

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**2017**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Barreiro, Zoraida A.

2018 APR -5 PM 1:44

MAILING ADDRESS:  
1454 SW 1 Street

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CITY : Miami ZIP : 33135 COUNTY : Miami Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Miami Dade County Commissioner - District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

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ELECTIONS DEPARTMENT

**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 31, 20 2017 was \$ \$1,538,853.93

**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 \$ \$50,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Land 1.25 Acres, Miami, FL	\$75,000.00
Apartment, 325 Ocean Drive, #401, Miami Beach, FL	\$259,638.00
House, 2101 SW 4th Avenue, Miami, FL	\$1,149,230.00
Stock, BABJ Investment Corp., Miami, FL	\$289,520.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage, Citi Mortgage, P.O. 6243, Sioux Falls, SD	\$224,035.07
Loan, Alicia P. Barreiro, 1454 SW 1 Street, Suite 120, Miami, FL	\$60,499.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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
Fatima Home Care	1454 SW 1 Street, # 120, Miami, FL	\$68,614.26

**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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	BABJ Investments		
ADDRESS OF BUSINESS ENTITY	1454 SW 1 Street		
PRINCIPAL BUSINESS ACTIVITY	Investments		
POSITION HELD WITH ENTITY	Director		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	Active		

**PART F - TRAINING**

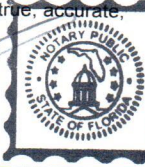
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 Miami-Dade  
Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of April, 2018 by Zoraida A. Baez



Loreta M. Sanchez  
Signature of Notary Public--State of Florida  
Notary Public - State of Florida  
Commission # 06-024507  
My Comm. Expires Nov 29, 2020  
Bonded through National Publicly Known  OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

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

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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:

2018 APR -5 PM 1:45

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

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Zoraida A. Barreiro

(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.)

I am a candidate for the nonpartisan office of Miami Dade County Commission 5  
(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): 109479690

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.]

zoraida a buhrayro

X [Signature] (305) 856-7835 zoraidabarreiro@me.com

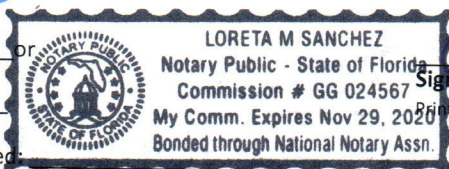
Signature of Candidate	Telephone Number	Email Address	
2101 SW 4 Avenue	Miami	FL	33129
Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of April, 2018.

Personally Known:



[Signature] Signature of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



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

**Tarjeta de Información del Elector**  
Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**  
Konte Miami-Dade, FL

Zoraida A Barreiro  
2101 SW 4Th Ave  
Miami FL 33129

ISSUED  
EMITIDA  
ENPRIME  
08/23/17

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.

Registration No.  
Núm. de Inscripción  
Nim. Enskripsyon

109479690

Voting Location | Centro de Votación | Lokal Biwo Vòt  
Simpson Park Recreation Building  
55 SW 17th Rd

Precinct No.  
Núm. del Recinto  
Nim. Biwo Vòt  
567

Date of Birth  
Fecha de Nacimiento  
Dat Nesans  
4/6/1968

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon  
4/25/1994

Party Affiliation | Afiliación Partidista | Pati Politik  
REPUBLICAN PARTY OF FLORIDA

**Christina White**

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  
37

State House  
Cámara Estatal  
Lachannm Eta a  
112

County Commission  
Comisión del Condado  
Komisyon Konte  
5

School Board  
Junta Escolar  
Asanble Edikasyon  
6

Community Council  
Consejo Comunitario  
Konsèy Kominitè  
N/A

Municipality | Municipio | Minisipalite  
MIAMI DIST 3



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