

MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

RECEIVED
MIAMI-DADE
ELECTIONS
2011 MAY 20 PM 2:00

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, A.D. Lenoir, Sr.
(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 for the nonpartisan office of County Commissioner, 2
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X [Signature] 786.486.1770 ad25d246@gmail.com
 Signature of Candidate Telephone Number Email Address
13310 NW 24th Ave Westview FL 33167
 Address City State ZIP Code

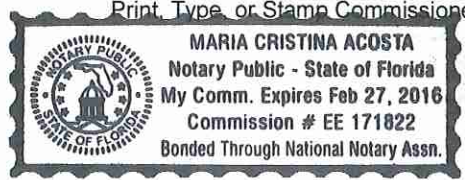
Candidate's Florida Voter Registration Number (located on your voter information card): 110254699

* 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):
LEN WAH

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me this 20th day of May, 2014.

Personally Known: _____ or
Produced Identification: ✓
Type of Identification Produced:
FL DRIVERS LIC

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public





Voter Information Card
Miami-Dade County, FL

Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Antwane Dwayne Lenoir SR
13310 NW 24Th Ave
Miami FL 33167

ISSUED
EMITIDA
ENPRIME

01/16/13

**Bring photo identification
when voting.**

**Para votar, presente una
identificación con fotografía.**

**Tranpri pote yon p-identifikasyon
ki gen foto w sòu si fe w'ap vin vote.**

Registration No.
Núm. de inscripción
Nim. Enskripsyon

110254699

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Carrie P. Meek Elementary School
2101 NW 127 St

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
240

Date of Birth
Fecha de Nacimiento
Dat Nesans
10/29/1982

Registration Date
Fecha de inscripción
Dat Enskripsyon
8/31/2004

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress
Congreso
Kongrè
24

State Senate
Senado Estatal
Sena Eta a
36

State House
Cámara Estatal
Lacham Eta a
109

County Commission
Comisión del Condado
Komisyon Konte
2

School Board
Junta Escolar
Asamble Edikasyon
2

Community Council
Consejo Comunitario
Konsèy Kominotè
8

Municipal | Municipal | Minisipalite
UNINCORPORATED M-D



MIAMI-DADE ELECTIONS

2014 MAY 20 PM 2:02

RECEIVED

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST

2013

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME: LENOIR, ANTWANE DWAYNE

MAILING ADDRESS: 13301 NW 24TH AVE

WESTVIEW 33167 MIAMI-DADE

CITY: ZIP: COUNTY:

NAME OF AGENCY: COUNTY COMMISSION DISTRICT 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

RECEIVED MIAMI-DADE ELECTIONS 2014 MAY 20 PM 2:03

CHECK IF THIS IS A FILING BY A CANDIDATE [checked]

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of MAY 20, 20 14 was \$ 815,381.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 18,900

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4), VALUE OF ASSET. Rows include: PROPERTY, 13301 NW 24TH AVE., WESTVIEW, FL 33167 (\$795,630); FURNITURE & HOUSEHOLD APPLIANCES (\$10,900); COMPUTERS & ELECTRONIC DEVICES (\$8,000).

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

Table with 2 columns: NAME AND ADDRESS OF CREDITOR, AMOUNT OF LIABILITY. Rows include: SANTANDER CONSUMER USA, PO BOX 660663, DALLAS, TX 75266 (\$16,058.58); NATIONAL AUTO LENDERS, 14645 NW 77TH AVE., MIAMI LAKES, FL 33014 (\$18,089.72).

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR, AMOUNT OF LIABILITY. Row contains handwritten 'N/A'.

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|--|----------|
| WESTVIEW BAPTIST CHURCH/SCHOOL | 13301 NW 24TH AVE., WESTVIEW, FL 33167 | \$45,000 |
| | | |
| | | |

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| | N/A | | |
| | | | |
| | | | |

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|--|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | WESTVIEW BAPTIST CHURCH/SCH. | | |
| ADDRESS OF BUSINESS ENTITY | 13301 NW 24TH AVE., WESTVIEW, FL 33167 | | |
| PRINCIPAL BUSINESS ACTIVITY | RELIGIOUS/SCHOOL | | |
| POSITION HELD WITH ENTITY | CEO | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | PASTOR/DIRECTOR | | |

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 ELECTIONS
 24 MAY 20 14 PM 2:03

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

OATH

STATE OF FLORIDA
 COUNTY OF Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

Sworn to (or affirmed) and subscribed before me this 20 day of May, 20 14 by Antwane D. Lenoir.



Oscar Joya
 Notary Public
 State of Florida
 My Commission Expires 08/29/2017
 Commission No. FF 49825

(Signature of Notary Public--State of Florida)
Oscar Joya
 (Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification X
 Type of Identification Produced Drivers License

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6996466

RECEIVED FROM Antwane D. Lenoir

DATE 5 / 20 / 14
MONTH DAY YEAR

ADDRESS 13310 NW 24th Ave

CASH \$ _____

Westview CITY FL STATE 33167 ZIP

CHECKS \$ 360 . ⁰⁰

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

TOTAL \$ 360 . ⁰⁰

FOR PAYMENT OF: Qualifying Fee - Commissioner Dist. 2

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

DEPT.: Elections

By: A. J. Amos

FOR OFFICE USE ONLY

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

A.D. LENOIR CAMPAIGN ACCOUNT
13301B NW 24TH AVE
MIAMI, FL 33187

2017

83-751/631 10958
3723171538

DATE 05/20/14

PAY TO THE ORDER OF Miami - Dade County \$ 360.00.

Three-hundred & sixty ⁰⁰/₁₀₀ DOLLARS

Wells Fargo Bank, N.A.
Florida
wellsfargo.com

FOR Filing Fee for County Commissioner D2 Shereceay Lenoir MP