

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board 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 |

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2016 JUN 10 AM 10:30
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Barbara J. Jordan

(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 Commissioner District 1
(OFFICE) (DISTRICT/GROUP/SEAT #)

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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and 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 Barbara J. Jordan 305-621-5345 eddiejordan@aol.com
Signature of Candidate Telephone Number Email Address
2251 NW 188th Terr Miami Gardens FL 33056
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109145372

* 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):
Bar-ba-ra Jordan

STATE OF FLORIDA

COUNTY OF Miami-Dade

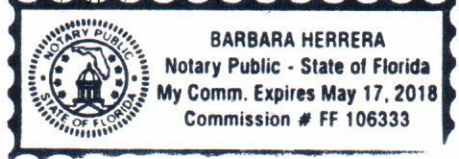
Sworn to (or affirmed) and subscribed before me this 10th day of June, 20 16.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:
Fl. Driver License

Barbara Herrera
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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ELECTIONS DEPARTMENT



Florida *Sunshine State*
DRIVER LICENSE CLASS E

BARBARA J JORDAN
2251 NW 188 TER
MIAMI GARDENS, FL 33056-3257
DOB: 07-31-1943 SEX: F HGT: 5-08
ISSUED: 06-18-2009
EXPIRES: 07-31-2017
REST: A
ENDORSE:

Barbara J Jordan
ORIGINAL SIGNATURE

8010906180167 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

RECEIVED 2015

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

BARBARA J. JORDAN

MAILING ADDRESS:

2251 NW 188TH TERR.

CITY :

MIAMI GARDENS

ZIP :

33056

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY - BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNTY COMMISSIONER , DISTRICT I

CHECK IF THIS IS A FILING BY A CANDIDATE

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ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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, 20 15 was \$ 1,420,367.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED EXHIBIT 1	\$1,830,244.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CAPITAL BANK, 100 MAIN STREET, GRENVILLE, TN 37743	\$305,073.00
DADE COUNTY FEDERAL CREDIT UNION, 1500 NW 107TH AVE, DORAL, FL 33172	82,551.00
AMERICAN EXPRESS, P.O.BOX 650448, DALLAS, TX 75265	13,337.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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, B.O.C.C.	111 NW 1ST. ST., MIAMI, FL 33128-1980	\$38,399.00
STATE OF FL. DISION OF RETIREMENT; & SSA	P.O.BOX 9000, TALLAHASSEE, FL & S.S.A, BIRMINGHAM, AL	\$101,056.00/ \$27,780.00

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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

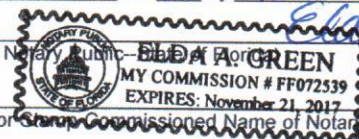
OATH

STATE OF FLORIDA
 COUNTY OF Miami - 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 7th day of JUNE, 20 16 by Barbara J. Jordan

Eldo A. Green
 (Signature of Notary Public)



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

Personally Known OR Produced Identification

Type of Identification Produced _____

Barbara J. Jordan
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Ronald E. Reales, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Ronald E. Reales
 Signature

4/12/16
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

EXHIBIT 1

2015 - Form 6 Attachment

Form 6 - Section B-Assets

Filer: Jordan, Barbara, J - Miami-Dade County Commissioner

Year: 2015

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ELECTIONS DEPARTMENT

<u>Asset Description</u>	<u>Asset Value</u> <u>12/31/2015</u>
Cars (3)	\$ 155,000
Furnishings, Clothing & Household items	\$ 25,000
Personal Residence (2251 NW 188th Terr)	\$ 165,000
4-Unit Residential Building (717 EMMA St, Key West, FL)	\$ 1,015,000
Cash (checking & savings - FDCU, Capital Bank,N,Dade FCU, City Nat'l Bnk)	\$ 102,416
Retirement Fund (Nationwide Retirement Solutions, ICMA & FRS Retirement Plan)	\$ 267,828
Life Insurance (Miami-Dade County)	\$ 100,000
TOTAL ASSETS	\$ 1,830,244



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7129586

RECEIVED FROM Barbara Jordan Campaign
c/o Anthony Brunson
ADDRESS 801 Brickell Avenue, Suite 953
Miami CITY FL STATE 33131 ZIP

DATE 6 / 10 / 16
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 360.00
TOTAL \$ 360.00

AMOUNT OF: Three hundred sixty DOLLARS, AND 0/100 CENTS

FOR PAYMENT OF: Qualifying fee, Miami-Dade County Commissioner, District 1

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

DEPT.: Elections Dept. BY: Barbara Herrera
Barbara Herrera

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

0059

Barbara Jordan Campaign
c/o: Anthony Brunson
801 Brickell Avenue, Suite
Miami, FL 33131
305-789-6673



6-3-16

PAY TO THE ORDER OF Miami Dade County \$ 360.00
Three hundred sixty 00/100 DOLLARS

Void After 90 Days

MEMO Miami Dade County Commissioner District 1
Qualifying fee AUTHORIZED SIGNATURE [Signature]



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