

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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MIAMI-DADE  
ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☒ Treasurer/Deputy      ☐ Depository      ☐ Office      ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

NADIA PIERRE

**3. Address** (include post office box or street, city, state, zip code)

2374 N.W. 56 ST  
MIAMI, FL. 33142

**4. Telephone**

(305) 367-1271

**5. E-mail address**

Nadia.Pierre@YAHOO.COM

**6. Office sought** (include district, circuit, group number)

COUNTY COMMISSION DISTRICT 3

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In      ☐ No Party Affiliation      ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

NADIA PIERRE

**11. Mailing Address**

2374 N.W. 56 ST

**12. Telephone**

(305) 367-1271

**13. City**

MIAMI

**14. County**

DADE

**15. State**

FL.

**16. Zip Code**

33142

**17. E-mail address**

Nadia.Pierre@YAHOO.COM

**18. I have designated the following bank as my** ☒ Primary Depository ☐ Secondary Depository

**19. Name of Bank**

CHASE BANK

**20. Address**

900 N.E. 125 ST

**21. City**

NORTH MIAMI

**22. County**

DADE

**23. State**

FLORIDA

**24. Zip Code**

33161

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

6/5/12

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, NADIA PIERRE, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

6/5/12  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

**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, **NADIA PIERRE**

(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 DISTRICT 3**  
(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**

*Nadia Pierre*  
Signature of Candidate

(305) 367 - 1271

Telephone Number

nadiapierre5@yahoo.com

Email Address

2374 NW 56 STREET

Address

MIAMI

City

FL.

State

33142

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): **102084027**

STATE OF FLORIDA  
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 17 day of May, 2012.

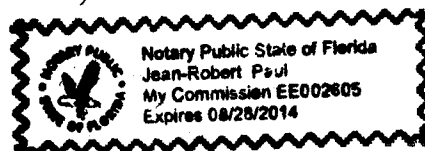
Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

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

*Jean Robert Paul*  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





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2012 MAY 25 PM 4: 56

MIAMI-DADE  
ELECTIONS

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

  
NADIA  
PIERRE  
2374 NW 56 STREET  
MIAMI, FL 33142  
DOB: 02-09-1966 SEX: F  
ISSUES: 02-17-2009 HGT: 5'00  
EXPIRES: 02-18-2018  
REST: 1  
REPLACES: 02-18-2018



Operation of a motor vehicle constitutes consent to 4 ly sobriety test required by law.

**FORM 6 FULL AND PUBLIC DISCLOSURE OF****2011**

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

**FINANCIAL INTERESTS**FOR OFFICE  
USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

PIERRE

NADIA

MAILING ADDRESS:

2374 NW 56 STREET

MIAMI FLORIDA

CITY:

ZIP:

33142

COUNTY:

DADE

NAME OF AGENCY:

MIAMI-DADE COUNTY COMMISSION DISTRICT 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE  
ELECTIONS

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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 MAY, 20 12 was \$ 313,176.00.**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 \$ 30,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
MIAMI-DADE COUNTY LIFE INS	310,151.00
BANK ACCOUNT	3,025.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CAPITAL ONE AUTO FINANCE - P.O. BOX 260828 PLANO TX. 75026 - 0848	20,000

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

**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 1 STREET, MIAMI FL. 33128	62,030.28

**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	N/A		
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			

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

**OATH**

STATE OF FLORIDA  
COUNTY OF 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 17 day of

May, 2012 by Jean-Robert Paul



Notary Public State of Florida  
Jean-Robert Paul  
My Commission EE002605  
Expires 08/28/2014

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

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.

May 1, 2012

Nadia Pierre

Candidate for State Senate, District 33 (54836)

Kristy Reid Bronson, Chief  
Bureau of Election Records  
R.A. Gray Bldg., Room 316  
500 S. Bronough Street  
Tallahassee, Florida 32399 - 0250

Dear Ms. Reid Bronson,

Effective immediately, this letter serve as my official notice of withdrawal as a candidate for State Senate District 33 seat.

Respectfully,

Nadia Pierre

C. Theresa Holdeen

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DIVISION OF ELECTIONS  
SECRETARY OF STATE

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MEMO QUALIFYING FEE / DISTRICT 3