

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)

ANTHONY MELVIN DUTROW (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is ANTHONY MELVIN DUTROW.
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 _____ 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. 514.

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

5601 NW 2ND AVE, APT 505, MIAMI, FL 33127

which is my legal address, and I have resided continually at said address from the 24 day of MAY 2017 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

For the Period

360 NE 77th St
MIAMI, FL 33138

MARCH 2011 TO
MAY 2017

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

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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) (is not) registered to vote in any city, county or state of Miami as stipulated in subparagraph 3 above.

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

WALMART STORE # 4303
3200 NW 79th ST MIAMI, FL 33147

10. Affiant's occupation: CASHIER

Affiant's business telephone number(s): (305) 913-8439

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

MARCH 2018 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).

N/A
N/A

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:

1444 BISCAYNE BLVD, Suite 215, MIAMI, FL 33132
(305) 929-8966

Affiant's campaign treasurer's name:

CHARLES Guerra.

Affiant's campaign treasurer's address:

361 NW 35th. ST., MIAMI, FL 33127

Telephone numbers: (work) N/A

(home) 786-525-5051

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:

ANTHONY MELVIN DUTROW

SIGNED THIS 18 DAY OF September 2021

Anthony Melvin Dutrow
AFFIANT

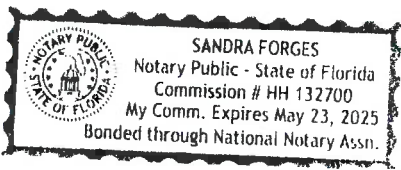
BEFORE ME, the undersigned authority, appeared Anthony Melvin Dutrow, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

[Signature]
CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)

- Did take an oath
- Produced identification

Type of identification produced: FL Driver License



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ANTHONY MELVIN DUTROW

MAILING ADDRESS :

5601 NW 2ND AVE, APT 505
MIAMI 33127 MIAMI-DADE

CITY : ZIP : COUNTY :

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR OF CITY OF MIAMI

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 |
|--------------------------|---|---|
| WALMART #4303 | 3200 NW 79th St. 33147 | RETAIL STORE |
| SOCIAL SECURITY | SSA, P.O. Box 2000, RICHMOND, CA. 94802 | SOCIAL SECURITY |

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 | N/A | N/A | 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 |
|--------------------|---|
| N/A | N/A |

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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 | 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 | 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, 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:

Anthony S. Destro

Date Signed:

9/18/2021

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.

**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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Candidate Oath

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

I, ANTHONY MELVIN DUTROW,

(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 MAYOR, _____, _____
(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): 117445999

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.]

DOO AN THON EE DEW TRO

X Anthony Melvin Dutrow (786) 362-4334 antelamas797@ATT.NET
Signature of Candidate Telephone Number Email Address

5601 NW 2ND AVE, APT 505 MIAMI, FL 33127
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

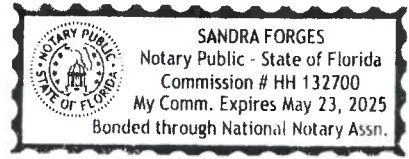
Sandra Forges
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 18th day of September, 2021

Personally Known OR Produced Identification

Type of Identification Produced: FL Driver License



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

I, ANTHONY MELVIN DUTROW, a candidate for the office of MAYOR 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.

Date: 9/18/2021

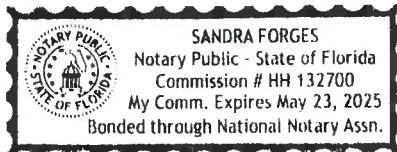
Anthony Melvin Dutrow
Signature of Candidate

Address: 5601 NW 2ND AVE, Apt 505

City: MIAMI State: FL Zip: 33127

The Affidavit of Financial Hardship is sworn to (or affirmed) and subscribed before me by physical or online presence, this 18th day of September 2021, by Anthony Melvin Dutrow.

Sandra Forges
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver License

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AFFIDAVIT OF FINANCIAL HARDSHIP
[Section 99.093(2), Florida Statutes]

I, ANTHONY MELVIN DUTROW, a candidate for the office of MAYOR do hereby certify, pursuant to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of \$ 970⁰⁰ 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.

9/18/2021
Date

Anthony Melvin Dutrow
Signature of Candidate

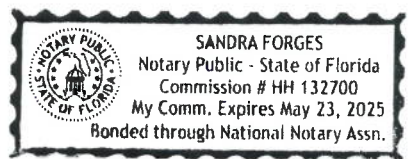
Address: 5601 NW 2ND AVE, APT 505,

City: MIAMI State: FL Zip: 33127

Sworn to (or affirmed) and subscribed before me this 18th day of September,

20 21 by Anthony Melvin Dutrow

Sandra Forges
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver License

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Voter Information Lookup

Please find your voter registration information below.

Full Name: **ANTHONY MELVIN DUTROW**
Street Address: **5601 NW 2ND AVE APT 505**
City: **MIAMI**
Zip Code: **33127**
County Name: **MIAMI-DADE**
Voter Identification Number: **117445999**
Date Of Registration: **4/7/2009**
Party: **No Party Affiliation**
Voter Status: **Active***

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*An active voter refers to a registered voter who is eligible to vote.

Access Ballot and Precinct Information available through your county Supervisor of Elections' (<https://dos.myflorida.com/elections/for-voters/check-your-voter-status-and-polling-place/voter-precinct-lookup/>) website.

[New Search \(/en/CheckVoterStatus\)](#)

Please email BVRSHelp@dos.myflorida.com (<mailto:BVRSHelp@dos.myflorida.com>) for website assistance.



Ron DeSantis, Governor
Laurel M. Lee, Secretary of State

FLORIDA
★ DIVISION OF ★
ELECTIONS

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Questions or comments? Contact Us
(<mailto:BVRSHelp@dos.myflorida.com>)

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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Florida Department of State

R.A. Gray Building
500 South Bronough Street
Tallahassee, Florida 32399-0001

Voter Assistance Hotline: 1.866.308.6663

Hours: Monday - Friday 8:00 AM - 5:00 PM (Eastern Time)

If hearing or speech impaired, please contact the Division using
Florida Relay Service (<https://www.ftri.org/relay/>), 1.800.955.8771 (TDD/VOIP)

1.800.955.8770 (Voice) or 1-800-955-1339 (ASCI)
1.877.955.8773 (español) a español