

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)



CB

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Juan Carlos "JC" Bermudez
(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 Mayor - City of Doral, _____, _____
(office) (district #)
_____ ; I am a qualified elector of Miami Dade County _____ 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 *JCB* (305) jbermu4763@aol.com
Signature of Candidate Telephone Number Email Address

10769 NW 70 Lane Doral Fl. 33178
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109305875

* 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):

wan-car-los jc bur-mu-dez

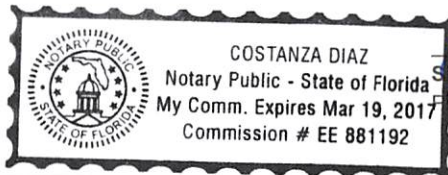
STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 14 day of July, 2016.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____



Costanza Diaz
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

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 :

Bermudez, Juan Carlos

MAILING ADDRESS :

10769 NW 70 Lane

CITY :

Doral

ZIP :

33178

COUNTY :

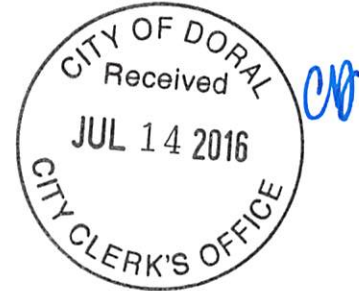
Miami Dade

NAME OF AGENCY :

City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor



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
Lubell Rosen	1 Alhambra Plaza, Suite 1410, Coral Gables, FL 33134	Law Firm
Juan Carlos Bermudez, P.A.	1 Alhambra Plaza, Suite 1410, Coral Gables, FL 33134	Law Firm

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
none			

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

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

Property - 10769 NW 70 Lane, Doral, FL. 33178

Vehicle - 2012 Hyundai Vera Cruz

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
ICMA 401 A	Personal
Northern Trust Bank Account	Personal

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
BB & T Bank	P.O. Box 580022, Charlotte, N.C. 28258
South Florida Educational Federal Credit Union	7800 SW 117th Avenue, Miami, FL 33183

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
	none	
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: 7/14/16

Date Signed: _____

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, _____, 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: _____

Date Signed: _____

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.

Please check all information for accuracy.



Voter Information Card
Miami-Dade County, FL
Tarjeta de información del elector
Condado de Miami-Dade, FL
Kat Enfòmasyon Vote
Konte Miami-Dade, FL

Juan Carlos Bermudez
10769 NW 70Th Ln
Doral FL 33178

ISSUED
EMITIDA
ENPRIME
08/12/15

Bring photo identification when voting.

Para votar, presente una identificación con fotografía.

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

Registration No.
Núm. de inscripción
Nim. Enskripsyon
109305875

Detach here

Sírvase verificar la corrección de todos los datos.

Desprenda por aquí

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Doral Isles Island Club
6450 NW 110 Ave

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
366

Date of Birth
Fecha de Nacimiento
Dat Nesans
2/20/1962

Registration Date
Fecha de inscripción
Dat Enskripsyon
3/1/1988

Party Affiliation | Afiliación partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

Penelope Townsley
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

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

Tanpri verifiye ke tout enfòmasyon yo kòrèk.

Detache là

Congress
Congreso
Kongrè
25

State Senate
Senado Estatal
Sena Eta a
38

State House
Cámara Estatal
Lacham Eta a
105

County Commission
Comisión del Condado
Komisyon Konte
12



School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsey Kominitè
N/A

Municipality | Municipio | Minisipalite
DORAL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E



JUAN CARLOS
BERMUDEZ
10769 NW 70TH LN
MIAMI, FL 33178-3794
DOB: 02-20-1962 SEX: M
ISSUED: 02-17-2012 HGT: 5-11
EXPIRES: 02-20-2020
REST:
ENDORSE:

JCB

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

CJD

CITY OF DORAL
Received
JUL 14 2016
CITY CLERK'S OFFICE



CITY OF DORAL GENERAL ELECTION 2016 CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Juan Carlos Bermudez to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of Mayor - City of Doral; 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.

JCB

(Signature of Candidate)

JUAN CARLOS BERMUDEZ

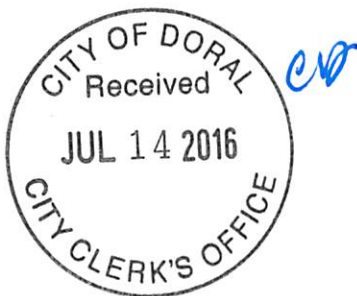
(Candidate Printed Name)

10269 N.W. 206th Ave, Doral FL

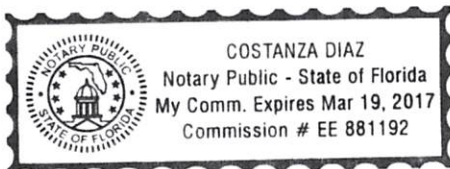
(Candidate Address)

33178

(Candidate Address)



Sworn to and subscribed before me this 14 day of JULY, 2016 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz

Connie Diaz, City Clerk, City of Doral

JUAN CARLOS "JC" BERMUDEZ
CAMPAIGN ACCOUNT

10769 NW 70 LN
DORAL, FL 33178

04-16



Bank

America's Most Convenient Bank®

1005

63-1482/670
021

DATE

7/13/16

CHECK ARMOR
STAND PROTECTION

PAY

TO THE ORDER
OF

Two hundred 00/100

DOLLARS

\$ 200.00

City of Doral



Security
Features
Details on
Back

FOR

Qualifying Fee

MP

**JUAN CARLOS "JC" BERMUDEZ
CAMPAIGN ACCOUNT**

10769 NW 70 LN
DORAL, FL 33178

04-16



Bank

America's Most Convenient Bank®

1006

63-1482/670
021

DATE 7/13/16



PAY Five hundred 00/100 DOLLARS \$ 500.00
TO THE ORDER
OF

City of Doral



FOR Candidates for Mayoral Seat


MP



**JUAN CARLOS "JC" BERMUDEZ
CAMPAIGN ACCOUNT**

10769 NW 70 LN
DORAL, FL 33178

04-16



Bank

America's Most Convenient Bank®

1007

63-1482/670
021

DATE 7/13/16



PAY Five hundred 00/100 DOLLARS \$ 500.00
TO THE ORDER OF

City of Doral



Security Features
Details on Back.

FOR Sign Bond

MP