

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2012 JUN -8 PM 12:02

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JOSE MEDINA

(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 VENETIAN ISLES CDD BOARD OF SUPV.,
(office)

5 ; I am a qualified elector of MIAMI-DADE
(circuit #) (group or seat #) 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

(786) 206-6308
Telephone Number

JOSEYCRIS@EXCITE.COM
Email Address

3005 SW 155 AVENUE
Address

MIAMI
City

FL
State

33185
ZIP Code

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

* 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):

JOSE MEDINA

STATE OF FLORIDA

COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 8th day of June, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Jacklyn Perez
Signature of Notary Public
Notary Public - State of Florida
My Commission Expires Jan 17, 2013
Commission # DD 842301



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Access to Handbook and the

Election Laws of the State of Florida

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Candidate/Chairperson

MIAMI-DADE ELECTIONS

MIAMI-DADE ELECTIONS

JOSE

MEDINA

First Name

Middle Name

Last Name

SEAT #5

VENETIAN ISLES CDD BOARD OF SUPERVISORS

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: _____

Candidate / Chairperson Signature

Date: 6/8/2012

Primary Telephone Number: 786-206-6308

Alternate Telephone Number: _____

E-mail address: JOSEYCRIS@EXCITE.COM

FORM 1

STATEMENT OF

2011

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 MEDINA JOSE 2012 JUN -8 AM 11:55

MAILING ADDRESS :
 3005 SW 155 AVE

CITY : MIAMI ZIP : 33185 COUNTY : MIAMI-DADE

NAME OF AGENCY :
 MIAMI-DADE ELECTIONS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 VENETIAN ISLES CDD BOARD OF SUPERVISORS SEAT #5

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
 CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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ID Code MIAMI-DADE ELECTIONS

ID No.

Conf. Code

P. Req. Code

****** 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):

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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
US GOVERNMENT	1700 NW 66 AVE PLANTATION FL	SALARY
US GOVERNMENT	VETERANS ADMINISTRATION	DISABILITY PENSION

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none			

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")

N/A

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")

TYPE OF INTANGIBLE

N/A

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BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

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

MIAMI-DADE ELECTIONS

MIAMI-DADE ELECTIONS

NAME OF CREDITOR

N/A

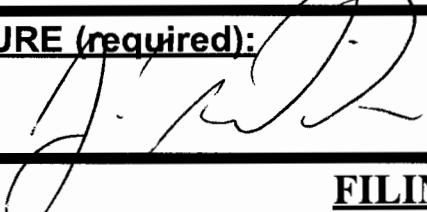
ADDRESS OF CREDITOR

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	none		
ADDRESS OF BUSINESS ENTITY	none		
PRINCIPAL BUSINESS ACTIVITY	none		
POSITION HELD WITH ENTITY	none		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	none		
NATURE OF MY OWNERSHIP INTEREST	none		

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

SIGNATURE (required):



DATE SIGNED (required):

8 JUNE 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. 6741270

RECEIVED FROM Jose Medina

DATE 6 / 8 / 12
MONTH DAY YEAR

ADDRESS 3005 SW 155 Ave
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33185 ZIP

CHECKS \$ 25 . 00

AMOUNT OF: Twenty Five DOLLARS, AND 00 CENTS

TOTAL \$ 25 . 00

FOR PAYMENT OF: Qualifying Fee - Venetian Isles COD Seat 5

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

DEPT.: Elections

By: Anne Fomessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Maria Cristina Barbosa 06-97 322
 Jose Medina
 3005 SW 155 Ave
 Miami, FL 33185

8 JUNE 2012 63-8035/2670 01
 Date

Pay to the Order of: BOARD OF COUNTY COMMISSIONERS
TWENTY-FIVE Dollars

JetStream federal credit union
 Miami Lakes, Florida 33014
 For: QUALIFY FEE SEAT # 5

Security Features Details on back

MICKEY & FRIENDS