

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, ANGELA "ANGIE" VAZQUEZ  
(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 COMMUNITY COUNCIL 12 (OFFICE) 205 / 24 (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

<u>Angela Vazquez</u> Signature of Candidate	<u>(786) 344-2305</u> Telephone Number	<u>ANGELACOMMUNITYCOUNCIL12</u> Email Address	
<u>7757 SW 118 PL</u> Address	<u>MIAMI</u> City	<u>FL</u> State	<u>33183</u> ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109190521

\* 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):

AN GEL A , AN GEE VAZ KEZ

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2016.

Personally Known: \_\_\_\_\_ or

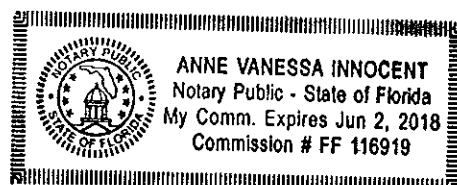
Produced Identification: ✓

Type of Identification Produced:

Driver License

Anne Vanessa Innocent  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





**Voter Information Card**  
Miami-Dade County, FL

Tarjeta de información del elector  
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè  
Kontè Miami-Dade, FL

Angela Mariana Vazquez  
7757 SW 118Th Pl  
Miami FL 33183

ISSUED  
EMITIDA  
EN-PRIME  
06/12/12

Bring photo identification  
when voting.

Para votar, presente una  
identificación con fotografía.

Tianpri pote you pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

109190521

RECEIVED

2016 JUN 21 PM 12:04

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Voting Location | Ubicación de la votación | Lokal Biwo Vòt  
General Conference 7th Day Advent  
8100 SW 117 Ave

Precinct No.  
Núm. del recinto  
Nim. Biwo Vòt  
765

Date of Birth  
Fecha de Nacimiento  
Dat Nesans  
1/17/1964

Registration Date  
Fecha de inscripción  
Dat Enskripsyon  
7/9/1982

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

**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 distri ki listé anba la yo.

Congress  
Congreso  
Kongrè  
26

State Senate  
Senado Estatal  
Sena Eta a  
37

State House  
Cámara Estatal  
Lacham Eta a  
116

County Commission  
Comisión del Condado  
Komisyon Konte  
10

School Board  
Junta Escolar  
Asamble Edikasyon  
7

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
12

Municipal | Municipal | Minisipalite  
UNINCORPORATED M-D



## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

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2016 JUN 21 PM 12:03

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Vazquez Angela Mariana

MAILING ADDRESS :

7757 SW 118 PL

CITY :

Miami

ZIP :

33183

COUNTY :

Miami-Dade

NAME OF AGENCY :

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council 12; Area/subarea 124

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
Southwest Social Services Programs	25 Tamiami Blvd, Miami, FL 33144	Senior 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
N/A			

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

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

N/A	<b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.  <b>INSTRUCTIONS</b> 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	

**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	

**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	N/A	N/A
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.

RECEIVED FROM AUGUSTA VAZQUEZ

DATE 06 / 21 / 16  
MONTH DAY YEAR

Address 7757 SW 118th  
STREET ADDRESS

**CASH** \$ \_\_\_\_\_

STREET ADDRESS FL 3318  
CITY STATE ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND 00/100 CENTS TOTAL \$ 100.00

FOR PAYMENT OF: COMMUNITY FEE - COMMUNITY COUNCIL 2 AREA 2 SUAKHRA 24

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

DEPT.: Yakovlev By: Yakovlev

**FOR OFFICE USE ONLY**

[illegible]

107.01-1 6/04

ADRIANA "ADRIE" VAZQUEZ  
Campaign Account

092

63-91/2631

DATE NOV 21, 2016

PAY TO THE ORDER OF MIAMI-DADE COUNTY  
One hundred

\$100.00

DOLLARS



**BRANCH BANKING AND TRUST COMPANY**  
1-800-BANKBBT BBT.com

FOR WHITINGTEE CORP. BY MARY

RECEIVED  
2016 JUN 21 PM 12:04  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT