with a breakdown of your costs.
[Start saving](#)

We're here to help

If you're experiencing hardship as a result of the coronavirus (COVID-19) and need help with your bill, there are resources available.
[Learn more](#)

Useful Links

- [Billing and service details](#)
- [Energy News](#)
- [View back of the bill](#)

Important Numbers

- Customer Service: (305) 442-8770
- Outside Florida: 1-800-226-3545
- To report power outages: 1-800-4OUTAGE (468-8243)
- Hearing/speech impaired: 711 (Relay Service)

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Thomopkins Stanley

2020 JUN -8 PM 2:41

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

MAILING ADDRESS :
14452 SW 104 Place

CITY : Miami ZIP : 33176 COUNTY : Miami-Dade

NAME OF AGENCY :
Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Community Council Area 14 Subarea 141

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
Sweet Home MBC	10701 SW 184 St Miami, FL 33157	Religious
FRS	P. O. Box 9000 Tallahassee, FL 32315	Pension

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
none			

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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
none	

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

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	none	
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

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:

6/5/2020

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.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900532

RECEIVED FROM Stanley Thompkins

DATE 6 / 8 / 2020
MONTH DAY YEAR

ADDRESS 14452 Sw 104 Place
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33176 ZIP

CHECKS \$ 100

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

FOR PAYMENT OF: Qualifying Fee - Community Council Area 14 / Subarea 141

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

DEPT.: Elections By: A. J. Thomas Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

FSICS 169

900

STANLEY THOMPKINS CAMPAIGN ACCOUNT
 STANLEY THOMPKINS
 14452 SW 104TH PL
 MIAMI FL 33176-8808

DATE 6-8-20

Pay to the Order of Miami-Dade County \$ 100.00

One hundred and 00/100 DOLLARS

CenterState
www.CenterStateBank.com
Community Council Area 14 Subarea 141
Qualifying Fee

MEMO Stanley Thompkins

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT