



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

Barbara
First Name

Jean
Middle Name

Jordan
Last Name

Commissioner - District 1
Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Barbara G. Jordan
Candidate / Chairperson Signature

Date: 5/31/12

Primary Telephone Number: 305-621-5345

Alternate Telephone Number: 305-588-5227

E-mail address: eddiejordan@aol.com

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2012 MAY 31 PM 4:20
MIAMI-DADE
ELECTIONS

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, BARBARA JORDAN

(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 COUNTY COMMISSION
(OFFICE)

DISTRICT 1

(DISTRICT/AREA/SUBAREA)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X Barbara J. Jordan
Signature of Candidate

(305) 621-5345
Telephone Number

eddiejordan@aol.com
Email Address

2251 NW 188th TERRACE
Address

MIAMI GARDENS
City

FL
State

33056
Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109145372

STATE OF FLORIDA
COUNTY OF DADE

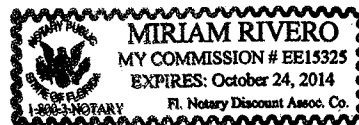
Sworn to (or affirmed) and subscribed before me this 31st day of May, 2012.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

JORDAN BARBARA J.

FOR OFFICE USE ONLY:

MAILING ADDRESS:

2251 NW 188TH TERR

ID Code

CITY : ZIP : COUNTY :

MIAMI-GARDENS 33056 MIAMI-DADE

ID No. 97207

NAME OF AGENCY :

MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONERS

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNTY COMMISSIONER, DISTRICT 1

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 11 was \$ 2,030,294.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 99,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
SEE ATTACHED - EXHIBIT 1	\$ 2,456,287.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
DCFU, 1500 NW 107TH AVE	\$ 83,470.00
TIB BANK, 6435 NAPLES BLVD., NAPLES, FL	\$ 304,987.00
AMERICAN EXPRESS, CITI BANK(CREDIT CARDS)	\$ 7,942.00
DOVENMUEHLE MORTGAGE, INC - 1 CORPORATE DR, LAKE ZURICH, IL 60047	\$ 29,594.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
MIAMI-DADE COUNTY	111 NW 1ST STREET, MIAMI, FL 33128	\$ 38,099.00
FLA. RETIREMENT SYSTEM	P.O.BOX 9000, TALLAHASSEE, FL	\$ 89,987.00
U.S. SOCIAL SECURITY ADMINISTRATION	1200 EIGHT AVE., N. BIRMINGHAM, AL	\$ 25,536.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 ELECTIONS
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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 26th day of

MAY, 2012 by BARBARA J. JORDAN

[Signature]
 (Signature of Notary Public--State of Florida)

RONALD E. REVALES
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm # EE030883
 Expires 9/29/2014

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification _____

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

EXHIBIT 1

2011 - Form 6 Attachment
Form 6 - Section B-Assets


Filer: Jordan, Barbara, J - Miami-Dade County Commissioner

Year: 2011


<u>Asset Description</u>	<u>Asset Value</u> <u>12/31/2011</u>
Cars (2)	\$ 54,000
Furnishings, Clothing & Household items	\$ 45,000
Personal Residence (2251 NW 188th Terr)	\$ 109,710
Residence Co-owned w/daughter (2231 NW 188th St)	\$ 214,245
4-Unit Residential Building (717 EMMA St, Key West, FL)	\$ 1,253,129
Cash (checking & savings - FDCU, Capital Bank, TIB Bank, City Nat'l Bnk)	\$ 84,968
Retirement Fund (Nationwide Retirement Solutions & ICMA)	\$ 434,609
Life Insurance (Miami-Dade County)	\$ 100,000
Residential Rental Property (874 Preston Ave. S, St Petesburg, FL)	\$ 160,626
TOTAL ASSETS	\$ 2,456,287

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ELECTIONS

Florida *The Sunshine State*
DRIVER LICENSE



BARBARA J JORDAN
2251 NW 136 TER
MIAMI GARDENS, FL 33142-1047
DOB: 07-31-1943
ISSUED: 05-03-2008
EXPIRES: 05-31-11
SEX: F
HAIR: BRN
EYES: BRN



ORGAN DONOR
SD10905190167 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any and all tests required by law

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May 31 mca

2012 JUN 1 AM 9:03

CLAY COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741239

RECEIVED FROM Barbara Jordan

DATE 6 / 5 / 12
MONTH DAY YEAR

ADDRESS 2251 NW 188th Terrace

CASH \$ _____

Miami Gardens FL 33056
CITY STATE ZIP

CHECKS \$ 360 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

TOTAL \$ 360 00

FOR PAYMENT OF: Qualifying Fee - Commissioner District 1

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Anne Gnesso Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1.6/04

BARBARA S. JORDAN CAMPAIGN ACCOUNT
MIAMI-DADE COMMISSIONER DISTRICT 1 63-215/631 98

DATE 6-5-12

PAY TO Board of County Commissioners \$360.00
 THE ORDER OF
Three hundred sixty DOLLARS

SUNTRUST ACH RT 061000104
 MEMO Qualifying Fee