

**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:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE

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

I, Wade Jones
(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 Miami Dade County Commission
(OFFICE) (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 [Signature] (786) 519-5293 Wade Jones 620507m/j/107
Signature of Candidate Telephone Number Email Address
16015 NW 29 AVE OPA LOCKA FL 33054
Address City State Zip Code

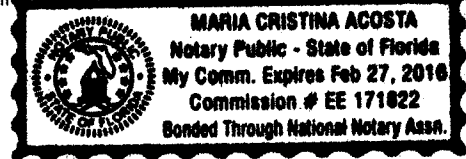
Candidate's Florida Voter Registration Number (located on your voter information card): 109440129

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 25th day of May, 2012

Personally Known: _____ or
Produced Identification: ✓
Type of Identification Produced:
FL DRIVERS LIC.

[Signature]
Signature of Notary Public
Print Name of State Commissioned Notary Public



RECEIVED
 2012 MAY 25 P 5:4
 MIAMI-DADE COUNTY
 ELECTOR'S OFFICE

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Jones, Wade

MAILING ADDRESS:

16015 NW 29 AVE

CITY: DPA Lockport ZIP: 33054 COUNTY: Dade

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT: District 1

Miami Dade County Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE ELECTIONS

2012 MAY 25 PM 3:47

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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 MAY 25, 2012 was \$ -221,000.00

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 \$ -221,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
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N/A

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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Student loans (Sallie Mae) 126165-Barron, PA 16 Box 9532	28,000
Chase Bank 24696 Columbus OH 43224	193,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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N/A

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
Wolf Political Enterprise Consulting	16015 Woodway Dr. Apt. 202A FL 33157	\$23,386.20

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]

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3

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 MIAMI-DADE
 ELECTIONS
 2012 MAY 25 PM 3:47

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

OATH

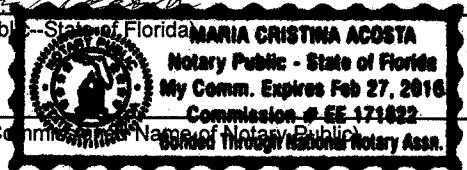
STATE OF FLORIDA
 COUNTY OF Miami-Dade

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.

Sworn to (or affirmed) and subscribed before me this 25th day of

May, 2012 by Wade Jones

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



(Print, Type, or Stamp Commission Number and Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.



Voter Information Card
Miami-Dade County, FL

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

Wade Jones
16015 NW 29Th Ave
Miami Gardens FL, 33054

Kat Enfomasyon Vote
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME

01/03/12

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tranpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon

109440129

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Golden Glades Elementary School
16520 NW 28 Ave

Precinct No.
Núm. del recinto
Nim. Biwo Vòt

226

Date of Birth
Fecha de Nacimiento
Dat Nesans

2/5/1974

Registration Date
Fecha de inscripción
Dat Enskripsyon

9/30/1992

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 distri ki ekri anba la yo.

Congress
Congreso
Kongrè

17

State Senate
Senado Estatal
Sena Eta a

33

State House
Cámara Estatal
Lachannm Eta a

103

County Commission
Comisión del Condado
Komisyon Konte

1

School Board
Junta Escolar
Asanble Edikasyon

1

Community Council
Consejo Comunitario
Konsèy Kominotè

0

Municipal | Municipal | Minisipalite
MIAMI GARDENS



MIAMI-DADE
ELECTIONS

2012 MAY 25 PM 3:52

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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741174

RECEIVED FROM Waide Jones

DATE 5 / 25 / 12
MONTH DAY YEAR

ADDRESS 14015 NW 29 AV

CASH \$ _____

Opn Locka STREET ADDRESS

CHECKS \$ 360.00

CITY STATE ZIP

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND ND CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying FCC County Comm. Dist 1

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

DEPT.: Elections BY: Marin Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

WADE JONES
CAMPAIGN ACCOUNT
16015 NW 29TH AVENUE
MIAMI GARDENS, FL 33054

128
63-9194/670

Date May 25, 2012

Pay to the Order of Board of County Commissioners \$ 360.00
Three Hundred Sixty Dollars

North Dade Community Development
Federal Credit Union
Making sure you're financially secure
18591 NW 27th Ave. • Miami, FL 33056

For Qualifying FCC Dist 1 Comm

Security Features Details on Back.