

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, Sybrina Fulton

(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 Commissioner, 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): #109229407

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.]

SAH-bree-nah FUL-TON

<u>X</u> <u>Sybrina Fulton</u>	(786) 222-9871	sybrina@sybrinafulton.com	
Signature of Candidate	Telephone Number	Email Address	
16121 18th Court (NW) <u>SF</u>	Miami-Gardens	FL	33054
Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me by physical or online presence this 06 day of JUNE, 2020.

Personally Known: or

Produced Identification:

Type of Identification Produced: _____




TERRY GOSIER
Commission # GG 31260
Expires March 19, 2023
Bonded thru Budget Notary Service

Terry Gosier
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

RECEIVED


2020 JUN -8 AM 11: 22



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Florida DRIVER LICENSE  CLASS E

1 FULTON
2 SYBRINA DENISE
3 16121 NW 18 CT
4 MIAMI GARDENS, FL 33054-2151

5 DOB 02/16/1966 15 SEX F
6 EXP 02/16/2026 16 HGT 5'-07"
12 REST A 9b END NONE

4a ISS 03/07/2018
5CD 

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

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Fulton Sybrina

MAILING ADDRESS:

16121 NW 18th Court

CITY:

Miami

ZIP:

33054

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 May, 20 20 was \$ 135,000.00.

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 \$ 460,861

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attachment	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attachment	

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 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
See attachment		

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	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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 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

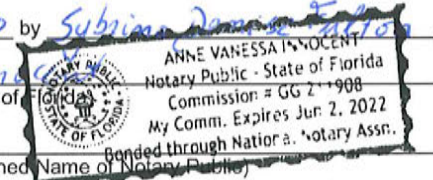
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sabrina Fulton
 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 8th day of

June, 2020 by Sabrina Fulton
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 Florida Driven 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

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Sybrina Fulton - Form 6 Attachment

2020 JUN -8 AM 11: 22

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Part A - Net Worth

As of May 2020: See top page

Part B - Assets

Assets Individually Valued at Over \$1,000: \$55,000.00

Real Property - 1128 NW 206th Ter Miami, FL 33169	\$446,461.00
Automobile - Mercedes Benz	\$14,400.00

Part C - Liabilities

Mr. Cooper Mortgage	\$307,000.00
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- Lake Vista 4
800 State Highway, 121 Bypass
Lewisville TX 75067

Credit Card	\$3,000.00
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- Discover Financial Services
P.O. Box 30943
Salt Lake City, UT 84130-0943

Credit Card	\$2,000.00
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- Capital One
1680 Capital One Dr
McLean, VA 22102

Part D - Income

American Program Bureau One Gateway Center #751 Newton, MA 02458	\$82,400.00
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