

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, BELINDA LEON

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of CITY OF DORAL COUNCIL MEMBER, —,
(Office) (District #)

—, 4; 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 110097967

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]
b uh - lin - duh lee - ahn

X Belinda Leon (305) 494.9389 belinda.leon@doral.com
Signature of Candidate Telephone Number Email Address

5850 NW 111 AVE DORAL FL 33178
Address City State ZIP Code

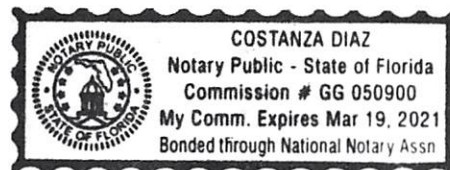
STATE OF FLORIDA
COUNTY OF miami - Dade

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 23
day of July, 20 18.

Personally Known: or Produced Identification:

Type of Identification Produced: _____



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Leon, Belinda, Margarita

MAILING ADDRESS :
5850 NW 111 Avenue

CITY : Doral ZIP : 33178 COUNTY : MIAMI DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City of Doral Council Member **SEAT 4**

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, 2017 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
FIDELITY	PO BOX 67300 DALLAS TX 75267	PENSION
NEW YORK LIFE	PO BOX 9859, PROVIDENCE, RI 02940	PENSION
PRUDENTIAL	POBOX 7390, PHILADELPHIAPA 19176	PENSION
PREMIER EDU CONSULTING	5850 NW 111 AVE DORAL FL 33178	EDUCATIONAL CONSULTING

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
	SOCIAL SECURITY	BALTIMORE, MD 21235	PENSION +
	NEW YORK LIFE	PROVIDENCE, RI 32986	INTEREST
	METROPOLITAN LIFE	LEXINGTON, KY 40576	INTEREST

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

RESIDENCE 5850 NW 111 AVENUE 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
NONE	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
CHASE BANK MORTGAGE	PO BOX 24696, COLUMBUS, OH, 43224

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
	PREMIER EDUCATIONAL CONSULT	
ADDRESS OF BUSINESS ENTITY	5850 NW 111 AVENUE DORAL FL 33178	
PRINCIPAL BUSINESS ACTIVITY	EDUCATIONAL CONSULTING	
POSITION HELD WITH ENTITY	PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	100% OWNER	

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:

Belinda Leon

Date Signed:

7/23/2018

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:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEFom1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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, 2017.



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Belinda Leon
5850 NW 111Th Ave
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

110097967

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
2/7/1970

Registration Date
Fecha de inscripción
Dat Enskripsyon
2/7/2003

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
Asamble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
DORAL





Florida DRIVER LICENSE  USA
9 CLASS E

1 BELINDA M
2 5850 NW 111 AVE
3 DORAL, FL 33178

4 DOB 02/07/1970 5 SEX F 6 SAFE DRIVER
7 40 EXP 02/07/2026 8 HGT 5'-04"
9 12 REST A 13 END NONE

14 ISS 03/07/2018
15 DD S071803878187

Belinda M. [Signature] Operation of a motor vehicle constitutes consent to any sobriety test required by law.



CITY OF DORAL
Received
JUL 23 2018
CITY CLERK'S OFFICE

CR



CITY OF DORAL
GENERAL ELECTION 2018
CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared BELINDA LEON 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 4; 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.

Belinda Leon

(Signature of Candidate)

BELINDA LEON

(Candidate Printed Name)

5850 NW 111 Ave

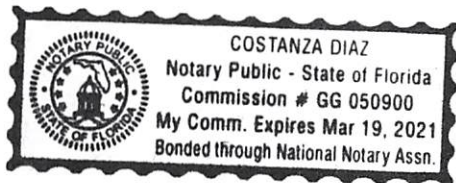
(Candidate Address)

DORAL FL 33178

(Candidate Address)



Sworn to and subscribed before me this 23 day of July, 2018 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz

Connie Diaz, City Clerk, City of Doral

**BELINDA M LEON
CAMPAIGN ACCOUNT**

5850 NW 111TH AVE
DORAL FL 33178-2805

1006

63-4/630 FL
1676

DATE July 23, 2018

PAY
TO THE
ORDER OF

City of Doral

\$ 120.00

One hundred twenty and no/100

DOLLARS



Security
Features
Details on
Back.

Bank of America



ACH R/T 063100277

FOR

FLORIDA ELECTIONS COMMISSION TRUST FUND

Belinda Leon

MP

**BELINDA M LEON
CAMPAIGN ACCOUNT**

5850 NW 111TH AVE
DORAL FL 33178-2805

1004

63-4/630 FL
1676

DATE July 23, 2018

PAY
TO THE
ORDER OF

City of Doral

\$ 200.00

Two hundred and 00/100

DOLLARS



Security
Features
Details on
Back

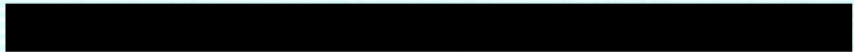
Bank of America 

ACH R/T 063100277

FOR

QUALIFYING FEE

Belinda Leon MP



**BELINDA M LEON
CAMPAIGN ACCOUNT**

5850 NW 111TH AVE
DORAL FL 33178-2805

1005

63-4/630 FL
1676

DATE July 23, 2018

PAY
TO THE
ORDER OF

City of Doral

\$ 500.00

Five hundred and no/100

DOLLARS



Security
Features
Details on
Back.

Bank of America



ACH R/T 063100277

FOR

BOND

Belinda Leon

MP