

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022
FOR OFFICE USE ONLY:

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Holmes, Jackson Rip

MAILING ADDRESS :

35 Sidonia Avenue

B

CITY :

Coral Gables

ZIP :

33134

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Coral Gables

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

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
self-employed owner	256 Miracle Mile, Coral Gables, FL 33134	retail storefront property
Jeanie Holmes Trust	246-252 Miracle Mile, Coral Gables, FL	retail storefront property

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
passenger transportation	between jobs, taxi, Uber, Lyft, other companies (rides) in past		

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

please see above

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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Huntington Bank minor stock fund	Huntington Bank

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Community Loan Servicing	2625 Ponce de Leon, Coral Gables, FL, 33143
Intrepid Financial, 2nd mortgage	443 22 st, Belleair Beach, FL 33786

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		
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:

Jackson Rip Holmes

Date Signed:

February 19, 2023

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, 2022.

**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

CITY CLERK'S OFFICE
2023 FEB 23 AM 8:41
OFFICE USE ONLY

Candidate Oath

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

I, Jackson Rip Holmes,

(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 City Commissioner,

(Office)

(District #)

IV

(Circuit #)

(Group or Seat #)

; I am a qualified elector of Miami-Dade



County, Florida;

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): _____

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.]

X
Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Signature of Notary Public

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

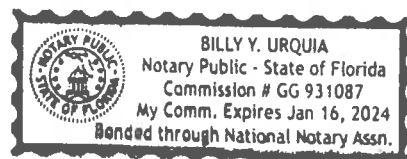
Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 21st day of February, 2023.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



Jackson Rip Holmes

Biography

GREETINGS!

I was born in Coral Gables in 1951, and have spend the majority of my life here.

Hablo fluido el Espanol. Mi esposa es Peruana. Luchamos contra el Comunismo.

I own property on Miracle Mile, and I AM TOTALLY AGAINST THE RUNAWAY DEVELOPMENT GOING ON IN CORAL GABLES, enabled by the US Supreme Court decision in Citizens United, allowing UNLIMITED DEVELOPER PAC DONATIONS, such that:

1. Developers donate more than 4 times as much to Coral Gables Commission campaigns than all taxpayers combined. And
2. As a result, we live in a DEVELOPER-OCRACY. We no longer live in a democracy.

I have a PLAN to slow this down, but let me assert, virtually all other Candidates are receiving money from developers, NOT ME. Even assuming I lose, I submit we should not cave in to developers, and a protest vote for me "sends developers a message". "We know what you are doing, and we don't like it."

MY PLAN is to do what Miami Beach and Key Biscayne have done – amend the City Charter, and require all major developments be approved by Voter Referendum.

Sincerely,

Jackson Rip Holmes

www.ripholmes.com

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
2023 FEB 23 AM 8:41

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Jackson Rip Holmes

3. Address (include post office box or street, city, state, zip code)

35 Sidonia Avenue, B
Coral Gables, FL 33134

4. Telephone

(305) 338-5000

5. E-mail address

rip.holmes@yahoo.com

6. Office sought (include district, circuit, group number)

City Commissioner Group IV

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jackson Rip Holmes

11. Mailing Address

35 Sidonia Avenue, B

12. Telephone

(305) 338-5000

13. City

Coral Gables

14. County

Miami-Dade

15. State

FL

16. Zip Code

33134

17. E-mail address

rip.holmes@yahoo.com

18. I have designated the following bank as my

☐ Primary Depository

☐ Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

2100 Ponce de Leon

21. City

Coral Gables

22. County

Miami-Dade

23. State

FL

24. Zip Code

33134

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

February 23, 2023

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Jackson Rip Holmes, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer

2-23-23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

2023 GENERAL BIENNIAL ELECTION
DECLARATION OF CANDIDATE INTENT,
QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION

State of Florida

County of MIAMI DADE

City of CORAL GABLES

I, JEFFREY R. HANES 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 COMMISSIONER IV,
(Office) (Group Number)

in the General Biennial Election of 4.11.2023, 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.**

Jeffrey R. Hanes
SIGNATURE

2.23.23
DATE

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY


CITY CLERK'S OFFICE
2023 FEB 23 AM 8:41

I, Jackson Rip Holmes,

candidate for the office of City Commissioner GRP IV;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

2-23-23

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).

WELLS FARGO BANK

1001

2100 PONCE DE LEON BLVD CORAL GABLES, FL 33134

63-751/631

DATE

2-23-23

PAY TO THE ORDER OF

CITY OF CORAL GABLES \$564.88

DOLLARS

FIVE HUNDRED SIXTY FOUR AND 88/100

JACKSON R HOLMES
35 SIDONIA AVE APT B
CORAL GABLES FL 33134-3453

Jackson R Holmes

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

019816-0008 Susan D. 02/23/2023 08:37AM

CITY CLERK

Payment Tran Code: City
Clerk (CITYCLERK)

Description: Qualifying
City Clerk (CITYCLERK)

2022 Item: CITYCLERK

City Clerk (CITYCLERK)

564.88

564.88

Subtotal

564.88

Total

564.88

CHECK

564.88

Check Number 1001

Change due

0.00

Paid by: Jackson Rip Holmes Camoaign

CUSTOMER COPY

CITY CLERK'S OFFICE
2023 FEB 23 AM 8:45