

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, DORRIN DELANO ROLLE

(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, 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

Dorrian Delano Rolle
Signature of Candidate

786-202-7346
Telephone Number

ddrolle1@hotmail.com
Email Address

1001 NW 90th St
Address

Miami
City

FL
State

33150
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108935930

* 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):

DOR-RIN DELANO ROLLE

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of June, 2011

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

FL Drivers Lic

Maria Cristina Acosta
Signature of Notary Public

Print Type or Stamp Commissioned Name of Notary Public

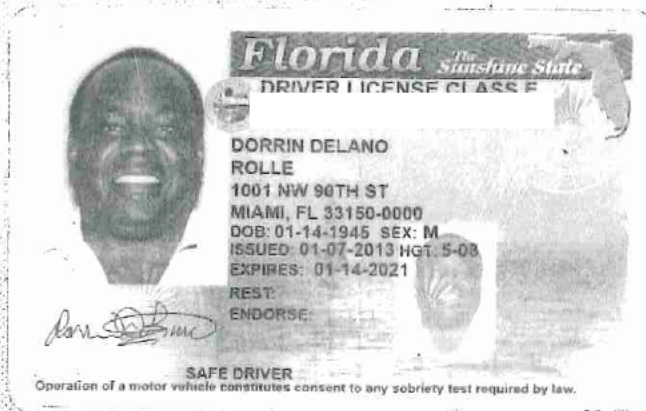


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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT


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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



Florida *The Sunshine State*
DRIVER LICENSE CLASS F


DORRIN DELANO
ROLLE
1001 NW 90TH ST
MIAMI, FL 33150-0000
DOB: 01-14-1945 SEX: M
ISSUED: 01-07-2013 HGT: 5-03
EXPIRES: 01-14-2021
REST:
ENDORSE:

Dorrin Delano

SAFE DRIVER
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:

OF FINANCIAL INTEREST

FOR OFFICE USE ONLY:

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

ROLLE DORRIN DELANO

MAILING ADDRESS:

1001 NW 90th Street

CITY:

Miami

ZIP:

33150

COUNTY:

Dade

NAME OF AGENCY:

Miami Dade County Commission

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 JUNE, 20 14 was \$ 509,434.

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 \$ 137,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family House 1001 NW 90 th ST	295,000
Time Share (Orange Lake Country Club - Orlando, FL)	8,000
Mutual Funds: AXA (100,000); ONE AMERICA (52,000); AMERICA Century (18,000); Prime America (53,000)	223,000
Cash: Chase (5,900); ST James Credit Union (19,214); Mercantile Bnk (6800)	34,414

Tropical Financial (2,500)

PART C -- LIABILITIES

\$ 540,414.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mercantile Commercial Bank (Mortgage) 100,000; ST. James Credit Union 6,000;	
Bentley Financial Services 48,000/yr (lease); Sears, 2500; Home Depot 2,000; BAC, 2000; Mercedes Financial Services, 7980 (lease)	
	\$ 168,480.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	
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
AXA Equitable (Retirement)	Suite 1000 Madison ST, Syracuse NY	60,000
SSI (Retirement); American Century (Retirement) - Washing, D.C.; PO Box 419200 KAN	MO	50,400
Zenith International Consulting	1001 NW 90th St Miami FL	30,000

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	N/A	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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 ELECTIONS DEPARTMENT

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

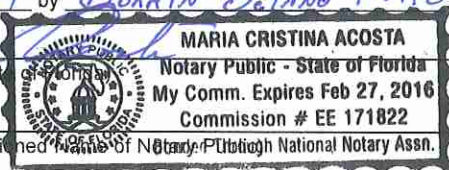
OATH

STATE OF FLORIDA
 COUNTY OF Miami-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 11th day of June, 2014 by Dorrian Delano Rolle

(Signature of Notary Public--State of Florida)
 (Print, Type, or Stamp Commissioned Name of Notary Public--through National Notary Assn.)



Personally Known _____ OR Produced Identification

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Drivers Lic

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.

