

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

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input checked="" type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Enid Washington Demps

(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 15/152
(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 Enid W. Demps 786-333-4137 enidwash@bellsouth.net
Signature of Candidate Telephone Number Email Address

11025 SW 223 Street Miami Florida 33170
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109075693

* 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):

EE - nid Washington Dem-imps

STATE OF FLORIDA

COUNTY OF Miami-Dade

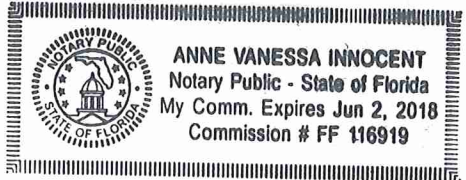
Sworn to (or affirmed) and subscribed before me this 17TH day of June, 20 16.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:
Driver License

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



Help us keep your record current – ensure we have an updated signature.

Ayúdenos a mantener actualizados sus datos – cerciórese de que tengamos su firma actualizada.

Ede nou kenbe dosye ou ajou – asire ou nou gen yon siyati ki ajou.

RECEIVED

2016 JUN 17 AM 10:33

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Detach here Desprenda por aqui Detache la a

MIAMI-DADE COUNTY

Enid Washington Demps
11025 SW 223Rd St
Miami FL 33170

Bring photo identification when voting.
Para votar, presente una identificación con fotografía.
Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Voter Information Card
Miami-Dade County, FL
Tarjeta de Información del Elector
Condado de Miami-Dade, FL
Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME
08/10/15

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
109075693

Voting Location | Centro de Votación | Lokal Biwo Vòt
Goulds Park
11350 SW 216 St

Precinct No. Núm. del Recinto Nim. Biwo Vòt 856	Date of Birth Fecha de Nacimiento Dat Nesans 5/6/1954	Registration Date Fecha de Inscripción Dat Enskripsyon 9/25/1972
-----------------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------------------------------------------

Party Affiliation | Afiliación Partidista | Pati Politik
FLORIDA DEMOCRATIC PARTY


Penelope Townsley
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress Congreso Kongrè 27	State Senate Senado Estatal Sena Eta a 39	State House Cámara Estatal Lachanm Eta a 117
---------------------------------------------	-----------------------------------------------------------	--------------------------------------------------------------

County Commission Comisión del Condado Komisyon Konte 9	School Board Junta Escolar Asanble Edikasyon 9	Community Council Consejo Comunitario Konsèy Kominotè 15
-------------------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------------------

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



Please check all information for accuracy.

Sírvase verificar la corrección de todos los datos.

Tanpri verifiye ke tout enfòmasyon yo kòrèk.

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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FOR OFFICE USE ONLY:

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Demps, Enid Washington

MAILING ADDRESS :
11025 SW 223 Street

CITY : *Miami* ZIP : 33170 COUNTY : Miami-Dade

NAME OF AGENCY : *MIAMI-DADE COUNTY*
Community Council 15 *Subarea 152*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Councilwoman Subarea 152

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

**** **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
Greater Goulds Optimist Club	11025 SW 223 Street, Goulds, FL 33170	Youth 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
NA			

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

NA

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
NA	

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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
Ocwen Loan Servicing	P. O. Box 660264 Dallas, TX 75266-0264

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")

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

PART G — TRAINING

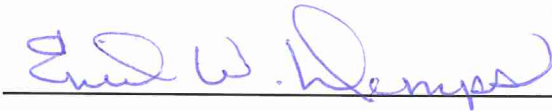
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

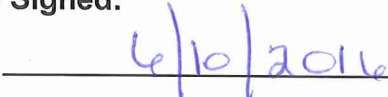
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:



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.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7291808

RECEIVED FROM Erin Washington Demps
 ADDRESS 11025 SW 223 Street
 STREET ADDRESS

DATE 6 / 17 / 16
 MONTH DAY YEAR

Miami CITY FL STATE 33170 ZIP

CASH \$
 CHECKS \$ 100 00
 TOTAL \$ 100 00

AMOUNT OF: One Hundred DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee - Community Council Area/Subarea 15/152

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

DEPT.: Elections BY: Afemessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Erin Washington Demps Campaign Account 11025 SW 223 Street MIAMI, FL 33170	0091 63-1403/631 124
PAY TO THE ORDER OF <u>Miami-Dade County</u>	DATE <u>6/17/2016</u> \$ <u>100.00</u>
<u>One Hundred</u>	DOLLARS
 Princeton Office	FOR <u>Qualifying Fee</u> <u>Miami-Dade Community Council Area 15 Subarea 152</u> <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

2016 JUN 17 PM 2:02

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