

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

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MIAMI-DADE
ELECTIONS

OATH OF CANDIDATE

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

I, SHIRLEY GIBSON

(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 DADE County Commission District-ONE
(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 Shirley Gibson (305) 904 5917 SHIRLEYGIBSONFORDISTRICT
Signature of Candidate Telephone Number Email Address @GMAIL.COM

[Redacted] [Redacted] [Redacted] [Redacted]
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108982078

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 29th day of May, 2012.

Personally Known: _____ or
Produced Identification: ✓
Type of Identification Produced:
FL Drivers Lic.

[Signature]
Signature of Notary Public
Print Name or Stamp Commissioned Name of Notary Public
MARIA CRISTINA ACOSTA
Notary Public - State of Florida
My Comm. Expires Feb 27, 2016
Commission # EE 171822
Bonded Through National Notary Assn.

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MIAMI-DADE COUNTY
ELECTIONS
Voter Information Card
Miami-Dade County, FL
Tarjeta de información del elector
Condado de Miami-Dade, FL

SHIRLEY WIMBERLY GIBSON



Kat Enfomasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENBRIAME
02/24/06

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
108982078

Identification Data
Datos de identificación
Enfo. Idantifikasyon

12/17/43

Precinct No.
Núm. del recinto
Nim. Biwo Vòt

215

Registration Date
Fecha de inscripción
Dat Enskripsyon

04/06/68

Party Affiliation
Afiliación partidista
Pati Politik

DEM

Polling Place | Centro de votación | Lokal Biwo Vòt
NORWOOD CALVARY CHURCH
19101 NW 5 AVE

Lester Sola
Supervisor of Elections | Supervisor 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
017

State Senate
Senado Estatal
Sena Eta a
033

State House
Cámara Estatal
Lachann Eta a
103

County Commission
Comisión del Condado
Komisyon Konte
01

School Board
Junta Escolar
Asanble Edikasyon
01

Community Council
Consejo Comunitario
Konsèy Kominotè

Municipal | Municipal | Minisipal
MG02





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

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Candidate/Chairperson:

SHIRLEY
First Name

Middle Name

GIBSON
Last Name

MIAMI DADE County Commission 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: Shirley Gibson
Candidate / Chairperson Signature

Date: 5/29/2012

Primary Telephone Number: 305-904 5917

Alternate Telephone Number: _____

E-mail address: SHIRLEYGIBSONFORDISTRICT1@GMAIL.COM

Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County



Candidate (office sought): DADE County Commission DIST 7

Candidate's Florida Voter Registration Number: 108982078

Political Committee: _____

Party Executive Committee: _____

Other: _____

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I, SHIRLEY GIBSON
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Shirley Gibson 5/29/2012
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-904 5917

Email Address: SHIRLEY.GIBSON.FOR.DISTRICT.7@GMAIL.COM

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:

GIBSON SHIRLEY

MAILING ADDRESS: 1

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI DADE COMMISSION DISTRICT ONE

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

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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, 2011 was \$ 534,000

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 \$ 38,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
<u>PRIMARY RESIDENCE</u>	<u>100,000</u>
<u>VACANT LAND 17 AVE - 135 ST MIAMI FL</u>	<u>20,000</u>
<u>VACANT LAND 4995 MLK RD CANILUA GA</u>	<u>3,000</u>
<u>RESIDENTIAL PROPERTY 1716 DOROUGH AVE ALBANY GA</u>	<u>48,000</u>
<u>SEE ATTACH - EXHIBIT 1</u>	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>BANK OF AMERICA P.O BOX 5170 SIMI VALLEY CALIF</u>	<u>89,000</u>
<u>MIDLAND MORTGAGE P.O BOX 26648 OKLAHOMA CITY OK</u>	<u>1,43000</u>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

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.] 2012 MAY 29 AM 10:33

PRIMARY SOURCES OF INCOME (See instructions on page 5):
NAME OF SOURCE OF INCOME EXCEEDING \$1,000

ADDRESS OF SOURCE OF INCOME MIAMI-DADE ELECTIONS AMOUNT

City MIAMI GARDENS	1515 NW 167 ST. Bldg 5, Suite 200	4,627.18
STATE FLORIDA DIV RETIREMENT	P.O. BOX 9000, TALLAHASSEE, FL	18,856.56
STATE STREET RET. SER/USP BLC	P.O. BOX 151750, ALEXANDRIA VA	2,677.44
DEPT. TREASURY (SOC)	1200 8 Ave BRIMINGHAM AL	21,780.00
4995 MLK RD (LAND RENTAL)	4995 MLK RD CAMILLA SA	1,185.00

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
	N/A		

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	N/A	A	
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 29th day of

May, 2012 by Shirley Gibson

Shirley Gibson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Signature of Notary Public, State of Florida)
MARIA CRISTINA ACORTA
Notary Public - State of Florida
My Comm. Expires Feb 27, 2016
Commission # EE 171922
(Print, type or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FL DRIVERS Lic.

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.

2011-FORM 6 ATTACHMENT
SHIRLEY GIBSON
FORM 6-SECTION B-ASSETS.

EXHIBIT 1

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ELECTIONS

ASSET DESCRIPTION	VALUE
VEHICLES (2)	8,000
FURNISHING, CLOTHING, HOUSEHOLD ITEMS	30,000
CASH-SAVING CHECKING. (CHASE BANK, SPACE COAST) CU	25,000
LIFE INSURANCE AIG, PRIMERICA.	300,000

Shirley Gibson

