

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)

I, Oliver Gilbert

(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 District 1
(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): 109787338

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.]

AH-li-vuhr GIL-buhrt

X

Signature of Candidate

(786) 942-8441

Telephone Number

oliver@olivergilbert.com

Email Address

3261 NW 208 Terrace

Address

Miami Gardens

City

Florida

State

33056

ZIP Code

STATE OF FLORIDA

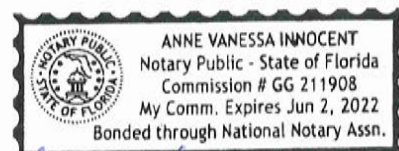
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical ☒ or
online ☐ presence this 27th day of May, 2020.

Personally Known: _____ or

Produced Identification: ☒

Type of Identification Produced: FL Driver License



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

RECEIVED

Kat Enfòmasyon Vòtè
Konte Miami-Dade, FL

Oliver Gene Gilbert
3261 NW 208Th Ter
Miami Gardens FL 33154

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

ISSUED
EMITIDA
ENPRIME
08/17/15

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

109787338

Voting Location | Centro de Votación | Lokal Biwo Vòt

North County Elementary School
3250 NW 207 St

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt

203

Date of Birth
Fecha de Nacimiento
Dat Nesans

8/15/1972

Registration Date
Fecha de Inscripción
Dat Enskripsyon

10/2/1998

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

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 distrik ki ekri anba la yo.

Congress
Congreso
Kongrè

24

State Senate
Senado Estatal
Sena Eta a

36

State House
Cámara Estatal
Lachanm Eta a

102

County Commission
Comisión del Condado
Komisyon Konte

1

School Board
Junta Escolar
Asanble Edikasyon

1

Community Council
Consejo Comunitario
Konsèy Kominotè

N/A

Municipality | Municipio | Minisipalite

MIAMI GARDENS



FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

RECEIVED

2020 MAY 27 AM 9:17

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

Gilbert Oliver G

MAILING ADDRESS:

3261 NW 208 Ter

Miami Gardens

CITY :

Florida

ZIP :

33056

COUNTY :

Miami-Dade

NAME OF AGENCY :

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County Commissioner District 1

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, 2019 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 19 was \$ - 41,054.10.

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 \$ \$30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - 3261 NW 208 Terrace, Miami Gardens Florida 33056	\$136,792.00
Checking Account - S. Fla. Ed Fed Credit Union 18975 NW 2nd Ave. M Gardens, FL 33169	\$1,984.62
See Appendix "A" for additional asset information **	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home mortgage - SPS, PO Box 65250, Salt Lake City, UT 84165	\$80,118.72
Student Loan - Direct Loan Services P.O. Box 5609 Greenville TX 75403	\$121,600
S. Fla Educational Federal Credit Union 18975 NW 2nd Ave Miami Gardens Fl, 33169	\$8,112

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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
City of Miami Gardens	18605 NW 27 Ave Miami Gardens FL 33056	\$42,000

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	N/A	N/A	N/A
			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	N/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

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 2020 MAY 27 AM 9:17
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

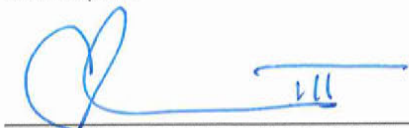
PART F - TRAINING

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.



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

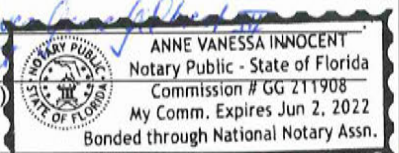
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 27th day of

May, 2020 by Anne Vanessa Innocent

(Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FL Driver License

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 ☐

Oliver G. Gilbert 2019 Form 6 - Appendix "A"

Part B – Assets

House with right of survivorship located at 17621 NW 23 Ave, Miami Gardens, Florida 33056. Although this property is not an asset for calculation of net worth, it is being disclosed as a matter of transparency as the right of survivorship could pose the same possible conflict of interest as any other property owned by the signer.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

6619 S Dixie Hwy Num 148
Miami, FL 33143

Bank of America

1062

FU

5/26/2020

Miami-Dade County Elections

\$ **360.00

Three Hundred Sixty and 00/100*****

DOLLARS

Miami-Dade County Elections
2700 NW 87th Avenue
Doral, FL 33172

VOID AFTER 60 DAYS

~~AUTHORIZED SIGNATURE~~

MP

2020 Qualifying Fee - County Comm, D-01



OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 7900463

RECEIVED FROM Oliver Gilbert

DATE 5, 27, 2020
MONTH DAY YEAR

ADDRESS 6619 S. Dixie Hwy Num 148
Miami STREET ADDRESS FL 33143
 CITY STATE ZIP

CASH \$ _____ . _____

CHECKS \$ 560 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00 CENTS TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - County Commissioner District 1

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

DEPT.: Elections By: YOLANDA WASHINGTON

FOR OFFICE USE ONLY

[illegible]

107.01-1 6/04

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT