CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

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2017 SEP -6 AM 9:53
CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JUNE E. SAVAGE
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Mayor (office), N/A (district #),

N/A (circuit #), _____ (group or seat #); I am a qualified elector of Miami Dade County, Florida;

I am a qualified elector of the City of Miami Beach, Florida, residing within the City at least one year before qualifying for City of Miami Beach elected office, with my legal residence being: 1341 15th Terrace, Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and 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.

X Signature of Candidate | 786 202-3211 Telephone Number | JUNE67@ME.COM Email Address

1341 15th Terrace Address | Miami Bch City | Fl. State | 33139 ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109258475

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

joon s AE v uh

STATE OF FLORIDA
COUNTY OF Miami-dade

Sworn to (or affirmed) and subscribed before me this 6 **day of** September, 2017.

Personally Known: _____ or

Produced Identification: F/DL

Type of Identification Produced: DL# S120.425.67.624.1

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Notary Public State of Florida
Liliam R Hatfield
My Commission GG 0
Expires 02/18/2021

DS-DE 25 (Rev. 5/11)

Rule 1S-2.0001, F.A.C.

CANDIDATE OATH – NONPARTISAN OFFICE

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CITY OF MIAMI BEACH
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OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, June E. Savage
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Mayor (office), N/A (district #),

N/A (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.

X _____ (786)202.3211 june67@me.com
Signature of Candidate | Telephone Number | Email Address

1341 15th Terrace | Miami Beach | FL | 33139
Address | City | State | ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109258475

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

j oo n s AE v uh j

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6 day of September, 2017.

Personally Known: _____ or

Produced Identification: FL DL

Type of Identification Produced: DL# S120.425.67.624.1

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Notary Public State of Florida
Liliam R Hatfield
My Commission GG 044249
Expires 02/18/2021

MIAMIBEACH

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

CITY OF MIAMI BEACH OATH/AFFIRMATION

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared June E. SAVAGE to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. _____) or Mayor for the City of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at least one year before qualifying for City of Miami Beach elected office; that his/her legal residence is: 1341 15th Terrace Miami Bch, Fl 33139, Miami Beach, Miami-Dade County, Florida; that he/she is qualified under the ordinances (including Miami Beach City Code Chapter 38 governing "Elections") and Charter of said City to hold such office; and that he/she has paid the required qualification fee or filed with the City Clerk a petition approving his/her candidacy signed by sufficient qualified and registered voters to constitute not less than two percent (2%) of this number of such voters as the same shall be on the date sixty (60) days prior to the first day of qualifying as a candidate for office.

Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 6 day of September, 2017 by June E. SAVAGE.

Signature of Notary Public-State of Florida

(NOTARY SEAL)

Notary Public State of Florida
Liliam R Hatfield
My Commission GG 044249
Expires 02/18/2021

Liliam R. Hatfield
Name of Notary Typed, Printed or Stamped

Personally Known _____ OR Produced Identification FL DL

Type of Identification Produced DL # S120.425.67.624.1

F:\CLER\CLER\000_ELECTION\000_2017 GENERAL ELECTION\FORMS\CITY OF MIAMI BEACH OATH AFFIRMATION last updated 01242017.docx

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2016

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

FOR OFFICE USE ONLY:

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

LAST NAME -- FIRST NAME -- MIDDLE NAME :
SAVAGE JUNE Ellen

MAILING ADDRESS :
1341 15th TERRACE

CITY : Miami Beach ZIP : 33139 COUNTY : Dade

NAME OF AGENCY : City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Office of Mayor

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2016 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

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
World Wide Properties	225 Collins Ave Ste 101	Realtor - Associate
Real Estate Firm	Miami Bch Fl 33139	

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")

"none"

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.

(Continued on reverse side)

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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		
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** 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: 9/6/17

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:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it,** send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:
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.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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.)

State officers **or** ***specified state employees*** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2016.

Form 9

QUARTERLY GIFT DISCLOSURE
(GIFTS OVER $100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: SAVAGE JUNE ELLEN	NAME OF AGENCY: City of Miami Beach
MAILING ADDRESS: 1341 15th Terrace	OFFICE OR POSITION HELD: Mayor of Miami Bch
CITY: Miami Bch ZIP: 33139 COUNTY: Dade	FOR QUARTER ENDING (CHECK ONE): ☐MARCH ☑JUNE ☐SEPTEMBER ☐ DECEMBER YEAR 20 17

PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed $100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. **You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.**

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
8/25/17	1-ticket	$45.00	see attached	

☑ **CHECK HERE IF CONTINUED ON SEPARATE SHEET**

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PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ **CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM**

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me this 6 day of September, 20 17
by June Ellen Savage

Liliam R Hatfield
(Signature of Notary Public-State of Florida)

Notary Public State of Florida
Liliam R Hatfield
My Commission GG 044249
Expires 02/18/2021

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ____ OR Produced Identification
Type of Identification Produced DL S120-425-67-624-1

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

(See reverse side for instructions) ☞

Early Bird

$45.00

(+$6.86 FEE & SALES TAX)

SALES ENDED

VISA MasterCard AMERICAN EXPRESS DISCOVER

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Linda Gift

From: **Hank Sanchez-Resnik** hank@bikecoconutgrove.org
Subject: Complimentary tickets for August 25 Live-Ride-Share summit
Date: Aug 16, 2017, 4:29:43 AM
To: **Hank Sanchez-Resnik** hank@bikecoconutgrove.org

Friends and Fellow Cyclists—

I've arranged with the county Dept. of Transportation and Public Works (DTPW) for your complimentary ticket to the Live-Ride-Share summit on August 25 (link below). Your name will be on a list at the registration table. Please join me in thanking DTPW for their generosity in offering the tickets. If you want to thank them yourself please send an email to:

Julian Guevara
Miami-Dade County Dept. of Transportation and Public Works
juliang@miamidade.gov

For more information about the summit: https://www.liveridesharemiami.com/

Hank Sanchez-Resnik
Executive Director
Bike Coconut Grove
(305) 814-3098

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

citibank

Citibank, N.A.

170724565

62-20
311

$0.00 ONL

DATE 09/07/17

PAY ****ONE THOUSAND TWO HUNDRED DOLLARS****

$1,200.00

TO THE ORDER OF ****CITY OF MIAMI BEACH****

Drawer: Citibank, N.A.

NAME OF REMITTER JUNE ELLEN SAVAGE

ADDRESS Citibank, N.A. One Penn's Way New Castle, DE 19720

Campaign Account

BY AUTHORIZED SIGNATURE

Security Features Details on Back

⑈170724565⑈ ⑆031100209⑆ 3876292 4⑈

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

AFFIDAVIT OF FINANCIAL HARDSHIP

(Section 99.093(2), Florida Statutes)

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2017 SEP -6 AM 9:54

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

I, June E Savage (Print Name), a candidate for the office of Mayor Miami Beach Fla do hereby certify, pursuant to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of $ 160.00 to qualify for nomination or election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me. Under penalty of perjury, I declare that I have read the foregoing and that it is a true and correct statement.

Date 9/6/17

Signature of Candidate

Address: 1341 15th Terr

City: Miami Beach State: Fl. Zip: 33139

Sworn to (or affirmed) and subscribed before me this 6 day of September, 2017 by June E. Savage.

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Notary Public State of Florida
Liliam R Hatfield
My Commission GG 044249
Expires 02/10/2021

Personally Known ✓ or produced identification

Type of Identification Produced FI DL S120.425.67.624.1

Received by:

Name: RAFAEL E. GRANADO Telephone: (305) 673.7411

City MIAMI BEACH Date of Election: 11/7/17

Remit within 30 days of close of qualifying to:
Florida Elections Commission
107 West Gaines Street, Suite 224
Tallahassee, Florida 32399
Telephone: 850.922.4539 Fax: 850.921.0783

Miscellaneous Cash Receipt
CITY OF MIAMI BEACH

No. 417902

☐ Cash ☐ Credit Card ☒ Check # 170724565 $ 1,200.00

Received of JUNE ELLEN SAVAGE 7 September 20 17

Address

For Qualifying For MAYOR

(THIS INFORMATION MUST BE COMPLETED)

Office of Finance Director

By

Account Number:

Preparer: Charles D'Agostin Dept: City Clerk EXT: 7411

MBF
Miscel EXP - 2017
001713-0016 Adrian ... 09/07/2017 10:27AM
MCR Expense (MCREXP)
Payment Amount 1,200.00
MCR417902

MBF
City Hall
1700 Convention Center Dr.
Miami Beach, FL 33139
305-673-7420
Welcome

001713-0016 Adrian V 09/07/2017 10:27AM

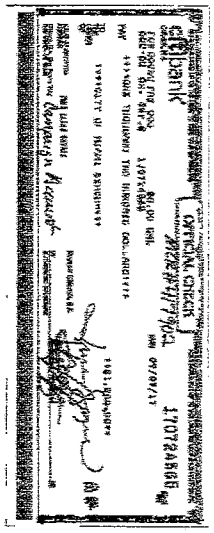
MISCELLANEOUS
Description: MCR Expense
(MCREXP)
Reference 1: MCR417902
MCR Expense (MCREXP)
2017 Item: MCREXP
1 @ 1,200.00
MCR Expense (MCREXP) 1,200.00

Subtotal 1,200.00
Total 1,200.00

CHECK 1,200.00
Check Number 170724565

Change due 0.00

Paid by: JUNE ELLEN SAVAGE



Thank you for your payment

CUSTOMER COPY