



7. Affiant's minor children reside at the following address: (must include city, state and zip code)

N/A

8. At the present time, affiant (is)  (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above. NI

9. Name and business address of affiant's employer:

Dade County Schools - Miami Jackson HS  
1751 NW 36th Street, Miami, 33142

10. Affiant's occupation: Educator

11. Affiant has been employed in the above-cited capacity for the following period of time:

1 yr

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

N/A

12. Affiant represents that he/she (is)  (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is)  (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

- (a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:

1825 Nw 47th Terrace

Affiant's campaign treasurer's name:

Robert Malone Jr.

\*Affiant's campaign treasurer's address:

1825 Nw 47th Terrace

Telephone numbers: (work) (86) 512-1919

(home) (305) 637-1485

\*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

Robert Malone Jr.

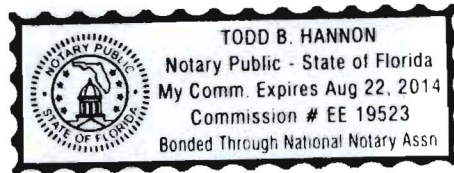
SIGNED THIS 20 DAY OF September, 2013.

Robert Malone Jr.  
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Robert Malone Jr., who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

Todd B. Hannon  
CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: FL Driver's License

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**FORM 1**

**STATEMENT OF**

**2012**

**FINANCIAL INTERESTS**

**FOR OFFICE USE ONLY:**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Malone Jr. Robert

MAILING ADDRESS :

1825 NW 47th Terrace

CITY :

Miami

ZIP :

33142

COUNTY :

Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commission District 5

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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

**DISCLOSURE PERIOD:**

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

DECEMBER 31, 2012 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS 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:

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, you must write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS    | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|---------------------|---|
| Dade County Schools      | 1751 NW 36th Street | Education   |
|                          |                     |   |
|                          |                     |   |

**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, you must write "none" or "n/a")

|  |
|--|
|  |
|  |
|  |

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
|                    |   |
|                    |   |

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR                       |
|------------------|---|
| Sally Mae        | P.O. Box 9500, Wilkes-Barre PA 18713-9500 |
|                  |   |

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**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       |                     |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   |                     |                     |                     |
| POSITION HELD WITH ENTITY                     |                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               |                     |                     |                     |

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

*Robert M. [Signature]*

9/20/2013

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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

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

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

CANDIDATE OATH -  
CANDIDATE WITH NO PARTY AFFILIATION

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OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Robert Malone Jr.  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate with no party affiliation for the office of Commissioner, 5  
(office) (district #)

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

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

Robert Malone Jr. <sup>786</sup> ( ) 512-1919  
Signature of Candidate Telephone Number Email Address

1825 NW 47th Terr Miami FL 33142  
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 105027640

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

STATE OF FLORIDA  
COUNTY OF Miami Dade

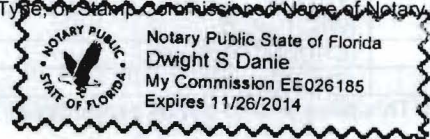
Sworn to (or affirmed) and subscribed before me this 20 day of September, 2013.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: Driver's License

Dwight S Danie  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



LOYALTY OATH

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE)  
CITY OF MIAMI)

(Please Print)

I, Robert \_\_\_\_\_ Malone Jr. \_\_\_\_\_  
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Robert Malone Jr.  
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared

Robert Malone Jr.

(Please print name as you wish it to appear on ballot)

who being sworn, says, he/she is a candidate for the office of City of Miami Commissioner, District 5; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by ss. 876.05 – 876.10, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

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Robert Malone Jr.  
Signature of Candidate

1825 NW 47th terr  
Address

Miami FL 33142  
City State ZIP Code

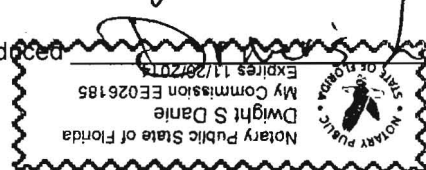
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 20<sup>th</sup> day of September, 2013

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) Dwight Danie

Print, Type, or Stamp Commissioned Name of designated Notary Public) Dwight Danie

Personally Known OR Produced Identification Type of Identification Produced Produced Identification



City of Miami  
Office of the City Clerk  
3500 Pan American Drive  
Miami, FL 33133

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To whom it may concern

I, Robert Malone Jr. candidate for City of Miami  
Commission District 5, do hereby swear, that I reside at  
1825 NW 47th Terrace, and I have resided at  
this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 20 DAY OF September 2013

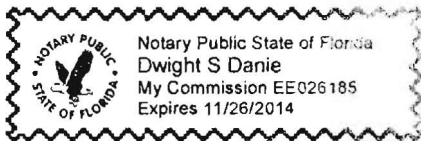
Robert Malone Jr.  
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Robert Malone, who, after first being duly sworn, deposes and states that he/she executed the foregoing to the best of his/her knowledge and belief.

Dwight S Danie

Signature of Notary Public – State of Florida

(SEAL)



Did take an oath  
 Produced identification

Type of identification produced: Driver's license





City of Miami  
**OFFICIAL RECEIPT**

No. 118352

\$ 682<sup>00</sup> Sales Tax \$ \_\_\_\_\_ Total \$ 682<sup>00</sup> Date: 9/20/2013

Six Hundred Eighty Two and 00/100 /100 Dollars

Received from: Robert Malone Sr.

Address: 1825 NW 47th Ter

For: Candidate Qualif Reference No: Check # 164

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Dwight Dew

Department: City Clerk

Division: Elect

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department

**ROBERT MALONE JR.**  
**CAMPAIGN ACCOUNT**  
1825 NW 47TH TER  
MIAMI, FL 33142

63-215/631 106

1000143384138

Date 9/20/2013 Shield™

Pay to the order of City of Miami \$ 682.00


Six hundred eighty-two dollars & 00/100 Dollars

ACH RT 061000104  
Memo City of Miami filing fee Robert Malone Sr. MP




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**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**



**ROBERT  
MALONE JR**  
1825 NW 47TH TER  
MIAMI, FL 33142-4049  
DOB: 04-12-1968 SEX: M  
ISSUED: 04-12-2013 HGT: 6-01  
EXPIRES: 04-12-2021

REST  
ENDORSE:



**DRIVER**  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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RESTRICTIONS:

ENDORSEMENTS:

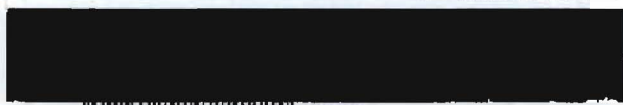
CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.  
The State of Florida retains all property rights herein.



Executive Director *Julie Jones*  
Julie Jones  
Clayton Boyd Walden *Clayton B. Walden*  
Director of Motorist Services  
3111 304100133  
Rev Date 09-01-12

[www.flhsmv.gov](http://www.flhsmv.gov)




0190271004210090


Translations by Microsoft® Translator

|   |                               |
|---|-------------------------------|
| Voter Name: (last, first)                                 | Malone JR, Robert             |
| FL Voter Reg. System ID:                                  | 105027640                     |
| Registration Date:  | Wednesday, September 20, 1989 |
| Birth Date:   | Friday, April 12, 1968        |
| Street Address:   | 1825 NW 47Th Ter              |
| Precinct:   | 512                           |
|   | <u>Precinct statistics</u>    |
| Mailing Address:  | 1825 NW 47Th Ter              |
|   | Miami FL                      |
|   | 33142                         |
| Party Affiliation Code:                                   | DEM                           |
| Voter Status:   |                               |
| You are currently eligible to vote in Miami-Dade County.  |                               |
| I wish to <u>change my voter registration information</u> |                               |

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**Future Elections**

|   |   |
|---|---|
| <p><b>Miami-Dade County Special Election</b></p> <p><u>Sample Ballot</u></p> <p>Election Date<br/> <b>Tuesday, November 5, 2013</b></p> <p>Registration Closes<br/> <b>Monday, October 7, 2013</b></p> <p>Would you like to request an absentee/mail ballot for this election?</p> <p><u>Absentee/Mail Ballot Request</u></p> | <p>Your precinct votes here on election day.</p>  <p><b>St. Paul Institutional Ame Church</b><br/> <u>1892 NW 51 Ter</u><br/> <u>Miami FL 33142</u></p> |
|---|---|

|   |   |
|---|---|
| <p><b>Miami Run-Off Election</b></p> <p><u>Sample Ballot</u></p> <p>Election Date<br/> <b>Tuesday, November 19, 2013</b></p> <p>Registration Closes<br/> <b>Monday, October 21, 2013</b></p> <p>Would you like to request an absentee/mail ballot for this election?</p> <p><u>Absentee/Mail Ballot Request</u></p> | <p>Your precinct votes here on election day.</p>  <p><b>St. Paul Institutional Ame Church</b><br/> <u>1892 NW 51 Ter</u><br/> <u>Miami FL 33142</u></p> |
|---|---|

**Past Elections**

|  |
|--|
| <p><b>2012 General Election</b></p> <p><u>Sample Ballot</u></p> <p>Election Date<br/> <b>Tuesday, November 6, 2012</b></p> <p>Registration Closes<br/> <b>Tuesday, October 9, 2012</b></p> <p>Early Voting Starts<br/> <b>Saturday, October 27, 2012</b></p> <p>Early Voting Ends<br/> <b>Saturday, November 3, 2012</b></p> <p>You voted at the voting location</p> |
|--|