

**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 Utility Bill
 Voter Information Card Homestead Exemption Receipt
 Property Tax Receipt Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Dariel Fernandez

(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 6
(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.

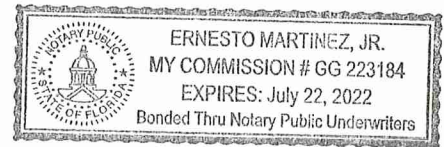
Candidate's Florida Voter Registration Number (located on your voter information card): 118378989

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.]
dariel fernandez

X		(305) 965-3016	info@darielfernandez.com
Signature of Candidate	Telephone Number	Email Address	
3680 sw 58th Ct	Miami	FL	33155
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 310th day of June, 2022.



Personally Known: _____ or

Produced Identification:

Type of Identification Produced: Florida 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

Kat Enfòmasyon Votè

Konte Miami-Dade, FL

Dariel Fernandez
3680 SW 58Th Ct
Miami FL 33155

ISSUED
EMITIDA
ENPRIME

10/25/16

**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

118378989

Voting Location | Centro de Votación | Lokal Biwo Vòt
Ebenezer Spanish SDA Church
6566 SW 33 St

Precinct No. Núm. del Recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de Inscripción Dat Enskripsyon
431	9/25/1978	9/2/2010

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

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	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lachannm Eta a
27	37	114
County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
6	8	10

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



RECEIVED

2022 JUN 13 AM 10: 06

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Fernandez Dariel

MAILING ADDRESS:
 3680 sw 58th Ct

CITY : ZIP : COUNTY :
 Miami 33155 Miami-Dade

NAME OF AGENCY :
 Miami-Dade County Commi

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Miami-Dade County Commissioner District 6

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2022 JUN 13 AM 10:06
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 June, 1, 20 22 was \$ 341,990.00.

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 \$ 13,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Ponemus Inc (Software Technology Company, Own 100%; Value Estimate)	\$330,000.00
PSF Investment /Coinbase/Crypto.com/Trust	\$21,500.00
TD Bank P.O. Box 9540 Portland, ME 04112-9540	\$6,500.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
AMERICAN EXPRESS P.O. BOX 650448 DALLAS TX 75265-0448	\$14,598.00
DISCOVER IT PO BOX 71242 CHARLOTTE NC 28272-1242	\$1,512.00

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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
Ponemus Inc	2525 Ponce de Leon Blvd. Suite:300 Coral Gables, Florida,33134	118,324.00

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			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

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.



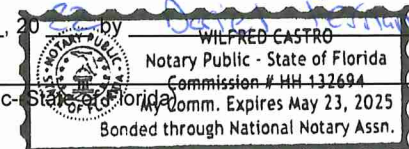
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 13 day of

June, 2022 by WILFRED CASTRO

(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 DL

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. 7900409

RECEIVED FROM Daniel Fernandez
 ADDRESS 2655 S Le Jeune Rd Ste 305
Coral Gables STREET ADDRESS FL 33134
 CITY STATE ZIP

DATE 06 / 13 / 22
 MONTH DAY YEAR

CASH \$ _____
 CHECKS \$ 360 . 00
 TOTAL \$ 360 . 00

AMOUNT OF: three hundred sixty DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee MOC Commissioner District 6

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
 DEPT.: elections BY: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

DARIEL FERNANDEZ CAMPAIGN
 2655 S LE JEUNE RD STE 305
 C/O ERNESTO MARTINEZ JR
 CORAL GABLES FL 33134-5832

DATE 6/2/22 106

Pay to the Order of Miami-Dade County \$ 360

Three Hundred Sixty DOLLARS

Sunstate Bank
 STATE OF THE ART BANKING
 Miami-Dade County Commissioner, District 6
 Filing Fee

MEMO [redacted] [redacted] RP

RECEIVED
 2022 JUN 13 AM 10:07
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT