

**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, Marleine Bastien

(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 2
(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): 01966266

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.]

Mac-leen Bas-tien

X

Signature of Candidate

Telephone Number

bastienmarleine@gmail.com

Email Address

Address

NORTH Miami BEACH

City

FL

State

33162

ZIP Code

STATE OF FLORIDA

COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me by physical ☒ or
online ☐ presence this 24th day of May, 2022.

Personally Known: ☒ or

Produced Identification: ☐

Type of Identification Produced: _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name




JEAN MECKNIC DERISCA
Commission # HH 165445
Expires August 16, 2025
Bonded Thru Budget Notary Services



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RESTRICTIONS:
ENDORSEMENTS:
CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
The State of Florida retains all property rights herein.



Terry L. Rhodas *Terry L. Rhodas*
Executive Director
Clayton Boyd Waiden *Clayton Boyd Waiden*
Director of Material Services
511704150454
Rev Date 06-01-14

www.flhsmv.gov



2021 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mrs Marleine Bastien
Address: P.O. BOX 380324, USA, MIAMI, FL 33238
County: Miami-Dade

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commissioner	Miami-Dade County Commission	Miami-Dade County Commission District 2

Net Worth

My Net Worth as of December 31, 2021 was \$ 589,600.65.

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2021 Form 6 - Full and Public Disclosure of Financial Interests

Assets

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 effect is \$ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
PRIMARY HOME [REDACTED] N MIAMI BEACH, FL 33162	\$ 438,400.00
INVESTMENT HOME 1768 MEADOWGOLD LANE WINTER PARK, FL 32792	\$ 344,900.00
BANK ACCOUNT, DADE COUNTY FEDERAL CREDIT UNION	\$ 69,164.65
INVESTMENTS	\$ 37,250.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
DADE COUNTY FEDERAL CREDIT UNION	20645 NW 2ND AVE, MIAMI GARDENS, FL 33169	\$ 176,598.00
SPECIALIZED LOAN	6200 S QUEBEC ST, GREENWOOD VILLAGE, CO, 80111	\$ 128,516.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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2021 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
FAMILY ACTION NETWORK MOVEMENT	100 NE 84TH ST, MIAMI, FL 33138	\$ 98,635.00
FANM IN ACTION	181 NE 82ND ST, MIAMI, FL 33138	\$ 30,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Marleine Bastien

Digitally signed: 05/24/2022

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