

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

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, Patrick C. Kelly

(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.)

I am a candidate for the nonpartisan office of Community Council Area 12 Sub-Area 122, 12 Sub-Area 122,  
(Office) (District/Group/Seat #)

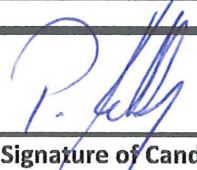
I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which 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.

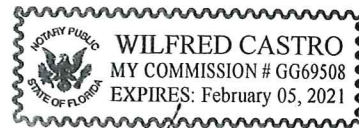
Candidate's Florida Voter Registration Number (located on your voter information card): 109766089

**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.]

PAT-trick KEH - I ee

<b>X</b>		<u>(305) 335-3355</u>	<u>patrickkellycc12@gmail.com</u>
	<b>Signature of Candidate</b>	<b>Telephone Number</b>	<b>Email Address</b>
	<u>5820 SW 52nd Ter</u>	<u>Miami</u>	<u>FL 33155</u>
	<b>Address</b>	<b>City</b>	<b>State ZIP Code</b>

STATE OF FLORIDA  
COUNTY OF Miami-Dade



Sworn to (or affirmed) and subscribed before me by physical  or  
online  presence this 9 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  CLASS E

4d DL [REDACTED]

1 KELLY  
2 PATRICK COLLIN  
# 5820 SW 52ND TER  
MIAMI, FL 33155-6331

3 DOB 10/16/1978 15583 M  
4b EXP 10/16/2020 16 HGT 5-09"  
12 REST NONE DR END NONE

SAFE DRIVER  DONOR

4a ISS 10/17/2019  
500 [REDACTED]

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



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Miami-Dade County, Florida

# 2019 Real Estate Property Taxes

## Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

FOLIO NUMBER	MUNICIPALITY	MILL CODE
30-4024-004-0150	UNINCORPORATED DADE COUNTY	3000

PATRICK KELLY  
SOFIA ISABEL LLANEZA  
5820 SW 52 TER  
MIAMI, FL 33155

Property Address  
5820 SW 52 TER

Exemptions:  
ADDL HOMESTEAD, HOMESTEAD

### AD VALOREM TAXES

TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	\$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board	313,368	7.02500	288,368	2,025.79
School Board Operating				35.47
School Board Debt Service	313,368	0.12300	288,368	
State and Other				8.43
Florida Inland Navigation Dist	313,368	0.03200	263,368	30.34
South Florida Water Mgmt Dist	313,368	0.11520	263,368	32.82
Okeechobee Basin	313,368	0.12460	263,368	10.46
Everglades Construction Proj	313,368	0.03970	263,368	28.26
Childrens Trust Authority	313,368	0.46800	263,368	
Miami-Dade County				1,229.11
County Wide Operating	313,368	4.66690	263,368	125.89
County Wide Debt Service	313,368	0.47800	263,368	507.85
Unincorporated Operating	313,368	1.92830	263,368	74.80
Library District	313,368	0.28400	263,368	637.53
Fire Rescue Operating	313,368	2.42070	263,368	0.00
Fire Rescue Debt Service	313,368	0.00000	263,368	

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### NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
T0004 GARB, TRASH, TRC, RECYCLE	@ 484.0000	1.000	484.00

### AMOUNT IF PAID BY (pay only one amount)

Nov 30, 2019				Combined Taxes and Assessments
\$0.00				\$5,325.75

↑ RETAIN FOR YOUR RECORDS ↑

### 2019 Real Estate Property Taxes

30-4024-004-0150  
FOLIO NUMBER  
5820 SW 52 TER  
PROPERTY ADDRESS  
LEGAL DESCRIPTION

PATRICK KELLY  
SOFIA ISABEL LLANEZA  
5820 SW 52 TER  
MIAMI, FL 33155

↓ DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT ↓



Make checks payable to:  
Miami-Dade Tax Collector  
(in U.S. funds drawn on U.S. banks)  
Amount due May be Subject to Change Without Notice  
Mail payments to:  
200 NW 2nd Avenue, Miami, FL 33128

Duplicate public user 06/08/2020

**PAY ONLY ONE AMOUNT**

If Paid By Please Pay

Nov 30, 2019 \$0.00

Paid

# 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 :  
 Kelly Patrick C.

MAILING ADDRESS :  
 5820 SW 52nd Ter

CITY : Miami ZIP : 33155 COUNTY : Miami Dade

NAME OF AGENCY :  
 Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Community Council Area 12, Sub Area 122

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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 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
Patrick C Kelly PA	5820 SW 52nd Ter Maimi, FL, 33155	Trade Company
Real Estate Sales Force	814 Ponce De Leon, Coral Gables, FL	Real Estate Broker

**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")

Only property is primary residence exempt from this disclosure

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
401(K)	Wells Fargo

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

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**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	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:**

06/08/2020

**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. 7900206

RECEIVED FROM Patrick C. Kelly

DATE 6 / 9 / 2020  
MONTH DAY YEAR

ADDRESS 5820 SW 52nd Ter  
STREET ADDRESS  
Miami CITY FL STATE 33155 ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND xx/100 CENTS TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Community Council Area 12 Subarea 122

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.  
DEPT.: Elections BY: Yolanda Washington

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Patrick C. Kelly  
Campaign Account

06/9/2020 Date 0099

Pay to the Order of Miami Dade County \$ 100<sup>00</sup>  
One hundred Dollars



Wells Fargo Bank, N.A.  
Florida  
wellsfargo.com

For Community Council Area 12  
CC 12/122 Sub Area 122

*[Signature]*

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