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Codeno, Natalie MAILING ADDRESS: POBOX 12038 Miami CITY: ZIP: COUNTY: FIL. 33116 Miami Dade NAME OF AGENCY: Caribe Palm CDD - Board of Supervisors NAME OF OFFICE OR POSITION HELD OR SOUGHT: Assistant Secretary / Caribe Palm CDD - Scal # 3 You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF AND ATTACH ON PLANT OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATE MENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHIETHER 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 DECEMBER 31, 2015 MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTABLE INTERESTS. FILERS HAVE THE OPTION OF USING REPORTAGE INTEREST OF MICHAEL SHAPE OF THE METAL ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE THRESHOLDS. WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details), CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) 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 SOURCES OF INCOME [Major sources of income to businesses owned by the reporting person - See instructions] PART B - SECONDARY SOURCES OF INCOME [Major sources of income to businesses owned by the reporting person - See instructions] FILING INSTRUCTIONS for when and where to file this form and here to file this form and where to file this form and where to fil		ow:	FINANCIAL	INTERESTS	REC	FOR OFFICE USE ONLY:			
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(If you have nothing to report, write "not TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
N/A	N/A								
						N. Parketta			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor									
NAME OF CREDITOR		ADDR	ESS OF CRE	EDITOR					
Jose Faroy	POBOX 660-665 M	liami Springs FL 332	266		20				
Carmen Arvelo	POBOX 660-665 M	liami Springs FL 332	266	CA		U			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY	" or "n/a")	ns in certain types of b	N/A	BUBINESS E	NTITY#2				
ADDRESS OF BUSINESS ENTITY				35	**	7			
PRINCIPAL BUSINESS ACTIVITY				<u> </u>	46				
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST						Contract of the Contract of th			
PART G — TRAINING For elected municipal officers required to complete an				TRAINING.					
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED ON	A SEPARATE SH	IEET, PLE	ASE CHECK	HERE				
Signature: Signature: Date Signed: Op/14/10	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,								
	FILING INSTR	UCTIONS:	MACHEN: T						
TTITO I VIEL VVI	TERE IN FILE.		WHEN T	U 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.

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.

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.

CANDIDATE OATH -NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

RECEIVED

2016 JUN 17 AM 11: 46

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CAND (Section 99.021, Florida		
I, PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME	WE MAY NOT BE CHANG	ED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of	Devisor	1 Canbe Palm CDD
(circuit #); I am a qualified elector of	(office)	(district #) County, Florida;
I am qualified under the Constitution and the Laws of Florida to elected; I have qualified for no other public office in the state, concurrent with the office I seek; and I have resigned from any of Section 99.012, Florida Statutes; and I will support the Constitut State of Florida.	the term of whic office from which I tion of the United S	h office or any part thereof runs am required to resign pursuant to States and the Constitution of the
x/ attribute allus 136718	1622 Se	ribepalm 2013 egmail.com
Signature of Candidate Telephone Number		Email Address
Audress City	State	ZIP Code
Candidate's Florida Voter Registration Number (located on your vot	er information card):	110019660
Please print name phonetically on the line below as you wish it twith disabilities (see instructions on page 2 of this form):	o be pronounced o	on the audio ballot for persons
na-duh-lee suh-dane	2-Y0	
COUNTY OF Miami-Dade		
Sworn to (or affirmed) and subscribed before me this 1774	_day of	ne , 20 16.
Personally Known: or	Anne Go Signature of Notar	nesse Anonecent
Produced Identification:	Print Type or Stam	p Commissioned Name of Notary Public
ype of Identification Produced: <u>Driver Livense</u>		ANNE VANESSA INNOCENT Notary Public - State of Florida y Comm. Expires Jun 2 2007
S-DE 25 (Rev. 5/11)		Commission # FF 116919 = 1.00 1.00

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. /291806

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NATALIE A. CEDENO
P.O. BOX 162038
MIAMI, FL 33116

PAY TO THE ORDER OF MIAMI, Dade County \$25,00

CUENTLY Five Dollar DOLLARS 1 SERVING TREE WWW.Chase.com Secret 3

MEMO Canbe palm cdd Dollars Dolla

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

SOIG JUN 17 AMII: 46

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