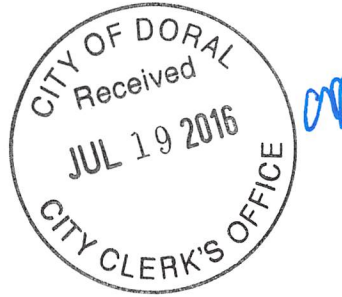


CANDIDATE OATH –
NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)



19 JUL '16 AM 11:49

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JACKELINE ALERS
(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 COUNCIL SEAT #1, _____,
(office) (district #)
_____, _____; 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.

[Signature] (305) 972-6636 ALERSJ@COMCAST.NET
Signature of Candidate Telephone Number Email Address

5171 NW 100 PLACE DORAL FL 33178
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109685736

* 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):
JACK A LINE A LERS

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 19 day of July 20 16.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: Florida Divers license



[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.

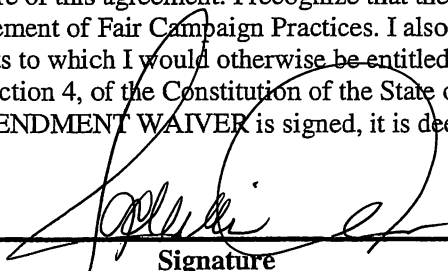
BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

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

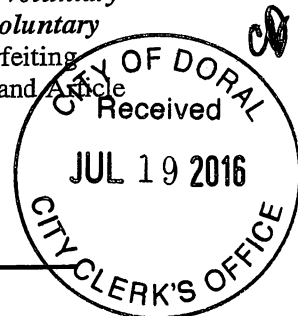
I, JACKELINE ALERS, a candidate for the office of
please print your name
COUNCIL SEAT #1, DORAL, FL in MIAMI DADE COUNTY
elective office sought county, municipality, or other jurisdiction

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

7/19/16
Date



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ALERS, JACKELINE

MAILING ADDRESS :

5171 NW 108 PLACE

CITY :

DORAL

ZIP :

33176

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF DORAL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY 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



19 JUL '16 AM 11:49

**** **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
CITY OF DORAL	8300 NW. 53RD ST. DORAL	FITNESS INSTRUCTOR
RAUL DUANY	DORAL, FL	ALIMONY

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
N/A			

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

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

NONE

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
401K	WESTERN UNION 401K

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
QUICKEN LOANS	

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
	DANCEFIT FUSION LLC	
ADDRESS OF BUSINESS ENTITY	DORAL, FL	
PRINCIPAL BUSINESS ACTIVITY	FITNESS	
POSITION HELD WITH ENTITY	PRESIDENT	
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:



Date Signed:

7/19/16

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, _____, 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.

MIAMI-DADE COUNTY

Miami

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

Jackeline Alers-Duany
5171 NW 108Th Pl
Doral FL 33178

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

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
109685736

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Eugenia B. Thomas K-8 Center
5950 NW 114 Ave

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
452

Date of Birth
Fecha de Nacimiento
Dat Nesans
12/18/1966

Registration Date
Fecha de inscripción
Dat Enskripsyon
9/26/1996

Party Affiliation | Afiliación partidista | Pati Politik
FLORIDA DEMOCRATIC PARTY

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
25

State Senate
Senado Estatal
Sena Eta a
38

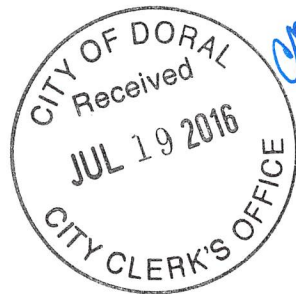
State House
Cámara Estatal
Lacham Eta a
105

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsey Kominotè
N/A

Municipality | Municipio | Minisipalite
DORAL



19 JUL '16 AM 11:50

Florida *The Sunshine State*
DRIVER LICENSE CLASS E



JACKELINE
ALERS-DUANY
5171 NW 108TH PL
DORAL, FL 33178-3935
DOB: 12-18-1966 SEX: F
ISSUED: 07-07-2012 H
EXPIRES: 12-18-2019
REST:
ENDORSE:

Jackeline Alers-Duany
ORGAN DONOR

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

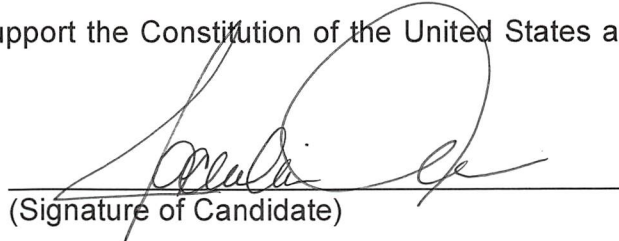
CITY OF DORAL
Received
JUL 19 2016
CITY CLERK'S OFFICE *CR*

19 JUL '16 AM 11:50



CITY OF DORAL GENERAL ELECTION 2016 CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared JACKELINE ALERS to me well known ___ or who produced Florida Driver's License 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)

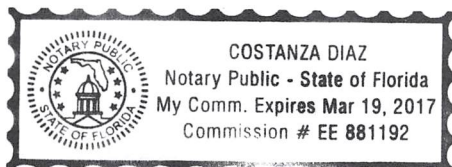
JACKELINE ALERS
(Candidate Printed Name)

5171 NW 108 PLACE
(Candidate Address)

DORAL, FL 33170
(Candidate Address)



Sworn to and subscribed before me this 19 day of July, 2016 at the City of Doral, Miami-Dade County, Florida.




Connie Diaz, City Clerk, City of Doral

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

citibank®

Citibank, N.A.

170644963

62-20
311

FC# 00188 FA# 009
014-03 Ck. Ser.#

\$0.00 ONL
170644963

DATE 07/19/16

PAY *****ONE HUNDRED TWENTY DOLLARS*****

***\$120.00**

TO
THE
ORDER
OF

*****CITY OF DORAL*****



Security
Features
Details on
Back.

NAME OF REMITTER
ADDRESS

JACKELINE ALERS CAMPAIGN

Drawer: Citibank, N.A.

Citibank, N.A. One Penn's Way
New Castle, DE 19720

BY
AUTHORIZED SIGNATURE

MP



HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

citibank®

Citibank, N.A.

170644962

62-20
311

FC# 00188 FA# 009

\$0.00 ONL

DATE 07/19/16

014-03 Ck. Ser.#

170644962

PAY

****TWO HUNDRED DOLLARS****

***\$200.00**

TO
THE
ORDER
OF

****CITY OF DORAL****



Security
Features
Details on
Back.

NAME OF REMITTER
ADDRESS

JACKELINE ALERS CAMPAIGN

Drawer: Citibank, N.A.

Citibank, N.A. One Penn's Way
New Castle, DE 19720

BY

AUTHORIZED SIGNATURE

MP



HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

citibank®

Citibank, N.A.

170644960

62-20
311

FC# 00188 FA# 009
014-03 Ck. Ser.#

\$0.00 ONL
170644960

DATE 07/19/16

PAY *****FIVE HUNDRED DOLLARS*****

\$500.00

TO
THE
ORDER
OF

*****CITY OF DORAL*****



Security
Features
Details on
Back.

NAME OF REMITTER
ADDRESS

JACKELINE ALERS CAMPAIGN

Drawer: Citibank, N.A.

Citibank, N.A. One Penn's Way
New Castle, DE 19720

BY

AUTHORIZED SIGNATURE

MP

[REDACTED]

[REDACTED]

[REDACTED]