

**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, Carlos Pereira

(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 Doral City Council, \_\_\_\_\_  
(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): 119147157

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.]

Karlos Pereira

**X** [Signature] (786) 2851403 Carlosdemocratic@gmail.com  
Signature of Candidate Telephone Number Email Address

4500 N.W. 99th APT 201 Doral FL 33178  
Address City State ZIP Code

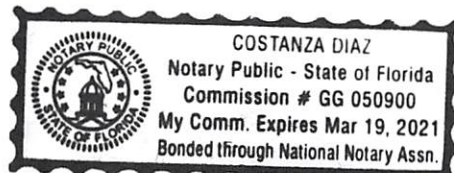
STATE OF FLORIDA  
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 19  
day of July, 2018.

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 :

*Pereira Carlos Antonio*

MAILING ADDRESS :

*4500 N.W. 99 ct. APT 201*

*Doral*

*FL*

*Dade*

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

*city of Doral*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

*council seat 2*

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
<i>UBER</i>	<i>2200 N.W. 2nd Ave #111 Miami FL 33127</i>	<i>transportation</i>

**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
<i>Joy Franco Consulting</i>	<i>Event Production</i>	<i>1035 Meridian AV. #2</i>	<i>Promotions</i>

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

<i>N/A</i>

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	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
Autocity Financial	9737 N.W. 41st. Suite 853 Doral FL 33178

**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")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Joy Franco Consulting	
ADDRESS OF BUSINESS ENTITY	1035 Meridian Ave. suite 2	
PRINCIPAL BUSINESS ACTIVITY	Event Production	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	
NATURE OF MY OWNERSHIP INTEREST	Partner	

**PART G — TRAINING**

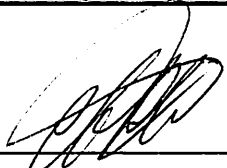
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

7-17-18

**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 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 Vòtè**  
Konte Miami-Dade, FL

Carlos A Pereira  
4500 NW 99Th Ct APT 201  
Doral FL 33178

ISSUED  
EMITIDA  
ENPRIME

03/01/16

**Bring photo identification  
when voting.**

Para votar, presente una  
identificación con fotografía.

**Tarpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w ap vin vote.**

Registration No.  
Núm. de Inscripción  
Nim. Enskripsyon

119147157

Voting Location | Centro de Votación | Lokal Biwo Vòt

John I. Smith K-8 Center - Middle L  
5005 NW 112 Ave

Precinct No.  
Núm. del Recinto  
Nim. Biwo Vòt

454

Date of Birth  
Fecha de Nacimiento  
Dat Nesans

11/1/1973

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon

9/30/2011

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  
Lachannm Eta a

116

County Commission  
Comisión del Condado  
Komisyon Konte

12

School Board  
Junta Escolar  
Asamble Edikasyon

5

Community Council  
Consejo Comunitario  
Konsèy Kominote

N/A

Municipality | Municipio | Minisipalite

DORAL





AUTO \*\*CO 7885  
037236



CARLOS A PEREIRA  
4500 NW 99TH CT APT 201  
DORAL FL 33178-3306



Re: FPL Account Number: 65552-22063  
Service Address: 4500 NW 99TH CT APT 201  
DORAL, FL 33178



Dear Carlos A Pereira:

We received your request for new service, and we are pleased to have you as an FPL customer.

As requested, we will start the electric service in your name at 4500 NW 99TH CT APT 201 on February 15, 2016.

Your first monthly statement will include a service charge which covers the administrative costs of establishing an electric service account.

You can check your order status, change your order date, or cancel your order, by using [FPL.com/ManageOrders](http://FPL.com/ManageOrders).

If you have questions regarding your account, please visit our web site at [FPL.com/ContactUs](http://FPL.com/ContactUs).

Sincerely,

FPL Customer Care Center



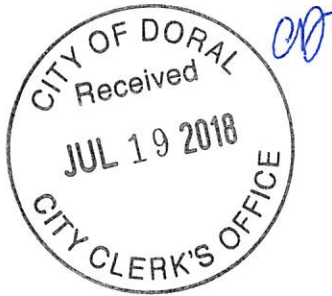
*CP*





CITY OF DORAL  
GENERAL ELECTION 2018  
CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Carlos Pereira 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.



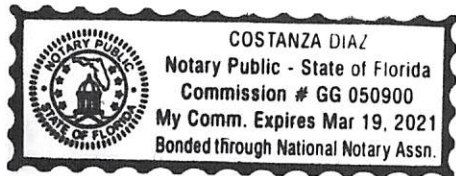
[Signature]  
(Signature of Candidate)

Carlos Pereira  
(Candidate Printed Name)

4500 N.W. 99th. # 201  
(Candidate Address)

Doral FL 33178  
(Candidate Address)

Sworn to and subscribed before me this 19 day of July, 2018 at the City of Doral, Miami-Dade County, Florida.



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

Carlos Pereira Campaign  
4500 N.W. 99th APT 201 Doral FL 33178

0092

63-9138/2631

DATE 7.19.2008 <sup>2008</sup>

PAY  
TO THE  
ORDER OF

City of Doral

\$ 120<sup>00</sup>

One Hundred and Twenty Dollars and

DOLLARS

Security  
Features  
Details on  
Back.



BRANCH BANKING AND TRUST COMPANY  
1-800-BANK BBT BBT.com

FOR

Roberton Investment

[Signature]

MP



Carlos Pereira  
4500 N.W. 99ct. APT 201 Doral FL 33178

0093  
63-9138/2631

DATE 7. 19. 2018

PAY  
TO THE  
ORDER OF

City of Doral

\$ 200<sup>00</sup>

Two Hundred Dollars and  $\frac{00}{100}$

DOLLARS



Security  
Features  
Details on  
Back.

**BB&T**

BRANCH BANKING AND TRUST COMPANY  
1-800-BANK BBT BBT.com

FOR

Qualifying Fee

[Signature]

MP





CARLOS PEREIRA CAMPAIGN  
4500 NW 99 COURT SUITE 201  
Doral, FL. 33178

0091  
63-9138/2631

DATE 7.19.2018

PAY TO THE ORDER OF City of Doral \$ 500<sup>00</sup>

Five Hundred Dollars and  $\frac{15}{100}$

DOLLARS  Security Features Details on Back.



BRANCH BANKING AND TRUST COMPANY  
1-800-BANK BBT BBT.com

FOR SIGN BOND

 MP

