

**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

RECEIVED

2022 JUN 16 PM 1:00

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Joseph M McGuinness,

*(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 Stonegate CDD, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)

\_\_\_\_\_ 2 \_\_\_\_\_; I am a qualified elector of Miami-Dade  County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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.

**Candidate's Florida Voter Registration Number** (located on your voter information card): 115679560

**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.]*

Joe-sef M Mik-ge-ness

**X** [Signature] (561) 339-5058 business1979@att.net  
Signature of Candidate Telephone Number Email Address

3540 NE 11th Dr Homestead FL 33033  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 15 day of June, 2022.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

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



Daniel Rom  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG973655  
Expires 3/26/2024

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2021**

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

**RETURN TO OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

McGuinness, Joseph Michael

MAILING ADDRESS :

3540 NE 11th Dr

CITY :

Homestead

ZIP :

33033

COUNTY :

Miami-Dade

NAME OF AGENCY :

Stonegate CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Supervisors, Seat #2

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

2022 JUN 16 PM 1:01  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**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
Florida Power & Light Co.	9760 SW 344th St, Homestead, FL 33035	Power Utility / Employer
Tenant / Rentor	107 W Pigeon Plum Dr #101, 33458	Rental Income

**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")

3540 NE 11th Dr, Homestead FL, 33033  
107 W Pigeon Plum Dr. #101, Jupiter, FL 33458

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")

See Attachment

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Accounts (Checking / Savings)	PNC Bank, National Association
Bank Accounts (Checking / Savings)	Truist Bank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Quicken Loans Inc.	P.O. Box 442359, Detroit, MI 48244
BMW Financial Services	P.O. Box 3608 Dublin, OH 43016-0306

**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	2
ADDRESS OF BUSINESS ENTITY	None	None
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

RECEIVED  
 2022 JUN 15 PM 1:00  
 FLORIDA BOARD OF COUNTY  
 ELECTIONS DEPARTMENT

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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:

06/14/22

**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, 2021.

**PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")**

<b>TYPE OF INTANGIBLE</b>	<b>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</b>
Bank Accounts (Checking / Savings)	U.S. Bank
Stock	BP PLC SPONSORED ADR
Stock	MEDTRONIC PLC
Mutual Fund	INVESCO AMERICAN VALUE A
Mutual Fund	INVESCO COMSTOCK A
Mutual Fund	INVESCO CORE PLUS BOND A
Mutual Fund	INVESCO CORPORATE BOND A
Mutual Fund	INVESCO DISCOVERY MD CAP GR A
Mutual Fund	INVESCO DIVERSIFIED DIVIDEND A
Mutual Fund	INVESCO DIVIDEND INCOME A
Mutual Fund	INVESCO EMERG MKTS ALL CAP A
Mutual Fund	INVESCO EQUITY AND INCOME A
Mutual Fund	INVESCO EQV EMRG MKTS ALL CP A (GTDDX)
Mutual Fund	INVESCO GLBL OPPORTUNITIES A
Mutual Fund	INVESCO GLOBAL A
Mutual Fund	INVESCO GROWTH AND INCOME A
Mutual Fund	INVESCO INCOME A (AGOVX)
Mutual Fund	INVESCO INTL SMALL COMPANY A
Mutual Fund	INVESCO MAIN STREET A
Mutual Fund	INVESCO OP INTL GROWTH A
Mutual Fund	INVESCO QUALITY INCOME A
Mutual Fund	INVESCO SMALL CAP EQUITY A
Mutual Fund	INVESCO SMALL CAP VALUE A
Mutual Fund	NEXTERA ENERGY LESOP
Mutual Fund	LG GRWTH FUND BY TRP
Mutual Fund	NEXTERA ENERGY STOCK
Mutual Fund	NEXTERA ENERGY ESOP
Mutual Fund	VANGUARD TARGET 2045
Mutual Fund	SMIDGRWTH BY DELAWAR
Mutual Fund	JPM EQUITY INCOME R6
Mutual Fund	LS CORE PL FXINC D
Mutual Fund	AF EUROPAC GROWTH R6
Mutual Fund	BTC EQUITY INDEX J
Mutual Fund	BTC ACWI EX US IMI M
Mutual Fund	BTC RUSSELL 3000 M
Pension	NextEra Energy, Inc. Employee Pension Plan

RECEIVED  
 2022 JUN 16 PM 1:01  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT



**OFFICIAL RECEIPT**  
**MIAMI-DADE COUNTY-FLORIDA**

No. 8053359

RECEIVED FROM Joseph McGuinness  
 ADDRESS 3540 NE 11th Dr.  
Homestead STREET ADDRESS  
 CITY STATE ZIP

DATE 6 / 16 / 2022  
 MONTH DAY YEAR  
 CASH \$ \_\_\_\_\_  
 CHECKS \$ 25 <sup>00</sup>  
 TOTAL \$ 25 <sup>00</sup>

AMOUNT OF: Twenty Five DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee - Stonegate CDD Seat 2

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT  
 DEPT.: Elections By: Afonso Innocent

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Joseph McGuinness  
 3540 NE 11th Dr  
 Homestead, FL 33033

1009

Date 6/14/22

Pay Miami-Dade County \$ 25.00  
 TO THE ORDER OF  
Twenty-Five and 00/100 Dollars  
 SunTrust Bank

Security features are included. Details on back.

Qualifying Fee  
 FOR Stonegate CDD Seat #2

JMA MP

RECEIVED  
 2022 JUN 16 PM 1:01  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT