

CITY OF CORAL GABLES
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OFFICE OF THE CITY CLERK

2021 FEB 26 AM 10: 21

- 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 _____

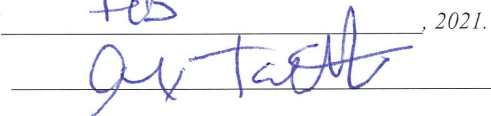


Date: _____

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

Sworn to and subscribed before me this 26th day of Feb, 2021.

Personally known _____

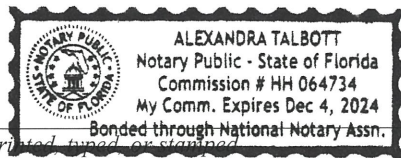


Or Produced Identification _____

Notary Public – State of Florida

(Type of Identification)

My commission expires _____


ALEXANDRA TALBOTT
Notary Public - State of Florida
Commission # HH 064734
My Comm. Expires Dec 4, 2024
Bonded through National Notary Assn.
(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 :

Keon, Patricia Ann

MAILING ADDRESS :

60 Edgewater Drive, Apt. 11A

Coral Gables 33133

Miami Dade County

CITY :

ZIP :

COUNTY :

City of Coral Gables

NAME OF AGENCY :

Mayor

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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
Cisneros Ventures LLC	2020 Ponce de Leon Blvd, PH2, Coral Gable	Technology & Media
Finsler Corporation	700 NW 1st Ave Suite 1700 Miami, FL	Media

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
none			

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

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")

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Investment portfolio	Diversified
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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
none	

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	none	
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Dalicia Kean

Date Signed:

2/26/2021

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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OFFICE USE ONLY

Candidate Oath

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

I, Patricia "Pat" Keon

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Mayor, _____, _____
(Office) (District #)
_____, mayor; I am a qualified elector of Miami Dade County 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): 108901938

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.]
Patricia Keon

X Patricia Keon (305) 6664148 patkeon@aol.com
Signature of Candidate Telephone Number Email Address

60 Edgewater Drive Apt. 11A Coral Gables FL 33133
Address City State ZIP Code

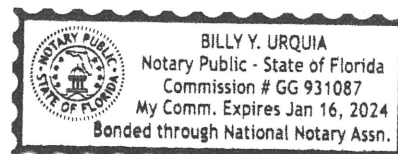
STATE OF FLORIDA
COUNTY OF Miami-Dade

Billy Y. Urquia
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 26th
day of February, 2021.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



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Biography/Resume

Bio. Info: Patricia Keon

I moved to Coral Gables from New York City when my husband was offered a job in Miami in 1973. We have 3 sons, now 44, 42 and 36.

I have a Bachelor of Science in Nursing (BSN) from Barry Collage (1970) and worked at NYU Medical Center in NYC from 1970 to 1974 and at Jackson Memorial Hospital as a head nurse on a medical floor and later in Nursing Research and Development from 1974 to 1976 when my first son was born.

When my boys were grown, I went back to school and earned a Master's in Public Administration from FIU (1999) and worked as a policy aide to Miami Dade County Commissioner Jimmy Morales from 1999 until he left office in 2004.

I have been active in many civic and professional organizations over the years. In the City of Coral Gables, I chaired the Recreation Advisory Board and spearheaded the redevelopment of our City Youth Center. I also served on the Code Enforcement Board, Citizens Panel on Street Closure, Senior Citizens Advisory Board, Board of Adjustment, Code Enforcement Board, City Manager Selection Committee and the Planning and Zoning Board.

My husband died suddenly and unexpectedly in 2008. What I thought the last third of my live would be was no more. Public service had always been a passion and I decided to run for a City of Coral Gables Commission seat. I was elected to office in April 2013 and again in April 2017. As much as I have given as a public servant the community has given back to me.

Organizations I have contributed my time and service:

Women's Cancer Association

Cystic Fibrosis Foundation

Greater Miami Tennis Foundation

Dade County School's Citizens' Advisory Panel for Children with Learning Disabilities

Coral Gables Elementary School PTA, president and board member

C.W. Carver Elementary School, board member

Sunset Elementary PTA, Spanish International Parents' Association

Parents' Association, Ransom Everglades School

League of Women Voters

Red Cross

CHARLEE Homes for Children

Dean's Advisory Board of the School of Education Arts and Science at FIU

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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, PATRICIA KEM 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 Mayor (Office) _____ (Group Number)

in the General Biennial Election of 4/13/2021 (Month/Date/Year), and do hereby file my intent to run in

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.

Patricia Kem
SIGNATURE

2/26/2021
DATE

Dacosta, Susan

From: Gonzalez, Sandra <Sandra.Gonzalez@fpl.com>
Sent: Monday, January 25, 2021 11:46 AM
To: Dacosta, Susan
Cc: Maestri, Hector; Kim Sanders; Urquia, Billy
Subject: FPL Letter of Authorization - City of Coral Gables Election/ PATRICIA A KEON

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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 morning,

Thank you for your recent request for a letter of residence verification. Our records indicate that the account at 60 EDGEWATER DR APT 11A is currently under the name of PATRICIA A KEON. This account was established on 05/20/03. 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

014874-0002 Cynthia G 02/26/2021 10:20AM

NOC

Payment Tran Code: NOC,
Lobbyists, Records and
Notary Services (NOC)
Description: Election
Qualifying - Patricia
Keon

NOC, Lobbyists, Records
and Notary Servi
2021 Item: NOC
NOC, Lobbyists, Records
and Notary Services
(NOC)

607.61

607.61

Subtotal
Total

607.61
607.61

CHECK

Check Number

607.61

Change due

0.00

Paid by: Patricia Keon

CUSTOMER COPY

63-215/631

PATRICIA A KEON
CAMPAIGN ACCOUNT
60 EDGEWATER DR. APT 11A
CORAL GABLES, FL 33133

DATE

2/26/2021

City of Coral Gables

\$607.61

Heat
Reactive
Ink

DOLLARS

Pay to the order of
City of Coral Gables



STERLING GENTLY HIGH SECURITY



SUNTRUST

ACH RT 061000104

MEMO

Patricia A Keon

MP

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND MICR MARKS. DETAILS ON BACK.