## Erika Gonzalez-Santamaria

**From:** Erika Gonzalez-Santamaria
**Sent:** Thursday, February 23, 2023 9:32 AM
**To:** thutchings19@gmail.com
**Subject:** Ballot Number for April 4, 2023

Good morning,

Your Ballot Number for the election is #55.

Thank you!

**Erika Gonzalez-Santamaria, MMC, City Clerk**
Office of the City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, Florida 33166
E: gonzaleze@miamisprings-fl.gov
T: (305) 805-5006
www.miamisprings-fl.gov

*Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.*

**Elections**
2700 NW 87th Avenue
Miami, Florida 33172

**miamidade.gov**

February 15, 2023

Erika Gonzalez, MMC, City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, FL 33166

Dear Ms. Gonzalez:

The Miami-Dade Elections Department has completed the verification of Batch 1 of the petitions for Tom Hutchings a candidate for City Council, Group IV for the City of Miami Springs. A total of 95 petitions were reviewed for verification; of which 86 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

Christina White
Supervisor of Elections

Enclosure (1)

**Elections**
2700 NW 87th Avenue
Miami, Florida 33172

**miamidade.gov**

# CERTIFICATION
## Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **86** signatures submitted by **Tom Hutchings** for the office of **City Council, Group IV** for the **City of Miami Springs** matched the signatures on the voter files.

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 15th DAY OF FEBRUARY, 2023

Christina White
Supervisor of Elections

MIAMI-DADE COUNTY

# OFFICIAL RECEIPT

MIAMI-DADE COUNTY–FLORIDA

No. 8053559

RECEIVED FROM Tom Hutchings

DATE 2 / 14 / 2023
MONTH DAY YEAR

ADDRESS 201 Westward Dr.
STREET ADDRESS

Miami Springs FL 33166
CITY STATE ZIP

CASH $ 9 . 40

CHECKS $ . 

TOTAL $ 9 . 40

AMOUNT OF: Nine DOLLARS, AND 40 CENTS

FOR PAYMENT OF: Signature Verification City Candidate

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Voter Services BY: Yamilet Cabrera

## FOR OFFICE USE ONLY

| TRANS | SUBSIDIARY | INDEX CODE | SUBOBJECT | AMOUNT |
|---|---|---|---|---|
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107.01-1 6/04

CITY OF MIAMI SPRINGS

2023 FEB 13 AM

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato:<br>TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| SANDRA Diehl<br>Date / Fecha: 01/27/23 | 1614 WESTWARD DR. | 08/21/1940 | Sandra Diehl |
| Gail Roberts<br>Date / Fecha: 1/24/23 | 173 Pocatello St. | 6/29/51 | Gail Roberts |
| [illegible]<br>Date / Fecha: | 116 Thunderbird Dr Miami Springs | [illegible] | [illegible] |
| Victor Marin<br>Date / Fecha: 2-9-23 | 1584 Westward Dr. Miami 33166 | 10/20/65 2/12/23 | [illegible] |
| RALPH KROPP<br>Date / Fecha: 2-8-23 | 1010 Redwood Ave 33166 Miami Springs FL | 9955 | [illegible] |
| Michael AYASH<br>Date / Fecha: 2-10-23 | 998 N Royal Poinciana | 1/11/80 | [illegible] |
| Date / Fecha: | | | |
| Date / Fecha: | | | |
| Date / Fecha: | | | |
| Date / Fecha: | | | |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 6 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** [illegible] | **Address: Dirección:** 151 Hibiscus St Miami Springs FL 33166 |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | |
|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: |
| Notary Public:<br>Notario Público: [illegible] | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires:<br>Mi comisión expira: 4/25/26 |

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

**RECEIVED BY CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED
FEB 10 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 13 AM 1:47

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato: TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of: para el cargo de: | City Council GROUP 4 |

| PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE FIRMA |
|---|---|---|---|
| Katherine Mackert<br>Date / Fecha: 1/27 | 912 Raven Ave | 9/6/1991 | |
| Tony Barrado<br>Date / Fecha: 1-27 | 156 Navajo St | 7/17/70 | |
| George Fulmer<br>Date / Fecha: 1/27/03 | 424 Delaw Dr. | 6/3/51 | |
| Danielle Hernandez<br>Date / Fecha: 1/27/23 | 149 Albatross St | 5/3/87 | |
| ROBERT R DIEKE<br>Date / Fecha: 1-27-23 | 1614 W EDWARDS | 05/09/45 | |
| JODY KENDRICK<br>Date / Fecha: 1/27/23 | 249 LAFAYETTE DR | 1/23/81 | |
| Octavio Solis<br>Date / Fecha: 1-27-23 | 800 Swan Av. | 9/4/57 | |
| Ray Rodriguez<br>Date / Fecha: 1-27-23 | 564 Palmetto Dr. | 12-4-60 | |
| Renee Fuentes<br>Date / Fecha: 1-27-23 | 689 LaBron Dr. | 5-11-57 | |
| Juan C Goma<br>Date / Fecha: 1/27/23 | 372 South Dr. Miami Springs | 2/5/1964 | |

**STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR**

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address:** 151 Hibiscus Dr **Dirección:** Miami Springs, FL 33166 |

**STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO**

| | | |
|---|---|---|
| Personally known to me: A quien conozco personalmente: ✓ | or Provided Identification: o Quien Produjo Identificación: | |
| Notary Public: Notario Público: | Notary Public State of Florida Sandra Duarte My Commission HH 334861 Expires 11/25/2026 | Date: Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | | My commission expires: Mi comisión expira: 11/25/26 |

**RECEIVED BY CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED FEB 10 23 CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 10 PM 1:57

MIAMI SPRINGS GENERAL ELECTION ON TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato: TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| Annie Di Bernardo<br>Date / Fecha: 1/25/2022 | 270 S. Melrose Drive | 9-25-62 | |
| ARMANDO HERNANDEZ<br>Date / Fecha: 1-25-23 | 141 LAUN WAY | 1-27-65 | |
| Rosemarie Mangiaracina<br>Date / Fecha: 1/25/2022 | 270 S Melrose Dr | 6/10/40 | |
| Bernardo Smail<br>1450 Ludlam<br>Date / Fecha: 1-25-2023 | | 04/20/57 | |
| JESTANJS GREGORY CLARKE<br>Date / Fecha: 1/25/23 | 116 TRUXTON DR. M.S. FL | 04/21/61 | |
| Nicholas Balabous<br>Date / Fecha: | 341 South Drive M Springs | 03/25/1970 | |
| ANTHONY CARNIELLO<br>Date / Fecha: 1/25/23 | 380 N. ROYAL POINCIANA BLVD B | 7/14/1946 | |
| LESLEE JOHNS<br>Date / Fecha: 1/25/23 | 709 CURTISS PKWY #20 MIAMI SPRINGS, FL | 10/05/48 | |
| 1/25/23<br>Date / Fecha: | 1450 Ludlam Drive | 10/16/91 | |
| ERWIN JORGE SANTIN<br>Date / Fecha: 1/25/23 | 1249 HERON Ave MIAMI SPRINGS FL | 09/24/65 | |

**STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR**

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|---|---|
| The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address: Dirección:** 151 Hibiscus Dr Miami Springs |

**STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO**

| | |
|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: |
| Notary Public:<br>Notario Público: | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires:<br>Mi comisión expira: 11/25/26 |

Notary Public State of Florida
Sandra Duarte
My Commission HH 337861
Expires 11/25/2026

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED
FEB 10 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 13 AM 9:47

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

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|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato:<br>Tom Hutchings |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council Group 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| CHARLES HUTCHINGS<br>Date / Fecha: 1-25-23 | 1120 QUAIL AVE<br>MIAMI SPRINGS, FL 33166 | 9-14-60 | |
| Morgan Stewart<br>Date / Fecha: 1-29-23 | 220 Hibiscus Dr<br>Miami Springs, Fl 33166 | 01-25-65 | |
| Hannah Mitnick<br>Date / Fecha: 1/25/23 | 231 Corydon Dr<br>Miami Springs Fl, 33166 | 07/04/1999 | |
| Yesenia Del Busto<br>Date / Fecha: 1/25/23 | 200 Azure Way 209<br>33166 | 1-15-75 | |
| Gisel Alcazar<br>Date / Fecha: 1/25/23 | 200 Azure Way 209<br>33166 | 12-31-72 | |
| Daniel Shelow<br>Date / Fecha: 1-25-23 | 245 Lenape Drive<br>33166 | 09-10-55 | |
| Kenneth Amaddio<br>Date / Fecha: 1/25/23 | 454 Hunting Lodge Dr.<br>33166 | 09-12-57 | |
| ALFRED ELFMAN<br>1/25/23<br>Date / Fecha: | 1127 HERON AVE<br>33166 | 10/17/57 | |
| RAYMOND MAIER<br>1-25-23<br>Date / Fecha: | 437 PLOVER AVE<br>33166 | 12.29.63 | |
| Francisco Salgo<br>Date / Fecha: 1/25 | 1041 Wren Ave | 06/27/1983 | Francisco Delgado |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

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| **Signature of Circulator/**<br>**Firma del Distribuidor:** | **Address:**<br>**Dirección:** 151 Hibiscus DR |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

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|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: |
| Notary Public:<br>Notario Público: | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires:<br>Mi comisión expira: 11/25/26 |

Notary Public State of Florida
Sandra Duarte
My Commission HH 331860
Expires 11/25/2026

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED
FEB 10 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 13 AM 9:47

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

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| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| MARJORIE PALMER<br>Date / Fecha: 1/26/23 | 925 HUNTING LODGE | 5/27/38 | Marjorie Palmer |
| MAX<br>Date / Fecha: 1/26/2023 | 122 Pitheart Dr | 1/26/1996 | Max Kostenbaum |
| Kore Enbish<br>Date / Fecha: | | | |
| THERESA MASSO<br>Date / Fecha: 1/26/23 | 10 S. Marcos Dr | 2-26-50 | [illegible] |
| DIANE DELEREAUX<br>Date / Fecha: 1/26/23 | 1202 QUAIL | 6/12/49 | [illegible] |
| JOHN A DELEREAUX<br>Date / Fecha: 1/26/23 | 1202 QUAIL | 2/2/41 | [illegible] |
| Jackson Laing<br>Date / Fecha: | 1226 Quail Ave | 9/26/78 | [illegible] |
| CARLOS CONDE 1/26/23<br>Date / Fecha: 1/26/23 | 440 N. ROYAL POINCIANA BLVD<br>EL MIAMI SPRINGS, FL. | 3/18/63. | [illegible] |
| Humberto Rodriguez Ruiz<br>Date / Fecha: 1/26/23 | 1290 Quail Ave<br>Miami Springs FL 33166 | 1/25/78 | [illegible] |
| Patrick Shepherd<br>Date / Fecha: 1/26/23 | 218 Cornel street<br>Miami springs fl 33166 | 12-16-68 | [illegible] |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

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| The undersigned is the circulator of the foregoing paper containing 7 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** [illegible] | **Address: Dirección:** 151 Hibiscus Dr |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | |
|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: |
| Notary Public:<br>Notario Público: [illegible] | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires:<br>Mi comisión expira: 11/25/26 |

Notary Public State of Florida
Sandra Duarte
My Commission HH 334867
Expires 11/25/2026

RECEIVED

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

FEB 10 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 13 AM 9:47

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
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## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

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| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| Julie Van Eink<br>Date / Fecha: 1-27-2023 | 372 South Dr. | 3/27/1969 | |
| JOHN H. SHAPIRO<br>Date / Fecha: 27 JAN 23 | 1110 IBIS AVE | 06 OCT 55 | |
| CRISTINA SHAPIRO<br>Date / Fecha: 27JAN 2023 | 1110 IBIS AVE. | 10/9/59 | |
| ERICK MARTIN<br>Date / Fecha: 27/JAN/23 | 717 CORTEZ PKWY APT 3 MIAMI SPRINGS FL 33166 | 10/07/1964 | |
| Jeff Pelley<br>Date / Fecha: 1/27/2023 | 125 Fern Way Miami Springs 33166 | 08/05/1953 | |
| Yolanda Sauer<br>Date / Fecha: 1.27.2023 | 140 Shadow Way 33166 | 8/20/60 | |
| Dettes Sauer<br>Date / Fecha: 1.23.23 | 100 Shadow Way | 6/29/48 | |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 4 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address:** 151 Hibiscus DR<br>**Dirección:** Miami Springs, FL 33166 |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | | |
|---|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: | |
| Notary Public:<br>Notario Público: | Notary Public State of Florida<br>Sandra Duarte<br>My Commission HH 334861<br>Expires 11/25/2026 | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | | My commission expires:<br>Mi comisión expira: 11/25/26 |

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED
FEB 13 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS
2023 FEB 13 AM 11:48

# MIAMI SPRINGS GENERAL ELECTION ON TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
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| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato: TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| ALPHE DEWINDT<br>Date / Fecha: 1/28/2023 | 481 SOUTH DR<br>MIAMI SPRINGS 33166 | 06/14/68 | Alphe Dewindt |
| SUSAN P. SMITH<br>Date / Fecha: 1-28-23 | 260 Lawn Way<br>Miami Springs FL | 03/13/49 | Susan P. Smith |
| Eduardo Figueredo<br>Date / Fecha: 1-28-23 | 330 South Melrose Dr. | 10/10/66 | [illegible] |
| Carrie Figueredo<br>Date / Fecha: 1-28-23 | 330 S Melrose Drive<br>Miami Springs FL 33166 | 8/11/69 | [illegible] |
| VINCENT Medel<br>Date / Fecha: 1-28-2023 | 330 MORNINGSIDE DR. MIAMI SPRINGS | 07/13/48 | Vincent Medel |
| Ivor Alvarez<br>Date / Fecha: 1-28 | 465 Dalaw Dr<br>Miami Springs FL 33166 | 3/14/71 | [illegible] |
| STEVE PUKE<br>Date / Fecha: 1-28-23 | 232 NAVARRE DR. M.S. | 10-30-55 | [illegible] |
| Date / Fecha: | | | |
| Date / Fecha: | | | |
| Date / Fecha: | | | |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

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| **Signature of Circulator/ Firma del Distribuidor:** [illegible] | **Address:/ Dirección:** 151 HIBISCUS DR MIAMI SPRINGS FL 33166 |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | | |
|---|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: | |
| Notary Public:<br>Notario Público: | Notary Public State of Florida<br>Sandra Duarte<br>My Commission HH 334861<br>Expires 11/25/2026 | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | | My commission expires:<br>Mi comisión expira: 11/25/26 |

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED
FEB 10 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS
2023 FEB 13 AM 9:48

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato:<br>TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| William Shand Booher<br>Date / Fecha: 2/9/23 | 1170 Quail Ave | 9/25/77 | |
| Gladys C Anderson<br>Date / Fecha: 2-10-23 | 887 Heron Ave | 7-25-1949 | Gladys C Anderson |
| Wendy Anderson-Booher 2/10/23<br>Date / Fecha: | 1170 Quail Ave. Miami Springs FL | 4/21/79 | Wendy Anderson-Booher |
| Katherine Anderson 2/10/23<br>Date / Fecha: | 887 Heron Ave | 5/12/82 | Katherine Anderson |
| ERIC Devendorf<br>Date / Fecha: 2-10-23 | 541 Swan Ave MIA. Springs FL | 4-5-68 | |
| Mecca Hernandez<br>Date / Fecha: 2/10/23 | 609 Mokena Dr. | 10/12/69 | |
| Ben Yu<br>Date / Fecha: 2/10/23 | 541 Oriole | 2/23/78 | |
| Frank Suarez<br>Date / Fecha: 2/10/2023 | 611 Swan Av | 12/6/71 | |
| RYAN BUONASI 2-10-23<br>Date / Fecha: | 201 HUNTINGTON DR. | 09.01.71 | |
| Date / Fecha: | | | |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene_____ firma Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address: Dirección:** 151 Hibiscus Dr Miami Springs, FL 33166 |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | |
|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: |
| Notary Public:<br>Notario Público: | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires:<br>Mi comisión expira: 11/25/26 |

Notary Public State of Florida
Sandra Duarte
My Commission HH 334091
Expires 11/25/2026

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED
FEB 11 23
CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 13 AM 9:47

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato: TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| Barbara Marr<br>Date / Fecha: 1-29-23 | 425 Swallow Dr #203, M. Springs, FL 33166 | 11/23/68 | |
| Constance Brandenburg<br>Date / Fecha: 1-29-2023 | 851 FALCON AVE MIA SPGS FL 33166 | 2/25/1969 | |
| Campo E Munoz<br>Date / Fecha: 1-29-23 | 841 FALCON AVE M.S. FL. 33166 | 2/24/1952 | |
| Maria J Torres<br>Date / Fecha: 2/1/23 | 141 Shadow Way Miami Springs FL 33166 | 3/17/63 | |
| EDEN TORRES<br>Date / Fecha: 2/1/23 | 141 SHADOW WAY MIA. SPR. FL 33166 | 3/5/65 | |
| Shannon Munoz<br>Date / Fecha: 2/6/23 | 970 Falcon ave Miami Springs, FL 33166 | 3/29/76 | |
| MARJORIE SAMEN<br>Date / Fecha: 2/6/23 | 861 FALCON AVE MIAMI SPRINGS FLA | 4/9/52 | |
| 2/6/23 Elena Izquierdo<br>Date / Fecha: 2/6/23 | 871 Falcon Ave | 11/28/60 | |
| FRANK PASQUIN<br>Date / Fecha: 2/6/23 | 970 FALCON AVE MIAMI SPRINGS, FL 33166 | 2/19/75 | |
| TAMMY Roello<br>Date / Fecha: 2/9/23 | 141 Hibiscus DRIVE Miami Springs FL 33166 | 6/7/1967 | |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene _____ firma Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address: Dirección:** 151 Hibiscus Dr Miami Springs, FL 33166 |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | |
|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: |
| Notary Public:<br>Notario Público: | Notary Public State of Florida Sandra Duarte My Commission HH 334861 Expires 11/25/2026 — Date: Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires: Mi comisión expira: 11/25/26 |

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED Feb 10 23 CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

2023 FEB 3 AM 11:47

# MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
## CANDIDATE NOMINATION PETITION
## PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate:<br>**NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato:<br>TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of:<br>para el cargo de: | City Council GROUP 4 |

| PRINT NAME<br>INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS<br>DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE<br>FIRMA |
|---|---|---|---|
| JOHN PEARSON<br>Date / Fecha: 2/2/2023 | 225 CARLISLE DR<br>MIAMI SPRINGS | 11/20/58 | |
| DEBRA ROBERTSON<br>Date / Fecha: 2/2/2023 | 225 CARLISLE DR.<br>MIAMI SPRINGS FL | 9/10/54 | |
| JORGE BETRAN<br>Date / Fecha: 2/3/2023 | 1032 HUNTING LODGE<br>MIA. SPRGS. | 8/8/54 | |
| CURTIS PETERSON<br>Date / Fecha: 2/3/23 | 1290 MEADOWLARK AVE<br>MIAMI SPRS. | 5/30/67 | |
| Tammy Peterson<br>Date / Fecha: 2/3/23 | 1290 Meadowlark Ave<br>MIAMI SPRINGS. | 6/24/65 | Tammy Peterson |
| Jodie Beltran<br>Date / Fecha: 2/2/23 | 1032 Hunting Lodge Dr<br>MIAMI SPRINGS | 11/19/57 | |
| Ellen Noble<br>Date / Fecha: 2/5/23 | 701 Westward Dr<br>Miami Springs | 7/16/66 | |
| Tim Noble<br>Date / Fecha: 2/5/23 | 701 Westward Dr<br>Miami Springs, FL 33166 | 8/23/63 | |
| LEWIS FOGLE<br>Date / Fecha: 2/6/23 | 1000 MORNINGSIDE DR<br>33166 | 3/15/46 | |
| Isabel Escuela<br>Date / Fecha: 2-7-23 | 6316 Eldron Dr<br>Miami Springs 33166 | 7/13/74 | Isabel Escuela |

### STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene_____ firma Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address:** 151 Hibiscus Dr<br>**Dirección:** Miami Springs, FL 33166 |

### STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

| | | |
|---|---|---|
| Personally known to me:<br>A quien conozco personalmente: ✓ | or Provided Identification:<br>o Quien Produjo Identificación: | |
| Notary Public:<br>Notario Público: | Notary Public State of Florida<br>Sandra Duarte<br>My Commission HH 334861<br>Expires 11/25/2026 | Date:<br>Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | | My commission expires:<br>Mi comisión expira: 11/25/26 |

**RECEIVED BY**
**CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

RECEIVED FEB 10 23 CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023

CANDIDATE NOMINATION PETITION

2023 FEB 3 AM 9:47

PETICION PARA LA PROCLAMACION DE UN CANDIDATO

| | |
|---|---|
| **WE,** the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a: | Name of Candidate/Nombre del Candidato: TOM HUTCHINGS |
| who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA | |
| for the office of: para el cargo de: | City Council Group 4 |

| PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE | RESIDENCE ADDRESS DOMICILIO | DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION | SIGNATURE FIRMA |
|---|---|---|---|
| Daniel Hernandez<br>Date / Fecha: 1/28/2023 | 1040 Nightingale AVE<br>MIAMI Springs FL, 33166 | 11/16/88 | |
| GEOFFREY PAUGAM<br>Date / Fecha: | | | |
| Date / Fecha: 1/28/2023 | 127 HAMMOND DRIVE<br>M. SPRINGS 33166 | 12/22/60 | |
| SANDRA WITT<br>Date / Fecha: 1/30/2023 | 940 Westward Dr<br>Miami Springs FL | 12/11/59 | |
| Sally Hutchings<br>Date / Fecha: 1-30-23 | 1200 Quail Ave FL<br>MIA. SPGS. 33166 | 12/28/63 | |
| RICHARD LASIRIS<br>Date / Fecha: 1/30/2023 | 191 POCATELLA ST.<br>MIAMI SPRINGS FL 33166 | 5/12/48 | |
| JEORGE FULMER<br>Date / Fecha: 1-30-23 | 401 Delaw Ave | 6-3-51 | |
| TOM BUSH<br>Date / Fecha: 2-2-2023 | 91 TALLWAY<br>MIAMI SPRINGS FL | 10/26/46 | |
| JACQUIE NEETZ<br>Date / Fecha: 2/2/23 | 950 PLOVER AVE | 05/01/69 | |
| William J Rain<br>Date / Fecha: 2.2.23 | 1101 Mandalay Ave<br>Miami Spring FL 33166 | 09/08/56 | |

**STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR**

| | |
|---|---|
| The undersigned is the circulator of the foregoing paper containing 9 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be. | El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde. |
| **Signature of Circulator/ Firma del Distribuidor:** | **Address: Dirección:** 151 HIBISCUS DR MIAMI Springs FL 33166 |

**STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO**

| | |
|---|---|
| Personally known to me: A quien conozco personalmente: ✓ | or Provided Identification: o Quien Produjo Identificación: |
| Notary Public: Notario Público: | Date: Fecha: 2/10/23 |
| Print/Letra de Molde: Sandra Duarte | My commission expires: Mi comisión expira: 11/25/26 |

Notary Public State of Florida
Sandra Duarte
My Commission HH 334861
Expires 11/25/2026

**RECEIVED BY CITY CLERK'S OFFICE:** Date: 2/10/23 Time: 4:12 By: Sandra Duarte

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CITY CLERK'S OFFICE

CITY OF MIAMI SPRINGS
2023 JAN 25 PM 2:14

# AFFIDAVIT OF RESIDENCY

I, THOMAS H HUTCHINGS, hereby file this Affidavit of Residency this 18 day of JAN, 2023. I reside at 151 Hibiscus Dr, Miami Springs, Florida, do hereby swear (or affirm) that I have resided in the City of Miami Springs for a minimum of six (6) months continuously, prior to the day of qualifying as a candidate for the office of councilmember or mayor, as required by Miami Springs Charter §3.04 (1) for the General Election to be held on APRIL 4, 2023.

Signature of Affiant

786-459-3333
Telephone

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 25th day of Jan 2023, by Thomas H. Hutchings.
(Name of person making statement)

Signature of Notary Public, State of Florida

Erika Gonzalez Santamaria
(Notary's name typed, printed or stamped)

ERIKA GONZALEZ-SANTAMARIA
MY COMMISSION # GG 361880
EXPIRES: December 1, 2023
Bonded Thru Notary Public Underwriters

Personally Known _____ or Produced Identification FLDL 2190.
Type of Identification Produced: FLDL 2190

# STATEMENT OF CANDIDATE

**(Section 106.023, F.S.)**

(Please print or type)

OFFICE USE ONLY

CITY OF MIAMI SPRINGS

2023 JAN 25 PM 2:14

I, THOMAS H HUTCHINGS,

candidate for the office of City Council;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X _____ Signature of Candidate

1/18/2023 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).

# 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.**

CITY OF MIAMI SPRINGS
2023 JAN 25 PM 2:14

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) | 3. Address (include post office box or street, city, state, zip code) |
|---|---|
| THOMAS H. HUTCHINGS | 151 HIBISCUS DR. MIAMI SPRINGS, FL 33166 |
| 4. Telephone: (786) 459-3333 | 5. E-mail address: THUTCHINGS19@gmail.com |

| 6. **Office sought** (include district, circuit, group number) | 7. **If a candidate for a nonpartisan office, check if applicable:** |
|---|---|
| Council GROUP 4 | ☐ 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: THOMAS H HUTCHINGS

| 11. Mailing Address | 12. Telephone |
|---|---|
| 151 Hibiscus Dr. | (786) 459-3333 |

| 13. City | 14. County | 15. State | 16. Zip Code | 17. E-mail address |
|---|---|---|---|---|
| MIAMI SPRINGS | DADE | FL | 33166 | THUTCHINGS19@gmail.com |

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

| 19. Name of Bank | 20. Address |
|---|---|
| TRUIST | 69 WESTWARD DR |

| 21. City | 22. County | 23. State | 24. Zip Code |
|---|---|---|---|
| MIAMI SPRINGS | DADE | FL | 33166 |

**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 |
|---|---|
| 1/25/2023 | X [signature] |

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

I, THOMAS H HUTCHINGS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer

1/25/2023 — Date

X [signature] — Signature of Campaign Treasurer or Deputy Treasurer

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 2022

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

FOR OFFICE USE ONLY:

CITY OF MIAMI SPRINGS
2023 JAN 25 PM 2:18

LAST NAME -- FIRST NAME -- MIDDLE NAME :
HUTCHINGS, THOMAS, H

MAILING ADDRESS :
151 Hibiscus DR

~~MIAMI SPRINGS~~

CITY : MIAMI SPRINGS ZIP : 33166 COUNTY : DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City Council,

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 |
|---|---|---|
| A Little Bit of Philly | 3940 Curtis Pky, Virginia Gardens | Restaurant |
| | | |
| | | |
| | | |

**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 |
|---|---|---|---|
| CTJ MGMT. LLC | N/A | 251 Hibiscus DR | Rentals |
| CTJ MGMT LLC | N/A | 3960 NW 65 AVE | Rentals |
| | | | |

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]
**(If you have nothing to report, write "none" or "n/a")**

251 Hibiscus Dr Miami Springs
3960 NW 65 Ave, Virginia Gardens

**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.**



(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 |
|---|---|
| STOCKS | American Airlines |
| | |

CITY OF MIAMI SPRINGS
2023 JAN 25 PM 2:18

**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 | A Little Bit of Philly | CTJ MGMT |
| ADDRESS OF BUSINESS ENTITY | 3940 Curtis Pkwy, | 1120 Quail Ave, M.S, FL |
| PRINCIPAL BUSINESS ACTIVITY | Restaurant | Rentals |
| POSITION HELD WITH ENTITY | President | V.P. |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | 50 1/2 | 33.3% |
| NATURE OF MY OWNERSHIP INTEREST | Owner/Operator | Owner |

**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:** [signature]

**Date Signed:** 1/18/2023

## 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.

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

CITY OF MIAMI SPRINGS
2023 JAN 25 PM 2:18

## *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, THOMAS H HUTCHINGS (please print your name), a candidate for the office of City Council, #IV (elective office sought) in MIAMI-DADE (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** 1/18/2023 **Date**