

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 )

Michael A. Hepburn (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Michael A. Hepburn.
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 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. 504.

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

645 NE 77th Street Unit #16 Miami, Florida 33138

which is my legal address, and I have resided continually at said address from the 1st day of August 2020 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

1545 NW 15th Street Rd Miami, FL 33125 & 7332 NW 2nd Ave Miami, FL 33150

5494 NE Miami Place Apt #3 Miami, FL 33137

For the Period

August 2017 to July 2020

September 1982 to July 2001

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):

N/A

8. At the present time, affiant (is) <sup>AMH</sup> (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:

Miami Dade College

11380 N.W. 27th Avenue Miami, FL 33167

10. Affiant's occupation: Program Coordinator

Affiant's business telephone number(s): 305-237-1820

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

September 2020 to 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).

Progressive Turnout Project PAC - District Operations Director

10700 Caribbean Blvd Cutler Bay, FL 33189 (Feb 2020 to Dec 2020) <sup>AMH</sup>

12. Affiant represents that he/she (is) <sup>AMH</sup> (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) <sup>AMH</sup> (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:

P.O. BOX 420935 Miami, Florida 33242 <sup>AMH</sup> (786) 390-2068

Affiant's campaign treasurer's name:

Michael A. Hepburn

Affiant's campaign treasurer's address:

645 NE 77th Street Unit #16 Miami, FL 33138

Telephone numbers: (work) 305-237-1820  
(home) 786-390-2068

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: Michael A. Hepburn

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SIGNED THIS 3rd DAY OF September, 2021.

Michael A. Hepburn

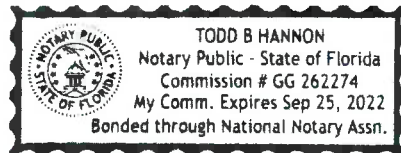
AFFIANT

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

[Signature]

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

# 2020

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hepburn Michael Antwan

MAILING ADDRESS :

645 NE 77th Street

Unit #16

CITY : ZIP : COUNTY :

Miami 33138 Miami Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Commissioner for District 5

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, 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
Florida International University	11200 SW 8th St, Miami, FL 33199	Higher Education
Progressive Turnout Project PAC	201 W Lake St #104, Chicago, IL 60606	Political Action Committee
Miami Dade College	11380 NW 27th Ave, Miami, FL 33167	Higher Education

**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")

N/A

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
Vehicle Lease	Honda Financial Services

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
FedLoan Servicing	400 Maryland Ave. SW, Washington, DC, 20002

**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	N/A
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:

Michael A. Hepburn

Date Signed:

09/03/2021

**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.



# LOYALTY OATH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I, Michael A Hepburn  
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.

Michael A. Hepburn

Signature of Candidate

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## CITY OF MIAMI OATH OF CANDIDATE

### OFFICE OF CITY OF MIAMI COMMISSIONER

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

Michael A. Hepburn

(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.

Michael A. Hepburn

Signature of Candidate

645 NE 177<sup>th</sup> Street #16

Miami

FL

33138

Address

City

State

ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me by  physical

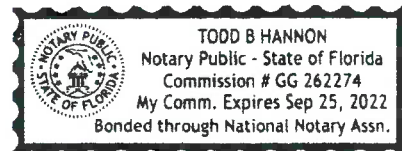
or  online presence, this 3<sup>rd</sup> day of September, 2021.

[Signature]  
Signature of Officer Administering Oath or Notary Public

Todd B. Hannon  
Name of Notary Typed, Printed or Stamped

Personally Known: \_\_\_\_\_ OR Produced Identification:

Type of Identification Produced: FL Driver's License



COMMITTEE TO ELECT MICHAEL HEPBURN  
DBA HEPBURN FOR MIAMI  
P O BOX 420935  
MIAMI, FL 33242-0935

1001  
63-751/631 10744

Pay To The Order of City of Miami

Date 09/03/21

\$ 682.00

Six hundred eighty two and 00/100

Dollars



For Qualifying Fees

Michael A. Hepburn



Details on Back  
Security Features Included



City of Miami  
**OFFICIAL RECEIPT**

\$ 682.00 Sales Tax \$ — Total \$ 682.00

No. 505767

Date: 9 | 3 | 21

Six Hundred and Eighty Two 00/100 /100 Dollars

Received from: Michael A. Hepburn

Address: 645 NE 77th St., Unit #16, Miami, FL 33138-5156

For: Qualifying - Commissioner D5 Reference No: CHK # 1001

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: Todd Hannon  
Department: City Clerk's Office  
Division: —

C FN/TM 402 Rev. 03/03

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

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Review carefully – Your precinct number, voting location, or both may have changed. Use this information to exercise your right to vote!

Revise cuidadosamente. Es posible que el número de su recinto electoral, su centro de votación, o ambos, hayan cambiado. ¡Utilice esta información para ejercer su derecho al voto!

Li atantivman – Nimewo biwo vòt ou, lokal biwo vòt ou, oswa toude kapab te chanje. Itilize enfòmasyon sa–a pou w egzèsè dwa w pou w vote!

Detach here      Desprenda por aqui      Detache la a

Please check all information for accuracy.


Detach here

Sírvase verificar la corrección de todos los datos.

Desprenda por aqui

Tanpri verifiye ke tout enfòmasyon yo kòrèk.

Detache la a



**Voter Information Card**  
Miami-Dade County, FL

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

**Kat Enfòmasyon Vòtè**  
Konte Miami-Dade, FL

Michael Antwan Hepburn  
645 NE 77Th St UNIT 16  
Miami FL 33138

ISSUED  
EMITIDA  
ENPRIME

07/20/20

**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

109884921

Voting Location | Centro de Votación | Lokal Biwo Vòt

Legion Memorial Park  
6447 NE 7 Ave

Precinct No.  
Núm. del Recinto  
Nim. Biwo Vòt

504

Date of Birth  
Fecha de Nacimiento  
Dat Nesans

[REDACTED]

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon

7/3/2000

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Christina White

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

24

State Senate  
Senado Estatal  
Sena Eta

38

State House  
Cámara Estatal  
Lacham Eta

108

County Commission  
Comisión del Condado  
Komisyon Konte

3

School Board  
Junta Escolar  
Asamble Edikasyon

2

Community Council  
Consejo Comunitario  
Konsèy Kominotè

N/A

Municipality | Municipio | Minisipalite

MIAMI DIST 5

OFFICE OF COUNTY CLERK  
CITY OF MIAMI

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# Billing & Payment History

Name:

Michael Antwan Hepburn

Account Number:

[REDACTED]

Select Another Account

Service Address:

645 NE 77TH ST APT 16

Charges

Payments

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Date	Activity Name	Amount	Balance	
Sep 1, 2021	Payment	-\$49.27	\$0.00	
Aug 25, 2021	FPL Budget Billing <a href="#">View Bill</a>	\$49.27	\$49.27	▼
Aug 1, 2021	Payment	-\$45.53	\$0.00	
Jul 24, 2021	FPL Budget Billing	\$45.53	\$45.53	▼
Jul 1, 2021	Payment	-\$59.92	\$0.00	
Jun 23, 2021	Electric Bill	\$59.92	\$59.92	▼
Jun 4, 2021	Payment	-\$51.01	\$0.00	
May 24, 2021	Electric Bill	\$51.01	\$51.01	▼
May 4, 2021	Payment	-\$45.06	\$0.00	
Apr 23, 2021	Electric Bill	\$45.06	\$45.06	▼
Apr 9, 2021	Payment	-\$40.89	\$0.00	
Mar 24, 2021	Electric Bill	\$40.89	\$40.89	▼

Mar 1, 2021	Payment		-\$34.58	\$0.00	
Feb 23, 2021	Electric Bill		\$34.58	\$34.58	▼
Feb 1, 2021	Payment		-\$33.54	\$0.00	
Jan 25, 2021	Electric Bill		\$33.54	\$33.54	▼
Jan 1, 2021	Payment		-\$35.53	\$0.00	
Dec 22, 2020	Electric Bill		\$35.53	\$35.53	▼
Nov 26, 2020	Payment		-\$43.23	\$0.00	
Nov 23, 2020	Electric Bill		\$43.23	\$43.23	▼
Nov 1, 2020	Payment		-\$42.22	\$0.00	
Oct 23, 2020	Electric Bill		\$42.22	\$42.22	▼
Oct 1, 2020	Payment		-\$51.71	\$0.00	
Sep 24, 2020	Electric Bill		\$51.71	\$51.71	▼
Sep 3, 2020	Payment		-\$47.14	\$0.00	
Aug 25, 2020	Electric Bill		\$35.14	\$47.14	▼
Aug 3, 2020	Service Charge		\$12.00	\$12.00	