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.

Village of Pinecrest
Office of the Village Clerk
JAN 28 2020
Guido H. Inguanzo, Jr.
Village Clerk

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): Shannon Lyn Del Prado

3. Address (include post office box or street, city, state, zip code): 7000 SW 133rd St. Miami, FL 33156

4. Telephone: (305) 975 8811

5. E-mail address: sdelprado@pwdlawfirm.com

6. **Office sought** (include district, circuit, group number): Pinecrest Village Council Seat 3

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: Raquel Pelleher

11. Mailing Address: 8660 SW 64 ave

12. Telephone: (305) 216 9124

13. City: Pinecrest | 14. County: M-Dade | 15. State: FL | 16. Zip Code: 33156 | 17. E-mail address: Raquelpelleher@aol.com

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

19. Name of Bank: City National Bank

20. Address: 13780 N. Kendall Drive

21. City: Miami | 22. County: Miami Dade | 23. State: FL | 24. Zip Code: 33186

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: 1-28-20

26. Signature of Candidate: X

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

I, Raquel Pelleher, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer

Date _____ X _____ Signature of Campaign Treasurer or Deputy Treasurer

Office of the Village Clerk

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

Village of Pinecrest
Office of the Village Clerk

JAN 28 2020

Guido H. Inguanzo, Jr.
Village Clerk

I, Shannon Lyn del Prado,

candidate for the office of Pinecrest Village Council;

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

Office of the Village Clerk

X _____ 1-28-20

Signature of Candidate — 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).

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Del Prado Shannon Lyn

MAILING ADDRESS :
7000 SW 133rd Street

CITY : Pinecrest
ZIP : 33156
COUNTY : Miami Dade

NAME OF AGENCY :
Village of Pinecrest

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Council Seat # 3

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, 2019.

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
Pita Weber Del Prado LLC	9350 South Dixie Hwy #1200 Miami 33156	Law Firm
Pita & Del Prado PA	9350 South Dixie Hwy #1200 Miami 33156	Law Firm

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
None			

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

7000 SW 133rd Street Pinecrest, FL 33156

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.

Office of the Village Clerk

(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
Brokerage Acct., IRA, 401K	Accounts Managed by Evensky & Katz/Foldes
	4000 Ponce de Leon Blvd, Ste. 850 Coral Gables 33146

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
BMW Financial	PO Box 78103, Phoenix, AZ 85062-8103

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		
ADDRESS OF BUSINESS ENTITY	None other than through mutual	
PRINCIPAL BUSINESS ACTIVITY	fund and cash holdings managed	
POSITION HELD WITH ENTITY	at Evensky & Katz/Foldes	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

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

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

SIGNATURE OF FILER:

Signature:

Date Signed:

6/9/20

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: _____

Office of the Village Clerk

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, 2019.

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

OFFICE USE ONLY

Candidate Oath

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

I, Shannon Del Prado

(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.)

am a candidate for the nonpartisan office of Village of Pinecrest Council *(Office)*, _____ *(District #)*,

_____ *(Circuit #)*, 3 *(Group or Seat #)*; I am a qualified elector of Miami Dade County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Office of the Village Clerk

Candidate's Florida Voter Registration Number (located on your voter information card): 109701379

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.]*

Shannon Del Prado

X

Signature of Candidate

(305) 975-8811
Telephone Number

shannon@shannonforpinecrest.com
Email Address

Address	City	State	ZIP Code
7000 SW 133rd Street	Pinecrest	Florida	33156

STATE OF FLORIDA

COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 9th day of June, 2022.

Personally Known: ✓ or Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public

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

GUIDO HINGUANZO JR
Notary Public State of Florida
Commission # GG 183147
My Comm. Expires Apr 30, 2022
Bonded through National Notary Assn.

Guido H. Inguanzo, Jr., CMC
Village Clerk
clerk@pinecrest-fl.gov

VILLAGE OF PINECREST
Office of the Village Clerk

AFFIDAVIT
NOTICE OF CANDIDACY AND RESIDENCY

I, Shannon del Prado, hereby file this Notice of Candidacy this 9 day of June, 2020 for the Village Council of the Village of Pinecrest, Florida in Seat 3 at the general election to be held November 3, 2020. I affirm that I have resided in the Village of Pinecrest and in the Residential Area for which I propose to represent on the Village Council continuously for at least one year prior to the date of qualifying for the office indicated above as required by Section 2.4(a) of the Village Charter.

Signature

Shannon del Prado
Print Name

7000 SW 133rd Street
Address Pinecrest, FL 33156

305-975-8811
Telephone Number

Shannon@shannonforPinecrest.com
E-mail Address

Office of the Village Clerk

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
VILLAGE OF PINECREST)

BEFORE ME personally appeared Shannon del Prado who executed this Notice of Candidacy and Residency this 9th day of June, 2020.

GUIDO H. INGUANZO, JR.
NOTARY PUBLIC – STATE OF FLORIDA

SEAL/COMMISSION EXPIRES:

GUIDO H INGUANZO JR
Notary Public State of Florida
Commission # GG 183147
My Comm. Expires Apr 30, 2022
Bonded through National Notary Assn.

☑ PERSONALLY KNOWN TO ME
☐ PRODUCED THE FOLLOWING IDENTIFICATION:

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

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

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

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

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

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

I, Shannon del Prado, a candidate for the office of
(please print your name)
Village of Pinecrest Council Seat 3 in _____,
(elective office sought) (county, municipality, or other jurisdiction)

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

x _____ 6/9/20
Signature **Date**

Office of the Village Clerk

Guido H. Inguanzo, Jr., CMC
Village Clerk
clerk@pinecrest-fl.gov

VILLAGE OF PINECREST
Office of the Village Clerk

June 12, 2020

Ms. Shannon Del Prado
7000 Southwest 133 Street
Pinecrest, Florida 33156

Dear Ms. Del Prado:

It is my pleasure to inform you that you have successfully qualified as a candidate for the office of Councilmember (Seat 3).

Your name will appear on the November 3, 2020 ballot as follows:

Shannon Del Prado

If this is not correct, please contact my office prior to 12:00 noon on Monday, June 15th.

If you have any questions, or you need any additional assistance, please contact me via e-mail inguanzo@pinecrest-fl.gov or at 305.234.2121.

Sincerely,

Guido H. Inguanzo, Jr., CMC
Village Clerk

Office of the Village Clerk

Guido H. Inguanzo, Jr., CMC
Village Clerk
clerk@pinecrest-fl.gov

VILLAGE OF PINECREST
Office of the Village Clerk

QUALIFYING CHECKLIST
2020 MUNICIPAL ELECTION

Office of the Village Clerk

- ☑ FORM DS-DE9 (Appointment of Campaign Treasurer) 1/28/20
- ☑ STATEMENT OF CANDIDATE 1/28/20
- ☑ FORM 1 (Financial Interest)
- ☑ FORM 3 (Disclosure of Specified Business Interest) N/A
- ☑ QUALIFYING FEE ($100.00 payable from campaign account)
- ☑ OATH OF CANDIDATE
- ☑ NOTICE OF CANDIDACY/RESIDENCY
- ☑ COPY OF VOTER INFORMATION CARD
- ☑ DECLARATION OF ETHICAL CAMPAIGN PRACTICES
- ☐ OTHER _____

DATE/TIME QUALIFIED: 6/9/20 3:45 pm

QUALIFYING OFFICIAL: _____
Guido H. Inguanzo, Jr., CMC, Village Clerk

12645 Pinecrest Parkway, Pinecrest, Florida 33156
T: 305.234.2121 | F: 305.234.2131
www.pinecrest-fl.gov