CANDIDATE OATH -NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

RECEIVED

2014 JUN 20 AM 11: 01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)			
Luis Baez			
(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 Mid-town Mami CDD (office) (district #)			
(circuit #) (group or seat #); I am a qualified elector of			
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 full (486) 853 6846 cho Kpeluk@gmail.com			
Signature of Candidate Telephone Number Emàil Address			
3470 East Coast Ave Miami FC 33137 Address # H703 City State ZIP Code			
Candidate's Florida Voter Registration Number (located on your voter information card):			
* 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):			
Lv-is BYE-ez			
STATE OF FLORIDA			
COUNTY OF MINHE DADE			
Sworn to (or affirmed) and subscribed before me this 20^{7h} day of 40^{7h} day of 40			
Personally Known: or			
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public			
Type of Identification Produced: FLDniver's License ANNE VANESSA INNOCENT Notary Public - State of Florida			
DS-DE 25 (Rev. 5/11)			



RECEIVED Access to Handbook and the

Election Laws of the State of Florida JUN 20 AM II: 02

		ELECTIONS DEPARTMENT
Candidate/Chairperson:		DEL MITTERN
First Name	Middle Name	Boue Z Last Name
Midtaun Miami	Office Sought / Organization	Plopment District Seat 1
	he following resources	understand and follow the available on the Miami-Dade
Contains information on St Florida, County Laws and I	ate Laws and Handbooks, the	gov/elections/candidate.asp) e Election Laws of the State of ation, Electronic Reporting Dates Recent Legislative Changes.
Florida, County Laws and I		Election Laws of the State of ting Dates and Procedures,
Acknowledged by:	furfe!	
Date:	Candidate / Chairperson	Signature
Primary Telephone Number:	786-853-	6846
Alternate Telephone Numbe		
E-mail address:	chokpeluk@ a	imail · com

FORM 1 STATEMENT OF 2013 Please print or type your name, mailing FINANCIAL INTERESTS address, agency name, and position below: FOR OFFICE USE ONLY: LAST NAME -- FIRST NAME -- MIDDLE NAME MAILING ADDRESS : CITY: ZIP: COUNTY: 1) am am NAME OF AGENCY: NAME OF OFFICE OR POSITION LIE DOR SOUGHT: Pos You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE ☐ NEW EMPLOYEE OR APPOINTEE OR **** 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): W **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 **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") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY MCI 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") NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE Su 42 nd

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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 INTANCIDI E DEDONIU			
PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none	ocks, bonds, certificates of deposit, etc See instr	ructions]	
TYPE OF INTANGIBLE	1		
O C	BUSINESS ENTITY TO WE	HICH THE PROPERTY RELATES	
11/40			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none	i] ≥" or "n/a")		
NAME OF CREDITOR	1	OF CREDITOR SEE TO	
ola	AUUNEOO	OF CINEDITOR OF P	
		06 O M	
		TO D	
		20 - 133	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Or (If you have nothing to report, write "none" or post of the control of the cont	wnership or positions in certain types of busine	asses - See instructions	
	BUSINESS ENTITY # 1	BUSINESS ENTITY#2	
NAME OF BUSINESS ENTITY	nla	D)a	
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
IF ANY OF PARTS A THROUGH F ARE	CONTINUED ON A SEPARATE SHEE	ET DI FASE CHECK HERE	
SIGNATURE (required):	DATE SIGNED (reg		
. 1/1/1			
Jany C	Jan 12014		
If a certified public accountant licensed under Chapter she must complete the following statement:	r 473, or attorney in good standing with the F	Florida Bar prepared this form for you, he or	
the instructions to the form. Upon my reasonable know	, prepared the CE Form 1 in accordance wledge and belief, the disclosure herein is tru	with Section 112.3145, Florida Statutes, and ue and correct.	
		te and correct.	
Signature		Date	
	FILING INSTRUCTIONS:		
WHAT TO FILE: WH	IEDE TO EU E	WHEN TO FILE:	
After completing all parts of this form, including If you	Ou were mailed the form by the Commission	E. 747 M	

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.

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.

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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.7064071

	RECEIVED FROM_ Luis	Bolz	Date	6 120) 14
	Address 3470	East Coast Ave	Cash	MONTH DAY	YEAR
	<u>Miami</u>	STREET ADDRESS	3 / 3 7 CHECKS	\$2	5
Amount of:	Twenty Five	Dollars, AND 00/100	zip <u>2</u> cents Total	s <u> </u>	5
FOR PAYMEN	TOF: Quolifying	Fee-Midtown Miemi	CDD Sea	+1	
DEPT.:	IPT NOT VALID UNLESS D Pactions FICE USE ONLY	DATED, COMPLETED AND SIGNED By:_	D BY AUTHORIZE	Tamolen	DEPARTMENT
Trans	Subsidiary	INDEX CODE	Suвовјест	Ам	OUNT
107.01-1 6/04					

LUIS BAEZ 365 NE 125TH ST., APT. 311 MIAMI, FL 33161	$\frac{\frac{63-8655}{2660}41}{\frac{2060}{3109667024}} 213$ Date $\frac{66}{100} \frac{1}{100} \frac{1}{100}$
Pay to the order of Miami - Dade Twenty - five	County \$ 2500 COO
CITIDANK S.B. BR. #41 2001 BISCAYNE BOULEVARD MIAMI, FL 33137 Memo Quali-lying fee Midtown Miami (DD)	Leve (1)