CANDIDATE OATH -NONPARTISAN OFFICE

(Not for use by Judicial or **School Board Candidates)**

RECEIVED

2016 JUN 24 AM 10: 14

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
1, <u>Claine</u> Rodriguez	T BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of Lakes by the Bay South	Connecinity Development Number (district #)
(circuit #) (group or seat #); I am a qualified elector of MIC	(district #) MI Dade County, Florida;
I am qualified under the Constitution and the Laws of Florida to hold the elected; I have qualified for no other public office in the state, the ten concurrent with the office I seek; and I have resigned from any office from Section 99.012, Florida Statutes; and I will support the Constitution of the State of Florida.	m of which office or any part thereof runs m which I am required to resign pursuant to
Signature of Candidate Telephone Number	elujrodanotmail.com Email Address
22550 SW 93101 Passings Cuther Bay	State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter inform	ation card): 110196550
* Please print name phonetically on the line below as you wish it to be prowith disabilities (see instructions on page 2 of this form):	nounced on the audio ballot for persons
ee-LAYNE ro-driquez	
STATE OF FLORIDA COUNTY OF Miomi Dode	
Sworn to (or affirmed) and subscribed before me that subscribed before	June , 20 16.
Personally Known: or or	nne Comesse Innocent
Produced Identification: Print,	Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	ANNE VANESSA INNOCENT Notary Public - State of Frida M. Comm. Txpiro J. 118
DS-DE 25 (Rev. 5/11)	である。

FORM 1	STATEMENT OF	2015			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	TS CFOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDDLE I Prodriguez, Elaine MAILING ADDRESS:	Jamille	2016 JUN 24 AM 10: 15			
20552 SW 93rd Pass	agl	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT			
City: 3	ZIP: COUNTY:				
NAME OF AGENCY: Lakes by the Bay South Com NAME OF OFFICE OR POSITION HELD (nmunity Development Distal Seat # 1 DR SOUGHT:				
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O	on this form. Attach additional sheets, if necessary. R NEW EMPLOYEE OR APPOINTEE				
THIS STATEMENT REFLECTS YOUR F	ARTS OF THIS SECTION MUST BE INANCIAL INTERESTS FOR THE PRECEDING TAXE E STATE BELOW WHETHER THIS STATEMENT IS				
■ DECEMBER 31, 2015	OR SPECIFY TAX YEAR IF OTHE	R THAN THE CALENDAR YEAR:			
for further details). CHECK THE ONE You	REPORTING THRESHOLDS THAT ARE ABSOLUTE TIVE THRESHOLDS, WHICH ARE USUALLY BASE DU ARE USING (must check one):	DOLLAR VALUES, WHICH REQUIRES FEWER D ON PERCENTAGE VALUES (see instructions			
		OOLLAR VALUE THRESHOLDS			
PART A - PRIMARY SOURCES OF INCOME. (If you have nothing to report,	ME [Major sources of income to the reporting person - Sewrite "none" or "n/a")	ee instructions]			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Roseland adult Naylau, Iv.	7392 Bird Road, Miami, Fl 33155	Healthcare-Social Services			
PART B SECONDARY SOURCES OF IN [Major customers, clients, and ot (If you have nothing to report,	her sources of income to businesses award by the	ng person - See instructions]			
NAME OF NA BUSINESS ENTITY	ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	I MINUTAL BUSINESS			
aring Hearts Assisted Living Suns	ing Health LHANC 1200 SW849 St minur	i, fl 33120 socials en vivo - care for eldaly			
Enior Haven Assisted Living Sun	shine Health-HAND FOO SWOM Street Miam	1 FE 30/30 Sprint service - care for other			
PART C REAL PROPERTY Hand, building	43 UWDEU DV IRE FEDOMING BARRON - Con instru-4:1	ni, 4 3130 30ci of Service - pare for eldriti			
A second the mounting to report, w	nte none or n/a")	FILING INSTRUCTIONS for when and where to file this form are			
Shall SW 36th Street, Miaini, of 45 SW 32th Terraco, Miar	located at the bottom of page 2. INSTRUCTIONS on who must file				
231 Sw 58th Avenue, Mian	this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write '	none or "n/a")				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
stock		assisted	Living, L	LC,	
bank accounts	suntrust			,	
PART E — LIABILITIES [Major debts - See instruction of the limit of th	ctions				
NAME OF CREDITOR	1	ADD	RESS OF CREDIT	ror -	
none	none				
none	none			ГТ	
PART F — INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, write "n	ES [Ownership or positior one" or "n/a")	ns in certain types of		g-man	216 JU#2
NAME OF BUSINESS ENTITY	nla		nla	S A	N 0
ADDRESS OF BUSINESS ENTITY	nja		Nia	품	
PRINCIPAL BUSINESS ACTIVITY	nla		ala	A C	i S
POSITION HELD WITH ENTITY	nIQ		0/0		5 M
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ess nia		nia	ガマ る	S S
NATURE OF MY OWNERSHIP INTEREST	nla		nia		
	T I HAVE COMPLI	ETED THE RE	QUIRED TR		
IF ANY OF PARTS A THROUGH G A	RE CONTINUED ON	I A SEPARATE SI	HEET, PLEASE	CHECK HE	RE 🔲
SIGNATURE OF FILE Signature:	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,				
Date Signed:	Instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: Date Signed:			latutes, and the ∋ and belief, the	
Affor parameters at the first of the second	FILING INSTRI		WHEN TO F	ILE:	

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

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

MIAMI-DADE COUNTY			
COUNTY	**,		

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7208534

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FOR OFF	ICE USE ONLY		<i>[</i>				
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Elaine Rodriguez 3970 SW 144th Avenue Miami, FL 33175-7813	EZShield™ Check Fraud Protection DATE 4 34 301 €	0863
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MIAMI-DADE COURTY

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