

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

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
 Voter Information Card
 Property Tax Receipt
 Utility Bill
 Homestead Exemption Receipt
 Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

JEAN MONESTIME

I, _____
 (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box
 (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on
 the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MIAMI-DADE COUNTY COMMISSIONER, 2
 (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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109518258

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

JAHN MON-ES-TEAM

X 	(305) 892-8565	teammonestime@gmail.com	
Signature of Candidate	Telephone Number	Email Address	
14641 NW 17TH DR	NORTH MIAMI	FL	33167
Address	City	State	ZIP Code

STATE OF FLORIDA

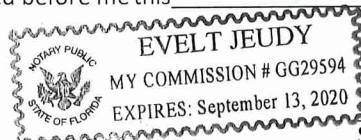
COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 7TH day of JUNE, 2018.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____




 Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Florida *The Sunshine State*
DRIVER LICENSE CLASS E

[REDACTED]

JEAN
MONE S TIME
14641 NW 17TH DR
MIAMI, FL 33167-1036
DOB 02-10-1963 SEX M
ISSUED: 02-09-2012 HGT 5-08
EXPIRES: 02-10-2020
REST: A
ENDORSE:
REPLACED: 03-01-2017

ORGAN DONOR
SAFE DRIVER

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

RECEIVED
2018 JUN -8 AM 11:04
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2017

RECEIVED

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

FOR OFFICE USE ONLY:

2018 JUN -8 AM 11:04

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
MONESTIME JEAN

MAILING ADDRESS:
900 NE 125 STREET, STE 200

CITY : ZIP : COUNTY :
NORTH MIAMI 33161 MIAMI-DADE

NAME OF AGENCY :
MIAMI-DADE COUNTY-ELECTED CONSTITUTIONAL OFFICE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COUNTY COMMISSIONER District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31st, 20 17 was \$ 254,600.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Paintings, Instruments, Benz 2001, Benz 2002, Joint Accounts (BOA & Credit Union)	16,000.00
Estimated Value of Business	40,000.00
Home 146 Street	400,000.00
Vacant Lots (Naples, Ocala, Putnam, Clay, Ocala)	115,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Student Loans P.O. Box 9533 Wilkes-Barre, PA 18773-9533	26,100.00
Capittal One P.O. Box 71083 Charlotte, NC 28272	3,500.00
Home Depot P.O. Box 790328 St. Louis, Mo 63179	3,200.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
UNITED WHOLESALE. 1414 E. MAPLE Rd. TROY, MI 48083	200,000.00
S&P Capital. 311 Fortune Way. Wellington, FL 33414 (loss)	83,000.00

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
MIAMI-DADE COUNTY	111 NW 1 ST. MIAMI, FL 33128	50,000.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
JEMO Enterprises, L.L.C. /JEMO REALTY,	<i>Real Estate</i>	666 NE 125 St. STE 232. N. Miami, FL 33161	REAL ESTATE SALES

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	JEMO INSURANCE		
ADDRESS OF BUSINESS ENTITY	666 NE 125 ST. Ste 232. North Miami, FL 33161		
PRINCIPAL BUSINESS ACTIVITY	INSURANCE BUISNESS		
POSITION HELD WITH ENTITY	NONE		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	PASSIVE		

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 ELECTIONS DEPARTMENT

PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF DADE

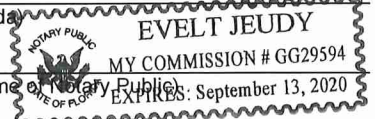
Sworn to (or affirmed) and subscribed before me this 7TH day of

JUNE, 2018 by JEAN MonESTIME

(Signature of Notary Public--State of Florida)

EVELT JEUDY

(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known OR Produced Identification _____

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7359994

RECEIVED FROM Jean Monestime

DATE 6 / 8 / 18
MONTH DAY YEAR

ADDRESS 12794 W Dixie Hwy
STREET ADDRESS

CASH \$ _____

North Miami CITY FL STATE 33161 ZIP

CHECKS \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00 CENTS

TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee County Commissioner District 2

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

DEPT.: Elections

BY: A. Vannoy

FOR OFFICE USE ONLY

TRANS		SUBSIDIARY				INDEX CODE				SUBJECT				AMOUNT				

107.01-1 6/04

JEAN MONESTIME
CAMPAIGN ACCOUNT
COUNTY COMMISSIONER DISTRICT 2 ACCOUNT
 12794 W DIXIE HWY
 NORTH MIAMI FL 33161-4806

1033

DATE 6/6/2018

PAY TO THE ORDER OF Miami-Dade County
Three Hundred & Sixty

\$ 360.⁰⁰
360 DOLLARS



ACH R/T 063100277

FOR Qualifying Fee for County Comm. District 2. Randi Renee Barr

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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