

**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.

OFFICE USE ONLY

RECEIVED

2014 JUN 10 AM 11:17

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

Jean Monestime

3. Address (include post office box or street, city, state, zip code)

c/o Jeff Cazeau
121 Alhambra Plaza, 10th Floor
Coral Gables, FL 33134

4. Telephone

(305) 260-1039

5. E-mail address

jcazeau@bplegal.com

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

Miami-Dade County Commission, District 2

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

Aland Pierre-Canel, CPA

11. Mailing Address

12794 West Dixie Hwy

12. Telephone

(305) 892-8565

13. City

North Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33161

17. E-mail address

aland@apcpasolutions.com

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

19. Name of Bank

BB&T

20. Address

12255 NE 16th Avenue

21. City

North Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33161

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

6/06/2014

26. Signature of Candidate



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

I, Aland Pierre-Canel, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/06/2014

Date


Signature of Campaign Treasurer or Deputy Treasurer

**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

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

RECEIVED
 2014 JUN 10 AM 11:17
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

I, JEAN MONESTIME

(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 COMMISSION

(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

[Handwritten Signature]

Signature of Candidate

305-308-8229

Telephone Number

JEAMO@AOL.COM

Email Address

12794 WEST. DIXIE HWY

Address

NORTH MIAMI

City

FL

State

33161

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109518258

* 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):

JAHN mon-ES-teen

STATE OF FLORIDA

COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 9th day of JUNE, 2014.

Personally Known: or


Produced Identification: _____

Type of Identification Produced: _____



[Handwritten Signature]
Signature of Notary Public

Florida *Sunshine State*
DRIVER LICENSE CLASS E



JEAN
MONESTINE
13325 NW 11TH AVE
NORTH MIAMI, FL 33168-6609
DOB: 02-10-1963 SEX: M
ISSUED: 02-08-2012 HGT: 5-06
EXPIRES: 02-10-2020

ORGAN DONOR

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

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

RECEIVED
FOR OFFICE USE ONLY:

2014 JUN 10 AM 11:17
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
Monestime Jean

MAILING ADDRESS:
900 NE 125 St Suite 200

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

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COUNTY COMMISSIONER, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

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 December 31, 2013 was \$ (Approx) 89,400.00

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------------|
| MUSICAL INSTRUMENTS, JEWELRY, PAINTINGS, CASH (\$2,000 JOINT) (See Addendum) | 8,400.00 |
| ESTIMATED VALUE OF BUSINESS INTEREST | (Approx.) 40,000.00 |
| CARS (2): BENZ 320 (2001), TOYOTA CAMRY (2002) | (Approx.) 7,000.00 |
| HOMES (2): RESIDENCE (160K), 129 STREET (100K) | (Approx.) 260,000.00 |
| LAND IN COLLIER, PUTNAM, CLAY, SEWANEE, AND MARION COUNTIES | (Approx.) 220,000.00 |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|--|---------------------|
| STUDENT LOANS Sallie Mae P.O. Box 9635 Wilkes Barre, PA ZIP 18773-9635 | 26,000.00 |
| | |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| ASC-MORT P.O BOX 10388 DESMOINE, IA 50306-0388 | 202,000.00 |
| EMC MORTGAGE P.O BOX 6606530, DALLAS, TX 75266-0530 | 161,000.00 |
| SE CAPITAL 3111 FORTUNE WAY, WELLINGTON, FL 33414 | 83,000.00 |

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 |
|--|--|--------------|
| JEMO ENTERPRISES, LLC | 666 NE 125 ST SUITE 232, N MIAMI, FL 33161 | Approx \$10K |
| MIAMI-DADE COUNTY | 111 NW 1 ST, MIAMI, FL 33128 | 50,200.00 |
| | | |

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/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 | JEMO INSURANCE | SOPRODIS, S.A | |
| ADDRESS OF BUSINESS ENTITY | 666 NE 125 ST, N MIAMI, FL 33161 | 666 NE 125 ST, N. MIAMI, FL 33161 | |
| PRINCIPAL BUSINESS ACTIVITY | INSURANCE BUSINESS | PHARM. PROD. EXPORT | |
| POSITION HELD WITH ENTITY | NONE | NONE | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | YES | YES | |
| NATURE OF MY OWNERSHIP INTEREST | PASSIVE | PASSIVE | |

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

OATH

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.

STATE OF FLORIDA
 COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 9TH day of JUNE, 2014 by _____

(Signature of Notary Public--State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)
EVELT JEUDY
 MY COMMISSION # EE177374
 EXPIRES March 08, 2016
 (407) 398-0153
 FloridaNotaryService.com

Personally Known OR Produced Identification _____
 Type of Identification Produced _____

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, Aland Pierre-Canel, CPA, 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

6/10/14
 Date

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

ADDENDUM TO FULL AND PUBLIC DISCLOSURE ON FINANCIAL INTEREST-FORM 6

RECEIVED

2014 JUN 10 AM 11:17

COMMISSIONER: JEAN MONESTIME

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

| DESCRIPTION OF ASSET | AMOUNT |
|---|-----------------|
| SPACE COAST CREDIT UNION 11402 NW 41 ST #116, DORAL FLORIDA 33178 | 1,458.30 |
| BANK OF AMERICA 990 NE 125 ST, N. MIAMI, FL 33161 | 493.00 |
| TOTAL | 1,951.30 |

