

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : Estimé-Irvin, Mary

MAILING ADDRESS : 155 NE 131 Street

CITY : ZIP : COUNTY : North Miami 33161 Miami-Dade

NAME OF AGENCY : City of North Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Councilperson, District 3

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

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JUL 01 2019

CITY OF NORTH MIAMI CITY CLERKS OFFICE

RECEIVED MIAMI-DADE COUNTY DEPARTMENT OF ELECTIONS 2019 JUL - PH 050

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

DISCLOSURE PERIOD:

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

[] DECEMBER 31, 2018 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions) (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include Estime & Irvin Consulting and City of North Miami.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains 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")

155 NE 131 Street

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.

Processed Date: 7/8/19 Scanned Date: 9/30 Filing Status Code: Electronic

FD 3891

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
NONE	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
VWC LLC	13804 NW 7 Avenue, Miami, FL 33168
Fedloan	P.O. Box 69184, Harrisburg, PA 17105

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

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")

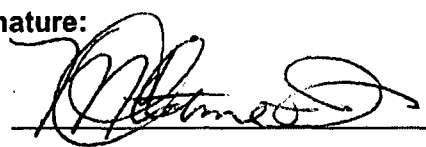
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
Estime & Irvin Consulting		
ADDRESS OF BUSINESS ENTITY	155 NE 131 Street	
PRINCIPAL BUSINESS ACTIVITY	Business Consulting	
POSITION HELD WITH ENTITY	MGR	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes (100%)	
NATURE OF MY OWNERSHIP INTEREST		

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: 6/28/2019

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1E) within 30 days of leaving office or employment. Filing a CE Form 1E (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

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JUL 1 2019
CITY OF NORTH MIAMI
CITY CLERKS OFFICE

Collazo, Richard (Elections)

From: Genosier, Guerty <ggenosier@northmiamifl.gov>
Sent: Monday, July 01, 2019 6:10 PM
To: Financial Disclosures (Elections); Financial Disclosures (Elections)
Subject: Statement of Financial Interests- Mary Estime-Irvin
Attachments: DOC070119-015.pdf

Importance: High

EMAIL RECEIVED FROM EXTERNAL SOURCE.

Good afternoon,

Please confirm that the attached Statement of Financial Interests will satisfy the deadline of July 1, 2019 for Councilwoman Estime-Irvin.


Should you have any questions please let me know.

Regards,



Guerty Genosier, CMC
Deputy City Clerk

Office of the City Clerk
776 NE 125 Street
North Miami, FL 33161
Direct: 305-893-6511 Ext. 13002
Office: 305-895-9817
Fax: 305-899-0497

 Please print only if necessary



Celebrate with North Miami - Community Events

The City of North Miami is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mail sent and received is captured by our servers and kept as a public record.