

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2012 JUN -8 AM 8:48

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, David Hofmann

(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

Islands at Doral (sw) CDD

(office)

(district #)

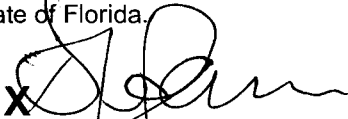
3
(circuit #)

(group or seat #)

; I am a qualified elector of Miami-Dade

County, Florida;

I am qualified under the Constitution and the Laws of Florida 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; and 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.

X 

Signature of Candidate

(305) 978.7370

Telephone Number

davidinmiami@msn.com

Email Address

7923 NW 112 Place
Address

Doral
City

FL
State

33178
ZIP Code

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

113874950

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

David Hofmann

STATE OF FLORIDA

COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 7 day of June, 20 12.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____


MARY DIAZ
MY COMMISSION # DD870354
Signature of Notary Public: _____
Print Name of Notary Public: _____
Stamp Commission Expires: _____



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

DAVID

HOFMANN

First Name

Middle Name

Last Name

Islands at Doral (SW) Community Dev. District - Seat 3

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: DAVID HOFMANN Candidate / Chairperson Signature

Date: June 7, 2012

Primary Telephone Number: 305.978.7370

Alternate Telephone Number: 305.978.7390

E-mail address: DavidinMiami@msn.com

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hofmann David

MAILING ADDRESS :

7923 NW 112 PL

CITY : Doral ZIP : 33178 COUNTY : Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Islands of Doral (SW) CDD Seat 3

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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2011 PDF Form 1

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

[X] DECEMBER 31, 2011 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes entries for Charles Taylor Adjusting and Rental Income Properties.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Includes entry for N/A.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")

Table with 1 column for address listing: 7923 NW 112 PL, Doral, FL; 322 Burton Drive, Tavernier, FL; 191 Los Mirtos St, San Juan, PR; 2325 NW 96 St, Miami, FL; 2221 NW 65 St, Miami, FL.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	
	2012 JUN 8 AM 8:57
	MIAMI-DADE ELECTIONS

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wachovia Bank	P.O. Box 530554 Atlanta GA 30353
Chase Manhattan Bank	PO Box 830016
Citi mortgage	PO Box 6006 The TRICKS, NV 88901

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

[Handwritten Signature]

June 7, 2012

FILING INSTRUCTIONS:

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.

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 **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741263

RECEIVED FROM David Hofmann

DATE 6 / 8 / 12
MONTH DAY YEAR

ADDRESS 7923 NW 112 Pl
DORAL STREET ADDRESS
CITY STATE ZIP
FL 33

CASH \$
CHECKS \$ 25.00

AMOUNT OF: Twenty-five DOLLARS, AND 00 CENTS TOTAL \$ 25.00

FOR PAYMENT OF: Qualifying Fee - Islands at Doral (SW) CDD Seat 3

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

DEPT.: Elections BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

DAVID HOFMANN
LILIANA HOFFMAN
7923 N.W. 112th Place
Doral, FL 33178

1298
63-466/631

8 June 2012
DATE

PAY TO THE ORDER OF Board of County Commissioners \$ 25.00
Twenty five + 00/100 DOLLARS

REGIONS CDD #3
FOR Qualifying Fee Islands at Doral (SW)

Harland Clarke

Security Features Details on Back.