CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

RECEIVED

2012 JUN - 7 PM 12: 27

MIAMI-DADE ELECTIONS

OFFICE USE ONLY

OATH OF CAN (Section 99.021, Florid	= := <i>i</i> · · · =	1
1, SERGIO VALDES	a diameter)	
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - N	AME MAY NOT BE CHANGED AFTER THE END OF	OLIAL IEVINO
am a candidate for the nonpartisan office of	KENDALL CADA	QUALIF TING)
am a candidate for the nonpartisan office of <u>JOUTH</u> ; I am a qualified elector of	(office)	(district #)
; I am a qualified elector of	MINMI DAJE	County, Florida;
(Group or seat #)		ľ
I am qualified under the Constitution and the Laws of Florida to elected; I have qualified for no other public office in the state concurrent with the office I seek; and I have resigned from any Section 99.012, Florida Statutes; and I will support the Constitution State of Florida.	e, the term of which office or any pa office from which I am required to resi	rt thereof runs
Xleuser Valker 780426-	1293 SERCID-VALDES	Q AKIL SAUTSLAN
Signature of Candidate Telephone Number	1293 SERCID - VALDES Email Address	NO JOEC SOUTH TO THE
12995 SW 13357 14/AMI	FL 3318 State ZIP	6
Address City	State ZIP (Code
Candidate's Florida Voter Registration Number (located on your vo	oter information card): $1/48363$	04
* Please print name phonetically on the line below as you wish it	to be pronounced on the audio ballot f	or persons
with disabilities (see instructions on page 2 of this form):	to be promotineed on the audio ballot h	or persons
STATE OF FLORIDA		
COUNTY OF MIAMI DADE		
Sworn to (or affirmed) and subscribed before me this $\frac{1}{1}$	day of <u>fune</u> , 20	12.
Personally Known: or	Anne Joness James	cent
Produced Identification:	Signature of Notary Public Print, Type or Stamp Commissioned Name	of Notary Public
Time of Identification During 1977	ANNE VANESSA INNO	ENT
ype of Identification Produced: FL Driver's License	Notary Public - State of My Comm. Expires Jun 2 Commission # DD 997	. 2014

FORM 1

STATEMENT OF

2011

Please print or type your name, mailin address, agency name, and position b	g FINANCIA	L INTERESTS	
LAST NAME FIRST NAME MID VALDES, SERGIO	DLE NAME :	FOR OF	
MAILING ADDRESS :		USE ON	LY:
12995 SW 133RD ST			
CITY:	ZIP: COUNTY:		
MIAMI, FL	33186 M	IIAMI-DADE	
NAME OF AGENCY: SOUTH KENDELL CDD - BOAF	OD OE CHDEDVICODC		
NAME OF OFFICE OR POSITION H			1 MENGER 1865 (EN PERS BEINE 1885 1885 1886 1886 1886
ASSISTANT SECRETARY	SEAT #5		
<i>tl x</i> .	lines on this form. Attach additional she	ets, if necessary.	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	RAPPOINTEE	*FD003676*
**** BO	TH PARTS OF THIS SEC	TION MUST BE COMF	PLETED ****
DISCLOSURE PERIOD:			R BASED ON A CALENDAR YEAR OR ON
A FISCAL YEAR. PLEASE STATE BE	LOW WHETHER THIS STATEMENT	IS FOR THE PRECEDING TAX YE	AR ENDING EITHER (must check one):
DECEMBER 31, 201	11 OR A SPECIF	Y TAX YEAR IF OTHER THAN TH	E CALENDAR YEAR:
REQUIRES FEWER CALCULATIONS	RS THE OPTION OF USING REPO S, OR USING COMPARATIVE THRE	SHOLDS. WHICH ARE USUALLY	E ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (see
instructions for further details). PLEAS		terms.	
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PART A PRIMARY SOURCES OF (If you have nothing to re	eport, you must write "none" or "n/a	o the reporting person - See instruct a")	iiois p. +]
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(If you have nothing to re NAME OF SOURCE OF INCOME	eport, you must write "none" or "n/a SO AD	a"):	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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PART D — INTANGIBLE PERSON (If you have nothing to	NAL PROPERTY [Stocks o report, you must write	, bonds, certific e "none" or "n	ates of deposit, etc See instruction /a")	ns p. 5]	
TYPE OF INTANGIE	BLE //	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	W/A.				
PART E — LIABILITIES [Major de (If you have nothing to	bts - See instructions p. to report, you must write		a")		
NAME OF CREDIT	NAME OF CREDITOR ADDRESS OF CREDITOR				
CHASE MONGAO	CHASE MONGAGE. (HASE MONGAGE DEDT.				
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	ED BUSINESSES [Owner report, you must write "report, BUSINESS EN	none" or "n/a")	ns in certain types of businesses - Se	e instructions p. 5] BUSINESS ENTITY #3	
NAME OF BUSINESS ENTITY	11/14			AND CITY AND SQUEETING TO THE CO.	
ADDRESS OF BUSINESS ENTITY	W / 11·				
PRINCIPAL BUSINESS ACTIVITY	The state of the s				
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (requir	<u>ed):</u>		DATE SIGNE	D (required):	
Seem Co	elles.		6/3/	12	

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

FILING INSTRUCTIONS:

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South; Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

RECEIVED



Access to Handbook and the Election Laws of the State of Floridaux -7 PM 12: 27

		MIAMI-DADE ELECTIONS
Candidate/Chairperson:	4	
SERGIO	MARID	(ALDES
First Name	Middle Name	Last Name
South KENDAI	CDD SEAT #	+5
	Office Sought / Organization	n
	the following resources	i, understand and follow th available on the Miami-Dad
Contains information on Florida, County Laws an	·	e Election Laws of the State of nation, Electronic Reporting Dates
Contains information on Florida, County Laws an	dbook (http://www.miamidade.g State Laws and Handbooks, the Id Handbooks, Electronic Repor Formation, and Recent Legislativ	e Election Laws of the State of rting Dates and Procedures,
Acknowledged by:	una Caella	
· · · · · · · · · · · · · · · · · · ·	Candidate / Chairperson	Signature
Date: 6/7/2	2012	-
Primary Telephone Numbe	er: <u>786-436-129</u>	93
Alternate Telephone Numb	per: <u>305- 971-91</u>	56
E-mail address: SERCI	O-VALDES QBELL.	SOUTH. NET

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6741250

COUNTY					봤던댔다		
	RECEIVED FROM Serg	o Morio Vololes		DATE	<u>_6</u>	Z/ DAY	12
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For Payme	NT OF: Quolifying 7.	be-South Kend	fell coo-s	eat 5			
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DEPT.:	Elections		BY: Anne	Veness.	2 In	colent	
FOR O	FFICE USE ONLY						
Trans	Subsidiary	INDEX CODE	Su	вовјест		Amount	
						2 3 3	

SERGIO MARIO VALDES 03-03

12995 SW 133RD ST.
MIAMI, FL 33186-4480

PAY TO THE DONA OF COMMISIONS \$ JSXX

COLUMN TO COMMISIONS TO DOLLARS (1)

PHASE D

JPMorgan Chase Bank, N.A.

WWW.Chase.com

SPINIT IN TEXTS

MEMO SOUTH KEN JOIN OF SECTIONS

MP