

**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, PETE CABRERA

(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 COUNCIL, CITY OF DORAL, \_\_\_\_\_, \_\_\_\_\_,  
SEAT (Office) (District #)  
2; 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): 109157451

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.]

PEET KA-bre-raw

X [Signature] (305) 962-0804 PETECABRERA2015@GMAIL.COM  
Signature of Candidate Telephone Number Email Address

5252 NW 85<sup>th</sup> AVENUE UNIT #2003 DORAL, FL 33166  
Address City State ZIP Code

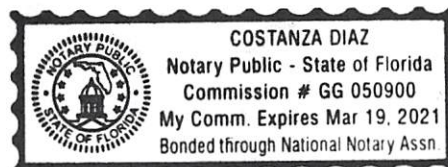
STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

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

Sworn to (or affirmed) and subscribed before me this 10  
day of July, 2018.

Personally Known:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



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, PETE CABRELA, a candidate for the office of  
please print your name  
CITY OF DORAL COUNCIL, SEAT #2 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.

  
Signature

7/10/18  
Date



**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:

CABRERA JR. PEDRO ENRIQUE

MAILING ADDRESS:

5252 NW 85<sup>th</sup> AVENUE

UNIT 2003

CITY:

DORAL

ZIP:

33166

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

CITY OF DORAL

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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

**COPY**

MIAMI-DADE ELECTIONS

2018 JUN 29 AM 10:27

RECEIVED

\*\*\*\* **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
THE FINANCIAL CORPORATION	13200 SW 128 <sup>th</sup> STREET	HEALTH
	UNIT 61, MIAMI, FL 33186	+ LIFE INSURANCE
CITY OF DORAL	8401 NW 53 <sup>rd</sup> STREET	COUNCIL MEMBER
	DORAL, FL 33166	

**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")


**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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

**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
	THE FINANCIAL CONSULTING, INC	
ADDRESS OF BUSINESS ENTITY	13200 SW 128 <sup>th</sup> STREET	
PRINCIPAL BUSINESS ACTIVITY	INSURANCE CO, MIAMI, FL 33186	
POSITION HELD WITH ENTITY	OWNER + PRESIDENT	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	100% SHARES	

**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: 12/27/18

**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 CEForm1@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 1E) within 30 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.

RECEIVED  
ELECTIONS  
MIAMI-DADE

Select Language ▼

Powered by  [Translate](#)

**Voter Name: (last, first)**  
Cabrera JR, Pedro E

**FL Voter Reg. System ID:**  
109157451

**Registration Date:**  
Thursday, July 17, 1980

**Birth Date:**  
Sunday, December 15, 1957

**Street Address:**  
10863 NW 53Rd Ln

**Precinct:**  
452  
[Precinct statistics](#)

**Mailing Address:**  
10863 NW 53Rd Ln  
Doral FL  
33178

**Party Affiliation Code:**  
REP

**Voter Status:**  
You are currently eligible to vote in Miami-Dade County.

[Mail Ballot Change](#)

I wish to [change my voter registration information](#)

Tue Jul 10 2018 12:37:17

## Future Elections

2018 Primary Election

[Sample Ballot](#)

**Election Date**  
Tuesday, August 28, 2018

**Registration Closes**  
Monday, July 30, 2018

**Early Voting Starts**  
Monday, August 13, 2018

**Early Voting Ends**  
Sunday, August 26, 2018

Our office does not currently have a request on file for this election.  
Would you like to request a mail ballot for this election?

[Mail Ballot Request](#)







Florida Voter Registration Application Part 1 - Instructions (DS-DE 39, R1S-2.040, F.A.C.)(eff. 10/2013)

Información en español: Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

To Register in Florida, you must be:

- a U.S. citizen,
a Florida resident,
at least 18 years old (you may pre-register at 16 or 17, but cannot vote until you are 18).

If you have been convicted of a felony, or if a court has found you to be mentally incapacitated as to your right to vote, you cannot register until your right to vote is restored.

If you do not meet any ONE of these requirements, you are not eligible to register

Questions?

Contact the Supervisor of Elections in your county: dos.myflorida.com/elections/contacts/supervisor-of-elections/

Where to Register: You can register to vote by completing this application and delivering it in person or by mail to any supervisor of elections' office, office that issues driver's licenses, or voter registration agency (public assistance office, center for independent living, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. Mailing addresses are on page 2 of this form.

Deadline to Register: The deadline to register to vote is 29 days before any election. You can update your registration record at any time, but for a Primary Election, party changes must be completed 29 days before that election.

Identification (ID) Requirements: New applicants must provide a current and valid Florida driver's license number (FL DL#) or Florida identification card number (FL ID#). If you do not have a FL DL# or FL ID#, then you must provide the last four digits of your Social Security number (SSN).

Special ID requirements: If you are registering by mail, have never voted in Florida, and have never been issued one of the ID numbers above, include one of the following with your application, or at a later time before you vote: 1) A copy of an ID that shows your name and photo (acceptable IDs--U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, or public assistance ID); or 2) A copy of an ID that shows your name and current residence address (acceptable documents--utility bill, bank statement, government check, paycheck, or other government document).

The special ID is not required if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a spouse or dependent thereof, or are currently living outside the U.S. but otherwise eligible to vote in Florida.

Political Party Affiliation: Florida is a closed primary election state. In primary elections, registered voters can only vote for their registered party's candidates in a partisan race on the ballot. In a primary election, all registered voters, regardless of party affiliation, can vote on any issue, nonpartisan race, and race where a candidate faces no opposition in the General Election.

Race/Ethnicity: It is optional to list your race or ethnicity.

Boxes: Please check boxes [ ] where applicable.

Numbered rows 1 through 7 and 12 must be completed for a new registration



Florida Voter Registration Application Part 2 - Form DS-DE #39, R1S-2.040, F.A.C.)(eff. 10/2013)

This is: [ ] New Registration [X] Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) [ ] Request to Replace Voter Information Card

1 Are you a citizen of the United States of America? [X] Yes [ ] No

2 [X] I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.

3 [X] I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

4 Date of Birth (MM-DD-YYYY) 1 2 - 1 5 - 1 9 5 7

OFFICIAL USE ONLY

OVR No: 201437
FVRS No:

5 Florida Driver License (FL DL) or Florida identification (FL ID) Card Number

If no FL DL or FL ID, then provide Last 4 digits of Social Security Number [ ] I have NONE of these numbers.

6 Last Name: Cabrera First Name: Pedro Middle Name: E Name Suffix: JR

7 Address Where You Live (legal residence-no P.O. Box) 5252 NORTHWEST 85TH AVENUE Apt/Lot/Unit APARTMENT 2003 City DORAL County MIAMI-DADE Zip Code 33166

8 Mailing Address (if different from above address) Apt/Lot/Unit City State or Country Zip Code

9 Address Where You Were Last Registered to Vote Apt/Lot/Unit City State Zip Code

10 Former Name (if name is changed) Gender [X] M [ ] F State or Country of Birth Florida Telephone No. (optional) ( )

11 [ ] Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:

Party Affiliation (Check only one. If left blank, you will be registered without party affiliation) [ ] Florida Democratic Party [X] Republican Party of Florida [ ] No party affiliation [ ] Minor party (print party name):

Race/Ethnicity (Check only one) [ ] American Indian/Alaskan Native [ ] Asian/Pacific Islander [ ] Black, not of Hispanic Origin [X] Hispanic [ ] White, not of Hispanic Origin [ ] Multi-racial [ ] Other:

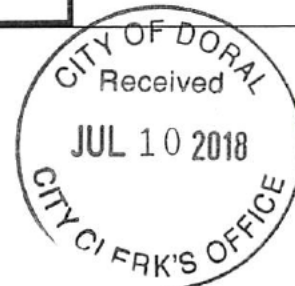
(Check only one if applicable) [ ] I am an active duty Uniformed Services or Merchant Marine member [ ] I am a spouse or a dependent of an active duty uniformed services or merchant marine member [ ] I am a U.S. citizen residing outside the U.S.

[ ] I will need assistance with voting. [ ] I am interested in becoming a poll worker.


12 Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGN/ MARK HERE

Date: 7/10/2018



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



PEDRO ENRIQUE  
CABRERA JR  
5252 NW 85TH AVE APT 2003  
DORAL, FL 33166-5344  
DOB: 12-15-1957 SEX: M  
ISSUED: 01-07-2014 HGT: 5-09  
EXPIRES: 12-15-2021  
REST  
ENDORSE:  
REPLACED: 11-21-2017

ORGAN DONOR  
SAFE DRIVER

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

CITY OF DORAL  
Received  
JUL 10 2018  
CITY CLERK'S OFFICE

*CD*



# CITY OF DORAL GENERAL ELECTION 2018 CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Pete Cabrera 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 # 2; 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)

PETE CABRERA  
(Candidate Printed Name)

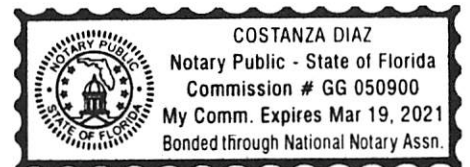
5252 NW 85<sup>th</sup> AVENUE  
(Candidate Address) UNIT 2003

DORAL, FL 33166  
(Candidate Address)

Sworn to and subscribed before me this 10<sup>th</sup> day of JULY, 2018 at the City of Doral, Miami-Dade County, Florida.



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





**PEDRO E CABRERA JR CAMPAIGN**

5252 NW 85TH AVE PH 2003  
DORAL, FL 33166-5344

1008

63-751/631 10829

7/10/18 Date

Pay to the Order of CITY OF DORAL \$ 120.00

one hundred twenty  $\frac{00}{100}$  Dollars



Photo Safe Deposit®  
Details on back



Wells Fargo Bank, N.A.  
Florida  
wellsfargo.com

For ELECTION ASSESSMENT



MP



**PEDRO E CABRERA JR CAMPAIGN**

5252 NW 85TH AVE PH 2003  
DORAL, FL 33166-5344

1006

63-751/631 10829

7/10/18

Date

Pay to the  
Order of

City of Doral

\$

200.00

TWO HUNDRED  $\frac{00}{100}$

Dollars



Photo  
Safe  
Deposit®  
Details on back



Wells Fargo Bank, N.A.  
Florida  
wellsfargo.com

For

QUALIFYING FEE

MP

**PEDRO E CABRERA JR CAMPAIGN**

5252 NW 85TH AVE PH 2003  
DORAL, FL 33166-5344

1007

63-751/631 10829

7/10/18

Date

Pay to the Order of CITY OF DORAL

\$ 500.00

FIVE HUNDRED  $\frac{00}{100}$

Dollars



Photo Safe Deposit®  
Details on back

WELLS FARGO

Wells Fargo Bank, N.A.  
Florida  
wellsfargo.com

For SIGN BOARD

MP