

**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, GARY J. DUFEK

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names **not** 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 COMMUNITY COUNCIL #14
(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): 108975529

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.]

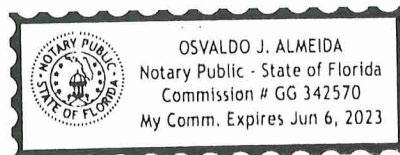
GARY J. DUFEK

X <u>Gary J. Dufek</u>	<u>(305) 233-5195</u>	<u>DUFEK.PARTY@AOL.COM</u>	
Signature of Candidate	Telephone Number	Email Address	
<u>20285 SW 177 AVE</u>	<u>MIAMI</u>	<u>FLA</u>	<u>33187</u>
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 28 day of may, 2020.

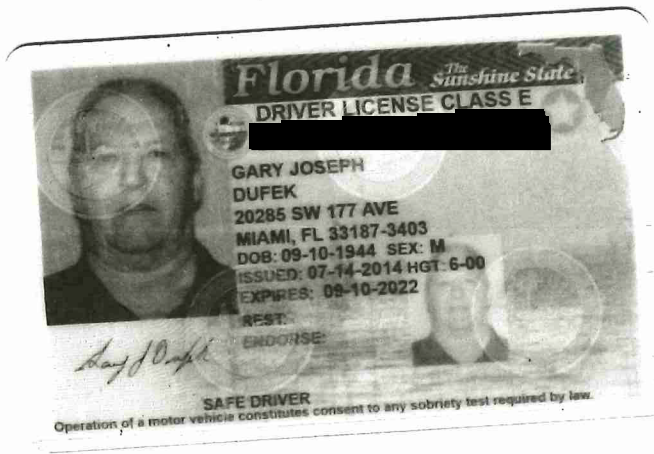


Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL Driver Lic

[Signature]
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

Kaf Enfòmasyon Votè
 Konte Miami-Dade, FL

Gary Joseph Dufek
 20285 SW 177th Ave
 Miami FL 33187

ISSUED
 EMITIDA
 ENPRIME
 02/19/20

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

108975529

Voting Location | Centro de Votación | Lokal Biwo Vòt
 Calvary Pentacostal Church of Kendal
 19901 SW 137 Ave

Precinct No.
 Núm. del Recinto
 Nim. Biwo Vòt
 848

Date of Birth
 Fecha de Nacimiento
 Dat Nesans
 9/10/1944

Registration Date
 Fecha de Inscripción
 Dat Enskripsyon
 9/24/1966

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

2020 JUN 15 AM 9:27

RECEIVED

Christina White

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
 26

State Senate
 Senado Estatal
 Sena Eta
 39

State House
 Cámara Estatal
 Lacham Eta
 120

County Commission
 Comisión del Condado
 Komisyon Konte
 8

School Board
 Junta Escolar
 Asanble Edikasyon
 7

Community Council
 Consejo Comunitario
 Konsej Kominotè
 14

Municipality | Municipio | Minisipalite
 UNINCORPORATED M-D



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

DUFEK GARY J.

MAILING ADDRESS :

20285 SW 177 AVE

MIAMI 33187 MIAMI-DADE

CITY : ZIP : COUNTY :

NAME OF AGENCY :

MIAMI-DADE CO. COMM. COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNCIL #14 SUBAREA #144

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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>U.S. GOVT.</i>	<i>WASHINGTON, DC</i>	<i>SOCIAL SECURITY</i>
<i>P.B.G.C.</i>	<i>BOX 151730 ALEXANDRIA, VA</i>	<i>EAL RETIREMENT</i>
<i>FARMING</i>	<i>20285 SW 177 AV MIAMI, FL</i>	<i>PRODUCE SALES</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")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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
ANNUITY	PROTECTIVE LIFE INS. CO.
CASH / IRA	CENTER STATE / FIRST HORIZON BANK / SFE FCU

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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	BUSINESS ENTITY # 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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 FLORIDA DEPARTMENT OF
 STATE
 ELECTIONS

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:



Date Signed:

25-MAY-20

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2019.

GARY J. DUFEK FOR COMMUNITY COUNCIL
GARY J. GUFEK
20285 SW 177TH AVE.
MIAMI, FL 33187-3403

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02-JUN-20

Date

CHECK ARMOR
FRAUD PROTECTION

Pay to the
Order of

Miami Dade County

\$ 100.00

Exactly one hundred

Dollars

Photo
Safe
Deposit®
Details on back

 **FIRST
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Relationship
First
Checking

For Campaign Filing Fee

Gary J. Dufek

MP

Harland Clarke