

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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2021 SEP 17 PM 4: 52

OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Jeffrey Watson (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Jeffrey Watson.
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. 518.

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

43 NW 39 Street Miami, FL 33127

which is my legal address, and I have resided continually at said address from the 23 day of April 1997 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

N/A

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:

54 NW 40 Street, Miami, FL 33127

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

54 NW 40 Street, Miami, FL 33127

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 other than as stipulated in subparagraph 3 above.

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

Jeffrey Watson, Self-employed

54 NW 40 Street, Miami, FL 33127

10. Affiant's occupation: Economic Development Consultant

Affiant's business telephone number(s): 202.573.4890

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

~~6 years~~ 4/15 to present

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(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

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:

3634 Grand Avenue, Miami, FL 33133

305-930-1088

Affiant's campaign treasurer's name:

Liana Rivera

Affiant's campaign treasurer's address:

2101 SW 76 Avenue, Miami, FL 33155

Telephone numbers: (work)

202.573.4890

(home)

305 753-1483

NA

210 NW 43rd St
Miami, FL 33127

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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: Jeffrey Watson

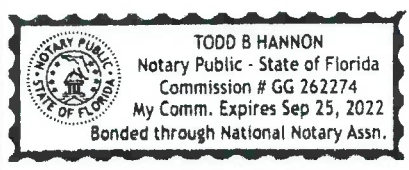
SIGNED THIS 17th DAY OF September, 2021.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, appeared Jeffrey Watson, 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 :
WATSON, JEFFREY

MAILING ADDRESS :
3500 PAN AMERICAN DR

CITY : MIAMI, FL ZIP : 33133 COUNTY : MIAMI-DADE

NAME OF AGENCY :
MIAMI, MAYOR AND CITY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COMMISSIONER, DISTRICT 5

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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CITY OF MIAMI

****** THIS SECTION MUST BE COMPLETED ******

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

MANNER OF CALCULATING REPORTABLE INTERESTS:
FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):
 COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
JEFFREY WATSON CONSULTING	54 NW 40TH ST	ECONOMIC DEVELOPMENT CONSULTING

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
THE NOW CORP		1100 NE 45TH ST OAKLAND PK 33334	BIO PHARMACEUTICAL RESEARCH ADVOCACY SCIENCE OF CANNIBAS RESEARCH

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

1460 NW 51ST STREET (WE CLOSED)

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
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.

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PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions) (If you have nothing to report, write "none" or "n/a")		OFFICE OF THE CITY CLERK CITY OF MIAMI	2021 SEP 17 PM 4:53	RECEIVED
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
CASH ON HAND	JEFFREY WATSON			
LOAN RECEIVABLE	JEFFREY WATSON			
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")				
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	TLDS ENTERTAINMENT GROUP, INC			
ADDRESS OF BUSINESS ENTITY	8194 GLADES RD BOCA RATON 33434			
PRINCIPAL BUSINESS ACTIVITY	TECHNOLOGY - DIGITAL STREAMING PRODUCTS			
POSITION HELD WITH ENTITY	BOARD MEMBER			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES			
NATURE OF MY OWNERSHIP INTEREST	STOCK			
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.				
<input checked="" type="checkbox"/> 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 <input type="checkbox"/>				
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY		
Signature: 		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.		
Date Signed: 7/1/21		CPA/Attorney Signature: _____ Date Signed: _____		
FILING INSTRUCTIONS:				
<p>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.</p> <p>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. <u>Do not email your form to the Commission on Ethics, it will be returned.</u></p> <p>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. <u>Do not file by both mail and email. Choose only one filing method.</u> Form 6s will not be accepted via email.</p>		<p>Candidates file this form together with their filing papers.</p> <p>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.</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.</p>		

COMMISSIONER JEFFREY WATSON

Part D - continued

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Type of Intangible

Business Entity to which
the Property Relates

Ownership Interest
TLDE

Jeffrey Watson

Household / Personal
Effects

Jeffrey Watson

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Commissioner Jeffrey Watson

Statement of Financial Interests FORM 1 (cont'd)

Additional boards to be included with my 2020 Statement of Financial Interests FORM 1:

Name of Office or Position held or sought:

- Southeast Overtown/Park West Community Redevelopment Agency
- Omni Community Redevelopment Agency
- Midtown Community Redevelopment Agency

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LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Jeffrey Watson
First Name Middle Initial Last Name

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CITY OF MIAMI

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

[Signature]
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF City of Miami Commissioner, District 5

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

Jeffrey Watson

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of City Commission District 5, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

[Signature]
Signature of Candidate

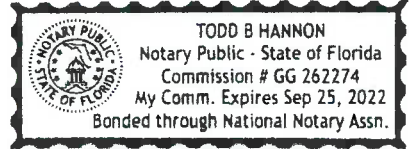
43 NW 39 Street Miami FL 33127
Address City State ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 17 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



Jeffrey Watson Campaign
3634 Grand Avenue
Miami, FL 33133

Regions Bank
3516 Main Hwy
Coconut Grove, FL 33133
(786) 637-6120

63-466

631

1002

DATE September 17, 2021

Reference:

PAY City of Miami \$ 582.00

five hundred eighty two /100 DOLLARS

TO THE
ORDER
OF

Memo _____

Gianar Rivera

THIS DOCUMENT HAS A GRADUATED BACKGROUND. DARK TO LIGHT. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

Jeffrey Watson Campaign
3634 Grand Avenue
Miami, FL 33133

Regions Bank
3516 Main Hwy
Coconut Grove, FL 33133
(786) 637-6120

63-466

631

1003

DATE September 17, 2021

Reference:

PAY City of Miami \$ 100.00

one hundred /100 DOLLARS

TO THE
ORDER
OF

Memo _____

Gianar Rivera

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City of Miami
OFFICIAL RECEIPT

No. 50818

Date: 09/17/2021

\$ 682.00 Sales Tax \$ _____ Total \$ 682.00

Six hundred and eighty two /100 Dollars

Received from: Jeffrey Watson Campaign

Address: 3634 Grand Avenue Miami FL 33133

For: Qualifying Commissioner DS Reference No: check NDS 1002 & 1003

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

