

CITY OF CORAL GABLES  
CERTIFICATE OF QUALIFICATION FEB 25 AM 9:08  
GENERAL BIENNIAL ELECTION  
APRIL 13, 2021

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

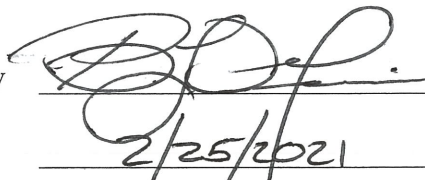
I hereby certify that Rhonda Anderson has filed in **Group II** as a candidate for the **Office of Commissioner** in the City of Coral Gables General Biennial Election to be held on April 13, 2021, and he/she has paid the Qualifying Fee and Election Assessment and has also submitted the documents listed herein below:

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | City Qualifying Filing Fee for seat on Commission*   | \$200.00 |
| <input type="checkbox"/>            | State Assessment Fee for Mayor Group I<br>(Municipal Candidates; Elections Assessment)<br><i>One (1) percent of the annual salary<br/>\$40,761) of the office sought</i>           | \$407.61 |
| <input checked="" type="checkbox"/> | State Assessment Fee for Commissioner Group II<br>(Municipal Candidates; Elections Assessment)<br><i>One (1) percent of the annual salary<br/>\$33,121) of the office sought</i>   | \$331.21 |
| <input type="checkbox"/>            | State Assessment Fee for Commissioner Group III<br>(Municipal Candidates; Elections Assessment)<br><i>One (1) percent of the annual salary (\$33,121)<br/>Of the office sought</i> | \$331.21 |
| <input checked="" type="checkbox"/> | Form 1: Statement of Financial Interests (2020)  |          |
| <input checked="" type="checkbox"/> | Loyalty Oath / Oath of Candidate   |          |
| <input checked="" type="checkbox"/> | Biography / Resume   |          |
| <input type="checkbox"/>            | Designation of Campaign Depository/ Appointment of Campaign Treasurer Form,<br>Qualified Elector, Citizenship and Residency affirmation form                                       |          |

2021 FEB 25 AM 9:08

- Declaration of Candidate Intent
- Statement of Candidate
- Proof of Residency
- Proof of Citizenship
- Acknowledgement by Candidates covered by the Mandatory Provision of the Miami-Dade Ethical Campaign Practices Ordinance
- Voluntary Statement of Campaign Practices
- Letter of Resignation (If applicable in Accordance with Resign to Run Law)

Received by

  
\_\_\_\_\_

Date:

2/25/2021

Billy Y. Urquia  
Supervisor of Elections for  
Coral Gables, Florida

Sworn to and subscribed before me this 25<sup>th</sup> day of FEBRUARY, 2021.

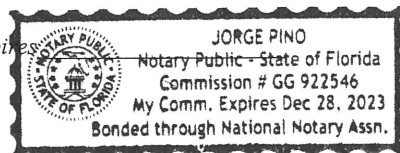
Personally known

Or Produced Identification \_\_\_\_\_

Notary Public – State of Florida

\_\_\_\_\_  
(Type of Identification)

My commission expires



\_\_\_\_\_  
(Printed, typed, or stamped  
Commission Name of Notary Public)

\*Note: If candidate cannot pay the filing fee of \$200.00 then candidate has to fill out Undue Burden Oath: Filing Fee Form.

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 :

RHONDA ANNE ANDERSON

MAILING ADDRESS :

2715 Hernando Street

CITY : ZIP : COUNTY :

Coral Gables 33134 Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK ONLY IF [X] 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):

[X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Rhonda A. Anderson, P.A., 2655 LeJeune Road, Ste 540, Coral Gables, Practice of Law.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: Not applicable.

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

None other than primary residence

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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [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
Annuity	Prudential
Life Insurance	Lincoln Financial and Northwestern Mutual

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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

**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")

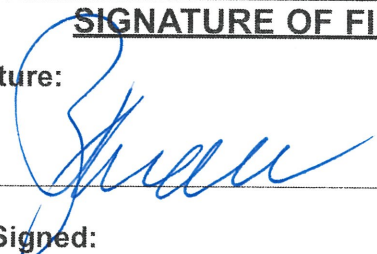
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	No interest is held on the types of	entities described in the
PRINCIPAL BUSINESS ACTIVITY	instructions.	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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 on 09/27/2019

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature: 

Date Signed: 02/19/2021

**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, Rhonda A. Anderson

(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 Commissioner,  
(Office) (District #)

II ; I am a qualified elector of Coral Gables, 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): 108969704

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.]

Ron-da An-der-son

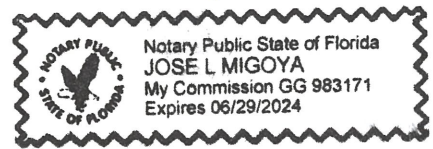
X [Signature] (305) 567-3004 randersonlaw@gmail.com  
Signature of Candidate Telephone Number Email Address

2715 Hernando Street Coral Gables FL 33134  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 19  
day of February, 2021.



Personally Known:  or Produced Identification: \_\_\_\_\_  
Type of Identification Produced: Known

CURRICULUM VITAE  
RHONDA A. ANDERSON

FEB 25 AM 9: 08

## EXPERIENCE

1987 TO DATE

### ATTORNEY, RHONDA A. ANDERSON, P.A.

Civil and criminal trial and appellate practice. Admitted or practiced *pro hac vice* before the following courts:

- United States Supreme Court
- Supreme Court of the State of Florida
- United States Court of Appeals in the Fourth, Fifth, Seventh and Eleventh Circuits.
- United States District Courts for the Western District of Arkansas, Central and Northern Districts of California, Middle and Southern Districts of Florida, Northern District of Georgia, Northern District of Maryland, Northern District of Mississippi, Northern and Southern Districts of New York, Northern and Eastern Districts of North Carolina, Western and Southern Districts of Texas, Western District of Virginia, Eastern District of Washington and Eastern District of Wisconsin.
- United States Tax Court and United States Court of International Trade

## EDUCATION

J.D., NOVA LAW SCHOOL - 1987

B.A., ENGLISH (Major), ECONOMICS (Minor), UNIVERSITY OF MIAMI - 1984

## CURRENT & PAST AREAS OF LAW PRACTICE:

- Business Regulatory Matters and Contracts
- International Trade and Customs
- Financial Regulatory Matters involving FINRA and CFTC
- Patent and Trademark Litigation
- ADA Compliance for Individuals with Disabilities
- Civil Litigation and Mediation
- Asset Forfeiture
- Tobacco Regulatory Compliance
- Criminal Defense and Post-Conviction Relief
- Federal Tort Claims

## VOLUNTEER BOARDS, COMMITTEES & ORGANIZATIONS

- Coral Gables Planning and Zoning Board Member, June 2018 to October 2020
- Coral Gables Sustainability Board Member, 2017 to May 2018
- Coral Gables Public Safety Commission, 2008-2009
- LeJeune Segovia Homeowner's Association, 2005 to 2020 (See attached Community Involvement Timeline for description of projects)
- Florida Bar Voluntary Bar Liaison Committee, 2014 to 2018
- Coral Gables Garden Club, 2019 to date
- Junior League of Miami, 2020 to date

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# Community Involvement Timeline

## 2004-2005

- Required Developer to pay for Segovia median.
- Required Developer to pay for traffic calming & drainage.

## 2008-2009

**Served on Coral Gables Public Safety Commission.**

## 2015-2016

- Reduced density from 103 to 39 units – Villa Valencia.
- Reduced FAR <sup>1</sup> – Villa Valencia.
- Obtained Developer Funded 7,500 sq. ft. Public Park.
- Required Street & Intersection Improvements.
- Prevented Removal of Specimen Oaks on Almeria.

## 2017-2019

- Increased sidewalk space on "as of right" construction project on LeJeune.

**Served on Coral Gables Sustainability Board:**

- Pushed the City to Stop Using Glyphosate in parks and city property.
- Participated in the City's Bloomberg Project submission (micro grid for public safety building).
- Created educational materials on recyclable and non-recyclable materials.
- Pursued Septic to Sewer funding sources.

## 2019-2020

**Served on Planning & Zoning Board:**

- Listened to and read all resident comments and requests.
- Requested earlier Notice to Residents.
- Requested electronic Notice to Residents.
- Opposed 7-story hotel, without on-site parking, on Miracle Mile.
- Required compliance with Zoning & ADA Codes.
- Required compliance with Parking Code and parking needs of neighborhoods that exceeded the Code.
- Requested wider sidewalks in new developments unobstructed with poles and benches.
- Requested greater set-backs on townhouses.
- Requested preservation of healthy specimen trees.
- Requested Open and Green Space in projects shaded with trees.
- Requested comprehensive traffic impact study with proportional financial contribution by developers for Crafts Section proposed zoning changes, rather than the standard one-project at a time approach that fails to capture the total traffic impact.

<sup>1</sup> FAR (Floor area ratio) is the measurement of a building's floor area in relation to the size of the lot/parcel that the building is located on. FAR is expressed as a decimal number, and is derived by dividing the total area of the building by the total area of the parcel of land.

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**2021 GENERAL BIENNIAL ELECTION**  
**DECLARATION OF CANDIDATE INTENT,**  
**QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION**

**State of Florida**

**County of** Miami-Dade

**City of** Coral Gables

I, Rhonda A. Anderson, a qualified elector and resident of Coral Gables,

declare that I have been a continuous Coral Gables resident for at least a year proceeding the qualifying period.

I further declare that I am a candidate for Commission II,  
(Office) (Group Number)

in the General Biennial Election of April 13, 2021, and do hereby file my intent to run in  
(Month/Date/Year)

said election, and to pay the required qualification fee and election assessment in connection with same. (Attach proof of residency and qualified elector documentation).

**UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE READ THE  
FOREGOING DECLARATION OF INTENT FORM AND THAT THE FACTS STATED  
ARE TRUE.**

  
\_\_\_\_\_  
SIGNATURE

2/19/2021  
\_\_\_\_\_  
DATE



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# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Rhonda A. Anderson,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

02/19/2021

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

DECLARATION AND FIRST AMENDMENT WAIVER  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

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**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

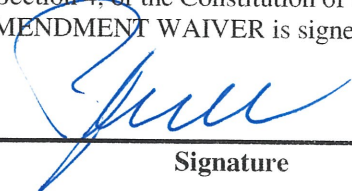
1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

**BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO**

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Rhonda A. Anderson, a candidate for the office of  
please print your name  
Commissioner in Coral Gables, Miami-Dade County,  
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x   
 Signature

2/19/2021  
 Date

**Dacosta, Susan**

**From:** Gonzalez, Sandra <Sandra.Gonzalez@fpl.com>  
**Sent:** Tuesday, January 26, 2021 4:45 PM  
**To:** Dacosta, Susan  
**Cc:** Maestri, Hector; Kim Sanders; Urquia, Billy  
**Subject:** RE: FPL Letter of Authorization - City of Coral Gables Election/ Rhonda Anderson

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**CAUTION:** External email. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

Thank you for your recent request for a letter of residence verification. Our records indicate that the account at 2715 HERNANDO ST is currently under the name of G EDWARD ANDERSON. This account was established on 01/02/87 . Should you have any questions regarding this matter, please do not hesitate to contact us at 1-844-893-9892.

Thank you,  
**Sandra Gonzalez**  
Florida Power & Light Company  
TEL: 844-893-9892

**PLEASE REPORT ANY POWER EMERGENCIES (24/7) BY CONTACTING 1-800-4-OUTAGE**

Visit the new **FPL Project Portal** at [FPL.com/construction](https://www.fpl.com/construction) to manage your FPL Residential/Commercial construction projects. Get information on construction services and project types, apply for your construction project, track project milestones, manage your project team and more.

**THERE'S AN APP FOR THAT!**

**APPLE:** <https://itunes.apple.com/us/app/fpl/id1237328534?mt=8>

**SAMSUNG:** <https://play.google.com/store/apps/details?id=com.nee.fpl&hl=en>

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City of Coral Gables  
City Clerk  
(305) 460-5351

014860-0002 Cynthia G 02/25/2021 09:01AM

**NOC**

Payment Tran Code: NOC,  
Lobbyists, Records and  
Notary Services (NOC)  
Description: Election  
Qualifying - Rhonda  
Anderson  
NOC, Lobbyists, Records  
and Notary Servi  
2021 Item: NOC  
NOC, Lobbyists, Records  
and Notary Services  
(NOC)

531.21

531.21

Subtotal  
Total

531.21  
531.21

CHECK  
Check Number

531.21

Change due

0.00

Paid by: Rhonda Anderson

CUSTOMER COPY

Intuit® CheckLock™ Secure Check

Details on Back

PINK COPY DISAPPEARS UNDER UV LIGHT

MP

Feb. 19, 2021

\$ 531.21

DOLLARS

CITY NATIONAL BANK OF FLORIDA  
2655 LeJeune Road  
Coral Gables, FL 33134  
63-436/660

G. EDWARD ANDERSON &  
RHONDA A. ANDERSON  
2715 Hermando Street  
Coral Gables, FL 33134-5707

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

PROTECTED AGAINST FRAUD

PINK COPY DISAPPEARS UNDER UV LIGHT

MEMO

© 2014 INTUIT INC. # 2339 1-800-433-8810

PAY TO THE ORDER OF  
*City of Coral Gables*  
*Five Hundred Thirty-one and 2/100*

*Rhonda A. Anderson*

Qualifying Fee - Rhonda A. Anderson - Groups II