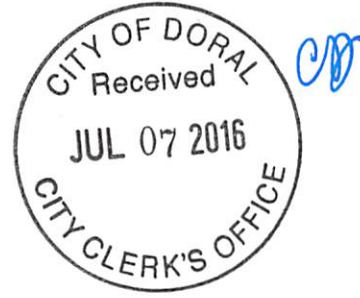


**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)



OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, David Hernandez
(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 Doral City Council, _____,
(office) (district #)
Seat # 3; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

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 [Signature] (786) 529-6249 david@david4doral.com
Signature of Candidate Telephone Number Email Address

11377 NW 87 Lane Doral FL 33178
Address City State ZIP Code

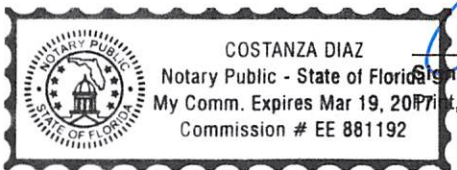
Candidate's Florida Voter Registration Number (located on your voter information card): 110295847

* 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):
DAI-VID HER-NAN-DEZ

STATE OF FLORIDA
COUNTY OF miami-dade

Sworn to (or affirmed) and subscribed before me this 7 day of July, 2016.

Personally Known: or _____
Produced Identification: _____
Type of Identification Produced: _____



[Signature]
Signature of Notary Public

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, David Hernandez, a candidate for the office of _____,
please print your name
Doral City Council Seat #3 in Doral,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x

[Signature]
Signature

07/07/16
Date



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hernandez, David

MAILING ADDRESS :

11377 NW 87 Ave

CITY :

Doral

ZIP :

33178 Miami-Dade

COUNTY :

NAME OF AGENCY :

City of Doral, City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Council member

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



**** **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):

DECEMBER 31, 2015 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 (must check one):

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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>DHCPA, INC.</i>	<i>8200 NW 41ST STE 200</i>	<i>CPA Services</i>
<i>DHCPA Advisors/Remotebooks</i>	<i>8200 NW 41ST STE 200</i>	<i>Accounting / advisory</i>

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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

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

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

Home - 11377 NW 87 Ave, Doral FL 33178

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
N/A	N/A

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Santander Bank (Magna)	PO BOX 961245 Fort Worth TX 76161

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
	N/A	N/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		

PART G — TRAINING

For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

[Handwritten Signature]

Date Signed:

07/07/16

CPA or ATTORNEY SIGNATURE ONLY

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, David Hernandez, 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.

CPA/Attorney Signature:

[Handwritten Signature]

Date Signed:

07/07/16

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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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 page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

David Hernandez
11377 NW 87th In
Doral FL 33178

ISSUED
EMITIDA
ENPRIME

05/29/15

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li le w ap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon

110295847

Voting Location | Ubicación de la votación | Lokal Biwo Vòt

Ronald W. Reagan/Doral Sr. High Sch
8600 NW 107 Ave

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
462

Date of Birth
Fecha de Nacimiento
Dat Nesans
2/11/1976

Registration Date
Fecha de inscripción
Dat Enskripsyon
10/4/2004

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Estrawida Fl.

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 elijb pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
25

State Senate
Senado Estatal
Sena Eta a
38

State House
Cámara Estatal
Lachanm Eta a
103

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asamble Edikasyon
5


Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
DORAL



008

Florida *The Sunshine State*
DRIVER LICENSE CLASS E



DAVID
HERNANDEZ
11377 NW 87TH LN
DORAL, FL 33178-5616
DOB: 02-11-1976 SEX: M
ISSUED: 03-01-2014 EXP: 1.5-18
EXPIRES: 02-11-2019
REST.
ENDORSE:
REPLACED: 02-19-2015

ORGAN DONOR

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





CITY OF DORAL GENERAL ELECTION 2016 CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared David Hernandez to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of City of Doral Council seat #3 that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.



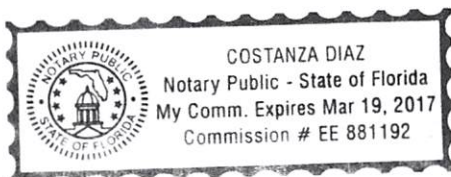
[Signature]
(Signature of Candidate)

David Hernandez
(Candidate Printed Name)

11377 NW 87 Ave
(Candidate Address)

Doral FL 33178
(Candidate Address)

Sworn to and subscribed before me this 7 day of July, 2016 at the City of Doral, Miami-Dade County, Florida.



[Signature]
Connie Diaz, City Clerk, City of Doral

HOLD TO LIGHT TO VIEW WATERMARK IN PAPER HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT DETECTION AREA REVEALS A LOCK WHEN TESTED

1020

DAVID HERNANDEZ
CAMPAIGN ACCOUNT
8200 NW 41 STREET
#200
DORAL, FL 33166

EZShield™ Check Fraud Protection for Business

63-9059-2670

DATE 07/07/16

PAY TO THE ORDER OF

City of Doral

\$ 120.00

one hundred and Twenty dollars

DOLLARS

BankUnited 1-877-779-2265
www.bankunited.com

FOR

Council Seat #3 - Election Assessment

[Signature]



Details on back



Security Features




HOLD TO LIGHT TO VIEW WATERMARK IN PAPER HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT DETECTION AREA REVEALS A LOCK WHEN TESTED

1018

DAVID HERNANDEZ

CAMPAIGN ACCOUNT
8200 NW 41 STREET
#200
DORAL, FL 33166

 EZShield™ Check Fraud Protection for Business

63-9059-2670

DATE 07/07/16

PAY TO THE ORDER OF

City of Doral
Two hundred dollars

\$ 200.00

DOLLARS

 **BankUnited** 1-877-779-2265
www.bankunited.com

FOR

Qualifying fee

DHL



Details on back

Security Features



HOLD TO LIGHT TO VIEW WATERMARK IN PAPER HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT DETECTION AREA REVEALS A LOCK WHEN TESTED

1019

DAVID HERNANDEZ

CAMPAIGN ACCOUNT
8200 NW 41 STREET
#200
DORAL, FL 33166

EZShield™ Check Fraud
Protection for Business

63-9059-2670

DATE 07/07/16

PAY
TO THE
ORDER OF

City of Doral
five hundred dollars

\$ *500.00*

DOLLARS

 **BankUnited** 1-877-779-2295
www.bankunited.com

FOR

Sign Bond

[Signature]



Details on back



Security Features

