

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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2021 SEP 17 PM 12:10

OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

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

- 1. My name is Francisco 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 _____ 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]

which is my legal address, and I have resided continually at said address from the 1st day of January 2000 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
<u>FP. 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:

FP. N/A

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

FP. N/A

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

FP. [Redacted]

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. FP.

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

FP. CSC LLC 759 N.W. 27 AVE MIAMI FL 33125

10. Affiant's occupation: SELF EMP. FP.

Affiant's business telephone number(s): 305 582 5279 FP.

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

12/2006 - PRESENT. FP.

(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. FP.

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointed 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. FP.

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. FP.

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 N.W. 27 AVE MIAMI FL 33125 F.P.
305 582 5279 F.P.

Affiant's campaign treasurer's name:

FR. DEBORAH
DEBBIE HOCH F.P.

Affiant's campaign treasurer's address:

757 N.W. 27 AVE MIAMI FL 33125 F.P.

Telephone numbers: (work) 305 776 4645 F.P.

(home) N/A F.P.

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:

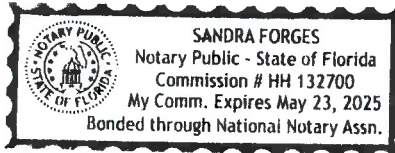
FRANCISCO "FRANK" PICHEL. F.P.

SIGNED THIS 17th DAY OF September, 2021.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, 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.

[Signature]
for CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: FL Driver License

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

AFFIDAVIT OF NICKNAME

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

BEFORE ME, the undersigned, personally appeared:

FRANCISCO PICHEL
(write legal name of candidate)

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: MAYOR OF MIAMI, FL.

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. F.P.L. LETTER.

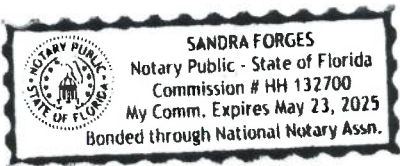
B. PROGRESSIVE AUTO INS. LETTER.

C. HEALTH INS LETTER.

FRANCISCO "FRANK" PICHEL
Printed / Typed Name of Affiant

[Signature]
Signature of Affiant

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization on this 17th day of September 2021.



[Signature]
Notary Public
Sandra Forges
Printed Name
May 23, 2025
My Commission Expires

Personally known or Produced Identification

Type of Identification Produced: FL Driver License



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OFFICE OF THE CITY CLERK
CITY OF MIAMI



00093***E:CRLOT**C-001
MR. FRANK P. PICHEL

146.2

Response Requested:	Within 30 Days
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RESPONSE REQUESTED

COVERED EXTERIOR COMPONENTS: Weatherhead, Riser, Insulator, Meter Base and Service Entrance Conductor

ATTN: Frank P. Pichel

We are following up to remind you about your responsibility and coverage that is available for your exterior electrical line.

Because certain exterior electrical components on your property, including the weatherhead, riser, insulator, meter base and service entrance conductor, belong to you, you are responsible for paying for any needed repairs to these components. Your exterior electrical system may weaken and break over time due to damage caused by normal wear and tear, including aging and ground shifting. Because these components on your property are rarely inspected, a failure is almost impossible to predict. In addition, both the materials used and the age of your components can affect the rate of deterioration.

Your property at 1363 NW 26th St. is not covered with Exterior Electrical Line Coverage from HomeServe. FPL Energy Services offers eligible homeowners this coverage. Without this *optional* coverage you may be faced with hundreds of dollars in bills to repair certain exterior electrical components on your property in the event of a breakdown. Receive up to \$3,000 annually (30-day waiting period includes full refund if cancelled within 30 days) with multiple service calls up to the benefit amount. You can avoid paying for the costs of covered repairs to your exterior electrical line for only \$2.49 per month — after an instant rebate of 50% per month for the first year.†

IMPORTANT

Take action to help protect your exterior electrical line and finances. Complete and return the enclosed form or call 1-844-848-0465.

VISIT: www.PlansforFPLES.com and enter promo code: EEFL PHONE: 1-844-848-0465	Please Reply: Within 30 Days
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†Savings as compared to renewal price. For more information about the instant rebate, see www.PlansforFPLES.com.

This *optional* coverage is offered by FPL Energy Services, Inc. (FPLES), Florida license #E099597, and not Florida Power & Light Company (FPL). FPLES is an unregulated subsidiary of FPL. The coverage is administered by HomeServe USA Repair Management (Florida) Corp. ("HomeServe"), Florida License #W220985, with corporate offices located at 601 Merritt 7, 6th Floor, Norwalk, CT 06851. The coverage is provided by ServicePlan of Florida, Inc., Home Warranty Assoc. #70033, 175 West Jackson Blvd., Chicago, IL 60604. *FPLES, HomeServe and ServicePlan of Florida, Inc. are each separate and independent companies.* This service plan is not provided by your local electric or water utility.

5917-2011-C907-383441

2100xZFZJ137xFLx_Ltr

2106_FZ_CL_EE

ARTURO J MOLINA
4888 NW 183 ST #207
MIAMI, FL 33055

PROGRESSIVE
AUTO

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Policy Number: [REDACTED]

Underwritten by:
Progressive American Insurance Co
April 4, 2021
Policy Period: Apr 20, 2021 - Oct 20, 2021

1-786-556-5210

ARTURO J MOLINA
Contact your agent for personalized service.

FRANK PICHEL
[REDACTED]



Renewal Reminder

Your auto insurance will expire
on April 20, 2021 at 12:01 a.m.

Thanks for being a Progressive customer since 2015; renew your policy today.

We recently sent the renewal policy information for your next policy period. Your payment is not due until April 20, but we don't want you to miss the opportunity to maintain continuous coverage.

Your current policy period ends April 20, 2021 at 12:01 a.m. This renewal offer is for the policy period April 20, 2021 through October 20, 2021. Your 6-month policy premium excluding billing fees and payment option discounts is ~~XXXXXX~~.

Choose a Payment Option:

PAY IN FULL

~~XXXXXX~~ Total Cost

Includes savings of \$902.00, plus you avoid interest charges!

PAY IN INSTALLMENTS

~~XXXXXX~~ Total Cost

Please see your payment schedule.

OR try Automatic Payments! Installment payments without the work—we'll process your payment for you *and* you could save! Get started at progressiveagent.com or call us at 1-800-876-5581.

Please see your payment schedule.


Continued

Payment Coupon

FRANK PICHEL

Policy Number: [REDACTED]

To avoid a lapse in coverage, your payment must be received or postmarked by 12:01 a.m. on April 20, 2021.

Please allow five to seven days for processing. Write your policy number on your check. Make check payable to Progressive American Insurance Co.



PROGRESSIVE
DEPT 0561
CAROL STREAM IL 60132-0561

What's Due & When

Renewal Payment | Due By: April 20, 2021

Pay in Full: ~~XXXXXX~~ includes savings of \$902.00

Pay initial installment: ~~XXXXXX~~





MERITAIN[®]
HEALTH

An Aetna Company

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

FRANK PICHEL
[REDACTED]

We can help...

Asthma

Chronic kidney disease

*Chronic obstructive
pulmonary disease (COPD)*

Chronic pain

Congestive heart failure

Coronary artery disease

Diabetes

High cholesterol

High blood pressure

[REDACTED]
06/29/2021

Dear FRANK PICHEL,

Taking steps to improve your health is something you do not have to do alone. As an eligible participant of Fraternal Order of Police Miami Lodge 20 Ins.Trust, we welcome you to the Nurse Health Coaching program. Based on your individual health needs, the program is designed to work with you to set and achieve goals with the guidance and personal support of a Registered Nurse.

Improving daily lifestyle changes may be a difficult journey, especially to individuals living with health conditions. As part of your health care benefit, you are eligible to participate in the Nurse Health Coaching program addressing the conditions to the right.

It is important to know this is not a confirmation of condition or diagnosis, but an opportunity to work one-to-one with a Registered Nurse by phone as needed. Only your doctor, working with you, can identify your conditions and select the best care. Your Nurse Health Coach will work in partnership with your physician(s) and the Nurse Health Coaching program can be a supplemental resource to help you become your healthiest.

Nurse Health Coaching is available at no cost to you as part of your health plan benefits, and your information is kept **confidential and private**. Some of the many features of this program include assistance from your Nurse Health Coach to

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 :

Pichel Francisco "Frank"

MAILING ADDRESS :

757 NW 27 Avenue

Suite 205

CITY :

Miami

ZIP :

33125

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Mayor

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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 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 *FP.* 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
City Pension	1895 SW 3rd Avenue	Pension
Claim Specialist Consulting, LLC	757 NW 27 Avenue	P.A.
SIPS LLC	757 NW 27 Avenue	P.I.

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")

Protected under Fl. State Statute

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.

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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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
MAYOR OF MIAMI in MIAMI-DADE,
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

9/18/21

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

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	

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
ADDRESS OF BUSINESS ENTITY	SAME AS LISTED ABOVE N/A	
PRINCIPAL BUSINESS ACTIVITY	FR.	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI


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:

9/14/21

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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2021 SEP 17 PM 12:11

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 MAYOR 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): 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.]

N/A EP.

X [Signature] _____ FRANKP@CSCLLCS.COM
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

STATE OF FLORIDA

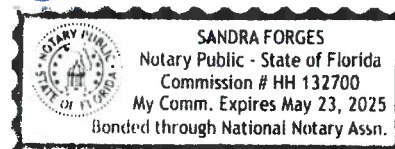
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 17th day of September, 2021.

Personally Known OR Produced Identification

Type of Identification Produced: FL Driver License

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



LOYALTY OATH
RECEIVED

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

2021 SEP 17 PM 12:11

I, FRANCISCO
First Name

OFFICE OF THE CITY CLERK
CITY OF MIAMI
Middle Initial

PICHEL. F.P.
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 MAYOR

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

FRANCISCO "FRANK" PICHEL. F.P.

(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.

[Signature]
Signature of Candidate

[Redacted] [Redacted] [Redacted] [Redacted]
Address City State ZIP Code

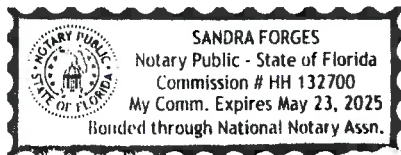
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me by physical or online presence, this 17th day of September, 2021.

[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: FL Driver License



FRANCISCO PICHEL.
CAMPAIGN FUND.
1757 NW 27 AVE
MIAMI, FL 33125

63-215/631

98

DATE September 17, 2021

© SECURE WALLET OR DUPLICATE

PAY TO City of Miami \$ 1,070.00
THE ORDER OF
One-Thousand Seventy ⁰⁰/₁₀₀ DOLLARS



ACH RT 061000104

MEMO Qualifying fee

Deborah Eckert MP



SPECIALTY BLUE



City of Miami OFFICIAL RECEIPT

No. **505816**

\$ 1,070.00 Sales Tax \$ — Total \$ 1,070.00

Date: 09 | 17 | 2021

One thousand and seventy ⁰⁰/₁₀₀ Dollars

Received from: Francisco Pichel

Address: 1757 NW 27 Ave Miami FL 33125

For: Qualifying - Mayor

Reference No: Check NO. 98

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: Elections

C FN/TM 402 Rev. 03/03

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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI



Voter Information Card
Miami-Dade County, FL

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

Francisco Pichel

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

ISSUED

ENPRIME

09 10

Bring photo identification
when voting.

Para votar, presente una
identificación con foto, gratis.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w ap vin vote.

Registration No.
Num. de Inscripción
Nim. Enskripsyon

109186086

Voting Location | Centro de Votación | Lokal Biwo Vot

Homestead Elementary School
1220 NW 18 Ave

Precinct No.

Num. del Distrito

Nim. Biwo Vot

980

Date of Birth

Fecha de Nacimiento

Dat Nesans

Registration Date

Fecha de Inscripción

Dat Enskripsyon

1/19 2

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Supervizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
W elijib pou w vote pou representan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè

24

State Senate
Senado Estatal
Sena Eta a

40

State House
Cámara Estatal
Lacham Eta a

100

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

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FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

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FRANCISCO PICHEL

2021 SEP 17 PM 4: 08

OFFICE OF THE CITY CLERK
CITY OF MIAMI

Hello Francisco Pichel,
Here's what you owe for this billing period.

Amount of your last bill	\$187.34
Payments	-\$187.34
New charges due by Oct 29, 2019	\$237.05
Total amount you owe	\$237.05

FPL automatic bill pay - DO NOT PAY

Amount of your last bill	187.34
Payment received - Thank you	-187.34
Balance before new charges	\$0.00
NEW CHARGES	
Rate: RS-1 RESIDENTIAL SERVICE	
Customer charge:	\$8.28
Non-fuel: (First 1000 kWh at \$0.066850) (Over 1000 kWh at \$0.077400)	\$140.46
Fuel: (First 1000 kWh at \$0.022270) (Over 1000 kWh at \$0.032270)	\$52.96
Electric service amount	201.70
Gross receipts tax	5.17
Franchise charge	12.22
Utility tax	17.96
Taxes and charges	35.35
Total new charges	\$237.05
Total amount you owe	\$237.05

Oct 8, 2019 Electric Bill

For: Sep 7, 2019 to Oct 8, 2019 (31 days)

Service Address



FRANKP@CSCLLCS.COM

Account Number [Redacted]

Questions? Contact Us

Reliable energy is affordable energy.
Learn how we save you money at fpl.com/savings

Meter Summary

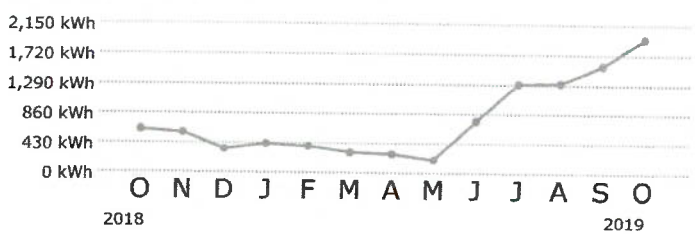
Meter reading - Meter ACD0332 Next meter reading Nov 6, 2019
Current reading 43769
Previous reading -41818

kWh used 1951

Energy Usage Comparison

	This Month	Last Month	Last Year
Service to	Oct 8, 2019	Sep 7, 2019	Oct 8, 2018
kWh Used	1951	1564	627
Service days	31	31	31
kWh/day	63	50	20
Amount	\$237.05	\$187.34	\$74.76

Energy Usage History



Keep In Mind

- Payments received after October 29, 2019 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after October 19, 2019. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.
- The Florida Public Service Commission is reviewing a one-time refund related to the storm charge that would apply to your November bill. Learn more: FPL.com/rates

Activate your FPL Energy Analyzer

Learn how your home uses energy and lower your bill, with customized tips on ways to save!
[Analyze Your Home](#)

Can you dig it?

Call 811 before reaching for a shovel to protect yourself from unintentionally hitting underground power lines.
[See the rules](#)

Useful Links

- [Billing and service details](#)
- [Energy News](#)
- [View back of the bill](#)

Important Numbers

- Customer Service: (305) 442-8770
- Outside Florida: 1-800-226-3545
- To report power outages: 1-800-4OUTAGE (468-8243)
- Hearing/speech impaired: 711 (Relay Service)



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Hello Francisco Pichel,
Here's what you owe for this billing period.

OFFICE OF THE CITY CLERK
CITY OF MIAMI

Electric Bill Statement

For: Aug 9, 2021 to Sep 8, 2021 (30 days)

Statement Date: Sep 8, 2021

Account Number: [REDACTED]

Service Address: [REDACTED]

CURRENT BILL

\$174.05

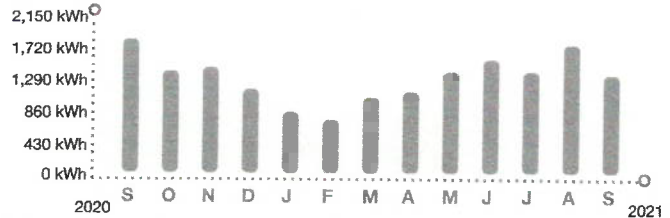
TOTAL AMOUNT YOU OWE

Sep 29, 2021

NEW CHARGES DUE BY

Receive predictable bills all year. Enroll in FPL Budget Billing®. FPL.com/BB

ENERGY USAGE HISTORY



KEEP IN MIND

- Payments received after September 29, 2021 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after September 19, 2021. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.

BILL SUMMARY

Amount of your last bill	233.39
Payments received	-233.39
Balance before new charges	0.00
Total new charges	174.05
Total amount you owe	\$174.05

FPL automatic bill pay - DO NOT PAY

(See page 2 for bill details.)

Customer Service: (305) 442-8770
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)
Hearing/Speech Impaired: 711 (Relay Service)



/ 3* FPL AUTOMATIC BILL PAY - DO NOT PAY *

The amount enclosed includes the following donation:
FPL Care To Share: _____

Make check payable to FPL in U.S. funds and mail along with this coupon to:

FRANCISCO PICHEL

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Visit FPL.com/PayBill for ways to pay.

[REDACTED] ACCOUNT NUMBER

\$174.05 TOTAL AMOUNT YOU OWE

Sep 29, 2021 NEW CHARGES DUE BY

\$ Auto pay - DO NOT PAY AMOUNT ENCLOSED