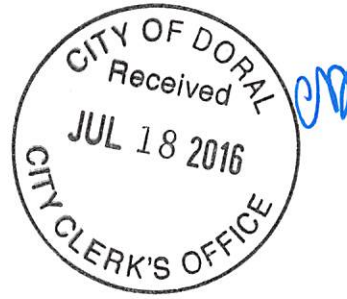


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)



OFFICE USE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, ENZA MONGIOVI-VERA  
(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 #)  
\_\_\_\_\_, 1; 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] (3) 525-3101 enzaverabs@gmail.com  
Signature of Candidate Telephone Number Email Address

6941 NW 107 CT DORAL FL 33178  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 115989426

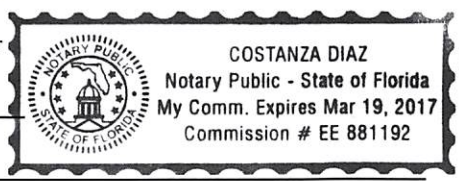
\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

ENZA MONGIOVI Ver-uh

STATE OF FLORIDA  
COUNTY OF miami-dade

Sworn to (or affirmed) and subscribed before me this 18 day of July, 20 16.

Personally Known:  or \_\_\_\_\_  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_  
Signature of Notary Public: [Signature]  
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 :  
 VERA ENZA MONBIOVI

MAILING ADDRESS :  
 6941 NW 107 CT

DORAL F 33178 DADE

CITY : ZIP : COUNTY :

NAME OF AGENCY :  
 City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Council seat 1

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
N/A		

**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

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

6941 NW 107 CT Doral, FL

**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	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
FIRST BANK	3905 NW 107th AVE #108 DORAL.
CONTINENTAL N. BANK	611 W 49th ST. HIALEAH, FL

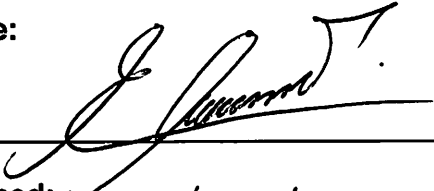
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	PALM AVENUE CONDO LLC	GRAND HOME B.
ADDRESS OF BUSINESS ENTITY	1301 PALM AVE	8180 NW 46 ST.
PRINCIPAL BUSINESS ACTIVITY	RENTAL PROPERTIES	CONSTRUCTION
POSITION HELD WITH ENTITY	DIRECTOR.	GENERAL MANAGER.
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	NO
NATURE OF MY OWNERSHIP INTEREST	SHARE HOLDER	SHARE HOLDER.

**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: 

Date Signed: 07/18/2016

**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:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b></p> <p><b>MULTIPLE FILING UNNECESSARY:</b></p> <p>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.</p> <p><b>Facsimiles will not be accepted.</b></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> 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.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.</p> <p><b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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 <b>not</b> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
---	--	--





**Voter Information Card**  
Miami-Dade County, FL

**Tarjeta de Información del Elector**  
Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**  
Konte Miami-Dade, FL

Enza M Vera  
6941 NW 107Th Ct  
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

115989426

Voting Location | Centro de Votación | Lokal Biwo Vòt  
Doral Isles Island Club  
6450 NW 110 Ave

Precinct No. Núm. del Recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de Inscripción Dat Enskripsyon
366	6/8/1965	3/20/2008

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.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
25	38	105
County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
12	5	N/A

Municipality | Municipio | Minisipalite  
DORAL



**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**



████████████████████

ENZA MONGIOVI  
VERA  
6941 NW 107 CT  
DORAL, FL 33178-3652  
DOB: 06-08-1965 SEX: F  
ISSUED: 04-02-2013 HGT: 5-01  
EXPIRES: 06-08-2021  
REST:  
ENDORSE:



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

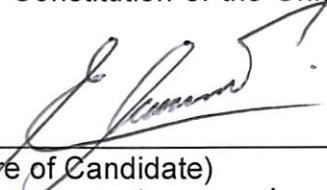
CITY OF DORAL  
Received  
JUL 18 2016  
CITY CLERK'S OFFICE

CV



CITY OF DORAL  
GENERAL ELECTION 2016  
CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Enza Mongiovi-Vera to me well known  or who produced \_\_\_\_\_ as identification, who, being sworn, says that he/she is a candidate for the office of Council Seat #1; 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 of Candidate)

ENZA MONGIOVI-VERA  
\_\_\_\_\_  
(Candidate Printed Name)

6941 NW 107 CT  
\_\_\_\_\_  
(Candidate Address)

DORAL, FL 33178  
\_\_\_\_\_  
(Candidate Address)



Sworn to and subscribed before me this 18 day of July, 2016 at the City of Doral, Miami-Dade County, Florida.



  
\_\_\_\_\_  
Connie Diaz, City Clerk, City of Doral

ENZA MONGIOVI-VERA CAMPAIGN ACCOUNT

6941 NW 107 CT  
DORAL, FL 33178

0095

63-8971/2670

11

DATE 07/18/2014

PAY TO THE ORDER OF

CITY OF DORAL

\$ 120.00

ONE HUNDRED TWENTY

00/100

DOLLARS



Security Features Details on Back.

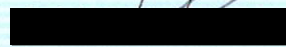


3905 NW 107 Ave., Suite 108  
Doral, Florida 33178  
(305) 455-7170

FOR ELECTION ASSESSMENT.

*[Handwritten Signature]*

MP





ENZA MONGIOMI - VERA CAMPAIGN ACCOUNT

6941 NW 107 CT  
DORAL, FL 33178

0093

63-8971/2670

11

DATE 07/18/2016

PAY TO THE ORDER OF

CITY OF DORAL

\$ 200.00

TWO HUNDRED

00/100

DOLLARS



Security Features Details on Back.



3905 NW 107 Ave., Suite 108  
Doral, Florida 33178  
(305) 455-7170

FOR QUALIFYING FEE

*[Handwritten Signature]*

MP





ENZA MONGIOLI - VERS CAMPAIGN ACCOUNT.

6941 NW 107 CT  
DORAL, FL 33178

0094  
63-8971/2670  
11

DATE 07/18/2016

PAY  
TO THE  
ORDER OF

City of Doral

\$ 500.00

FIVE HUNDRED

00/100

DOLLARS

Security  
Features  
Details on  
Back.



3905 NW 107 Ave., Suite 108  
Doral, Florida 33178  
(305) 455-7170

FOR SIGN BOND

*[Handwritten Signature]*

MP

