

CANDIDATE OATH –
NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

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2014 JUN 12 AM 11:28

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Warren Matthews 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 for the nonpartisan office of Bluewaters CDD (office) (district #)
Seat #5 (group or seat #); I am a qualified elector of Miami Dade County, Florida;

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.

X Wc Math Jr (786) 586-2401 m747matt@bellsouth.net
Signature of Candidate Telephone Number Email Address

PO Box 612976 N. Miami FL 33261
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109338898

* 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):

WARREN MATTHEWS JR.

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

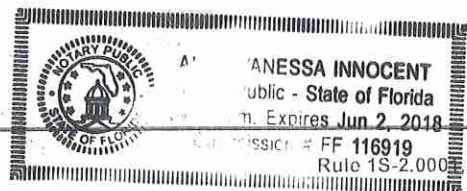
Sworn to (or affirmed) and subscribed before me this 12th day of June, 20 14.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL Drivers License

Anessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Matthews, Warren Jr.

MAILING ADDRESS :

P.O. Box 612976

CITY :

N. Miami, FL

ZIP :

33261

COUNTY :

Miami Dade

NAME OF AGENCY :

Bluewaters Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Bluewaters CDD seat 5

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

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

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**** 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):

[X] DECEMBER 31, 2013 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:

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [X] 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. Row 1: Miami Dade Co. Corrections, 2525 NW 62nd St. Miami, FL 33147, Law Enforcement.

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 1: Coral Shores Realty, Inc, Real Estate, 2595 N. HATUUS RD COOPER CITY, FL 33026, Sale of Real Estate.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

See Attached sheet

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

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|------------------------|---|
| Private Money Mortgage | Kristine Stephenson |
| IRA | USAA BANK |

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|-------------------------------------|
| Chase Bank | P.O. Box 24696 Columbus, OH. 43224 |
| BANK OF AMERICA | P.O. Box 982235 El Paso, TX. 79998 |
| PFCU | P.O. Box 1400 Alexandria, VA, 22313 |

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 |
|---|--------------------------------------|---------------------|
| Arbour Townhouse Condo | | |
| ADDRESS OF BUSINESS ENTITY | PO Box 610222 N. MIAMI, FL. 33261 | |
| PRINCIPAL BUSINESS ACTIVITY | Manager/Director | |
| POSITION HELD WITH ENTITY | Director | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | NO | |
| NATURE OF MY OWNERSHIP INTEREST | N/A | |

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 ELECTIONS

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

SIGNATURE (required):

DATE SIGNED (required):

Waven Matthey

6-6-14

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.

Signature

Date

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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, 2013.

RECEIVED

Form 1 part C

Single Family, Folio# 34-2108-010-4670, 4500 NW 176th Terrace, Miami, FL 33055, Miami Dade County, Florida

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ELECTIONS DEPARTMENT

Townhouse, Folio# 30-2219-059-0270, 261 NE 142nd Street, North Miami, Florida 33161, Miami Dade county, Florida

Single Family, Folio# 30-3103-020-0451, 1919 NW 93rd Terrace, Miami, Florida 33147, Miami Dade County, Florida

Single Family; Folio# 06-220-024-0030, 13900 NE 17th Avenue, North Miami, Florida 33181, Miami Dade County, Florida.

Duplex, Folio# 30-3122-023-0245, 4230 NW 22nd Court, Miami, Florida 33142, Miami Dade County, Florida

Single Family; Folio# 30-5019-001-7380, 14000 Van Buren Street, Miami, Florida 33176, Miami Dade County, Florida.

Single Family, Parcel# 494232-14-0070, 3070 NW 17th Court, Ft. Lauderdale, Florida 33311, Broward County, Florida

Single Family, Parcel# 33 39 25 00000 1000 00022.1, 450 11th Lane, Vero Beach, Florida 32962, Indian River County, Florida

Vacant Land, Parcel# 31 37 00 00004 0010 00033.0, 1004 Washington Avenue, Fellsmere, Florida 32948, Indian River County, Florida

Vacant Land, Parcel# 05-12-27-0000-0180-0070, Putnam County, Florida





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6996499

RECEIVED FROM WARREN MATTHEWS JR

DATE 6 / 12 / 14
MONTH DAY YEAR

ADDRESS P.O. Box 612976

CASH \$ _____

North Miami STREET ADDRESS
CITY STATE ZIP
FL 33261

CHECKS \$ 25.00

AMOUNT OF: Twenty-five DOLLARS, AND NO CENTS TOTAL \$ 25.00

FOR PAYMENT OF: Qualifying Fee Bluewaters CDD Sent 5

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

DEPT.: Elections BY: Maria Acosta

FOR OFFICE USE ONLY

| TRANS | SUBSIDIARY | INDEX CODE | SUBJECT | AMOUNT |
|-------|------------|------------|---------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

107.01-1 6/04

WARREN MATTHEWS JR
PO BOX 612976
NORTH MIAMI, FL 33261-2976

222
30-7428/3140

6-6-14
Date

Pay to the Order of BOARD OF County Commissioners \$ 25.00
Twenty five and 00/100 Dollars

Think! If you misspell or sign over the signature line, grey border, US-4.5 logo on back. If not person, do not cash.

USAA FEDERAL SAVINGS BANK
10750 McDERMOTT FWY
SAN ANTONIO, TEXAS 78288-0544
(210) 456-8000 1-800-832-3724

For Qualifying Fee Bluewaters CDD Warren Matthews JR

TRANSIT ACCOUNT NUMBER ACCOUNT NUMBER