

CITY OF CORAL GABLES
CERTIFICATE OF QUALIFICATION
GENERAL BIENNIAL ELECTION
APRIL 13, 2021

FEB 26 AM 11: 47

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

I hereby certify that Phillip Mitchell has filed in Group III 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
(Municipal Candidates; Elections Assessment)
<i>One (1) percent of the annual salary
\$40,761) of the office sought</i> | \$407.61 |
| <input type="checkbox"/> | State Assessment Fee for Commissioner Group II
(Municipal Candidates; Elections Assessment)
<i>One (1) percent of the annual salary
\$33,121) of the office sought</i> | \$331.21 |
| <input checked="" type="checkbox"/> | State Assessment Fee for Commissioner Group III
(Municipal Candidates; Elections Assessment)
<i>One (1) percent of the annual salary (\$33,121)
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 checked="" type="checkbox"/> | Designation of Campaign Depository/ Appointment of Campaign Treasurer Form,
Qualified Elector, Citizenship and Residency affirmation form | |

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- 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

[Signature]

Date:

2-26-2021

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

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

Personally known _____

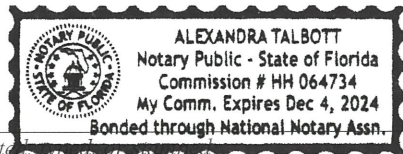
[Signature]

Or Produced Identification _____

Notary Public – State of Florida

(Type of Identification)

My commission expires _____



(Printed name of Notary Public)
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 :

Mitchell Phillip "PJ"

MAILING ADDRESS :

314 Velarde Ave

CITY : ZIP : COUNTY :

Coral Gables 33134 Dade

NAME OF AGENCY :

City of Coral Gables

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Commissioner of Coral Gables, Group (III)

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
Mitchell & West, LLC	29 Ponce De Leon Blvd. Miami FL 33135	Legal Services

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")

314 Velarde Ave Coral Gables, FL 33134
29 Ponce De Leon Blvd Coral Gables, FL 33135

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.

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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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Northwestern Mutual
Stocks, Crypto Currency	Various Companies

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Fifth Third Bank	Cincinnati Ohio

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	Mitchell & West LLC
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

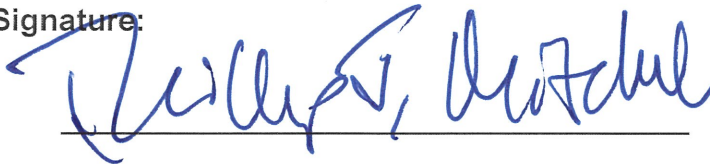
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:



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**

CITY OF CORAL GABLES
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(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

OFFICE USE ONLY

Candidate Oath

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

I, Phillip "PJ" Mitchell

(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 Coral Gables City Commissioner, _____,
(Office) (District #)
3 ; I am a qualified elector of City of Coral Gables 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): 110026693

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.]

Phillip "PJ" Mitchell

X Phillip J. Mitchell (305) 447-1333 pjmitchell@mitchellandwest.com
Signature of Candidate Telephone Number Email Address

29 Ponce De Leon Blvd. Coral Gables FL 33135
Address City State ZIP Code

STATE OF FLORIDA

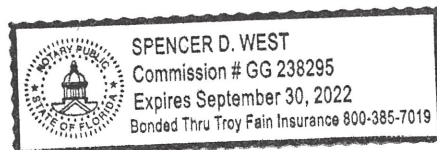
COUNTY OF Monroe

Spencer D. West
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 25th
day of February, 2021.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



Phillip "PJ" Mitchel is a local attorney and businessman who has served out community for more than a decade in the public and private sectors. He has utilized his passion in the law to make a difference. His goal is to continue to serve the City of Coral Gables by establishing effective public policy as the new City Commissioner for Group III.

PJ received his Juris Doctor in 2000 from Florida Coastal School of Law and thereafter began his career in the public service sector with the Miami Dade Public Defenders Office. Subsequently he entered the private sector as an associate with a prominent defense firm before he established his own firm, Mitchell & West, LLC. During those almost twenty years he has counseled numerous clients on a multitude of legal issues.

In addition to PJ's professional accomplishments, he has dedicated his time and resources to improving the community around him and helping those in need. He donates his resources to the Coral Gables Bar Association, an organization that utilizes the efforts of its members to improve the local community. He is the current president elect and has previously served as the secretary and treasurer. He has worked closely with the Coral Gables Police Department's Victim Advocate program assisting sexual assault and domestic violence victims. PJ has established Mitchell & West LLC Reindeer Run, a local race which takes place in the City of Coral Gables, in December of each year. PJ has sat on the City of Coral Gables Economic Development Board and Emergency Management Division as well as the Coral Gables Chamber of Commerce Business and Government Affairs Board.

PJ has also worked with busines leaders seeking to improve their businesses as well as the community around them through local publications. Additionally, he has provided lectures and written work wherein he has discussed numerous topics.

In seeking public office, PJ will continue his public service to his cherished community. Since his days as a public servant, to his years as a successful small business owner, PJ has established himself as someone that GETS THE JOB DONE!

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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, Phillip "PJ" Mitchell a qualified elector and resident of City 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 Coral Gables Commiss III,
(Office) (Group Number)

in the General Biennial Election of 4/13/2021, 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.

Phillip T. Mitchell
SIGNATURE

2-26-21
DATE

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Voter Information Card
Miami-Dade County, FL
Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Phillip John Mitchell JR
314 Velarde AVE
Coral Gables FL 33134-7328

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

ISSUED
EMITIDA
ENPRIMA
08/14/15

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

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

Registration No.
Núm. de Inscripción
Núm. Enskripsyon
110026693

Voting Location | Centro de Votación | Lokal Biwo Vèt

Coral Gables Youth Center
405 University Dr

Precinct No.
Núm. del recinto
Núm. Biwo Vèt
609

Date of Birth
Fecha de Nacimiento
Dat Nesans
9/28/1973

Registration Date
Fecha de Inscripción
Dat Enskripsyon
5/24/2002

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsie

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
27

State Senate
Senado Estatal
Sena Eta a
40

State House
Cámara Estatal
Lachannm Eta a
112

County Commission
Comisión del Condado
Komisyon Konte
7

School Board
Junta Escolar
Asanble Edikasyon
6

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
CORAL GABLES





OFFICE OF THE PROPERTY APPRAISER

CITY OF CORAL GABLES
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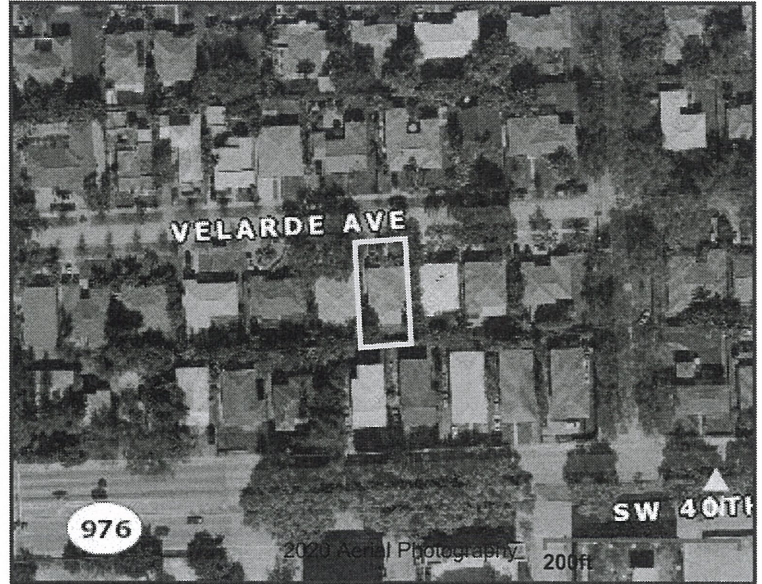
OFFICE CANNOT OPEN
2/26/2021

Summary Report

2021 FEB 26 AM 11:47

Generated On : 2/26/2021

Property Information	
Folio:	03-4117-007-4830
Property Address:	314 VELARDE AVE Coral Gables, FL 33134-7328
Owner	PHILLIP J MITCHELL JR
Mailing Address	314 VELARDE AVE CORAL GABLES, FL 33134 USA
PA Primary Zone	0100 SINGLE FAMILY - GENERAL
Primary Land Use	0101 RESIDENTIAL - SINGLE FAMILY : 1 UNIT
Beds / Baths / Half	2 / 2 / 0
Floors	1
Living Units	1
Actual Area	1,822 Sq.Ft
Living Area	1,486 Sq.Ft
Adjusted Area	1,580 Sq.Ft
Lot Size	5,000 Sq.Ft
Year Built	Multiple (See Building Info.)



Assessment Information			
Year	2020	2019	2018
Land Value	\$262,416	\$262,416	\$262,416
Building Value	\$186,124	\$188,573	\$191,022
XF Value	\$4,635	\$4,679	\$4,723
Market Value	\$453,175	\$455,668	\$458,161
Assessed Value	\$369,326	\$361,023	\$354,292

Benefits Information				
Benefit	Type	2020	2019	2018
Save Our Homes Cap	Assessment Reduction	\$83,849	\$94,645	\$103,869
Homestead	Exemption	\$25,000	\$25,000	\$25,000
Second Homestead	Exemption	\$25,000	\$25,000	\$25,000

Note: Not all benefits are applicable to all Taxable Values (i.e. County, School Board, City, Regional).

Short Legal Description	
17 54 41	
COCONUT GROVE SEC PART 1 OF CORAL	
GABLES PB 14-25	
LOTS 15 & 16 BLK 33	
LOT SIZE 50.000 X 100	

Taxable Value Information			
	2020	2019	2018
County			
Exemption Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$319,326	\$311,023	\$304,292

School Board			
	2020	2019	2018
Exemption Value	\$25,000	\$25,000	\$25,000
Taxable Value	\$344,326	\$336,023	\$329,292

City			
	2020	2019	2018
Exemption Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$319,326	\$311,023	\$304,292

Regional			
	2020	2019	2018
Exemption Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$319,326	\$311,023	\$304,292

Sales Information			
Previous Sale	Price	OR Book-Page	Qualification Description
03/30/2012	\$420,000	28059-0472	Qual by exam of deed
05/01/2004	\$371,800	22307-4262	Sales which are qualified
09/01/2001	\$285,000	19897-1711	Sales which are qualified
05/01/2000	\$179,000	19128-0432	Sales which are qualified

The Office of the Property Appraiser is continually editing and updating the tax roll. This website may not reflect the most current information on record. The Property Appraiser and Miami-Dade County assumes no liability, see full disclaimer and User Agreement at <http://www.miamidade.gov/info/disclaimer.asp>

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

014874-0004 Cynthia G 02/26/2021 11:42AM

NOC

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

NOC, Lobbyists, Records
and Notary Servi

2021 Item: NOC

NOC, Lobbyists, Records
and Notary Services
(NOC)

200.00

200.00

Subtotal 200.00
Total 200.00

CHECK 200.00
Check Number [REDACTED]

Change due 0.00

Paid by: Phillip Mitchell

City of Coral Gables COPY
DUPLICATE RECEIPT

COMPASSION TO ELECT PHILLIP VP JUDGE MITCHELL
FOR CITY OF CORAL GABLES COMM. SITTER

DATE 2-26-21

PAY TO THE ORDER OF City of Coral Gables

\$ 200.00

Two hundred dollars

Security Features on Back

DOLLARS

BANK OF AMERICA

FOR Qualifying Fee

Phillip J. Mitchell

[REDACTED]

CITY OF CORAL GABLES
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City of Coral Gables
City Clerk
(305) 460-5351

014874-0005 Cynthia G 02/26/2021 11:44AM

NOC

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

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

331.21

331.21

Subtotal 331.21
Total 331.21

CHECK 331.21
Check Number [REDACTED]

Change due 0.00

Paid by: Phillip Mitchell

City of Coral Gables COPY
DUPLICATE RECEIPT

[REDACTED]
 COMPARE TO GREAT PHILLIP W PHILLIP MITCHELL
 FOR CITY OF CORAL GABLES COMMISSIONER
 DATE 2-26-21
 \$ 331.21
 DOLLARS
 THREE HUNDRED & THIRTY ONE DOLLARS $\frac{21}{100}$
 CITY OF CORAL GABLES
 BANK OF AMERICA
 FOR Assessment Fee
 PHILLIP J. MITCHELL
 [REDACTED]