

**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, Emmanuel "Manny" Sarmiento

(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, _____, _____
(Office) (District #)

n/a, Mayor; 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): 109258483

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.]*

ɪˈmænjʊəl sɑːrˈmiɛntoʊ

X (305) 546-3301 sarmientoman@gmail.com
Signature of Candidate Telephone Number Email Address

2530 NW 84th Avenue Apt 303 Doral FL 33126
Address City State ZIP Code

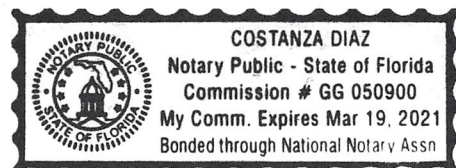
STATE OF FLORIDA
COUNTY OF Miami-Dade

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

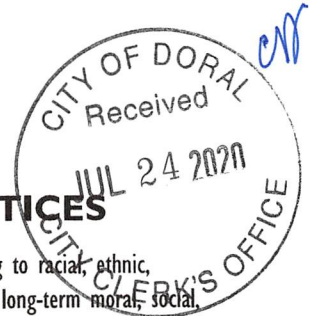
Sworn to (or affirmed) and subscribed before me this 24
day of July, 2020.

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, Emmanuel Sarmiento, a candidate for the office of _____,
please print your name

Mayor 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

7/24/2020
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 :
SARMIENTO EMMANUEL

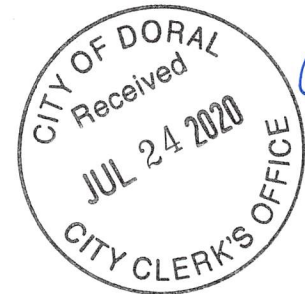
MAILING ADDRESS :
2530 NW 84TH AVE., APT 303

CITY : **DORAL** ZIP : **33122** COUNTY : **MIAMI-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
Doral Chamber of Commerce	8232 NW 14TH ST, DORAL, FL 33126	CHAMBER OF COMMERCE
New Media, New Marketing, Inc	8232 NW 14TH ST, DORAL, FL 33126	MARKETING & COURSES

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")

None

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
Stocks	TD-Ameritrade

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NAVIENT	P.O. Box 4450 Portland, OR 97208-4450
BBVA Compass	PO Box 10184, Birmingham, Alabama 35202.

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
	New Media, New Marketing, Inc.	The Marketing Annex, Inc.
ADDRESS OF BUSINESS ENTITY	8232 NW 84th Ave, Doral 33126	8232 NW 84th Ave, Doral 33126
PRINCIPAL BUSINESS ACTIVITY	Marketing & Courses	Marketing & Courses
POSITION HELD WITH ENTITY	President	President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Co-owner	Co-owner

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:

07/24/2020

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.

**Form 1 STATEMENT OF
FINANCIAL INTERESTS -**

EMMANUEL SARMIENTO

Discover Personal Loans

P.O. Box CAROL STREAM, IL 60197

Nissan Motor Acceptance

PO Box 740596
Cincinnati, OH 45274-0596

PART F — INTERESTS IN SPECIFIED BUSINESSES

BUSINESS ENTITY # 3

Doral Chamber of Commerce, Inc.
8232 NW 84th Ave, Doral 33126
Chamber of Commerce
President
Yes
Co-Owner / Non-profit



Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Emmanuel Sarmiento
2530 NW 84Th Ave APT 303
Doral FL 33122

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME
01/28/20

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

109258483

Voting Location | Centro de Votación | Lokal Biwo Vòt
Dios Con Nosotros
4005 NW 79 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
370

Date of Birth
Fecha de Nacimiento
Dat Nesans
11/6/1961

Registration Date
Fecha de Inscripción
Dat Enskripsyon
6/12/1985

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
25

State Senate
Senado Estatal
Sena Eta
36

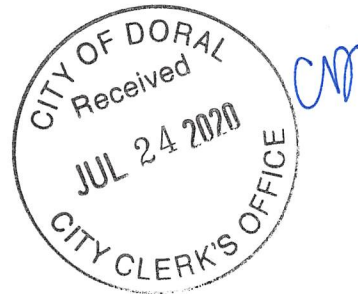
State House
Cámara Estatal
Lachannm Eta
115

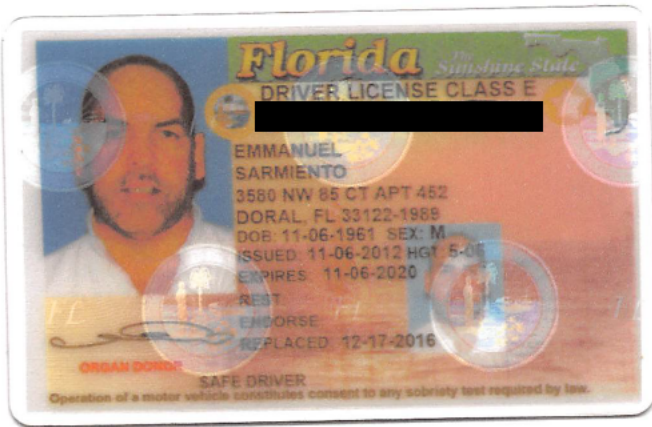
County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
DORAL







CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared EMMANUEL SARMIENTO to me well known or who produced _____ 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]
(Signature of Candidate)

EMMANUEL SARMIENTO
(Candidate Printed Name)

2530 NW 84th Avenue, Apt 303
(Candidate Address)

DORAL, FL 33122
(Candidate Address)

Sworn to and subscribed before me this 24 day of July, 2020 at the City of Doral, Miami-Dade County, Florida.



[Signature]
Connie Diaz, MMC
City Clerk, City of Doral

856621

NAME EMMANUEL SARMIENTO CAMPAIGN ACCOUNT

ACCOUNT NO. [REDACTED]

DATE 7/24/2020

55-138/212

PAY TO THE ORDER OF

City of Doral

\$ 500.00

five hundred & .00

DOLLARS



Security Features Included. Details on Back.



VALLEY.COM

267

Valley National Bank

FOR Election Assessment

[REDACTED]

[Signature]

MP

856619

NAME EMMANUEL SARMIENTO CAMPAIGN ACCOUNT

ACCOUNT NO. [REDACTED]

DATE 7/24/2020

55-138/212

PAY TO THE ORDER OF

City of Doral

\$ 200.00

two hundred & .00

DOLLARS



Security Features Included. Details on Back.



VALLEY.COM

267

Valley National Bank

FOR QUALIFYING FEE

[REDACTED]

[Signature]

MP

856620

NAME EMMANUEL SARMIENTO CAMPAIGN ACCOUNT

ACCOUNT NO. [REDACTED]

DATE 7/24/2020

55-138/212

PAY TO THE ORDER OF

City of Dornal

\$ 500.00

five hundred & .00

DOLLARS



Security Features Included. Details on Back.



VALLEY.COM

267

Valley National Bank

FOR SIGN BOND

[REDACTED]

[Signature]

MP