

**CITY OF CORAL GABLES  
CERTIFICATE OF QUALIFICATION  
GENERAL BIENNIAL ELECTION  
APRIL 8, 2025**

CITY CLERK'S OFFICE  
2025 FEB 21 AM 8:45

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

I hereby certify that Rhonda Anderson has filed in Group II  
as a candidate for the Office of Commissioner in the City of Coral Gables General  
Biennial Election to be held on April 8, 2025, 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<br>(Municipal Candidates; Elections Assessment)<br><i>One (1) percent of the annual salary<br/>(\$70,980) of the office sought</i>          | \$709.80 |
| <input checked="" type="checkbox"/> | State Assessment Fee for Commissioner Group II<br>(Municipal Candidates; Elections Assessment)<br><i>One (1) percent of the annual salary<br/>(\$66,866) of the office sought</i>  | \$668.66 |
| <input type="checkbox"/>            | State Assessment Fee for Commissioner Group III<br>(Municipal Candidates; Elections Assessment)<br><i>One (1) percent of the annual salary (\$66,865)<br/>Of the office sought</i> | \$668.66 |
| <input checked="" type="checkbox"/> | Form 1: Statement of Financial Interests   |          |
| <input checked="" type="checkbox"/> | Loyalty Oath / Oath of Candidate   |          |
| <input type="checkbox"/>            | Biography / Resume   |          |
| <input checked="" type="checkbox"/> | Designation of Campaign Depository/ Appointment of Campaign Treasurer Form,<br>Qualified Elector, Citizenship and Residency affirmation form                                       |          |

- ☒ 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)

CLERK'S OFFICE  
FEB 21 AM 8:46

Received by

*[Signature]*

Date:

*2/21/2025*

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

Sworn to and subscribed before me this

*21st*

day of

*February*  
*Yolande A. Davis*

2025

Personally known

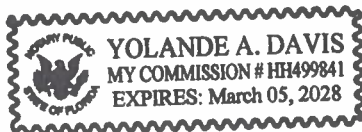
Or Produced Identification

Notary Public - State of Florida

(Type of Identification)

My commission expires

*March 5, 2028*



*YOLANDE A. DAVIS*

(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.

## 2024 Form 1 - Statement of Financial Interests

Filed with COE: 02/17/2025

## General Information

Name: Ms Rhonda A Anderson

PID 278691

## AGENCY INFORMATION

Organization	Suborganization	Title
Coral Gables	City Commission	Commissioner

## CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City Commission	Commissioner, Group II

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(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
RHONDA A ANDERSON, P.A.	2655 LeJeune Road, Ste. 540, Coral Gables, FL 33134	Attorney
CITY OF CORAL GABLES	405 Biltmore Way, Coral Gables, FL 33134	Vice Mayor

## 2024 Form 1 - Statement of Financial Interests

Filed with COE: 02/17/2025

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

**Real Property**REAL PROPERTY (Land, buildings owned by the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

**Intangible Personal Property**INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)  
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
Certificates of Deposit	Discover Bank
Bank and Savings Account	City National Bank of Florida
Savings	Space Coast Credit Union
Annuity	Prudential
Life Insurance	Lincoln Financial and Northwestern Mutual
Mortgage	Lauren Viego
Investments	Raymond James
Investments	Blue Owl
Defined Contribution Plan	Florida Retirement System Investment Account

Filed with COE: 02/17/2025

**Liabilities**

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

**Interests in Specified Businesses**

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

**Training**

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 02/17/2025

**Signature of Filer**

***Rhonda A Anderson***

Digitally signed: 02/17/2025

Filed with COE: 02/17/2025

**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  
2025 FEB 21 AM 8:46

**OFFICE USE ONLY****Candidate Oath**

Name to appear on ballot: Rhonda Anderson

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Coral Gables Commissioner,                      (Office)                      (District #)  
                     Group II                     ; I am a qualified elector of Coral Gables, Miami-Dade County, Florida  
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do                      NO, I Do Not XXX

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

**X** [Signature] (305) 389-4004 rhonda@rhondaforcoralgables.com  
Signature of Candidate Telephone Number Email Address  
2715 Hernandez Street, Coral Gables FL 33134  
Address of Legal Residence City State ZIP Code

**STATE OF FLORIDA****COUNTY OF** Miami-Dade

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

online notarization ☐ OR physical presence ☒

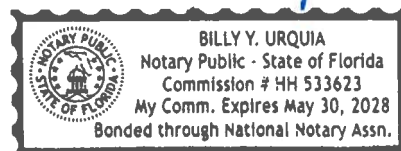
this 21<sup>st</sup> day of February, 2025

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced:                     

[Signature]  
Signature of Notary Public

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



## **Rhonda Anderson – Candidate Biography**

In April 2021, Rhonda Anderson was first elected to the Coral Gables City Commission and in May 2021, was appointed as Vice Mayor. Rhonda earned a Juris Doctor from Nova Southeastern School of Law in 1987 and a Bachelor of Arts from the University of Miami in 1984 with a major in English and minor in Economics.

Rhonda is the president at Rhonda A. Anderson, P.A., a civil and criminal trial, mediation, and appellate practice she established in 1987. She has represented clients before numerous courts, including the U.S. and Florida Supreme Courts, and the U.S. Court of Appeals in the Fourth, Fifth, Seventh, and Eleventh Circuits, as well as District Courts in Arkansas, California, Florida, Georgia, Illinois, Maryland, Mississippi, New York, North and South Carolina, Texas, Virginia, Washington, and Wisconsin. She has also represented clients before the U.S. Tax Court and the Court of International Trade.

In 1987, she married her husband and moved to Coral Gables, where they raised their two daughters, who attended Coral Gables Senior High School and local colleges. Her husband's family also owned four historic apartment buildings in Coral Gables that she helped manage and maintain. She resides with her husband in the same Coral Gables home they raised their family in.

For almost 20 years, Rhonda has been an active and committed community volunteer serving on numerous volunteer boards, committees, and community organizations. As the LeJeune Segovia Neighborhood Association officer, she led the fight for traffic-calming and drainage in her neighborhood. She has served on City boards, including the Public Safety Commission, the Sustainability Board, and the Planning and Zoning Board; she was a strong proponent of greater setbacks, increased parks and green spaces, and public outreach as a champion of maintaining neighborhood integrity and representing residents.

Additionally, Rhonda serves as the City Liaison for the Coral Gables Community Foundation and Coral Gables Bar Association, is a member of the Rotary Club of Coral Gables, Coral Gables Chamber and Junior League of Miami and serves on the boards of the Coral Gables Garden Club and the Green Corridor P.A.C.E. District.



**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 filing officer before opening the campaign account.

CITY CLERK'S OFFICE  
2025 FEB 21 AM 9:47

2024 FEB 26 PM 2:32  
CITY CLERK'S OFFICE

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):  
(Please Print or Type Name)

RHONDA ANNE ANDERSON

**3. Address** (include PO Box or Street, City, State, Zip Code):

2715 Hernando Street  
Coral Gables, FL 33134

**4. Telephone:**

(305 ) 389-4004

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

randersonlaw@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Coral Gables City Commission, Group 2

**8. If a candidate for a nonpartisan office, check the box if applicable:**

☐ I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

☐ Campaign Treasurer

☐ Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Jose A. Riera

**12. Telephone:**

(305 ) 970-7209

**13. Email Address:**

josejr@rieraassociates.com

**14. Mailing Address:**

425 Sevilla Avenue

**15. City:**

Coral Gables

**16. State:**

FL

**17. Zip Code:**

33134

**18. I have designated the following bank as my** (check appropriate box): ☐ Primary Depository ☐ Secondary Depository

**19. Name of Bank:**

City National Bank of Florida

**20. Address:**

2855 LeJeune Road

**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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:** February 26 2024

**26. Signature of Candidate:**

X

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

I, Jose A. Riera

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

2/26/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

**2025 GENERAL BIENNIAL ELECTION**  
**DECLARATION OF CANDIDATE INTENT,**  
**QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION**

**State of Florida**

**County of** Miami Dade

**City of** Coral Gables

I, Rhonda Anderson 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 Commissioner, Group II,  
(Office) (Group Number)

in the General Biennial Election of April 8, 2025, 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**

Feb 21, 2025

**DATE**

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK'S OFFICE  
2025 FEB 21 AM 8:47

I, Rhonda Anderson,

candidate for the office of Commissioner, Group II;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

Feb. 21, 2025

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).



# PROPERTY APPRAISER OF MIAMI-DADE COUNTY

## Summary Report

Generated On: 02/10/2025  
CITY CLERK'S OFFICE  
2025 FEB 21 AM 8:47

PROPERTY INFORMATION	
<b>Folio</b>	03-4117-008-2890
<b>Property Address</b>	2715 HERNANDO ST CORAL GABLES, FL 33134-5707
<b>Owner</b>	GORDON E ANDERSON JR & W RHONDA A
<b>Mailing Address</b>	2715 HERNANDO ST CORAL GABLES, FL 33134-5707
<b>Primary Zone</b>	0100 SINGLE FAMILY - GENERAL
<b>Primary Land Use</b>	0101 RESIDENTIAL - SINGLE FAMILY : 1 UNIT
<b>Beds / Baths / Half</b>	3 / 2 / 0
<b>Floors</b>	1
<b>Living Units</b>	1
<b>Actual Area</b>	2,160 Sq.Ft
<b>Living Area</b>	1,404 Sq.Ft
<b>Adjusted Area</b>	1,769 Sq.Ft
<b>Lot Size</b>	7,844.79 Sq.Ft
<b>Year Built</b>	1951

ASSESSMENT INFORMATION			
Year	2024	2023	2022
<b>Land Value</b>	\$800,038	\$588,390	\$525,703
<b>Building Value</b>	\$214,403	\$214,403	\$214,403
<b>Extra Feature Value</b>	\$346	\$346	\$346
<b>Market Value</b>	\$1,014,787	\$803,139	\$740,452
<b>Assessed Value</b>	\$282,884	\$274,645	\$266,646

BENEFITS INFORMATION				
Benefit	Type	2024	2023	2022
<b>Save Our Homes Cap</b>	Assessment Reduction	\$731,903	\$528,494	\$473,806
<b>Homestead</b>	Exemption	\$25,000	\$25,000	\$25,000
<b>Second Homestead</b>	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	
CORAL GABLES BILTMORE SEC	
LOT 25 PB 20-28 BLK 16	
LOT SIZE IRREGULAR	
OR 15760-3331 1292 1	



TAXABLE VALUE INFORMATION			
Year	2024	2023	2022
<b>COUNTY</b>			
<b>Exemption Value</b>	\$50,000	\$50,000	\$50,000
<b>Taxable Value</b>	\$232,884	\$224,645	\$216,646
<b>SCHOOL BOARD</b>			
<b>Exemption Value</b>	\$25,000	\$25,000	\$25,000
<b>Taxable Value</b>	\$257,884	\$249,645	\$241,646
<b>CITY</b>			
<b>Exemption Value</b>	\$50,000	\$50,000	\$50,000
<b>Taxable Value</b>	\$232,884	\$224,645	\$216,646
<b>REGIONAL</b>			
<b>Exemption Value</b>	\$50,000	\$50,000	\$50,000
<b>Taxable Value</b>	\$232,884	\$224,645	\$216,646

SALES INFORMATION			
Previous Sale	Price	OR Book-Page	Qualification Description
12/01/1992	\$154,000	15760-3331	Sales which are qualified
12/01/1990	\$0	14839-3250	Sales which are disqualified as a result of examination of the deed
12/01/1986	\$102,000	13131-2435	Sales which are qualified

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.miamidadade.gov/info/disclaimer.asp>

CITY CLERK'S OFFICE  
2025 FEB 21 AM 8:48

**DECLARATION AND FIRST AMENDMENT WAIVER  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES**

**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.


**BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO**

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Rhonda A. Anderson, a candidate for the office of  
please print your name  
Commissioner, Group II in City of Coral Gables, Miami-Dade County, Florida  
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x

  
Signature

Feb. 21, 2025  
Date



RHONDA ANDERSON CAMPAIGN  
JOSE A RIERA  
2715 HERNANDO ST  
CORAL GABLES, FL 33134-5707

10004

DATE Feb 20/2025

PAY  
TO THE  
ORDER OF

City of Coral Gables

\$868<sup>66</sup>

Eight Hundred Sixty-eight and 66/100

DOLLARS



City National Bank

Group II - City Commissioner Qualifying Fees

*[Signature]*

# RECEIPT

DATE 2/21/2025

No. 209848

RECEIVED FROM Rhonda Anderson

\$868.66

Eight Hundred & Sixty Eight

<sup>66</sup>/<sub>100</sub> DOLLARS

☐ FOR RENT  
☐ FOR

Qualifying Fees

ACCOUNT	
PAYMENT	868.66
BAL. DUE	

☐ CASH  
☒ CHECK  
☐ MONEY ORDER  
☐ CREDIT CARD

FROM \_\_\_\_\_ TO \_\_\_\_\_

BY Susan De Costa