

MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

RECEIVED

Proof of residency provided:

- ☒ Driver's License  
☐ Voter Information Card  
☐ Property Tax Receipt

- ☐ Utility Bill  
☐ Homestead Exemption Receipt  
☐ Lease Agreement

2016 JUN -7 PM 1:09  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Javier Gonzalez-Abreu

(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 Community Council 12/126  
(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 [Signature]  
Signature of Candidate

305-804-8233  
Telephone Number

CouncilmanAbreu@gmail.com  
Email Address

11211 SW 82nd Avenue  
Address

Miami  
City

FL  
State

33156  
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109503689

\* 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):

Ha/vier Gon/za/lez A/bre/u

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6 day of June, 20 16.

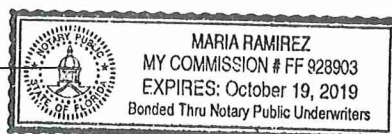
Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



**Florida** *Sunshine State*  
**DRIVER LICENSE CLASS E**

JAVIER IGNACIO  
GONZALEZ-ASSEDU  
11211 SW 62 AVE  
MIAMI, FL 33156-4302  
DOB: 11-22-1976 SEX: M  
ISSUED: 11-21-2011 HGT: 5-05  
EXPIRES: 11-22-2019  
REV: A  
ENDORSE:  
REPLACED: 06-17-2011

**SAFE DRIVER**

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

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2016 JUN -7 PM 1:10

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2015

RECEIVED

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Gonzalez-Abreu, Javier

MAILING ADDRESS :

11211 SW 82nd Avenue

CITY :

Miami

ZIP :

33156

COUNTY :

Miami-Dade

NAME OF AGENCY :

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County Community Council # 12/126  
area/sub-area

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

2016 JUN -7 PM 1:40

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT\*\*\*\* **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, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (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]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Grovebay Financial, LLC	7700 N. Kendall Drive, Suite 515 Miami, FL	Merchant Services

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Javier Gonzalez-Abreu	Walter Martinez	10900 SW 84th Avenue Miami	Rental Income

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

10900 SW 84th Avenue Miami, FL 33156

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.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	N/A

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**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	N/A

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Grovebay Financial, LLC	
ADDRESS OF BUSINESS ENTITY	7700 N. Kendall Drive, Suite 515 Miami, FL 33156	
PRINCIPAL BUSINESS ACTIVITY	Merchant Services Provider	
POSITION HELD WITH ENTITY	Managing Director	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50% Owner	
NATURE OF MY OWNERSHIP INTEREST	Own 50% in the entireties with spouse	

**PART G — TRAINING**

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

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/7/16

**CPA or ATTORNEY SIGNATURE ONLY**

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.****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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**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** must file at the same time they file their qualifying papers.**Thereafter**, file by July 1 following each calendar year in which they hold their positions.**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.