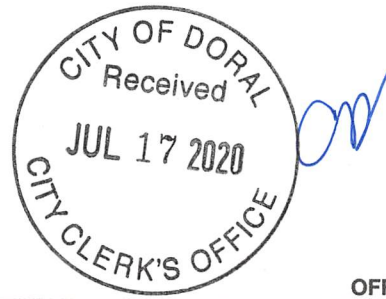


**CANDIDATE OATH –
NONPARTISAN OFFICE**

(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, JUAN CARLOS "JC" BERMUDEZ

(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 - CITY OF DORAL, _____
(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): 109305875

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.]

wan-car-los jc bur-mu-dez

X JCB (305) 389-8134 Jbermu4763@aol.com
Signature of Candidate Telephone Number Email Address

10769 NW 70 LANE DORAL FL 33178
Address City State ZIP Code

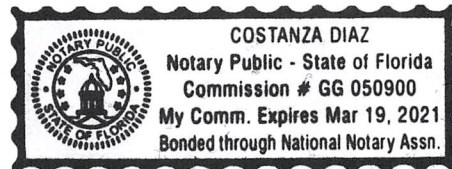
STATE OF FLORIDA
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 17
day of July, 2020.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



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 :

BERMUDEZ, JUAN CARLOS

MAILING ADDRESS :

8401 NW 53RD TER

CITY :

DORAL, FL

ZIP :

33166

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF DORAL, CITY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

RECEIVED BY
MIAMI-DADE
COUNTY
ELECTIONS VIA
EMAIL ON
7/1/2020



FD031359

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
JUAN CARLOS BERMUDEZ, PA	201 Alhambra Circle, Suite 1205 Coral Gables, 33134	LAW FIRM
City of Doral	8401 NW 53rd St. Doral, FL 33166	MAYOR - City Govt.

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
NONE			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

Property - 10269 NW 70 LANE DORAL, FL 33178

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
ICMA 401 A	Personal - retirement
NORTHERN TRUST BANK HYUNDAI PALMSIDE	PERSONAL - SAVINGS HYUNDAI FINANCIAL

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
BBFT BANK	P.O. Box 580022 Charlotte, N.C. 28258
SOUTH FLORIDA EDUCATIONAL CREDIT UNION	7800 SW 117th Avenue, Miami, FL 33183

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
		NONE
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:

JCR

Date Signed:

6/29/20

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.

Please check all information for accuracy.



Voter Information
Miami-Dade County
Tarjeta de información del elector
Condado de Miami-Dade

Kat Enfòmasyon
Konte Miami-Dade, F

Juan Carlos Bermudez
10769 NW 70Th Ln
Doral FL 33178

ISSUE
EMITIDA
ENPRIME
08/12/15

Bring photo identification when voting.

Para votar, presente una identificación con fotografía.

Tanpri pote you pyès idantifikasyon ki gen foto w sou li lè war. vin vote.

Registration No.
Num. de inscripción
Nim. Enskripsyon
109305875

Detach here

Sírvase verificar la corrección de todos los datos.

Resprinda por aquí

Voting Location | Ubicación de la votación | Lokal B...
Doral Isles Island Club
6450 NW 110 Ave

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
366

Date of Birth
Fecha de Nacimiento
Dat Nesans
2/20/1962

Registration D...
Fecha de inscrip...
Dat Enskripsy...
3/1/1988

Party Affiliation | Afiliación partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

Penelope Townsley
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

Tanpri verifye ke tout enfòmasyon yo kòrèk.

Detache la a

Congress
Congreso
Kongrè
25

State Senate
Senado Estatal
Sena Eta a
38

State House
Cámara Estatal
Lacham Eta a
105

County Commission
Comisión del Condado
Komisyon Konte
12


School Board
Junta Escolar
Asamble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
DORAL



CP

Florida DRIVER LICENSE  CLASS E



1d DLN [REDACTED]

2 BERMUDEZ
3 JUAN CARLOS
4 10769 NW 70 LN
5 DORAL, FL 33178-3794

6 DOB 02/20/1962 7 SEX M
8b EXP 02/20/2028 9 HGT 5-11"
12 REST NONE 9a END NONE

SAFE DRIVER
4a ISS 01/27/2020
SDD V072001270010

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



CITY OF DORAL
Received
JUL 17 2020
CITY CLERK'S OFFICE

CD



CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared JUAN CARLOS BERMUDEZ to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of MAYOR - CITY OF DORAL; 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.

JCB

(Signature of Candidate)

JUAN CARLOS BERMUDEZ

(Candidate Printed Name)

10769 N.W. 70th Lane

(Candidate Address)

Doral, FL 33178

(Candidate Address)

Sworn to and subscribed before me this 17 day of July, 2020 at the City of Doral, Miami-Dade County, Florida.

Connie Diaz

Connie Diaz, MMC
City Clerk, City of Doral



JUAN CARLOS JC BERMUDEZ CAMPAIGN ACCOUNT

JOSE AUGUSTO RIESCO, TREASURER
2600 South Douglas Road, Suite 900
Coral Gables, FL 33134

CITY NATIONAL BANK OF FLORIDA
Miami, FL
63-436/660

10006

7/16/2020

PAY TO THE
ORDER OF

City of Doral

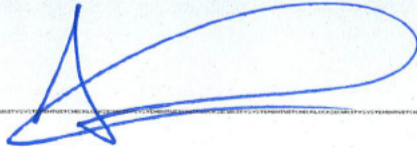
\$ 500.00

Five Hundred

00
100

DOLLARS

MEMO Election Assessment Fee



JUAN CARLOS JC BERMUDEZ CAMPAIGN ACCOUNT

JOSE AUGUSTO RIESCO, TREASURER
2600 South Douglas Road, Suite 900
Coral Gables, FL 33134

CITY NATIONAL BANK OF FLORIDA
Miami, FL
63-436/660

10003

7/16/2020

PAY TO THE
ORDER OF

City of Doral

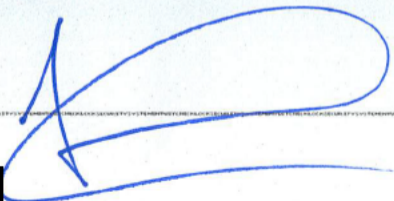
\$ 200.00

Two Hundred

00
100

DOLLARS

MEMO Qualifying Fee



© 2011 INTUIT INC. # 785 1-800-433-8810

Details on Back



Intuit® CheckLock™ Secure Check

MP

JUAN CARLOS JC BERMUDEZ CAMPAIGN ACCOUNT

JOSE AUGUSTO RIESCO, TREASURER
2600 South Douglas Road, Suite 900
Coral Gables, FL 33134

CITY NATIONAL BANK OF FLORIDA
Miami, FL
63-436/660

10004

7/16/2020

PAY TO THE
ORDER OF

City of Doral

\$ 500.00

Five Hundred

00/100

DOLLARS

MEMO

Sign Bond

