

**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

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Julio C. Obando

(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 Pentathlon CDD - Board of Supervisors, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)  
Seat 4; I am a qualified elector of Miami-Dade County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 114624608

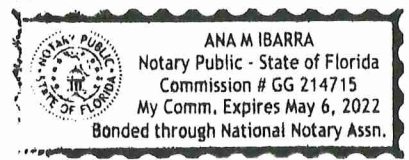
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]  
Julio C. Obando

X Julio C. OBANDO (305) 528-9781 julioobandojr@yahoo.com  
Signature of Candidate Telephone Number Email Address  
15728 SW 139th St. Miami FL 33196  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami Dade

Ana M Ibarra  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 20  
day of June, 2018.  
Personally Known:  or Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



**FORM 1**

**STATEMENT 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 :

**OBANDO, JULIO CESAR**

MAILING ADDRESS :

**15728 SW 139TH ST**

CITY : **MIAMI, FL** ZIP : **33196** COUNTY : **MIAMI-DADE**

NAME OF AGENCY : **PENTATHLON CDD, BOARD OF SUPERVISORS**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

**ASSISTANT SECRETARY** *seat #4*

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

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FD017840

\*\*\*\* **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, 2017 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
<i>Kendall Regional Medical</i>	<i>11750 SW 40th MIAMI FL 33175</i>	<i>Hospital</i>
<i>Jackson Memorial Hospital</i>	<i>1611 NW 13th Ave. Miami, FL 33136</i>	<i>Hospital</i>

**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
<i>n/a</i>			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

*Lots #19 + #20 Sheriff Ave. Port Charlotte, FL 33954*

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** 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
BCU/Baxter Credit Union	P.O. Box 11733 Newark, NJ 07101-4733
BBT / BB+T	P.O. Box 580048 Charlotte, NC 28258-0048

**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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #	
	1	2
	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		

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**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:

Julio Q Obando

Date Signed:

6/17/18

**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:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to [CEForm1@leg.state.fl.us](mailto:CEForm1@leg.state.fl.us). Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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, 2017.



OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 7722386

RECEIVED FROM Julio C. Obando

DATE 6 / 21 / 18  
MONTH DAY YEAR

ADDRESS 15728 Sw 139<sup>th</sup> St  
STREET ADDRESS

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

Miami CITY FL STATE 33196 ZIP

CHECKS \$ 25

AMOUNT OF: Twenty Five DOLLARS, AND 00/100 CENTS

TOTAL \$ 25

FOR PAYMENT OF: Qualifying Fee - Pentathlon CDD Seat #4

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

DEPT.: Elections By: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

IDENTITY CHECK PRINTERS 1-888-722-7466

Julio C. Obando  
15728 SW 139th St  
Miami, FL 33196

Top Breeds

1104



Date 6-17-2018

Pay to the order of

Miami-Dade County

\$ 25<sup>00</sup>

Twenty five

00/100 Dollars



Security Features Detailed On Back

WACHOVIA BANK, N.A.

Pug

Memo

Qualifying fee - Pentathlon CDD Seat #4

Julio C. Obando

MP

PHOTOCOPIED BY [Signature]

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