

**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

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, VICTOR CAMARA

(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 MAYOR, _____
(Office) (District #)

_____, _____; I am a qualified elector of MIAMI-DADE County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 119870544

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.]

vik-tor-ka-ma-rah

X

Signature of Candidate

(305) 301-2403

Telephone Number

VICTORCAMARACAMPAIGN@gmail.com

Email Address

9709 COSTA DEL SOL BLVD DORAL, FL 33178

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Signature of Notary Public

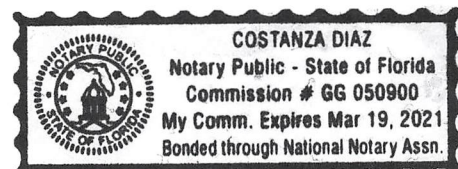
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 23

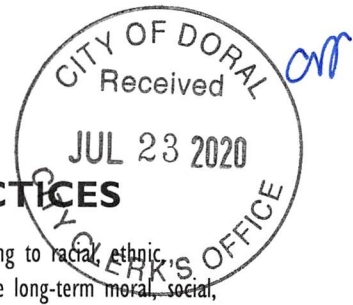
day of July, 2020.

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____



DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE **VOLUNTARY** STATEMENT OF FAIR CAMPAIGN PRACTICES



VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, VICTOR CAMARA, a candidate for the office of

please print your name

MAYOR

elective office sought

in MIAMI-DADE COUNTY

county, municipality, or other jurisdiction

agree to abide by the ***voluntary*** Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the ***voluntary*** Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the ***voluntary*** Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is ***voluntary***, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the ***voluntary*** nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the ***voluntary*** Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x


Signature

23 / 07 / 2020
Date

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CAMARA VICTOR MANUEL

MAILING ADDRESS :

9709 COSTA DEL SOL BLVD

CITY : DORAL

ZIP : FL

COUNTY : DADE

NAME OF AGENCY :

City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** 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
SELF-EMPLOYED	9709 Costa Del Sol Blvd	Performing Artist

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
N/A			

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

N/A

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")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

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 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:

23/7/2020

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.

Victor M. Camara

Voter Registration Number: 119870544

Voter Information

- **Voter Status:** Eligible to vote in Miami-Dade County.
You have a standing request to receive a mail ballot for elections occurring on or before 12/31/2020.

Date Registered: July 2, 2012

Date of Birth: June 10, 1959

Party Affiliation: DEM

Precinct: 371

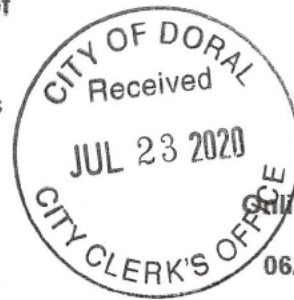
County: Miami-Dade





Florida Department of
State

Division of Elections




Online Voter Application Reference Number: 1997371

Online Voter Registration Receipt

06/24/2020 07:09:51 PM [EST]

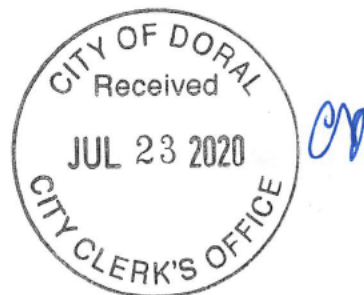
<input type="checkbox"/> New Registration		
<input checked="" type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature)		
<input checked="" type="checkbox"/> Request to Replace Voter Information Card		
<input checked="" type="checkbox"/> Yes Are you a citizen of the United States of America?		
<input checked="" type="checkbox"/> Yes I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.		
<input checked="" type="checkbox"/> Yes I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if have, my right to vote has been restored.		
<div>██████████</div> <div>██████████</div> <div>██████████</div>		
Last Name: CAMARA	First Name: VICTOR	Middle Name: MANUEL
Suffix:	Date of Birth: 06/10/1959	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Party Affiliation: DEM Florida Democratic Party		
County of Residence: MIAMI-DADE	<input checked="" type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county.	
Legal Address: 9709 COSTA DEL SOL BOULEVARD DORAL 33178	Mailing Address: 9709 COSTA DEL SOL BLVD DORAL 33178	Former Address:
Former Last Name:	Former First Name:	Former Middle Name:
State or Country of Birth: VENEZUELA		
Race/Ethnicity: Hispanic	Email Address: camaravictor@yahoo.com	Telephone Number: 305 3012403
<input type="checkbox"/> I will need assistance with voting.		
<input type="checkbox"/> I am interested in becoming a poll worker.		
<input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member.		
<input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member.		
<input type="checkbox"/> I am a U.S. citizen residing outside the U.S.		
<input checked="" type="checkbox"/> Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		
Contact information for county Supervisor of Elections: Miami-Dade County P O Box 521550 , 2700 NW 87th Ave Miami , FL, 33152 - 1550 , 305-499-8683.		

Florida *The Sunshine State*



**VICTOR MANUEL
CAMARA**
9773 NW 49TH TER
DORAL, FL 33178-1996
DOB: 06-10-1959 SEX: M
ISSUED: 04-24-2012 HGT: 5-10
EXPIRES: 06-10-2020
REST:
ENDORSE:

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





VICTOR MANUEL
6321 NW 105TH CT
DORAL FL 33178-3267

Página: 1 de 3
Fecha de emisión: Sep 03, 2019

Gracias por elegirnos. Recuerda que tu primera factura puede incluir cargos por un mes parcial de servicio, para que coincida con el ciclo de facturación, cargos únicos y los cargos de un mes completo de servicio facturado por adelantado. El monto que tengas que pagar puede ser más alto de lo que esperabas y del que verás en las próximas facturas. Ingresa en att.com/myATT para ver una explicación personalizada en video sobre tu primera factura.

Un pequeño cambio puede marcar la diferencia. ¡Pásate a digital! Será más cómodo y reducirás el desperdicio de papel. Actualiza tu modo de facturación en att.com/paperless



Resumen del servicio

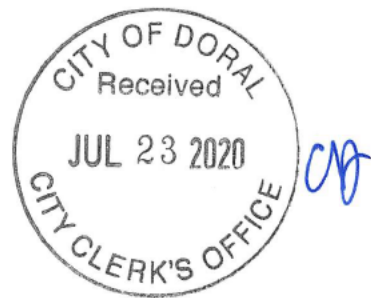
TV	Página 2	\$121.07
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Total de servicios	\$121.07
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Total a pagar

AutoPay está programado para cobrarle un cargo a su tarjeta el Sep 25, 2019

\$121.07



Formas de pagar y administrar su cuenta:

Aplicación myAT&T iPhone y Android
 att.com/pay
 800.288.2020 TTY: 800.651.5111



VICTOR MANUEL
6321 NW 105TH CT
DORAL FL 33178-3267

AutoPay por \$121.07 está programado para
Sep 25, 2019

AT&T
PO BOX 105251
ATLANTA GA 30348-5251





Capital One Auto Finance
7933 Preston Road
Plano, TX 75024
1-800-946-0332

Your journey begins here.



VICTOR M CAMARA
6321 NW 105TH CT
DORAL FL 33178-3267

M101
000001663

YOUR ACCOUNT INFORMATION

Monthly Payment:	\$526.65
First Payment Due On:	3/1/19
Term:	60 months

Dear Victor M Camara,

Congrats on your new vehicle and welcome to Capital One Auto Finance®. We're committed to providing you the first-class service you'd expect from us. Let's get started...

Set Up Your Account

Enroll online at www.capitalone.com/autoenroll for the easiest and fastest way to manage your account 24/7:



- Make payments
- See your balance and due date
- Customize your due date
- And lots more

Again, welcome to Capital One Auto Finance. If you have any questions, please call us at 1-800-946-0332.

Sincerely,

Capital One Auto Finance

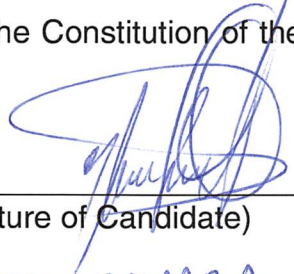
P.S. Please see the reverse side for important disclosures.





CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Victor M. Camara to me well known _____ or who produced FL DL C560-873-59-210-0 as identification, who, being sworn, says that he/she is a candidate for the office of Mayor; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.


(Signature of Candidate)


VICTOR CAMARA
(Candidate Printed Name)

6321 COSTA DEL SOL BLVD, Doral FL 33178
(Candidate Address)

(Candidate Address)

Sworn to and subscribed before me this 23 day of July, 2020 at the City of Doral, Miami-Dade County, Florida.




Connie Diaz, MMC
City Clerk, City of Doral

Name VICTOR CAMARA CAMPAIGN

Account No _____

July 23, 2020
Date

81-727/829
1894

Pay to the
Order of City of Doral \$ 500⁰⁰
Five - Hundred ————— Dollars



Security
Features
Details on
Back.

<> Bank **OZK** Member FDIC
ozk.com

For Election Assessment

[Redacted]

[Handwritten signature]

MP

Name VICTOR CAMARA CAMPAIGN

Account No _____

July 23, 2020
Date

81-727/829
1894

Pay to the
Order of city of Doral

\$ 200.00

Two - Hundred

Dollars



Security
Features
Details on
Back.

 Bank **OZK** Member FDIC
ozk.com

For qualifying Fee



MP

Name Victor Camara Campaign

Account No _____

July 23, 2020
Date

81-727/829

1894

Pay to the
Order of City of Doral

\$ 500.00

Five - Hundred

Dollars

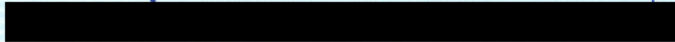


Security
Features
Details on
Back.



Member FDIC
ozk.com

For Sign Bond



MP