

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Revrhan Lincoln (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Revrhan Lincoln.
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 District 5 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. 533.

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

210 NW 16th Ave Miami FL 33136

which is my legal address, and I have resided continually at said address from the 4 day of Dec 2012 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):

Prior Addresses

NA

For the Period

NA

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:

None

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

NA

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

NA

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.

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

NA

10. Affiant's occupation: Volunteer activist

Affiant's business telephone number(s): 305 763 0820

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

NA

(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).

NA

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.

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

NA

Affiant's campaign treasurer's name:

REVRAN LINCOLN

Affiant's campaign treasurer's address:

210 NW 16th Ave FL 33136 Apt 4

Telephone numbers:

(work)

305 763 0820

(home)

NA

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:

REVRAN SHOSHANA LINCOLN

SIGNED THIS 8th DAY OF September, 2021.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, appeared Revrana S.M. Lincoln, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

[Signature]
CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)

✓

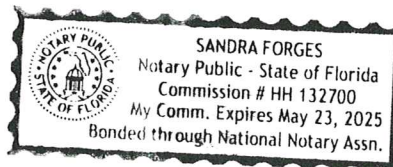
Did take an oath

✓

Produced identification

Type of identification produced:

US. Passport



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2020

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

~~Satan~~ Lincoln - Rebran - Shoshanna

MAILING ADDRESS :

210 NW 16th Apt 4

Miami 33136 Miami-Dade

CITY :

ZIP :

COUNTY :

City of Miami

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner District 5

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERECEIVED
2021 SEP -8 PM 3:08
OFFICE OF THE CITY CLERK
CITY OF MIAMI**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

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
None		

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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	none	
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, 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:

8-24-21

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, 2020.

**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, Reveran K. Lincoln SHOSHANA LINCOLN,

(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 Commissioner, 5,
(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): 117515423

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.]

X [Signature] (786) 750-7105 revlincoln2020@gmail.com
Signature of Candidate Telephone Number Email Address

210 NW 165th Miami FL 33136
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

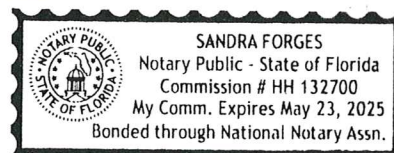
Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 8th day of September, 2021

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: U.S. Passport

[Signature]
Signature of Notary Public

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



LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, REVRAN SHOSHANA LINCOLN
First Name Middle Initial Last Name

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]
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

REVRAN SHOSHANA LINCOLN
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 5**, 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]
Signature of Candidate

210 NW 16th Miami FL 33136
Address City State ZIP Code

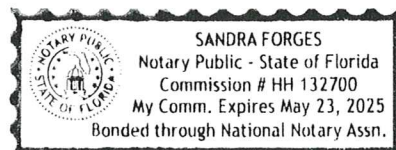
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me by ✓ physical
or online presence, this 8th day of September, 2021.

[Signature]
Signature of Officer Administering Oath or Notary Public

Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification: ✓

Type of Identification Produced: U.S. Passport



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CITY OF MIAMI
NCE

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

- I, Reverah S Lincoln, a candidate for the office of Commissioner,
please print your name
Commissioner in 12th City of
elective office sought 05 Man
county, municipality, or other jurisdiction

x 
Signature

COE, revised 4/2010

AFFIDAVIT OF FINANCIAL HARDSHIP

[Section 99.093(2), Florida Statutes]

I, Reveran Lincoln, a candidate for the office of Commissioner District 5 do hereby certify, pursuant

to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of \$ 582.00 to qualify for election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me.

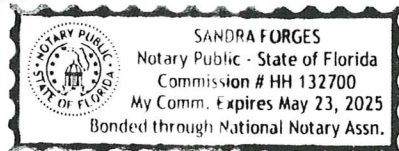
UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT IT IS A TRUE AND CORRECT STATEMENT.

Date 9-8-2021 Signature of Candidate [Signature]

Address: 210 NW WW 16th Apt 4
City: Miami State: FL Zip: 33136

Sworn to (or affirmed) and subscribed before me this 8th day of September,
20 21 by Reveran S.M. Lincoln

[Signature]
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification: ✓

Type of Identification Produced: U.S. Passport

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CITY OF MIAMI

AFFIDAVIT OF FINANCIAL HARDSHIP
(Section 16-7, Miami City Code)

I, Revran Lincoln, a candidate for the office of Commissioner District 5 do hereby certify, pursuant to Section 16-7, Miami City Code, that I am unable to pay the \$100 City of Miami qualifying fee required per Section 16-6, Miami City Code, to qualify as a candidate for elected office because paying the qualifying fee would be an undue burden on my personal financial resources or on the financial resources available to me.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

9-8-2021
Date

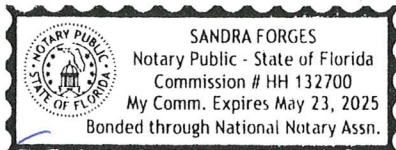
[Signature]
Signature of Candidate

Address: 210 NW 16th Ave FL 33136 Apt 4

City: Miami F State: FL Zip: 33136

The Affidavit of Financial Hardship is sworn to (or affirmed) and subscribed before me by ☒ physical or online presence, this 8th day of September 2021, by Revran Shoshana M. Lincoln.

[Signature]
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification: ☒

Type of Identification Produced: U.S. Passport

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CITY OF MIAMI



Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

Christina White

Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

Voter Registration Receipt

Comprobante de Inscripción del Elector

Resi Enskripsyon Votè

Date / Fecha / Dat	09/03/2021
Time / Hora / Lè	03:34 PM
Regn Number / Número de Registración / Nimewo Enskripsyon	117515423
Voter Name / Nombre de Votante / Non Votè	Lincoln, Rev
Residence / Residencia / Domisil	217 NW 15Th St Miami FL 33136
Mailing Address / Dirección postal / Adrès Postal	none
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	[REDACTED]
Birth Place / Lugar del Nacimiento / Lye Nesans	BRITISH
Sex / Sexo / Sèks	F
Race / Raza / Ras	3
Party / Partido / Pati Politik	DEM
Precinct / Precinto / Biwo Vòt	533.0 Culmer Neighborhood Service Center 1600 NW 3 Ave
Registration Date / Fecha de Inscripción / Dat Enskripsyon	May/13/2009
Assistance Required / Requiere asistencia / Bezwen Asistans	Y

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CITY OF MIAMI

*Witness my hand and official seal at Miami-Dade County, FL,
Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,
Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,
on Sep/03/2021 / este día Sep/03/2021 / jou Sep/03/2021*

Christina White
Supervisor of Elections
Miami-Dade County, FL

By: _____

2020 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
01-3136-051-0640	MIAMI	0400

Exemptions:

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OFFICE OF THE CITY
CLERK OF MAINE
MILL CODE
0000
Conditions:

AD VALOREM TAXES

ADDITIONAL TAXES				
Miami-Dade School Board	129,326	6.18600	129,326	800.01
School Board Operating				
School Board Debt Service	129,326	0.19300	129,326	24.96
Voted School Operating	129,326	0.75000	129,326	96.99
State and Other				
Florida Inland Navigation Dist	123,637	0.03200	123,637	3.96
South Florida Water Mgmt Dist	123,637	0.11030	123,637	13.64
Okeechobee Basin	123,637	0.11920	123,637	14.74
Everglades Construction Proj	123,637	0.03800	123,637	4.70
Childrens Trust Authority	123,637	0.45070	123,637	55.72
Miami-Dade County				
County Wide Operating	123,637	4.66690	123,637	577.00
County Wide Debt Service	123,637	0.47800	123,637	59.10
Library District	123,637	0.28400	123,637	35.11
Municipal Governing Board				
Miami Operating	123,637	7.66650	123,637	947.86
Miami Debt Service	123,637	0.32350	123,637	40.00

NON-AD VALOREM ASSESSMENTS

KOR-15 PRECISE ASSESSMENT		
DATE	TIME	APPROVAL

AMOUNT IF PAID BY (pay only one amount)

Nov 30, 2020					Confributed Taxes and Assessments
\$0.00					\$2,673.79

↑ RETAIN FOR YOUR RECORDS ↑

2020 Real Estate Property Taxes

01-3136-051-0640

FOLIO NUMBER

175 NW 14 ST

PROPERTY ADDRESS

LEGAL DESCRIPTION
WADDELLS RE-SUB OF BLK 44
PB 1-169

LOT 19 LESS BEG SW COR OF LOT 19
TH E90.48FT M/L NWLY A

REVRAN S MAHARANIE LINCOLN
210 NW 16 ST #1
MIAMI, FL 33136

DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT



* 1 + 0 1 3 1 3 6 0 5 1 0 6 4 0 + 2 0 2 0 *

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 08/26/2021

PAY ONLY ONE AMOUNT

If Paid By Please Pay

Nov 30, 2020 \$0.00

[illegible]