

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

CITY CLERK'S OFFICE  
 2023 FEB 21 AM 11:13  
 0022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Arango O'Doski , Ivette L

MAILING ADDRESS :

300 Palermo Ave

CITY : ZIP : COUNTY :  
 Coral Gables FL 33134 MIAMI-DADE

NAME OF AGENCY :  
 City of Coral Gables City Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Coral Gables Commissioner Group IV

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
Ivette O'Doski Consulting, LLC	300 Palermo Ave, Coral Gables FL 33134	Consulting Services
Ivette Arango Interior, INC	300 Palermo Ave , Coral Gables, FL 33134	Interior Design

**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")

SEE ATTACHMENT

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
--------------------	---

SEE ATTACHMENT

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
------------------	---------------------

SEE ATTACHMENT

**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	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A

**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:

J. O'Driscoll

Date Signed:

2.20.2023

**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, JOSE A. QUESADA CPA, 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: 2/20/2023

**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](mailto: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.

**IVETTE L. ARANGO O'DOSKI**

FORM 1

2022

**Part C - Real Property**

Real Property

Residential  
701 Paradiso Avenue, Coral Gables, FL 33134  
Ownership  
50%

**Part D - Intangible Property**

Consulting Business (Membership Interest)

Real Estate Rentals (Membership Interest)

Real Estate Rentals (Membership Interest)

Real Estate Rentals (Membership Interest)

Dormant Entity

Interior Design (Common Stock)

Bank - Checking & Savings

Bank - Checking

Bank - Checking

Retirement Plan

Prepaid College

Whole Life Insurance Policy

Ivette O'Doski Consulting, LLC

Vese, LLC

Ivette Arango Interior Design LLC

ILA Design District LLC

936 USA Corp

Ivette Arango Interior, Inc

Weill Fargo Bank, N.A.

Professional Bank

Truist Bank

MML Investor Services LLC

Florida Prepaid College Board

Mass Mutual Life Insurance

300 Palermo Avenue, Coral Gables, FL 33134

61 NE 40th Street, Miami, FL 33137

71 NE 40th Street, Miami, FL 33137

300 Palermo Avenue, Coral Gables, FL 33134

300 Palermo Avenue, Coral Gables, FL 33134

300 Palermo Avenue, Coral Gables, FL 33134

PO Box 6995, Portland, OR 97228-6995

396 Alhambra Circle, #255, Coral Gables, FL 33134

6202 S Dixie Highway, Miami, FL 33143

PO Box 8099, Springfield, MA 01102-8099

PO Box 6567, Tallahassee, FL 32314-6567

1295 State Street, Springfield, MA 01111-0011

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

**Part E - Liabilities**

Home Mortgage (Home)

Home Mortgage (Home)

Auto Lease

Bank of America

PNC Bank

Chase Bank

PO Box 31785, Tampa, FL 33631-3785

2849 Apalachee Parkway, Tallahassee, FL 32301

PO Box 901076, Fort Worth, TX 76101

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

Ivette L. Arango O'Doski

CITY CLERK'S OFFICE  
2023 FEB 21 AM 11:13

**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 21 AM 11:13

OFFICE USE ONLY

**Candidate Oath**

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

I, **IVETTE ARANGO O'DOSKI**

(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 OF CORAL GABLES COMMISSION (Office) (District #)  
4 (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): 109713251

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.]  
EE - V eh t ah r ah n g oh oh' d AW S k EE

<u>X I. O'Doski</u> Signature of Candidate	(305) 632-6452 Telephone Number	ivette@ivetteodoski.com Email Address
1404 ALEGRIANO AVENUE Address	CORAL GABLES City	FL 33146 State ZIP Code

STATE OF FLORIDA  
COUNTY OF miami-dade

Lynda J. Rimart  
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 20 day of February, 2023

Personally Known  OR Produced Identification

Type of Identification Produced: FL Drivers License



CITY CLERKS OFFICE  
2023 FEB 21 AM 11:14

Ivette Arango O'Doski

Ivette became a practicing attorney in 2000 after graduating that year from the University of Miami School of Law. She began her legal career at the law firm of Fowler, White, Burnett in Miami-Dade where she worked for five years before venturing into the public, public-private and non-profit business sectors. Ivette worked for Miami-Dade County's Intergovernmental Affairs Department and then was recruited by the Miami-Dade Beacon Council, the official economic development organization for Miami-Dade County, as the Vice President of Corporate, Government and Community Relations. A position she held for over 5 years. Ivette also worked as a Senior Government Advisor for the Tallahassee Government Relations Group of Buchanan Ingersoll and Rooney.

In 2015, Ivette established Ivette O'Doski Consulting (IOC), a boutique government relations firm to continue her advocacy for economic development and quality of life issues. Ivette also took a more prominent role in Ivette Arango Interiors, her family business established by her mother in 1975. In 2017, Ivette moved Ivette Arango Interiors from the Design District to Coral Gables and became its Chief Operating Officer.

Ivette has lived in Coral Gables for over 30 years. Ivette is a small business owner with a family business. She is a wife and mother with two small children growing in the beautiful and dynamic city of Coral Gables. Ivette is a member of the Coral Gables Chamber of Commerce and has been active in the business community. Ivette is Board member of the Florida Board of Architecture and Interior Design since her appointment in 2014 by Florida Governor Rick Scott. Ivette is a board member of Florida Polytech University. Ivette also is a member of Leadership Florida. She is fluent in English and Spanish.

CITY CLERK'S OFFICE  
2022 AUG 11 PM 3:08

CITY CLERK'S OFFICE  
2023 FEB 21 AM 11:14

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

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

(PLEASE PRINT OR TYPE)

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)

Ivette Arango O'Doski

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

2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134

4. Telephone

( 305 ) 576-6243

5. E-mail address

ivette@ivetteodoski.com

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

City of Coral Gables, 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

Ivette Arango O'Doski

11. Mailing Address

2600 South Douglas Road, Suite 900

12. Telephone

( 305 ) 576-6243

13. City

Coral Gables

14. County

Miami-Dade

15. State

FL

16. Zip Code

33134

17. E-mail address

ivette@ivetteodoski.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

Regions Bank

20. Address

3516 Main Highway

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33133

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

8. 11. 2022

26. Signature of Candidate

X *I. O'Doski*

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

I, Ivette Arango O'Doski, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

8. 11. 2022  
Date

X *I. O'Doski*  
Signature of Campaign Treasurer or Deputy Treasurer

CITY CLERK'S OFFICE  
2022 AUG 11 PM 3:08

CITY CLERK'S OFFICE  
2023 FEB 21 AM 11:14

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**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)  
**Ivette Arango O'Doski**

3. Address (include post office box or street, city, state, zip code)  
**2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134**

4. Telephone      5. E-mail address  
**( 305 ) 576-6243      ivette@ivetteodoski.com**

6. Office sought (include district, circuit, group number)  
**City of Coral Gables, 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  
**Jeannine R. Miranda**

11. Mailing Address      12. Telephone  
**2600 South Douglas Road, Suite 900      ( 305 ) 445-0777**

13. City      14. County      15. State      16. Zip Code      17. E-mail address  
**Coral Gables      Miami-Dade      FL      33134      jen@riescoandcompany.com**

18. I have designated the following bank as my     Primary Depository     Secondary Depository

19. Name of Bank      20. Address  
**Regions Bank      3516 Main Highway**

21. City      22. County      23. State      24. Zip Code  
**Miami      Miami-Dade      FL      33133**

**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      26. Signature of Candidate  
**8. 11. 2022      X *I. O'Doski***

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, **Jeannine R. Miranda**, do hereby accept the appointment  
(Please Print or Type Name)  
designated above as:     Campaign Treasurer.     Deputy Treasurer.  
**8/11/22**      X      *Jeannine R. Miranda*  
Date      Signature of Campaign Treasurer or Deputy Treasurer

CITY CLERK'S OFFICE  
2022 AUG 11 PM 3:07

CITY CLERK'S OFFICE  
2023 FEB 21 AM 11:14

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

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

(PLEASE PRINT OR TYPE)

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)**

Ivette Arango O'Doski

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

2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134

**4. Telephone**

( 305 ) 576-6243

**5. E-mail address**

ivette@ivetteodoski.com

**6. Office sought (include district, circuit, group number)**  
City of Coral Gables, 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**

Jose A. Riesco, CPA

**11. Mailing Address**

2600 South Douglas Road, Suite 900

**12. Telephone**

( 305 ) 445-0777

**13. City**

Coral Gables

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33134

**17. E-mail address**

jose@riescoandcompany.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**  
Regions Bank

**20. Address**  
3516 Main Highway

**21. City**  
Miami

**22. County**  
Miami-Dade

**23. State**  
FL

**24. Zip Code**  
33133

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**

8.11.2022

**26. Signature of Candidate**

X *I. O'Doski*

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

I, Jose A. Riesco, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

10/11/2022

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICER USE ONLY

CITY CLERK'S OFFICE  
2023 FEB 21 AM 11:14

CITY CLERK'S OFFICE  
2022 AUG 11 PM 3:07

I, Ivette Arango O'Doski,

candidate for the office of City of Coral Gables, Commissioner Group IV ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X *Ivette Arango O'Doski*  
Signature of Candidate

8.11.2022  
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).

CITY CLERK'S OFFICE  
2023 FEB 21 AM 11:14

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, Judite Arango Oboski 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 Coral Gables Commission 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.

J. Oboski  
SIGNATURE

2. 20. 2023  
DATE

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED  
by the Mandatory Provisions of the  
Miami-Dade Ethical Campaign Practices Ordinance  
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Ivette Arango O'Doski, a candidate for the office of  
please print your name

Coral Gables Commission, group IV in Miami-Dade County  
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x   
Signature

2.21.2023  
Date

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

**IVETTE ARANGO O'DOSKI CAMPAIGN ACCOUNT**

2600 South Douglas Road, Ste. 900  
Coral Gables, FL 33134

Regions Bank  
Coral Gables, FL  
83-499/631

2/17/2023

0104

PAY TO THE ORDER OF

City of Coral Gables

Five Hundred Sixty-Four and 88/100\*\*\*\*\*

PROTECTED AGAINST FRAUD

DOLLARS

\$ \*\*564.88



MEMO

Qualifying Fee/State Assessment Fee  
*city commission group 2023 election*



*[Signature]*

0104

**CITY CLERK OFFICE**  
**IVETTE ARANGO O'DOSKI CAMPAIGN ACCOUNT**  
2023 FEB 21 AM 11:06 of Coral Gables

2/17/2023

564.88

Cash - Regions

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

019816-0002 Susan D. 02/21/2023 11:06AM

CITY CLERK

Payment Tran Code: City Clerk (CITYCLERK)

Description: Qualifying City Clerk (CITYCLERK)

2022 Item: CITYCLERK City Clerk (CITYCLERK)

564.88

564.88

Subtotal Total

564.88 564.88

CHECK  
Check Number 0104

564.88

Change due

0.00

Paid by: Ivette Arango O'Doski Campaign

CUSTOMER COPY

88