

**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



CR

OFFICE USE ONLY

Candidate Oath

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

I, Maureen Porras

(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, _____,
(Office) (District #)
2 ; 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): 116596710

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.]
MO-reen Porous

X Maureen Porras (305) 878-6725 into@maureenporras.vote

Signature of Candidate Telephone Number Email Address
4370 NW 107 ave, #104, Doral FL 33178
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami Dade

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

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 11th day of July, 2022.
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____



Maria Avila
Commission # GG317815
Expires: May 7, 2023
Bonded Thru Aaron Notary

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Dorras, Maureen Lili

MAILING ADDRESS :

4370 NW 107 ave

#104

CITY :

Doral

ZIP :

33178

COUNTY :

Miami-Dade

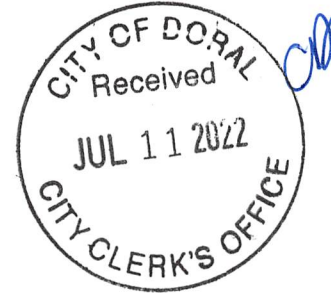
NAME OF AGENCY :

City of Doral

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Doral Council, seat 2

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, 2021.

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
Church World Service	28606 Phillips St, Elkhart, IN 46515	Immigration + Refugee services

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")

4370 NW 107 ave, #104, 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
403(b) account	TIAA
savings Account	Bank of America

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
U.S. Dept. of Education	400 Maryland Ave SW Washington DC 20202
Rocket Mortgage	1050 Woodward Ave Detroit, MI 48226

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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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:

Maureen Porras

Date Signed:

7/11/2022

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, 2021.



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Maureen Lili Porras
4370 NW 107Th Ave APT 104
Doral FL 33178

ISSUED
EMITIDA
ENPRIME
05/25/17

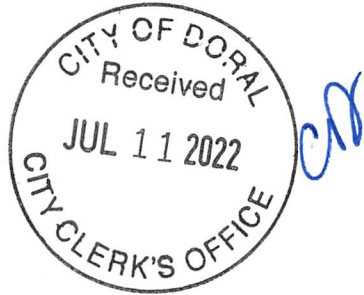
**Bring photo identification
when voting.**

**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

116596710



Voting Location | Centro de Votación | Lokal Biwo Vòt
Morgan Levy Park
5300 NW 102 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
468

Date of Birth
Fecha de Nacimiento
Dat Nesans
10/23/1988

Registration Date
Fecha de Inscripción
Dat Enskripsyon
8/26/2008

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

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 a
36

State House
Cámara Estatal
Lacham Eta a
105

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominoté
N/A

Municipality | Municipio | Minisipalite
DORAL



CITY OF DORAL
Received
JUL 11 2022
CITY CLERK'S OFFICE

CS

Florida DRIVER LICENSE  CLASS E

4a DL# [REDACTED]

1 PORRAS
2 MAUREEN LILI
84370 NW 107 AVE APT 104
DORAL, FL 33175

3 DOB 10/23/1988 15 SEX F
4b EXP 10/23/2028 16 HGT 5'-06"
12 REST A 9a END NONE

SAFE DRIVER
4a ISS 10/20/2020
5DD 30/2816200327

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





CFN 2017R0290348
 OR BK 30544 Pgs 2356-2358 (3Pgs)
 RECORDED 05/23/2017 11:05:22
 DEED DOC TAX \$1,140.00
 HARVEY RUVIN, CLERK OF COURT
 MIAMI-DADE COUNTY, FLORIDA

Prepared by and return to:
 Robert M. Chisholm, Esq.
 Attorney at Law
 Robert M. Chisholm, P.A.
 7378 SW 48th Street, Suite B
 Miami, FL 33155
 305-667-4261
 File Number: 17-20600
 Will Call No.:



Parcel Identification No. 35-3019-069-0720

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 15 day of May, 2017 between **Wilson Diaz**, a single man whose post office address is 1828 NW 11 Street, Miami, FL 33125 of the County of **Miami-Dade**, State of Florida, grantor*, and **Caleb Johnston and Maureen L. Porras, husband and wife** whose post office address is 4370 NW 107 Avenue, # 104, Doral, FL 33178 of the County of **Miami-Dade**, State of Florida, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Miami-Dade County, Florida**, to-wit:

Condominium Unit 104, in Building 4, of ENCLAVE AT DORAL CONDOMINIUM NO. 1, a condominium according to the Declaration thereof, as recorded in Official Record Book 24304, at Page 2430, as amended from time to time, of the Public Records of Miami-Dade of County, Florida, together with an undivided interest in the common elements and all appurtenances thereto.

Subject to taxes for 2017 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Witness Name: ROBERT M. CHISHOLM

[Signature]
Witness Name: MANA MAESTRI

[Signature] (Seal)
Wilson Diaz

State of Florida
County of Miami-Dade

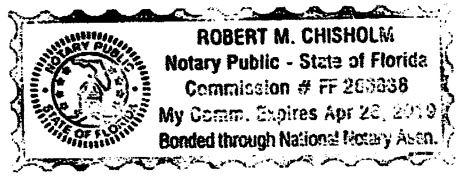
The foregoing instrument was acknowledged before me this 15 day of May, 2017 by Wilson Diaz, who is personally known or has produced a driver's license as identification.

[Notary Seal]

[Signature]
Notary Public

Printed Name: _____

My Commission Expires: _____



**THE ENCLAVE
AT DORAL**

4300 NW 107 AVE
Doral, FL 33179

(305) 477-7870
(305) 477-0733

0

CERTIFICATE OF APPROVAL SALE

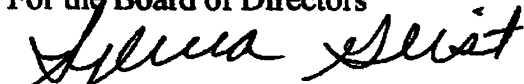
April 19, 2017

**State of Florida
County of Miami Dade**

A certificate of approval of sale is hereby executed in accordance with the Declaration of Condominium of the Enclave at Doral, that Wilson Diaz has notified the Association of his/her desire to sell the unit located at 4370 NW 107 Ave Apartment 104.

The Association hereby approves the sale of the property after having accepted the submission of the application and proper identification of Caleb Seth Johnston & Maureen Lili Porras.

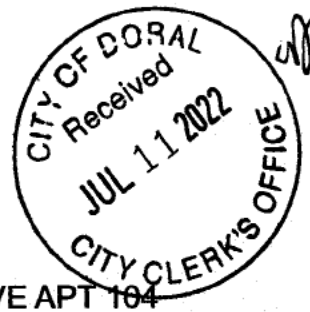
Sincerely,
For the Board of Directors



Sylvia Glist,
Property Manager



FPL



Billing & Payment History

Name:
Maureen L Porras

Account Number:
[REDACTED]
Select Another Account

Service Address:
4370 NW 107TH AVE APT 104

Charges

Payments

Date	Activity Name	Amount	Balance
Jun 13, 2022	Payment	-\$102.08	\$0.00
Jun 2, 2022	FPL Budget Billing View Bill	\$102.08	\$102.08
May 16, 2022	Payment	-\$101.02	\$0.00
May 3, 2022	FPL Budget Billing	\$101.02	\$101.02
Apr 15, 2022	Payment	-\$100.12	\$0.00
Apr 4, 2022	FPL Budget Billing	\$100.12	\$100.12
Mar 14, 2022	Payment	-\$98.42	\$0.00
Mar 3, 2022	FPL Budget Billing	\$98.42	\$98.42
Feb 14, 2022	Payment	-\$97.83	\$0.00
Feb 2, 2022	FPL Budget Billing	\$97.83	\$97.83

FEEDBACK

FEEDBACK

Jan 18, 2022	Payment	-\$94.98	\$0.00	
Jan 4, 2022	FPL Budget Billing	\$94.98	\$94.98	▼
Dec 13, 2021	Payment	-\$94.77	\$0.00	
Dec 2, 2021	FPL Budget Billing	\$94.77	\$94.77	▼
Nov 15, 2021	Payment	-\$95.78	\$0.00	
Nov 2, 2021	FPL Budget Billing	\$95.78	\$95.78	▼
Oct 15, 2021	Payment	-\$95.17	\$0.00	
Oct 4, 2021	FPL Budget Billing	\$95.17	\$95.17	▼
Sep 13, 2021	Payment	-\$94.48	\$0.00	
Sep 2, 2021	FPL Budget Billing	\$94.48	\$94.48	▼
Aug 16, 2021	Payment	-\$94.39	\$0.00	
Aug 3, 2021	FPL Budget Billing	\$94.39	\$94.39	▼
Jul 13, 2021	Payment	-\$95.00	\$0.00	
Jul 2, 2021	FPL Budget Billing	\$95.00	\$95.00	▼
Jun 14, 2021	Payment	-\$94.88	\$0.00	
Jun 2, 2021	FPL Budget Billing	\$94.88	\$94.88	▼

2021

May 4, 2021	FPL Budget Billing	\$94.19	\$94.19	▼
Apr 13, 2021	Payment	-\$93.29	\$0.00	
Apr 2, 2021	FPL Budget Billing	\$93.29	\$93.29	▼
Mar 15, 2021	Payment	-\$94.00	\$0.00	
Mar 3, 2021	FPL Budget Billing	\$94.00	\$94.00	▼
Feb 16, 2021	Payment	-\$94.55	\$0.00	
Feb 2, 2021	FPL Budget Billing	\$94.55	\$94.55	▼
Jan 15, 2021	Payment	-\$94.04	\$0.00	
Jan 4, 2021	FPL Budget Billing	\$94.04	\$94.04	▼
Dec 14, 2020	Payment	-\$89.32	\$0.00	
Dec 2, 2020	FPL Budget Billing	\$92.24	\$89.32	▼
Nov 16, 2020	Payment	-\$90.38	-\$2.92	
Nov 14, 2020	Under Encode	-\$2.92	\$87.46	
Nov 3, 2020	FPL Budget Billing	\$90.38	\$90.38	▼
Oct 13, 2020	Payment	-\$87.00	\$0.00	

FEEDBACK

FEENRACK

Sep 14, 2020	Payment	-\$83.33	\$0.00	
Sep 2, 2020	FPL Budget Billing	\$83.33	\$83.33	▼
Aug 17, 2020	Payment	-\$79.80	\$0.00	
Aug 4, 2020	FPL Budget Billing	\$79.80	\$79.80	▼
Jul 13, 2020	Payment	-\$76.69	\$0.00	
Jul 2, 2020	FPL Budget Billing	\$76.69	\$76.69	▼
Jun 15, 2020	Payment	-\$75.03	\$0.00	
Jun 2, 2020	FPL Budget Billing	\$75.03	\$75.03	▼
May 15, 2020	Payment	-\$77.31	\$0.00	
May 4, 2020	FPL Budget Billing	\$77.31	\$77.31	▼

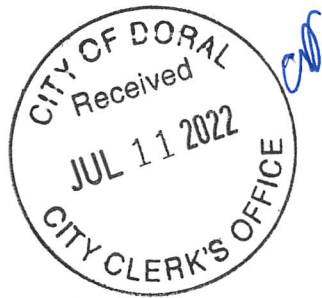
Showing 53 of 53

Deposit

Total Deposit Amt.	Paid	Total Owed
\$0.00	\$0.00	\$0.00
Details ▼		

Disclaimer

Pending payments, unapplied credits, Assist Commitments, and any special billing conditions will not be deducted from any specific debit until it has



CITY OF DORAL CANDIDATE AFFIRMATION AND OATH STATEMENT

My name is Maureen Porras

I am a citizen of the United States; I am a bona fide resident and qualified elector (voter) of the City of Doral and have been a bona fide resident and qualified elector (voter) of the City of Doral for at least two (2) years prior to the beginning of the qualifying period for office.

I am a registered voter and a duly qualified elector of the City of Doral, Florida presently registered to vote in precinct No. 468.

I presently reside at the following address (*must include zip code*):

4370 NW 107 ave, Apt 104, Doral, FL 33178,

which is my legal address, and I have resided continually at said address from the

16 (day) of May (month), 2017 (year) to the present (day) of
Present (month), Present (year)

I have never been convicted of any crime in the State of Florida or any other state or jurisdiction.

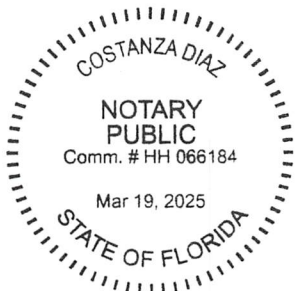
I hereby make this statement under penalty of perjury.

Before me, an officer authorized to administer oaths, personally appeared Maureen Porras to me well known or who produced FL DL as identification, who, being sworn, says that he/she is a candidate for the office of Council Seat #2; 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; that he/she has never been convicted of any crime in the State of Florida or any other state or jurisdiction; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.

Maureen Porras
(Signature of Candidate)

Maureen Porras
(Candidate Printed Name)

Sworn to and subscribed before me this 11 day of July, 2022 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz
Connie Diaz, MMC
City Clerk, City of Doral

MAUREEN PORRAS, Esq.

Bar Admission & Education

Bar Membership: *The Florida Bar (112129), Admitted September 2014*

Florida Coastal School of Law, Jacksonville, FL
Juris Doctor, May 2014

Florida International University, Miami, FL
Bachelor of Arts in Political Science, June 2010

Professional Experience

Church World Service- Immigration & Refugee Program, Doral, FL February 2016-Present
Current: Director of Immigration Legal Services
Previous: Managing Attorney & Staff Attorney

Sibirsky Law Firm, P.A., Miami, FL December 2014-January 2016
Associate Attorney

Law Office of Rebecca Caballero, P.A., Jacksonville, FL March 2014-October 2014
Law Clerk/Associate Attorney

David Willis Law Group, P.A., Jacksonville Beach, FL March 2014-May 2014
Law Clerk

Immigrant Rights Clinic, Florida Coastal Law, Jacksonville, FL January 2013-December 2013
Clinical Intern

Brauerman Law Firm, P.A., Miami, FL September 2008 - January 2012
Office Assistant / Reception





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

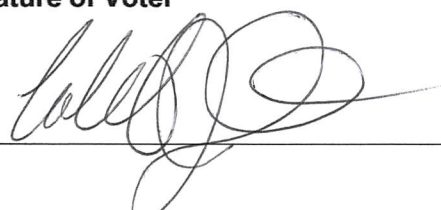
I, CALEB SETH JOHNSTON the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Mavreen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 02/06/1987	Voter Registration Number 122003979	Address 4370 NW 107 TH AVE. #104	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/26/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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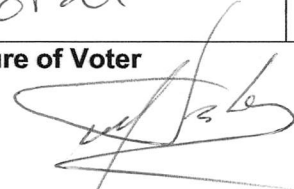
I, Marcos Campos - Salas the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 09/19/1958	Voter Registration Number 122310704	Address 4320 NW 107 ave Apt 208	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/21/22	



CS



CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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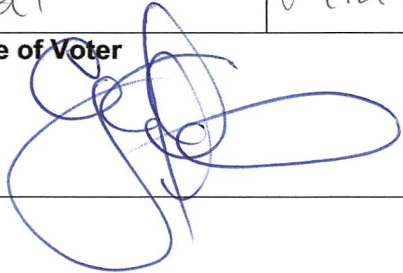
I, Gonzalo Carpintero the undersigned, a registered voter in said
(print name as it appears on your voter information card)

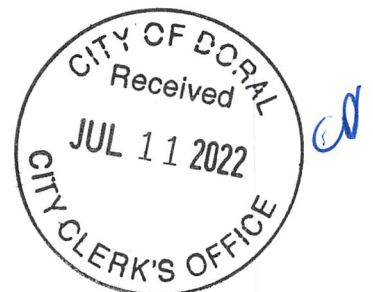
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 7-17-1949	Voter Registration Number 108946559	Address 10011 Costa Del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] July 07, 2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

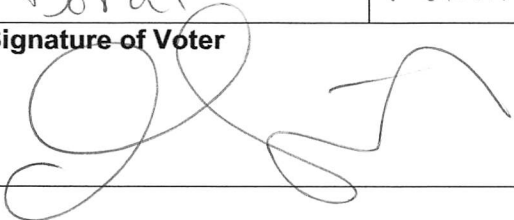
I, Jessica Smith the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 02/06/1987	Voter Registration Number 110199103	Address 3623 Torremolinos Ave	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/07/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, Priscilla Maria the undersigned, a registered voter in said
(print name as it appears on your voter information card)

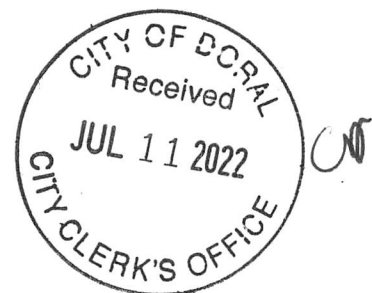
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 9/20/1995	Voter Registration Number 123993293	Address 10065 Costa del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/07/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Zeyda Comesanas the undersigned, a registered voter in said
(print name as it appears on your voter information card)

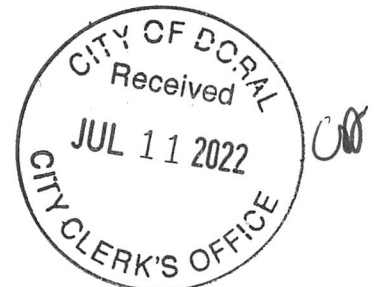
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 08/24/1937	Voter Registration Number 109 594552	Address 10069 Costa Del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/07/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, Vanessa Mora Aguilar the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 03/17/1970	Voter Registration Number 125915373	Address 11260 NW 54 Terr.	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/27/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

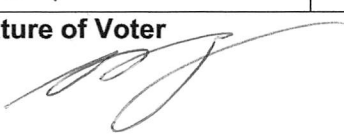
I, Fernando Rodriguez the undersigned, a registered voter in said
 (print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 07/05/2000	Voter Registration Number 128 262812	Address 5433 NW109 ct	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/28/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, Thaissa Lima the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 03/02/2000	Voter Registration Number 126312882	Address 10849 NW 51st	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/27/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

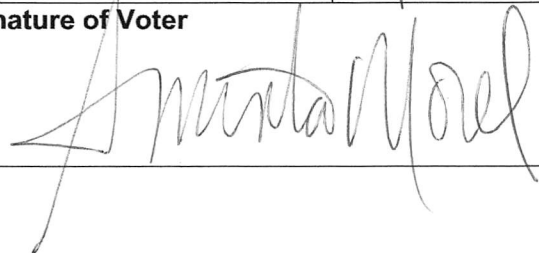
I, Aminta Morel the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 10/01/61	Voter Registration Number 110129510	Address 10885 NW 51 lane	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/27/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, ISABEL C. GARCIA the undersigned, a registered voter in said
(print name as it appears on your voter information card)

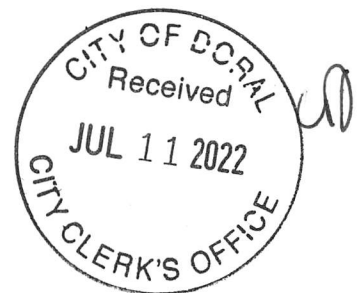
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 07/13/1998	Voter Registration Number 122294175	Address 10883 NW 53 RD Lane	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/27/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

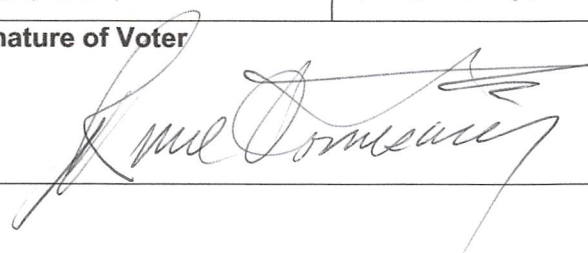
I, Renee Comesanas the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Pomras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 11/13/1933	Voter Registration Number 109174772	Address 10069 Costa del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/7/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

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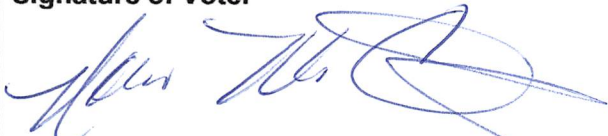
I, Devis Milan-Carpintero the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) Aug 20, 1959	Voter Registration Number 109208449	Address 10011 Costa Del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07-06-2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Maria Fernandez the undersigned, a registered voter in said
(print name as it appears on your voter information card)

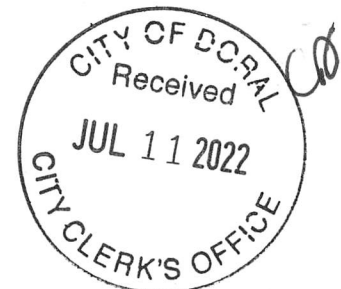
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 2/29/1940	Voter Registration Number 109238882	Address 9708 Costa del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33128
Signature of Voter <i>Mane C. Ferras</i>		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/6/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Michelle Diaz the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Mawreen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 02/22/1997	Voter Registration Number 124014409	Address 9832 Casta Del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07-06-22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Muhammed Usman the undersigned, a registered voter in said
 (print name as it appears on your voter information card)

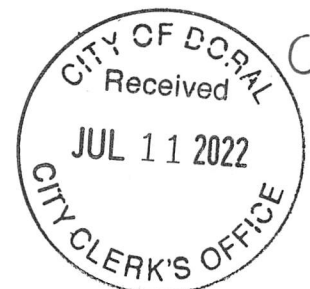
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 12/05/1992	Voter Registration Number 118093027	Address 7606 NW 113 Path	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/30/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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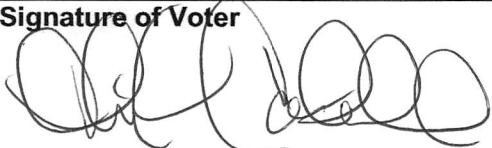
I, Christine Castrillon the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 12/31/62	Voter Registration Number 110239835	Address 4986 NW 97 Place	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06-13-2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

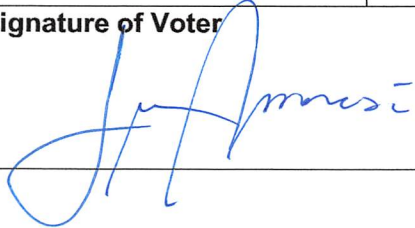
I, JUAN Amoros the undersigned, a registered voter in said
(print name as it appears on your voter information card)

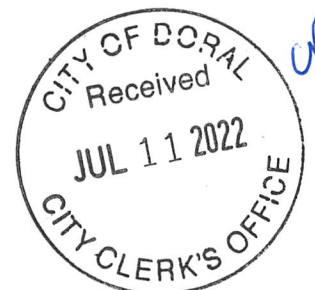
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 11/10/1987	Voter Registration Number 114270074	Address 4540 NW 107 ave Apt 303	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 6/29/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

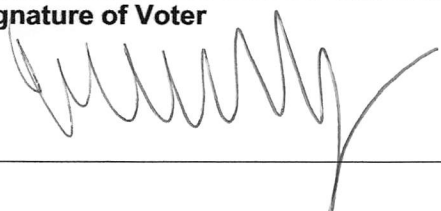
I, Vanessa Alvarez the undersigned, a registered voter in said
 (print name as it appears on your voter information card)

state and county, petition to have the name of: Mavreen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 09/25/1991	Voter Registration Number 118118721	Address 4320 NW 107 Ave Apt 201	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/21/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Neida Herrera the undersigned, a registered voter in said
(print name as it appears on your voter information card)

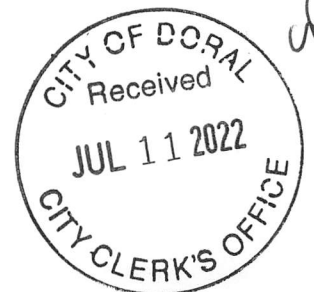
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 12/27/1962	Voter Registration Number 116067213	Address 9956 Costa del Sol Blvd	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter <u>Neida Herrera</u>		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/06/22	



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CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, LUIS OSIO the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 05/25/1963	Voter Registration Number 128496291	Address 3247 NW 103 ct	
City Doral	County Miami Dade	State FL	Zip Code 33172
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/29/22.	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Antonio Fernandez the undersigned, a registered voter in said
 (print name as it appears on your voter information card)

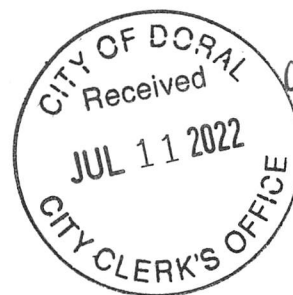
state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 12/12/1937	Voter Registration Number 110246745	Address 3644 Alcantara Ave	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/07/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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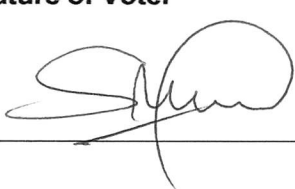
I, Silvina Quieto the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Maureen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 10/06/1965	Voter Registration Number 123644879	Address 11118 NW 80 th Ln	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 6/29/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Antonio Davila the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Mawreen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Council, Seat 2
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 07/25/1988	Voter Registration Number 115002226	Address 5248 NW 113 th place	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/24/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Evelisse Raimondi the undersigned, a registered voter in said
(print name as it appears on your voter information card)

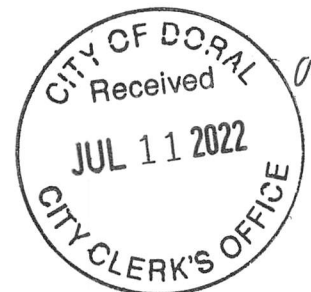
state and county, petition to have the name of: Lawreen Porras

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral council, seat 2

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
06-28-1983	116898325	3330 Torremolinos Ave	
City	County	State	Zip Code
Doral	Miami Dade	FL	33178
Signature of Voter	Date Signed (MM/DD/YYYY) [to be completed by Voter]		
	07/09/2022		



MAUREEN L PORRAS CAMPAIGN
4370 NW 107 AVE APT 104
DORAL, FL, 33178

66-112
531

8861118

DATE

7/11/2022

PAY TO THE
ORDER OF

City of Doral

\$ 200.00

Two hundred

DOLLARS

BB&T

MEMO

Qualifying fee, seat 2

Maureen Porras
MP

Details on Back.



Security Features Included.

MAUREEN L PORRAS CAMPAIGN
4370 NW 107 AVE APT 104
DORAL, FL, 33178

66-112
531

8861119

DATE

7/11/2022

PAY TO THE
ORDER OF

City of Doral

\$ 500.00

Five hundred

DOLLARS

BB&T

MEMO

Sign Bond

Maureen Parra

MP

Details on Back.



Security Features Included.

MAUREEN L PORRAS CAMPAIGN
4370 NW 107 AVE APT 104
DORAL, FL, 33178

66-112
531

8861120

DATE

7/11/2022

PAY TO THE
ORDER OF

City of Doral

\$ 120.00

One hundred twenty

DOLLARS

BB&T

MEMO

Electum Assessment fee

Maureen Porras

MP

Security Features Included. Details on Back.