

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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2019 SEP 19 PM 4:02

OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

Francisco Pichel (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Francisco "Frank" Pichel.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:
 - (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.
 - (b) I am offering myself as a candidate for the office of Commissioner in District Number One of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 980.

I presently reside at the following address (must include zip code):

[REDACTED ADDRESS]

which is my legal address, and I have resided continually at said address from the 1st day of January 2006 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

<u>Prior Addresses</u>	<u>For the Period</u>
<u>N/A</u>	<u>N/A</u>
_____	_____
_____	_____

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

6. Affiant's spouse resides at the following address (must include city, state and zip code):

N/A

7. Affiant's minor children reside at the following address (must include city, state and zip code):

[Redacted address]

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above. *F.P.*

9. Name and business address of affiant's employer:

Claim Specialist Consulting, LLC, 757 NW 27 Ave, #205 *MIAMI FL 33125 F.P.*

Superior Investigation Protection Services, 757 NW 27 AVE, #205 *MIAMI FL 33125 F.P.*

10. Affiant's occupation: Retired police officer/Self-Employed

Affiant's business telephone number(s): [Redacted]

11. Affiant has been employed in the above-cited capacity for the following period of time:

January 2003 - present

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

N/A

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12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office.

Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

(a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) At the time such employee appoints a campaign treasurer and designates a primary depository; or

(c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

14. Affiant's campaign headquarters address and telephone number:

757 NW 27 Avenue, Suite 205, Miami, FL 33125 (305) 204-2220
FP.

Affiant's campaign treasurer's name:

Deborah E. Gomez

Affiant's campaign treasurer's address:

757 NW 27 Avenue, Suite 205, Miami, FL 33125

Telephone numbers: (work) (305) 776-4645
(home) N/A

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CITY OF MIAMI

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Francisco "Frank" Pichel

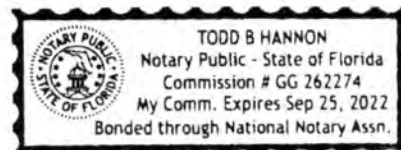
SIGNED THIS 19 DAY OF September, 2019.

AFFIANT

BEFORE ME, the undersigned authority, personally appeared Francisco Pichel, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)



- Did take an oath
- Produced identification

Type of identification produced: FL Driver's License

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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

RECEIVED FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
PICHEL, FRANCISCO "FRANK" F.P.

2019 SEP 19 PM 4:02

**OFFICE OF THE CITY CLERK
 CITY OF MIAMI**

MAILING ADDRESS :
 [REDACTED]

CITY : [REDACTED] ZIP : [REDACTED] COUNTY : [REDACTED]

NAME OF AGENCY :
CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COMMISSIONER FOR DISTRICT 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
Miami Police Pension	1895 SW 3 Avenue, Miami, FL ^{F.P.} 33125	City Pension
Claim Specialist Consulting, LL	757 NW 27 Avenue, # 205, Miami, FL 33125	Public Adjuster
Superior Investigations & Prote	757 NW 27 Avenue, #205, Miami, FL 33125	Private Investigator

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")

[REDACTED]
[REDACTED]

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
CD	Suntrust Bank
Checking	Suntrust 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
N/A	

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
	N/A	
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		

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.

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

September 19, 2019

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

Candidate Oath

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

I, Francisco "Frank" Pichel

(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 City of Miami Commissioner , 1 ,
(Office) (District #)

 , : 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.

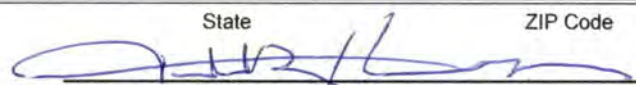
Candidate's Florida Voter Registration Number (located on your voter information card): 109186086

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.]*
Pichel - Pishel (sounds like: shell)

X   frankp@cscllcs.com
Signature of Candidate Telephone Number Email Address

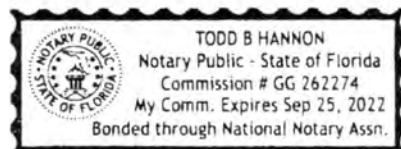

Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade


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

Sworn to (or affirmed) and subscribed before me this 19th
day of September, 2019.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: FL Drivers License



LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

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I, Francisco "Frank"

Pichel

First Name

Middle Initial

Last Name

OFFICE OF THE CITY CLERK
CITY OF MIAMI

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.



Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE
OFFICE OF Commissioner, District 1

Before me, an officer authorized to administer oaths, personally appeared

Francisco "Frank" Pichel

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of Commissioner, District 1, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.



Signature of Candidate

Address

City

State

ZIP Code

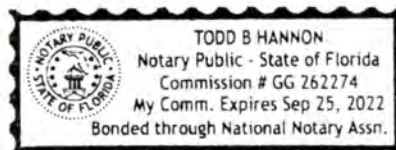
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 19th day of September, 2019.

Signature of Officer Administering Oath or Notary Public

Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver's License



AFFIDAVIT OF NICKNAME

STATE OF Florida

COUNTY OF Miami-Dade

BEFORE ME, the undersigned, personally appeared:

Francisco Pichel

(write legal name of candidate)

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CITY OF MIAMI

who being first duly sworn or placed under affirmation says:

1. My legal name is: Francisco Pichel
I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

2. I am a candidate for the office of: City of Miami Commissioner District 1

3. My nickname is: Francisco "Frank" Pichel

I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the same name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.

4. Attached are documents that show that my nickname is one by which I am generally known or one that I have used as a part of my legal name. [List the title of any documents or affidavits from other persons reflecting that the candidate is generally known by the nickname or that it has been used as part of the candidate's legal name.]

A. Servicing Line of Credit Bill

B. Airline Ticket

C. Wells Fargo Bank Statement

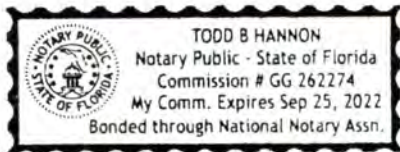
Francisco "Frank" Pichel

Printed / Typed Name of Affiant



Signature of Affiant

Sworn to me this 19th day of September 2019.



Notary Public

Todd B. Hannon

Printed Name

Sept. 25, 2022

My Commission Expires

Personally known

or Produced Identification

Type of Identification Produced: FL Driver's License

BANK OF AMERICA 

P.O. Box 982237
El Paso, Texas 79998-2237

ELECTRONIC SERVICE REQUESTED



Frank Pichel


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14865

OFFICE OF THE CITY CLERK
CITY OF MIAMI

Frank Pichel

Credit Card ending in: 

Date: May 21, 2019

Credit limit: 

Available credit as of
May 11, 2019: 

Choose from two money-saving offers

Frank Pichel, looking for ways to save on interest? As a valued BankAmericard® Mastercard® credit cardholder, you can take advantage of two limited-time offers to save on interest while taking care of important expenses.

Accessing your available credit is as easy as 1-2-3.

1. What you could do with some extra cash

- Consolidate debt
- Improve your home
- Repair your car
- Pay individuals
- Fund planned and unplanned expenses

Take advantage of these offers today:



Go online
[bankofamerica.com/
makeatransfer](https://www.bankofamerica.com/makeatransfer)



Use the **enclosed checks**

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

CPN11362Z REV. 2/11 PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX

19 PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
AMERICAN AIRLINES



AMERICAN AIRLINES
PRIORITY VERIFICATION

ISSUED BY: SED /MIA
ISS. AGENT ID: SED /MIA
PLACE OF ISSUE: AMI INTERNTNL
ISS. OFFICE CODE: 151
STATUS: 05

NAME OF PASSENGER (NOT TRANSFERABLE)
PICHEL / FRANK

NAME OF PASSENGER (NOT TRANSFERABLE)
XO FROM MIAMI INTERNTNL
XO TO TAMPA
CARR: AA
FLIGHT: 2807
CLASS: B
DATE: 25MAR
TIME: 140P
STATUS: NOT VALID BEFORE - NOT VALID AFTER

XO MIAMI INTERNTNL
XO TAMPA
AMERICAN AIRLINES

ENDORSEMENTS/RESTRICTIONS

PNR CODE: XARLIC /AA

ORIGINAL ISSUE *
FARE CALCULATION *
* DEPARTURE TO RETAIN YOUR SEAT ASSIG *

ISSUED BY EXCHANGE EDL
PRIORITY VERIFICATION
BE AT THE GATE 15 MINUTES BEFORE
REVALIDATION
GATE: E11
BOARDING TIME: 140P
SEAT: NO
SMOKE: NO

FARE *
TAX/FEES/CHARGE *
TAX/FEES/CHARGE *
TOTAL *

ADDITIONAL SEAT INFORMATION
PCB CK WT UNCK WT SEQ NO PCB CK WT UNCK WT
BAGGAGE ID NR
COUPON AIRLINE FORM SERIAL NR
SED /MIA

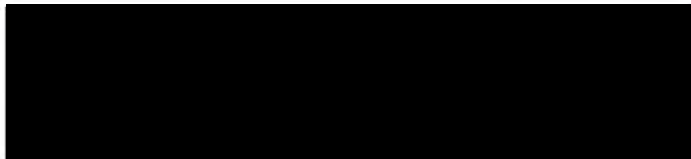
STOCK CONTROL NUMBER TX
00126428149473

[Handwritten signature]

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CITY OF MIAMI



For returned mail purposes only
 Wells Fargo Bank, N.A.
 MAC N9777-112
 PO Box 5169
 Sioux Falls, SD 57117-5169



FRANK PICHEL



EquityLine with FlexAbility Statement

Statement date 01/22/2019
 Account number [REDACTED]
 Payment date 02/15/2019*
Total amount due \$0.00
 *After 02/15/2019 a late charge may apply
 Principal balance \$0.00
 End of draw date 04/15/2014
 Maturity date 04/15/2044
 Property Address [REDACTED]

Customer Service

- Online banking**
www.wellsfargo.com
- Telephone***
1-866-439-3557
Español: 1-866-297-4535
*We accept telecommunications relay service calls.
- Hours of operation**
Mon thru Fri 8 am to 10 pm ET
Sat 9 am to 4 pm ET
- Correspondence**
PO Box 10335
Des Moines, IA 50306
- Payments**
By mail
PO Box 14529
Des Moines, IA 50306-3529
Overnight mail
2324 Overland Avenue
Billings, MT 59102-6401

Payment summary

Principal	\$0.00
Finance charge	\$0.00
Current payment	\$0.00
Total amount due for 02/15/2019	\$0.00

Balance summary

Principal	\$0.00
Finance charges	\$0.00

Contact Customer Service for your payoff amount

Year-to-date payment summary

	All balances
Total received	\$0.00
Principal	\$0.00
Finance charges*	\$0.00

No transactions within the current year.

*This information should not be used for tax purposes. If you have tax related questions please consult your tax advisor.

Activity summary

Approved credit limit (+)	\$100,000.00
Credit in use (-)	\$0.00
Available credit	\$0.00
Beginning balance*	\$0.00
Ending balance*	\$0.00

Account is restricted; therefore, the available credit is \$0.

* These balances may include unpaid finance charges and other unpaid fees and charges. Please contact Customer Service for payoff amount.

Understanding your account

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 CITY OF MIAMI

YNNNNNNNNN

DCLCADDTG 039439 1NNNNNNNNNN NNN NNN 001 002

152105 211

**ACKNOWLEDGMENT BY CANDIDATES COVERED BY
THE MANDATORY PROVISION
OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

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The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned, avoided, or injured in his or her business or occupation;
- (b) With actual malice publish or cause to be published by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged by any means any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, Francisco "Frank" Pichel, a candidate for the office of
please print your name
Commissioner, District 1 in City of Miami
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x 

Signature

9/19/19

Date

Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.

Miami Dade County Elections Dept.
2700 NW 87th Ave. *or* P.O. Box 521550
Miami, FL 33172 Miami, FL 33152-1550

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

FRANCISCO PICHEL 63-215/631 1101
 CAMPAIGN ACCOUNT

DATE September 18, 2019 INSURED BY EZSHIELD

PAY TO THE ORDER OF City of Miami \$ 682.00/100
Six-Hundred Eighty-Two 00/100 DOLLARS

SUNTRUST ACH RT 061000104

MEMO Qualification Debra E Long MP



City of Miami
OFFICIAL RECEIPT

No. **500711**

\$ 682.00 Sales Tax \$ _____ Total \$ 682.00

Date: 9/19/19

Six hundred and Eighty two — xx/100 /100 Dollars

Received from: Francisco Pichel Campaign Account

Address: _____

For: Qualifying Reference No: Check # 1101

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Sandra Forges
 Department: City Clerk
 Division: Election

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department