

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2022

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

OFFICE USE ONLY:

CITY CLERK'S OFFICE
2023 FEB 22 AM 9:49

LAST NAME -- FIRST NAME -- MIDDLE NAME :
CASTRO. MELISSA CHERIE

MAILING ADDRESS :
888 S. DOUGLAS RD #PH4

CITY :
CORAL GABLES

ZIP :
33134

COUNTY :
DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
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
M.E.D. EXPEDITORS, INC	55 MERRICK WAY #214	BUSINESS - OWNER

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	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")

N/A

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
BANK ACCOUNT PERSONAL	WELLS FARGO
BANK ACCOUNT BUSINESS	WELLS FARGO

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
DEPT OF EDUCATION	PO BOX 82561 LINCOLN, NE 68501
LENDINGCLUB BANK	595 MARKET ST SUITE 200, SAN FRANCISCO, CA 94105

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
	FLORIDA BUILDING CODE PROVATER PROVIDER	
M.E.D. EXPEDITERS, INC	55 MERRICK WAY #214	55 MERRICK WAY #214
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY	OWNER	OWNER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%
NATURE OF MY OWNERSHIP INTEREST		

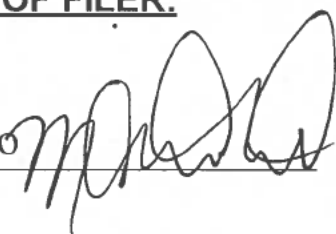
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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: _____

Melissa C. Castro 

Date Signed: _____

February 21st, 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
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Candidate Oath

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

I, MELISSA CASTRO,

(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 COMMISSION,
(Office) (District #)

IV ; I am a qualified elector of 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): 131376053

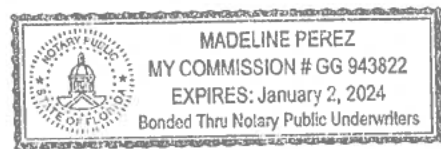
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

<input checked="" type="checkbox"/> <u>Melissa Castro</u>	(786) 384-2353	INFO@VOTEMELISSA4GABLES.COM
Signature of Candidate	Telephone Number	Email Address
55 MERRICK WAY #214	CORAL GABLES	FL 33134
Address	City	State ZIP Code

STATE OF FLORIDA
COUNTY OF Dade

Madeline Perez
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 21 day of February, 2023
Personally Known OR Produced Identification



Type of Identification Produced: _____

MELISSA C. CASTRO

888 S. Douglas Penthouse #4, Coral Gables, Florida 33134

(786) 384-2353 --- Mcast078@FIU.edu

Excellent communication skills demonstrated by ability to work with people from different backgrounds. Has extensive experience in handling children and adults who require special needs and attention. An independent worker who's passionate and driven. Has extensive experience in handling children who require special needs. Can multitask and render customized care and methods for each student to acquire their max potential. Very patient and has advanced knowledge and background in Applied Behavior Analysis. Exceptional computer skills, English, Spanish and Portuguese. Quickly establish rapport with clients, listen to determine needs of client before offering a solution. Very experienced in: teaching, applying ABA principles, customer service, management, problem solving, project planning, sales, and finance. Organized individual with exceptional follow through abilities and the ability to analyze behavior, gather, extract and use data effectively. Recognized for the ability to assimilate information quickly, developing a comprehensive understanding of new products or procedures in new fields/settings and swiftly meeting clients' expectations. Dedicated individual; achieving a reputation for constantly going beyond what is required.

EXPERIENCE

Sept. 2018 -Present M.E.D. Expeditors, Inc, 55 Merrick Way #214 Coral Gables, FL 33134
Chief Executive Officer and Plans Expeditor

- Gathers relevant statistical information and conducts analyses that provide useful insights for improved strategy formulation and informed decision-making.
- Implements, directs, monitors and evaluates the efficiency and effectiveness of overall operations and infrastructure, to include service methods and procedures; administrative and support systems. Identifies opportunities for improvement and directs the implementation of changes.
- Review & administrate legal documents, negotiate contractual agreements and projects.
- Establish network to cities, counties, municipalities, and public works departments
- Lead weekly meetings to review status of projects, budget and submittals
- Monitor project timelines and assure adherence to schedule
- Make sure that clients' needs are met as projects evolve
- Analyze risks and opportunities
- Act as the point of contact and communicate project status to the whole project team
- Monitor project deadlines and update team members on the project progress
- Build and maintain relationships with departmental heads and executives across the all Cities and municipalities.

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- **April 2013-Sept. 2018 Positive Behavior Supports Corp.** www.teampbs.com
Program Manager II/ Registered Behavior Technician/ Analyst
- Write and execute Behavior Intervention plans by applying the principles of behavior analysis.
- Collect data, graph, and analyze data.
- Conduct different types of assessments (FAST, MAS/QABF) and daily therapy.
- Conducted therapy to decrease problem behaviors and teach alternate appropriate behaviors.
- Provide training to parents, staff or caregivers. Assist with IEP and/or client employment opportunities.
- Developed skills such as linguistic, cognitive and social skills of children and adults with autism and/or developmental disabilities.

Jan 2011-Sept. 2020 Behavioral Modification Therapy

888 S. Douglas Rd. #1201 Coral Gables

Behavior Analyst/ CEO

- Provide one-to-one behavior intervention services to children and adults with autism, down syndrome and related disorders.
- Collect individual data on acquisition skills and target behaviors
- Create new and appropriate teaching material.
- Provide therapy in school, home, park or wherever problem behavior is occurring.
- Manage scheduling of clients, calls, invoicing, financing and accounting.

Feb 2005 – Jan 2006 Regions Bank 10 NW Lejune Road Miami, FL *Financial Sales*

Representative II/ Loan Officer

- Opening and closing the branch and other operational tasks.
- Identify and address customer needs by providing a wide variety of in-branch services like opening new accounts, issuing counter checks, redeeming savings bonds, performing money transfers, receiving loan payments, and selling/buying foreign currency.
- Perform basic service transactions such as address changes, check orders, giving account balances, performing stop payments and answering phones.
- Take, process and close loan applications and maintain customer account records. n Over exceeded the branch goals; doubled new money for investment goals.

April 2005– 2010 Midtown Realty 11550 SW 72ND St Miami, FL

Realtor Associate

- Member of the local board of the association of REALTORS®
- Sell, Rent, Lease, Advertise, and Appraise real property for prospect buyers, sellers and investors.
- Provide my client with excellent service; alert those to potential risks, supply information regarding local customs and regulations and even more provide a comparative market analysis.

Feb 2003–Feb 2006 M & M Plans Processing, Inc./ M.E.D. Expeditors, Inc.

305 Alcazar Ave. Coral Gables, FL 33134

President

- Accounts payable, maintain a business budget, training for new recruits.
- Research and solve construction liens, open permits, expired permits, violations and microfilm requests for residential and commercial properties in most of south Florida.
- Meet and present proposals with potential customers and organizations. Organize and attend meetings with contractors, engineers and city inspectors/plans examiners.
- Process new building plans in several municipalities in South Florida to obtain a building permit card.

EDUCATION

- Keiser University Graduate School: Masters Industrial Organizational Psychology
- Florida International University: Masters in Applied Behavior Analysis
- PCM Certification by the Professional Crisis Management Association
- Florida International University: Bachelors in Psychology and Applied Behavior Analysis
- Registered Behavior Technician; Credential Number: RBT-16-17784
- Certified: CPR/AED/ First Aid/ Bloodborne Pathogens
- ABA on field training (3 weeks)- Progressive Behavior Science- Feb. 2011
- Hypnosis Certificate (2010 Dr. Reznick)
- Member Psi Chi (National Honor Society of Psychology) 2009-2011
- FIU 2010-Study abroad in Belo Horizonte, Brazil-Centro Universitário UNA GPA: 3.8
- National Institute of Health (NIH) Training
- Completed course and State Certified from Cooke Real Estate School- (2005)
- Regions Sales Training, Financial Sales and Loans workshops and training (CBT)
- Completed leadership course: Business Opportunities (2005)
- Certified through the Professional Crisis Management Association as Practitioner (2015)
- HIPAA training, HIPAA Privacy training, HIPAA Security training- Baptist Hospital 2008

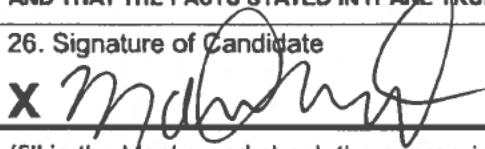
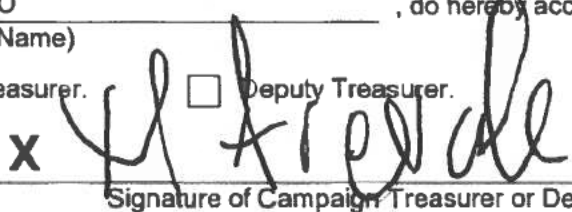
**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
2023 FEB 24 AM 11:12

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):					
<input checked="" type="checkbox"/> Initial Filing of Form		Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party			
2. Name of Candidate (in this order: First, Middle, Last) Melissa Castro			3. Address (include post office box or street, city, state, zip code) 888 S. Douglas Rd. PH4 Coral Gables, Florida 33134		
4. Telephone (786)567-2614		5. E-mail address info@votemelissa4gables.com			
6. Office sought (include district, circuit, group number) City of Coral Gables, Commissioner Group IV			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input checked="" type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer Monica Arevalo					
11. Mailing Address 7502 NW 112th Path				12. Telephone (561)945 2080	
13. City Doral		14. County Miami-Dade	15. State FL	16. Zip Code 33178	17. E-mail address monicaarevalo14@hotmail.com
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank PNC Bank			20. Address 2728 Ponce de Leon Blvd		
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 02-24-23			26. Signature of Candidate <input checked="" type="checkbox"/> 		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>Monica Arevalo</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer. <input type="checkbox"/> Deputy Treasurer.					
<u>02-24-23</u> Date			<input checked="" type="checkbox"/>  Signature of Campaign Treasurer or Deputy Treasurer		

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

CITY CLERK'S OFFICE
2023 FEB 22 AM 9:50

OFFICE USE ONLY


CITY CLERK'S OFFICE
2023 FEB 9 PM 1:56

I, Melissa Castro ,

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  _____
Signature of Candidate

02/09/2023
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).

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, Melissa Castro 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 GROUP IV,
(Office) (Group Number)

in the General Biennial Election of 04/11/2023, 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.



SIGNATURE

02/21/2023

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)

CITY CLERK'S OFFICE
2023 FEB 22 AM 9:51

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

- (a) 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;
(b) 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;
(c) 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;
(d) 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
(e) 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, Melissa Castro, a candidate for the office of
please print your name

COMMISSIONER in CORAL GABLES
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.

* [Handwritten Signature]
Signature

02/21/2023
Date

TO VERIFY AUTHENTICITY, SEE REVERSE SIDE FOR DESCRIPTION OF THE 13 SECURITY FEATURES

2

PNC Bank

Melissa Castro Campaign
55 Merrick Way Suite 214
Coral Gables FL 33134

DATE Feb 24, 2023

\$ 564.88

DOLLARS

Void After 90 Days

PAY TO THE ORDER OF City of Coral Gables

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

City of Coral Gables

405 Biltmore Way, 1st Floor
Coral Gables, FL 33134

Melissa Castro Campaign Account

MEMO

AUTHORIZED SIGNATURE



CITY CLERK'S OFFICE
2023 FEB 24 AM 11:18

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

019835-0001 Susan D. 02/24/2023 11:16AM

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 2

Change due

0.00

Paid by: Melissa Castro Campaign

CUSTOMER COPY