

**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, Rafael Pineyro


(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 City of Doral Council, N/A,
(Office) (District #)
N/A, 1; 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): 124801136

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.]
rah-fye-ay-l pee-ney-roh

X  (786) 319-2629 rafael@pineyro2020.com
Signature of Candidate Telephone Number Email Address
10220 NW 63 TER #108 DORAL FL 33178
Address City State ZIP Code

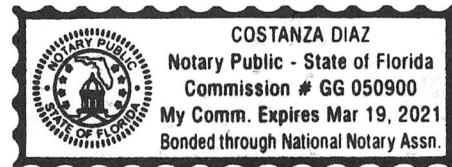
STATE OF FLORIDA
COUNTY OF Miami-Dade


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

Sworn to (or affirmed) and subscribed before me this 27
day of July, 20 20.

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, Rafael Pineyro, a candidate for the office of
please print your name
City of Doral Council Seat # 1 in City of Doral
elective office sought 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.

* 
Signature

07/27/2020
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 :
Pineyro Rafael

MAILING ADDRESS :
10220 NW 63 TER #108

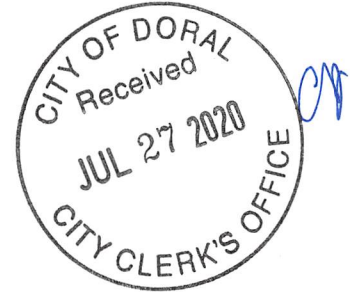
DORAL

CITY : FL ZIP : 33178 COUNTY : MIAMI-DADE

NAME OF AGENCY :
City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City of Doral Council Seat # 1

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	10220 NW 63 TER #108 Doral, FL 33178	Management Consultant

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	N/A	N/A	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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	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:

07/27/2020

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.


Review carefully – Your precinct number, voting location, or both may have changed. Use this information to exercise your right to vote!

Revise cuidadosamente. Es posible que el número de su recinto electoral, su centro de votación, o ambos, hayan cambiado. ¡Utilice esta información para ejercer su derecho al voto!

Li atantivman – Nimewo biwo vòt ou, lokal biwo vòt ou, oswa toude kapab te chanje. Itilize enfòmasyon sa–a pou w egzèse dwa w pou w vote!

Detach here Desprenda por aqui Detache la a

Please check all information for accuracy.



Voter Information Card
Miami-Dade County, FL
Tarjeta de Información del Elector
Condado de Miami-Dade, FL
Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Rafael Alberto Pineyro
10220 NW 63Rd Ter APT 108
Doral FL 33178

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.

ISSUED
EMITIDA
ENPRIME
07/10/18

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
124801136

Sírvase verificar la corrección de todos los datos.

Voting Location | Centro de Votación | Lokal Biwo Vòt
Ronald W. Reagan/Doral Sr. High Sch
8600 NW 107 Ave

Precinct No. Núm. del Recinto Nim. Biwo Vòt 462	Date of Birth Fecha de Nacimiento Dat Nesans 7/20/1984	Registration Date Fecha de Inscripción Dat Enskripsyon 5/26/2017
-----------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------------------------------------------

Party Affiliation | Afiliación Partidista | Pati Politik
NO PARTY AFFILIATION


Christina White
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

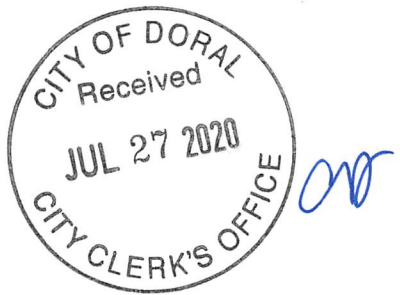
You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress Congreso Kongrè 25	State Senate Senado Estatal Sena Eta 36	State House Cámara Estatal Lachannm Eta 103
County Commission Comisión del Condado Komisyon Konte 12	School Board Junta Escolar Asanble Edikasyon 5	Community Council Consejo Comunitario Konsèy Kominotè N/A

Tanpri verifye ke tout enfòmasyon yo kòrèk.

Municipality | Municipio | Minisipalite
DORAL





Voter Information Lookup

Please find your voter registration information below.

Full Name: **RAFAEL ALBERTO PINEYRO**
Street Address: **10220 NW 63RD TER APT 108**
City: **DORAL**
Zip Code: **33178**
County Name: **MIAMI-DADE**
Voter Identification Number: **124801136**
Date Of Registration: **5/26/2017**
Party: **No Party Affiliation**
Voter Status: **Active***

*An active voter refers to a registered voter who is eligible to vote.

Access Ballot and Precinct Information (<https://www.electionsfl.org/VFLookup.php?fvrsid=124801136&ckey=1234567&county=DAD>) available through your county Supervisor of Elections' website.

[New Search \(/en/CheckVoterStatus\)](#)

Please email BVRSHelp@dos.myflorida.com (<mailto:BVRSHelp@dos.myflorida.com>) for website assistance.



Ron DeSantis, Governor
Laurel M. Lee, Secretary of State



[Privacy Policy](http://dos.myflorida.com/privacy-policy/) (<http://dos.myflorida.com/privacy-policy/>)
[Accessibility](http://dos.myflorida.com/accessibility/) (<http://dos.myflorida.com/accessibility/>) | [Site Map](http://dos.myflorida.com/site-map/) (<http://dos.myflorida.com/site-map/>)
[Communications](http://dos.myflorida.com/communications/) (<http://dos.myflorida.com/communications/>)
[Connect](http://dos.myflorida.com/communications/connect/) (<http://dos.myflorida.com/communications/connect/>)

Questions or comments? Contact Us
(<mailto:BVRSHelp@dos.myflorida.com>)

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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Florida Department of State

R.A. Gray Building
500 South Bronough Street
Tallahassee, Florida 32399-0001

Voter Assistance Hotline: 1.866.308.6666

Hours: Monday - Friday 8:00 AM - 5:00 PM (Eastern Time)

If hearing or speech impaired, please contact the Division using
Florida Relay Service (<https://www.ftri.org/relay>), 1.800.955.8771 (TDD/VOIP)

1.800.955.8770 (Voice) or 1-800-955-1339 (ASCI)
1.877.955.8773 (español a español)

Florida DRIVER LICENSE  CLASS E

4d DLN [REDACTED]

1 PINEYRO
2 RAFAEL ALBERTO
3 10220 NW 63 TER 108
DORAL, FL 33178-3084

1 DOB 07/20/1984 15SEX M
4b EXP 07/20/2022 16HGT 5'-08"
12 REST A 9a END NONE

4a ISS 11/27/2013
5DD 8071910030140
REPLACED 10/03/2019

[Signature]

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



CITY OF DORAL
Received
JUL 27 2020
CITY CLERK'S OFFICE

[Signature]



CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Rafael Pineyro to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of City of Doral Council Seat # 1; 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)

Rafael Pineyro

(Candidate Printed Name)

10220 NW 63 TER #108

(Candidate Address)

Doral, FL 33178

(Candidate Address)

Sworn to and subscribed before me this 27 day of July, 2020 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz, MMC
City Clerk, City of Doral

Name Rafael Pineyro Campaign

Account No [REDACTED]

81-727/829
1894

DATE 07/27/2020

PAY
TO THE
ORDER OF

City of Doral

\$ 120.⁰⁰

One Hundred Twenty and 00/100

DOLLARS



Security
Features
Details on
Back

Bank OZK Member FDIC
ozk.com

FOR

Election Assessment Fee

[Signature]

MP

[REDACTED]

Name Rafael Pinyo Campaign

Account No [REDACTED]

81-727/829
1894

DATE 07/27/2020

PAY TO THE ORDER OF City of Dorad

\$ 200.⁰⁰

Two Hundred and 00/100

DOLLARS



Security Features
Details on
Back

Bank OZK Member FDIC
ozk.com

FOR Qualifying Fee

[Signature] RP

[REDACTED]

Name

Rafael Pinero Campaign

Account No

[REDACTED]

81-727/829
1894

DATE

07/27/2020

PAY
TO THE
ORDER OF

City of Doral

\$ 500.00

Five Hundred and 00/100

DOLLARS



Security
Features
Details on
Back.

Bank OZK

Member FDIC
ozk.com

FOR

Sign Bond

[Signature]

MP