

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, Monique Nicole Barley

(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 Mayor

(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): 123870043

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.]

Mo-nique Nicole Bar-Lee

X mBarley (754) 235-9488 nicolesbarley@icloud.com  
Signature of Candidate Telephone Number Email Address  
8343 NW 5th Ct Miami FL 33150  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami Dade

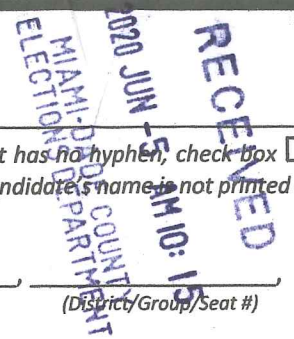
Sworn to (or affirmed) and subscribed before me by physical  or  
online  presence this 2nd day of June, 2020.

Personally Known:  or

Produced Identification:

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

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commission # \_\_\_\_\_  
Karen Benjamin  
Commission # GG 297845  
Expires: February 04, 2023  
Bonded Thru Aaron Notary





**Elections**  
 2700 NW 87th Avenue  
 Miami, Florida 33172  
 T 305-499-8683 F 305-499-8547  
 TTY 305-499-8480

miamidade.gov

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

**Christina White**

Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

**Voter Registration Receipt**  
**Comprobante de Inscripción del Elector**  
**Resi Enskripsyon Votè**

Date / Fecha / Dat	06/05/2020
Time / Hora / Lè	09:58 AM
Regn Number / Número de Registración / Nimewo Enskripsyon	123870043
Voter Name / Nombre de Votante / Non Votè	Barley, Monique N
Residence / Residencia / Domisil	8343 NW 5Th Ct Miami FL 33150
Mailing Address / Dirección postal / Adrès Postal	none
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	May/16/1983
Birth Place / Lugar del Nacimiento / Lye Nesans	US
Sex / Sexo / Sèks	F
Race / Raza / Ras	3
Party / Partido / Pati Politik	DEM
Precinct / Precinto / Biwo Vòt	162.0 Edison Neighborhood Center 150 NW 79 St
Registration Date / Fecha de Inscripción / Dat Enskripsyon	Aug/19/2016
Assistance Required / Requiere asistencia / Bezwen Asistans	N

RECEIVED  
 2020 JUN -5 AM 10:15  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

*Witness my hand and official seal at Miami-Dade County, FL,  
 Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,  
 Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,  
 on Jun/05/2020 / este día Jun/05/2020 / jou Jun/05/2020*

**Christina White**  
 Supervisor of Elections  
 Miami-Dade County, FL

By: 



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED  
2020 JUN -5 AM 10:15  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

Barley Monique Nicole

MAILING ADDRESS:

8343 NW 5th Ct

Miami FL 33150 Dade

CITY: ZIP: COUNTY:

Miami Dade County

NAME OF AGENCY:

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County Mayor

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 Jan 1, 2020 was \$ 0.00

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

N/A

N/A

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

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
Law Office of Pollack & Rosen	806 S Douglas Rd suite #200 Coral Gables FL, 33134	\$2,560

**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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**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 by means of  physical presence or  online notarization, this 2nd day of

June, 2020 by Monique Barley

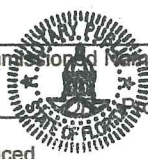
(Signature of Notary Public—State of Florida)

Karen Benjamin  
 (Print, Type, or Stamp Commission Name of Commission # 00297845)

Personally Known  Produced Identification

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

M Barley  
 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. 7900510

RECEIVED FROM Monique Nicole Barley  
ADDRESS 8343 NW 5th Ct  
Miami CITY FL STATE 33150 ZIP  
STREET ADDRESS

DATE 6 / 5 / 2020  
MONTH DAY YEAR  
CASH \$ \_\_\_\_\_  
CHECKS \$ 2,800.00  
TOTAL \$ 2,800.00

AMOUNT OF: Two Thousand Eight Hundred DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee - County Mayor

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

DEPT.: Elections

By: A Yomessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Monique Nicole Barley Campaign Account  
8343 NW 5th Ct  
Miami FL, 33150

DATE 6-5-2020

0991

PAY TO THE ORDER OF Miami Dade County \$ 2,800  
Two thousand eight hundred dollars DOLLARS

BANK OF AMERICA

FOR Qualifying Fee - County Mayor M Barley

Security Features Details on Back

RECEIVED  
2020 JUN -5 PM 1:46  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT