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OFFICE OF THE CITY CLERK

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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

F. M.E.
Marie Exantus Mckee (hereinafter "affiant"), being first duly sworn, deposes and says:

- 1. My name is Marie Exantus Mckee
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. 502.

I presently reside at the following address (must include zip code):
665 NE 83 Terrace Apt. 306 Miami, FL 33138
which is my legal address, and I have resided continually at said address from the 1 day of August, 2012 to the present.

Table with 2 columns: Prior Addresses, For the Period. Row 1: 665 NE 83 Terrace, Apt, 305 Miami, FL 33138; Aug 1, 2008 - Aug 1, 2012

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):
665 NE 83 Terrace Apt. 306 Miami, FL 33138

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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~~)^{me} 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:
n/a

10. Affiant's occupation: undergraduate student
Affiant's business telephone number(s): n/a

11. Affiant has been employed in the above-cited capacity for the following period of time:
3 years August 2019 - 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~~ ^{me} N/A

12. Affiant represents that he/she (is) (is ~~not~~)^{me} 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~~)^{me} 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:

665 NE 83 Terrace Apt. 306 Miami, FL 33138

786-923-6584 - me

Affiant's campaign treasurer's name:

Russell Mckee

Affiant's campaign treasurer's address:

665 NE 83 Terrace Apt. 306 Miami, FL 33138

Telephone numbers: (work) 786-873-7526

(home) 786-923-6584 - me

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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:

~~Marie Exantus Mckee~~ ^{me} MARIE FRANTZ EXANTUS

SIGNED THIS 14th DAY OF September, 2021.

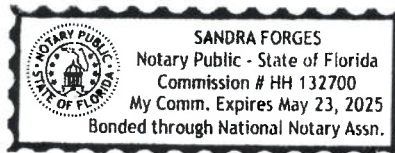


AFFIANT

BEFORE ME, the undersigned authority, appeared Marie Frantz Exantus,
who, after first being duly sworn, deposes and states that she executed the foregoing to the best of
her knowledge and belief.


CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: FL Driver License

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2020

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Exantus ^{Mc}McKee Marie Frantz

MAILING ADDRESS :

665 NE 83rd Terrace Apt. 306

CITY : ZIP : COUNTY :

Miami 33138 Dade

NAME OF AGENCY :

City of Miami ^{McKee}

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor 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
Sunshine Communication Services, Inc	59 Madeira Ave, Coral Gables, FL 33134	call center customer service rep

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
Chase Personal Checking <i>me</i>	<i>N/A me</i>

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
MOHELA student loans	633 Spirit Drive Chesterfield, MO 63005-1243

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")

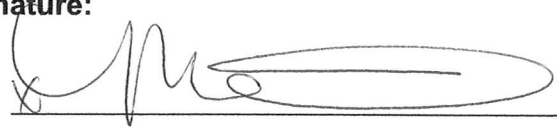
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	<i>N/A - me</i>	<i>N/A - me</i>
ADDRESS OF BUSINESS ENTITY	<i>N/A - me</i>	<i>N/A - me</i>
PRINCIPAL BUSINESS ACTIVITY	<i>N/A - me</i>	<i>N/A - me</i>
POSITION HELD WITH ENTITY	<i>N/A - me</i>	<i>N/A - me</i>
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>N/A - me</i>	<i>N/A - me</i>
NATURE OF MY OWNERSHIP INTEREST	<i>N/A - me</i>	<i>N/A - me</i>

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: 9/14/2021

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, ~~Marie Exantus McKee~~ MARIE FRANTZ EXANTUS *me*,

(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 of the City of Miami, _____, _____
(Office) (District #)

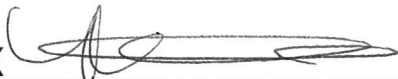
_____ ; I am a qualified elector of Miami-Dade _____ County, Florida;
(Circuit #) (Group or Seat #)

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): 102244336

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.]

~~mah-REE EX-ahn-tahs mah-KEE~~ MAH-REE FRANTZ EX-AHN-TAHS *me*

X 

(786) 923-6584

antidoteproductions@gmail.com

Signature of Candidate

Telephone Number

Email Address

665 NE 83rd Terrace Apt#306

Miami

Florida

33138

Address

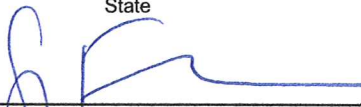
City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade



Signature of Notary Public

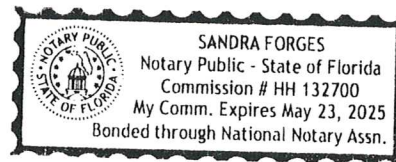
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 14th day of September, 2021.

Personally Known OR Produced Identification

Type of Identification Produced: FL Driver License



LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Marie F Exantus Mckee
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.

[Handwritten Signature]
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE
OFFICE OF Mayor

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

Marie Exantus Mckee *[Handwritten Signature]*

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of Mayor, 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.

[Handwritten Signature]
Signature of Candidate

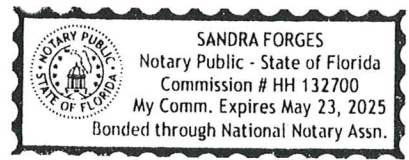
665 NE 83rd Terrace #306 Miami FL 33138
Address City State ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me by physical or online presence, this 14th day of September, 2021.

[Handwritten 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: FL Driver License



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


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, Marie Frantz Exantus, a candidate for the office of
please print your name
Mayor 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.


Signature

9/14/2021
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

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

I, Marie Exantus ~~McKee~~ *ME*, a candidate for the office of
Mayor of Miami do hereby certify, pursuant
to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
\$ 970.00 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.**

9/14/2021
Date

[Signature]
Signature of Candidate

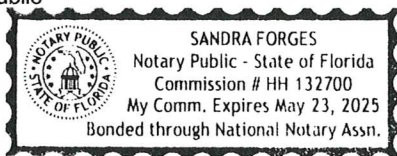
Address: 665 NE 83rd Terrace Apt. 306

City: Miami State: FL Zip: 33138

Sworn to (or affirmed) and subscribed before me this 14th day of September,

20 21 by Marie Frantz Exantus

[Signature]
Signature of Notary Public



Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Diver License

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[Vertical Stamp: RECEIVED 2021 SEP 14 PM 3:44 OFFICE OF THE CLERK]

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

I, MARIE Frantz EXANTUS, 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.

9/14/2021
Date

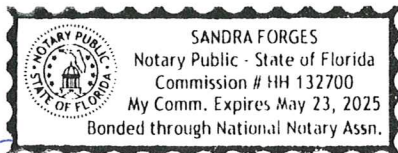
[Signature]
Signature of Candidate

Address: 665 NE 83rd Terrace APT #306

City: Miami State: FL Zip: 33138

The Affidavit of Financial Hardship is sworn to (or affirmed) and subscribed before me by physical or online presence, this 14th day of September 2021, by Marie ~~EX~~^{SP} Frantz Exantus.

[Signature]
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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REC'D



Voter Information Card
Miami-Dade County, FL

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

Marie Frantz Exantus
665 NE 83Rd Ter APT 306
Miami FL 33138

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME
04/09/21

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

102244336

Voting Location | Centro de Votación | Lokal Biwo Vòt
Legion Memorial Park
6447 NE 7 Ave

Precinct No.
Num. del Recinto
Nim. Biwo Vòt
502

Date of Birth
Fecha de Nacimiento
Dat Nesans
[REDACTED]

Registration Date
Fecha de Inscripción
Dat Enskripsyon
9/16/2002

Party Affiliation | Afiliación Partidista | Pati Politik

INDEPENDENT PARTY OF FLORIDA

Christina White

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud, puedo 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
Camara Estatal
Lachanm Eta
108

County Commission
Comisión del Condado
Komisyon Konte
3

School Board
Junta Escolar
Asanble Edikasyon
2

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
MIAMI DIST 5



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