MIAMI-DADE COUNTY

Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

January 23, 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 Maria P. Mitchell, a candidate for Mayor for the City of Miami Springs. A total of 68 petitions were reviewed for verification; of which 56 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)

MIAMI-DADE COUNTY

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 **56** signatures submitted by **Maria P. Mitchell** for the office of **Mayor** 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 23rd DAY OF
JANUARY, 2023

Christina White
Supervisor of Elections

MIAMI-DADE COUNTY

OFFICIAL RECEIPT

MIAMI-DADE COUNTY–FLORIDA

No. 8053245

RECEIVED FROM Maria V. Mitchell

DATE 1 / 19 / 2023 (MONTH / DAY / YEAR)

ADDRESS 201 Westward Dr. (STREET ADDRESS)

Miami Springs (CITY) _____ (STATE) 33166 (ZIP)

CASH $ 6 . 70

CHECKS $ _____ . _____

TOTAL $ 6 . 70

AMOUNT OF: Six DOLLARS, AND 70 CENTS

FOR PAYMENT OF: Signature Verification - City Candidate Miami Springs

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

107.01-1 6/04

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

CITY OF MIAMI SPRINGS
2023 JAN 18 PM 1:19

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: [illegible] MITCHELL

who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA

for the office of:
para el cargo de: MAYOR

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
PRINT NAME ~~Date / Fecha~~:	ADDRESS	DATE OF BIRTH	SIGNATURE
CARMEN N. HERTSCH Date / Fecha: 1-10/2023	324 MINOLA DR.	5-18-55	[signature]
BARBARA DELEONI Date / Fecha: 1/11/2023	910 Pinecrest DR	01-31-83	[signature]
Lazaro Gonzalez Date / Fecha: 1-11-23	324 LAUILLA DR Miami FL. 33166	01-11-23	Lazaro Gonzalez
ANA M. PAULSEN Date / Fecha: 1-11-2023	337 MINOLA DR. MIAMI SPRINGS FL. 33166	08-30-1950	[signature]
Esther M. Flora Date / Fecha: 1-11-23	300 Hibiscus Dr. Miami Spr. 33166	04-10-1950	[signature]
DIANE CLARK Date / Fecha: [illegible]	570 RAVEN AVE MIAMISPRINGS 33166	04-7-1950	Diane M Clark
MARY CHALHOUB Date / Fecha: 1-11-2023	709 CURTISS PKWY 1-25		[signature]
[illegible] Date / Fecha:	351 SWALLOW DR APT #2		[signature]
CAROLINA FRANCOIS Date / Fecha: [illegible]	416 Minola Drive	11-28-49	[signature]

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: [signature]

Address: Dirección: 324 MINOLA DR.

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: / A quien conozco personalmente: _____

or Provided Identification: / o Quien Produjo Identificación: FLDL

Notary Public: / Notario Público: [signature]

Print/Letra de Molde: Erika Gonzalez Santamaria

Date: / Fecha: 1/18/2023

My Commission expires: / Mi Comisión expira:

ERIKA GONZALEZ-SANTAMARIA
MY COMMISSION # GG 301860
EXPIRES: December 1, 2023
Bonded Thru Notary Public Underwriters

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 1:15pm By: [illegible]

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

CITY OF MIAMI SPRINGS
2023 JAN 18 PM 1:19

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: MARIA PUENTE MITCHELL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

	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
	PRINT NAME ~~Date~~ / Fecha:	ADDRESS	DATE OF BIRTH	SIGNATURE
1	Lloyd Mitchell Date / Fecha: 1-15-23	830 Bluebird Ave Miami Springs, FL 33166	5-23-55	
2	MARIA Mitchell Date / Fecha: 1-15-23	830 Bluebird Ave Miami	12-10-55	
3	Date / Fecha:			
4	Date / Fecha:			
5	Date / Fecha:			
6	Date / Fecha:			
7	Date / Fecha:			
8	Date / Fecha:			
9	Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 2 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: X	**Address: Dirección:** 830 Bluebird Ave.

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: 1/18/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My commission expires: Mi comisión expira:

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

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 12:24pm By: EG

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

CITY OF MIAMI SPRINGS
2023 JAN 18 PM 1:19

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: MARTA PUENTE MITCHELL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

	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
	PRINT NAME Date / Fecha:	ADDRESS	DATE OF BIRTH	SIGNATURE
1.	Adriana Fajet Date / Fecha: 1/11/23	481 La Villa Dr. Mia. Springs FL	10-23-68	
2.	Hamid R. Djahanshahi Date / Fecha: 1-11-2023	61 Deer Run Miami SPR. 33166	11/14/51	H R. Djah.
3.	Thomas Webb Date / Fecha: 1/11/23	361 Ibis Ave Miami Springs Fl. 33166	9/25/5	
4.	Anastasia Hecke Date / Fecha: 1-11-23	990 N. Royal Poinciana Miami Springs 33166	8-15-76	
5.	Alberto Armas Date / Fecha: 1-18-2023	1130 Quail Ave Mimi Spring 33166	7-18-60	
6.	Jose Rodriguez Date / Fecha: 1-11-23	1130 Quail Ave. Miami Springs, Fl. 33166	7-22-58	Jose Rodriguez
7.	Brian Fiast Date / Fecha: 1-11-23	1173 Quail Ave MS 33166	1-31-61	
8.	Dee Reaux Date / Fecha: 1-11-23	1202 Quail Ave 33166	2-2-41	
9.	Diane Devereaux Date / Fecha: 1-11-2023	1202 Quail Av 33166	6-12-49	Diane Devereaux

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:** 1131 Quail Ave. **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: FDL 9170
Notary Public: Notario Público:	Date: Fecha: 1/18/2023
Print/Letra de Molde: Erika Gonzalez-Santamaria	My commission expires: Mi comisión expira:

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

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 12:26pm By:

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

CITY OF MIAMI SPRINGS
2023 JAN 18 PM 1:19

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: MARY VICENTE MITCHELL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

	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
	PRINT NAME Date / Fecha:	ADDRESS	DATE OF BIRTH	SIGNATURE
1.	ERIK SPANGENBERG Date / Fecha: 1-12-23	241 NAVAJO ST MIAMI SPRINGS. FL 33166	02/23/88	
2.	Lidia Cavalcanti Spangenberg Date / Fecha: 1-12-23	241 Navajo st Miami Springs	04/12/84	Lidia Cavalcanti Spa
3.	MARGARITA MAYO Date / Fecha: 1/12/23	1145 Quail AVE Miami Springs FL 33166	6/13/47	Margarita Mayo
4.	William Booher Date / Fecha: 1/12/23	1170 Quail Ave. Miami Springs	9/25/77	
5.	Wendy Anderson-Booher Date / Fecha: 1/12/23	1170 Quail Ave 33166 Miami Springs, FL	4/21/79	Wendy Anderson-Booher
6.	Dolores Dorrego Date / Fecha: 1-12-23	1150 Quail Ave Miami Springs	05/23/64	Dolores Dorrego
7.	Daniel Dorrego Date / Fecha: 1-12-23	1150 Quail Ave Miami Springs	12/30/64	
8.	Daniel Perez Date / Fecha: 1-12-23	1160 Quail Ave Miami Springs, FL 33166	8/10/84	DPPZ
9.	Katherine Perez Date / Fecha: 1-12-23	1160 Quail Ave Miami Springs, FL 33166	4/18/85	

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:** 1131 Quail Ave **Dirección:** Miami Sp. 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: FLD 900
Notary Public: Notario Público:	Date: Fecha: 1/18/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My commission expires: Mi comisión expira:

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 12:26pm By:

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

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: MARTA PIEDRA MITCHELL CITY OF MIAMI SPRINGS 2023 JAN 18 PM 1:19
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

	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
	PRINT NAME ~~Date / Fecha~~:	ADDRESS	DATE OF BIRTH	SIGNATURE
1.	Carmen Spangenberg Date / Fecha: 1-11-23	1131 Quail Ave M. Springs 33166	11/17/1951	
2.	Jacobu Deluvalle Date / Fecha: 1/11/2023	585 Curtiss Pkwy M Springs, FL	01-11-23	
3.	ANGELA JONES Date / Fecha: 1-11-2023	451 CRESCENT DR #2 M. SPRINGS, FL 33166	7-13-57	
4.	Efrain Jorge SANTIN Date / Fecha: 1-11-23	1249 HERON AVE MIAMISprings, FL 33166	09.24.65	
5.	Charles Leonard Date / Fecha: 1-11-2023	1 Cordon Dr Miami Sprs FL 33166	10-2-58	
6.	Sherry Bracin Date / Fecha: 1-11-23	288 Pocatella St Miami Springs FL	10.15.44	
7.	Jens Spangenberg Date / Fecha: 1-11-23	1131 Quail Ave M. Springs FL 33166	6-4-47	
8.	Betsaida Giotto Date / Fecha: 1-12-2023	1281 Bluebird AVE M. Springs FL 33166	08-06-1961	
9.	Fernando Cravero Date / Fecha: 1/12/23	1281 BLUEBIRD AVE. M. Springs FL	2-9-1954	

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:** 1131 Quail Ave Miami Spring FL

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: _____	or Provided Identification: o Quien Produjo Identificación: FLDL 9170
Notary Public: Notario Público:	Date: Fecha: 1/18/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My commission expires: Mi comision expira:

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

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 12:25pm By: EG

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

CITY OF MIAMI SPRINGS
2023 JAN 18 PM 1:19

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: MARGARITE MITCHELL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR.

	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
	PRINT NAME ~~Date / Fecha~~:	ADDRESS	DATE OF BIRTH	SIGNATURE
1.	Aldo Saavedra Date / Fecha: 1/23/23	529 Curtiss Pkw	7/27/68	Aldo Saavedra
2.	Michael Gavila Date / Fecha: 1/10/23	223 N Royal Poinciana Blvd	8/3/1951	Michael Gavila
3.	Judith Hamlin Date / Fecha: 1/10/23	1131 Redbird Ave	05/10/1942	Judith H. Hamlin
4.	Jessica Camacho Date / Fecha: 1/10/23	450 S. Melrose Dr	3/17/81	[illegible]
5.	Lynne Brooks Date / Fecha: 1/10/23	520 FALCON AVE	9/9/59	Lynne Brooks
6.	Ana Paula Izarra Date / Fecha: 01.10.23	760 Plover Ave Miami Springs	4.16.76	[illegible]
7.	Sherie Alfonso Date / Fecha: 1-11-23	457 Deer Run Mia. Spr.	9.7.86	Sherie A Alfonso
8.	Elizabeth Santin Date / Fecha: 1/11/2023	1249 Heron Ave 33166	6.8.66	[illegible]
9.	Michael Pellin Date / Fecha: 1/12/23	1100 Falcon AVE Miami springs, 33166	10/2/62	[illegible]

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: X Michael Gavila	**Address: Dirección:** 223 North Royal Poinciana Blvd 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: [signature]	Date: Fecha: 1/18/2023
Print/Letra de Molde: Erika Gonzalez-Santamaria	My commission expires: Mi comision expira:

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

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 12:24pm By: [illegible]

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: MARTA ALENE MITCHELL CITY OF MIAMI SPRINGS 2023 JAN 18 PM 1:19
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

	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
	PRINT NAME ~~Date / Fecha~~:	ADDRESS	DATE OF BIRTH	SIGNATURE
1.	Nancy Bauerlein Date / Fecha: 1.12.23	1075 Bluebird Ave Miami Springs, Fl	5.25.57	Nancy Bauerlein
2.	E. JOSEAH BAUERLEIN Date / Fecha: 1/12/23	1075 BLUEBIRD AVE MIAMI SPRINGS, FL	109168207	E. Josiah Bauerlein
3.	Michelle Martinez Date / Fecha: 1/13/23	1031 Bluebird Ave Miami Springs, FL 33166	1/12/1986	[illegible]
4.	Date / Fecha:			
5.	Date / Fecha:			
6.	Date / Fecha:			
7.	Date / Fecha:			
8.	Date / Fecha:			
9.	Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 3 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: Nancy Bauerlein	**Address: Dirección:** 1075 Bluebird Ave Miami Springs, FL

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: ____	or Provided Identification: o Quien Produjo Identificación: PDL 10850
Notary Public: Notario Público: [signature]	Date: Fecha: 1/18/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My commission expires: Mi comisión expira:

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

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 1:10 PM By: [illegible]

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

CITY OF MIAMI SPRINGS
2023 JAN 18 PM 1:19

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: MARIA PUENTE MITCHELL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

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
PRINT NAME ~~Date / Fecha~~	ADDRESS	DATE OF BIRTH	SIGNATURE
1. Olga Siddons Date / ~~Fecha~~: 1-12-23	1140 Plover Ave. Mia Sp. Fl 33166	8-21-56	
2. John Siddons Date / ~~Fecha~~: 1-12-23	1140 Plover Avenue Mia. Sp. Fl. 33166	3-6-49	
3. Maria Quintana Date / ~~Fecha~~: 1-12-23	921 Nightingale Ave Mia. Sp. FL. 33166	2-20-65	
4. Raquel Diaz Date / ~~Fecha~~: 1-12-23	208 Portatella St. Miami Springs, Fl. 33166	1-16-67	
5. Teresa Camevale Date / ~~Fecha~~: 1-12-23	996 Raven Ave Miami Springs FL 33166	4-3-65	
6. Barbara Santos Date / ~~Fecha~~: 1-12-23	360 Rosedale Dr. MSpgs, FL 33166	2-14-73	
7. Ricardo Caral Date / ~~Fecha~~: 1-13-23	1130 Plover Ave Miami Springs, FL 33166	10/24/1983	
8. Jorge Fernandez Date / ~~Fecha~~: 1-13-2023	1151 Plover Ave Mia Spring, Fl 33166	2/13/84	
9. Inge Lange Date / ~~Fecha~~: 1-13-2023	1151 Plover Ave Miami Spring, Fl 33166	9/25/71	

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:** 1140 Plover Ave 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: _____	or Provided Identification: o Quien Produjo Identificación: FLDL 8010
Notary Public: Notario Público:	Date: Fecha: 1/18/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My commission expires: Mi comisión expira:

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

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 1:15pm By:

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: VICENTE MITCHELL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MAYOR

CITY OF MIAMI SPRINGS 2023 JAN 18 PM 1:19

	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
	PRINT NAME ~~Date / Fecha~~:	ADDRESS	DATE OF BIRTH	SIGNATURE
1.	Erick J. Argote Date / Fecha: 01-13-23	214 Glendale Dr Miami Springs, Fl 33166	12-29-62	
2.	Diana Suarez 01/13/23 Date / Fecha: 1-13-23	50 Wren Avenue Miami Springs, FL 33166	8-7-73	
3.	Azucena Carvajal 01/13/23 Date / Fecha: 1-13-23	521 Nightingale Ave. Miami Springs, FL 33166	08/03/89	
4.	Arlene Delgado 1/13/23 Date / Fecha: 1-13-23	180 Esplanade Dr. M Springs, Fl 33166	5-4-70	
5.	Jill Vizcaino Date / Fecha: 1/13/23	1238 Meadowlark Ave. Mia Spngs. FL 33166	2/24/66	
6.	Perla Menendez Date / Fecha: 1/13/2023	357 Palmetto Dr. Miami Springs, FL 33166	7/4/1963	
7.	Ileana De La Riva Date / Fecha: 1/13/2023	1170 Raven Av Miami Springs Fl 33166		
8.	Cristina Jerauld Date / Fecha: 1/13/23	1199 Dove Ave Miami, FL 33166		
9.	Anna Alves Date / Fecha: 1/13/2023	1016 Bassfoint. Miami Springs 33166	7/23/70	

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:** 1140 Plover Ave. Mia Sp. 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: 1/18/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My commission expires: Mi comisión expira:

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

RECEIVED BY CITY CLERK'S OFFICE: Date: 1/18/2023 Time: 1:15pm By: EG

RECEIVED
JAN 9 23
CITY CLERK'S OFFICE

MARIA P MITCHELL
CAMPAIGN ACCT
MIAMI SPRINGS MAYOR

63-9138/2631

98

DATE 1-9-23

PAY TO THE ORDER OF City of Miami Springs $ 103 —

One hundred and three —00/100 DOLLARS

Security Features Included. Details on Back.

© DELUXE WALLET OR DUPLICATE

TRUIST

MEMO filing fee

Maria P Mitchell

MP

⑈263191387⑆11000244 24144⑈00098

SPECIALTY BLUE

CITY OF MIAMI SPRINGS
*** CUSTOMER RECEIPT ***

Oper: MIASMBM Type: OC Drawer: 1
Date: 1/10/23 01 Receipt no: 510

Description	Quantity	Amount
DS	DEPOSIT SIGN CAMPAIGN	
	1.00	$103.00

MARIA P MITCHELL
CAMPAIGN ACCT
FILING FEE

Tender detail		
CK CHECK	98	$103.00
Total tendered		$103.00
Total payment		$103.00

Trans date: 1/10/23 Time: 11:48:49

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 10 AM 9:17

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Mitchell MARIA PUENTE

MAILING ADDRESS :
830 Bluebird Ave

Miami Springs. 33166 Miami Dade

CITY : ZIP : COUNTY :
Miami Springs

NAME OF AGENCY :
Miami Springs, MAYOR AND CITY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
MAYOR

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
Miami Dade County	111 NW 1 Street, Miami, Fl 33128	Metropolitan Govt
Barry University	11300 NE 2 Ave, Miami FL 33161	University
Florida Int'l. University	11200 SW 8 St., Miami, FL 33199	University
City of Miami Springs	201 Westward Drive, Miami 33166	Municipality

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

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

830 Bluebird Ave, Miami Springs, FL 33166
11514 SW 109 Rd. Unit X, Miami, FL 33176

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
C. Schwab	Personal
Nationwide	Personal

CITY OF MIAMI SPRINGS
2023 JAN 10 AM 9:17

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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	Leading Best Practices, LLC	
ADDRESS OF BUSINESS ENTITY	830 Bluebird Ave 33166	
PRINCIPAL BUSINESS ACTIVITY	Consulting	
POSITION HELD WITH ENTITY	AMBR	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

Marie Mitchell

Date Signed:

1-9-23

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.

CITY OF MIAMI SPRINGS
2023 JAN -9 PM 4:24

AFFIDAVIT OF RESIDENCY

I, Maria P. Mitchell, hereby file this Affidavit of Residency this 9th day of January, 2023. I reside at 830 Bluebird Ave., 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.

Maria P Mitchell
Signature of Affiant

(305) 788-6753
Telephone

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 9th day of Jan 2023, by

Maria Duente Mitchell.
(Name of person making statement)

Erika Gonzalez
Signature of Notary Public, State of Florida

ERIKA GONZALEZ-SANTAMARIA
MY COMMISSION # GG 361880
EXPIRES: December 01, 2023
Bonded Thru Notary Public Underwriters

(Notary Name printed or stamped)

Personally Known ✓ or Produced Identification _____
Type of Identification Produced: _____

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
2022 DEC 21 AM 9:06

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)
MARIA PUENTE Mitchell

3. Address (include post office box or street, city, state, zip code)
830 Bluebird Ave
Miami Springs, FL 33166

4. Telephone
(305) 788-6753

5. E-mail address

6. **Office sought** (include district, circuit, group number)
MAYOR

7. **If a candidate for a nonpartisan office, check if applicable:**
☐ 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
~~Myself~~ (MM) MARIA PUENTE Mitchell

11. Mailing Address
830 Bluebird Ave, Miami, FL 33166

12. Telephone
(305) 788-6753

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33166

17. E-mail address

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

19. Name of Bank
TRUIST

20. Address
69 Westward Drive

21. City
Miami

22. County
Miami Dade

23. State
FL

24. Zip Code
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
12-21-22

26. Signature of Candidate
X Maria Mitchell

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

I, MARIA Puente Mitchell, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☑ Campaign Treasurer. ☐ Deputy Treasurer.

12-21-22
Date

X Maria Mitchell
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
CITY OF MIAMI SPRINGS

2022 DEC 21 AM 9:06

I, MARIA PUENTE Mitchell,

candidate for the office of MAYOR;

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

X Maria Mitchell
Signature of Candidate

12-21-22
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).