

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

OF FINANCIAL INTERESTS

RECEIVED

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Barreiro Bruno Arthur

MAILING ADDRESS:

1454 SW 1 Street #130

CITY:

Miami

ZIP:

33135

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

2016 JUN 20 PM 2:44

MIAMI-DADE COUNTY 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 \$ 1,758,110.09

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 \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
land, 1.25 acres, Miami-Dade, FL	68,750.00
apartment, 325 Ocean Drive #401, Miami Beach, FL	295,043.00
house, 2101 SW 4 Avenue, Miami, FL	1,107,530.00
stock, BABJ Investments Corp. Miami, FL	296,000.00
retirement plan ICMA-RC	263,915.21

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
mortgage, Citimortgage, P.O. Box 6243, Sioux Falls, SD	242,629.12
loan, Alicia P. Barreiro, 1454 SW 1 Street #120, Miami, FL	80,499.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
Fatima Home Care	1454 SW 1 Street #120, Miami, FL	\$ 78,000.00
Miami Dade County	111 NW 1 Street 2nd floor, Miami FL	\$ 41,779.04

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	BABJ Investments	IUSA	
ADDRESS OF BUSINESS ENTITY	1454 SW 1 Street #100	701 Brickell Ave #1250	
PRINCIPAL BUSINESS ACTIVITY	Investments, Real Estate	remetering	
POSITION HELD WITH ENTITY	President	Director	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	active	active	

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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

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.

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE
 Sworn to (or affirmed) and subscribed before me this 20th day of

June, 2016 by ANNE VANESSA INNOCENT
 (Signature of Notary Public - State of Florida)
 ANNE VANESSA INNOCENT
 Notary Public - State of Florida
 My Comm. Expires Jun 2, 2018
 Commission # FF 116919

Brun Daniel
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known _____ OR Produced Identification
 Type of Identification Produced Driver License

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, _____, 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.

Signature _____

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

*****AUTO**MIXED AADC 323 T8 P1 26

Bruno Barreiro
County Commissioner, District 5
Miami-Dade County
Elected Constitutional Officer
Ste 130
1454 SW 1st St
Miami FL 33135-2203



ID Code



ID No. 36669

Conf. Code

Barreiro , Bruno

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OATH

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.

STATE OF FLORIDA
 COUNTY OF Miami - Dade
 Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016 by Beuno A. Barreiro
 (Signature of Notary Public--State of Florida)

Beuno A. Barreiro
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public - State of Florida)
 LORETA M SANCHEZ
 My Comm. Expires Nov 29, 2016
 Personally Known
 Type of Identification Produced OR Produced Identification # EE 854893

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, _____, 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.

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