

**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:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Jeff Losner

(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 14 Area, Subarea 146
(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): 109278619

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.]

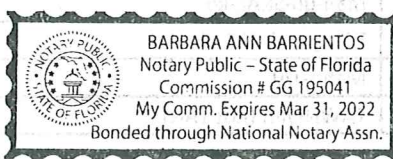
Jeh-f Las-nuhr

X	<u>Jeff Losner</u>	<u>(305)-773-6455</u>	<u>jefflosner@gmail.com</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>17999 SW 288 ST</u>	<u>Homestead FL</u>	<u>33030</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 _____ day of _____, 20____.

Personally Known: or
Produced Identification:



Barbara Ann Barrientos
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____

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Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Jeffrey Losner
17999 SW 288Th St
Homestead FL 33030

ISSUED
EMITIDA
ENPRIME
08/10/15

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

109278619

Voting Location | Centro de Votación | Lokal Biwo Vòt
John D. Campbell Agricultural Center
18710 SW 288 St

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
914

Date of Birth
Fecha de Nacimiento
Dat Nesans
2/22/1963

Registration Date
Fecha de Inscripción
Dat Enskripsyon
7/28/1986

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 the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
26

State Senate
Senado Estatal
Sena Eta a
39

State House
Cámara Estatal
Lacham Eta a
120

County Commission
Comisión del Condado
Komisyon Konte
8

School Board
Junta Escolar
Asanble Edikasyon
9

Community Council
Consejo Comunitario
Konsèy Kominotè
14

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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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 :

Losner, Jeffrey D

MAILING ADDRESS :

17999 SW 288 ST.

CITY : Homestead ZIP : 33030 COUNTY : Miami - Dade

NAME OF AGENCY : Miami - Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Area
Miami-Dade Community Council 14, Subarea 146

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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**** 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
See Addendum		

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
See Addendum			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

See Addendum

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
See Addendum	

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
	See Addendum	
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		

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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:

6-8-2020

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.

Addendum to Form 1 (Statement of Financial Interests)

Year Ending in 12/31/19

Jeffrey D. Losner

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Part A- Primary Sources of Income

Corporate Air Charters Inc.	P.O. Box 901307, Homestead, FL 33090	Aircraft Charter & Management
Epmore 1, LLC	17999 SW 288 ST, Homestead, FL 33030	Real Estate
Bridge Investment Group 2 LLC	17999 SW 288 ST, Homestead, FL 33030	Mortgage Investments
American Jet Support LLC	14532 SW 129 ST, Miami, FL 33186	Aircraft Maintenance

Part B – Secondary Sources of Income

Corporate Air Charters Inc.	Pavila Land Holdings LLC, 901 Ponce De Leon Blvd, Ste. 402, Coral Gables, FL 33134	Investments
	Fifteen Group Capital LLC, 47 NE 36 ST, 2 nd Floor, Miami, FL 33137	Investment Management
Epmore 1 LLC	Response Force 1 Corp 92 Bardberry LN, Nottingham, NH 03290	Management
Bridge Investment Group 2 LLC	Robert B. Houston 200 NE 2 nd Dr, Homestead, FL 33030	Security Services
	Andrew & Sarah Cieslik 755 NW 15 ST, Homestead, FL 33030	Freelance
	Manuel Lara 2910 Augusta Dr, Homestead, FL 33035	Mortgage Broker
American Jet Support LLC	Corporate Air Charters P.O. Box 901307, Homestead, FL 33090	Aircraft Maintenance

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Addendum to Form 1 (Statement of Financial Interests)

Year Ending in 12/31/19

Jeffrey D. Losner

(continued)

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Part C- Real Property

59 NE 15 ST, Homestead, FL 33030
980 NE 14 AVE, Homestead, FL 33033
120 NW 16 ST, Homestead, FL 33030
470 Bougainville Blvd, Homestead, FL 33033

Part D- Intangible Personal Property

Cash Accounts, Stocks, Membership Interests, Accounts Receivable, & Personal	Corporate Air Charters Inc. Epmore 1 LLC Bridge Investment Group 2 LLC American Jet Support LLC
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Part E- Liabilities

N/A

Part F- Interests in Specified Businesses

Corporate Air Charters Inc	Epmore 1 LLC	Bridge Investment Group 2 LLC	American Jet Support LLC
P.O. Box 901307, Homestead, FL 33090	17999 SW 288 ST, Homestead, FL 33030	17999 SW 288 ST, Homestead, FL 33030	14532 SW 129 ST, Miami, FL 33186
Aircraft Charter & Management	Real Estate	Mortgage Investments	Aircraft Maintenance
President	Manager	Manager	Manager
Yes (more than 5% interest)	Yes (more than 5% interest)	Yes (more than 5% interest)	Yes (more than 5% interest)
Shareholder	Membership Interest	Membership Interest	Membership Interest

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