

**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

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2019 SEP -3 PM 1:32

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

Candidate Oath

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

I, Jonathan Welsh

(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.)

I am a candidate for the nonpartisan office of Miami Beach Commissioner, _____
(Office) (District #)

_____, 5; I am a qualified elector of 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): 110180807

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.]

JAA-n uh-th un W EH I SH

X Jonathan Welsh (954) 793-5817 VoteJonWelsh@gmail.com
Signature of Candidate Telephone Number Email Address

1022 Euclid Ave Apt # 12, Miami Beach, FL 33137
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

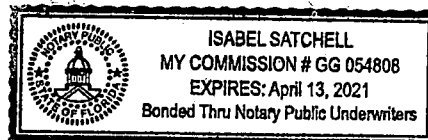
Isabel Satchell
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this _____
day of 3rd of September 2019.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: FL Driver's License



MIAMI BEACH

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CITY OF MIAMI BEACH OATH/AFFIRMATION

2019 SEP -3 PM 1:32

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

STATE OF FLORIDA

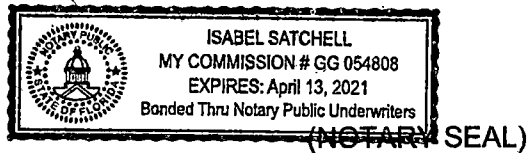
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared Jonathan Welsh, to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. 5) 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: 1022 Euclid Ave, Apt #12, Miami Beach, 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.

Jonathan Welsh
Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 3rd day of September, 2019
by JONATHAN J. WELSH

Isabel Satchell
Signature of Notary Public-State of Florida



Isabel Satchell
Name of Notary Typed, Printed or Stamped

Personally Known _____ OR Produced Identification

Type of Identification Produced FL DRIVER'S License

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME - FIRST NAME - MIDDLE NAME :

Welsh - Jonathan - Joseph

MAILING ADDRESS :

1022 Euclid Avenue. Apt # 12

Miami Beach

33139

Dade

CITY :

ZIP :

COUNTY :

City of Miami Beach

NAME OF AGENCY :

Commissioner - Group # 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

RECEIVED

2019 SEP -3 PM 1:32

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

**** 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, 2018 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
Care Resource Community Health Centers, Inc	3801 Biscayne Blvd Miami, FL. 33137	Healthcare, Federally qualified Health Center

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")

N/A

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.

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: <u>Welsh-Sonathan - Joseph</u>			NAME OF AGENCY: <u>City of Miami Beach</u>	
MAILING ADDRESS: <u>1022 Euclid Ave Apt #12</u>			OFFICE OR POSITION HELD: <u>Commissioner - Group 5</u>	
CITY: <u>Miami Beach</u>	ZIP: <u>FL 33139</u>	COUNTY: <u>Dade</u>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <u>2019</u>	

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
<u>N/A</u>				

CHECK HERE IF CONTINUED ON SEPARATE SHEET

2019 SEP -3 PM 1:32
 RECEIVED
 OFFICE OF THE CLERK
 CITY OF MIAMI BEACH

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.

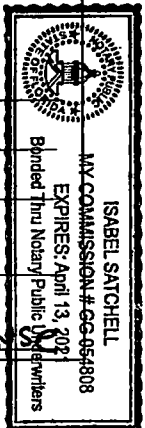
CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

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.

Jonathan Welsh
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
 COUNTY OF Miami - Dade
 Sworn to (or affirmed) and subscribed before me this
3RD day of September, 20 19
 by Jonathan Joseph Welsh
Isabel Satchell
 (Signature of Notary Public-State of Florida)
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification
 Type of Identification Produced FL DRIVER'S License



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.)

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
Holk	Fidelity Investments

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Navient	Department of Education Loan Services, P.O. Box 9635 Wilkes-Barre, PA 18773-9760

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	
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		

RECEIVED
 2019 SEP - 8 PM 7:33
 OFFICE OF THE CLERK
 CITY OF MIAMI BEACH
 3000 BISCAYNE BLVD
 MIAMI BEACH, FL 33133

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: Jonathan Webb

Date Signed: 9/3/2019

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

**JONATHAN J WELSH
CAMPAIGN ACCOUNT**

1022 EUCLID AVE APT 12
MIAMI BEACH FL 33139

1028

63-4/630 FL
1464

DATE 9/3/2019

PAY TO THE
ORDER OF

City of Miami Beach

\$ 1,020.00

One Thousand and twenty

00 ¹⁰⁰/₁₀₀ DOLLARS

Security
Features
Details on
Back

Bank of America 

ACH R/T 083100277

FOR

Qualifying papers

Jonathan Welsh

MP

