

**OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Jordan Barbara J.

MAILING ADDRESS:

2251 NW 188th Terr.

CITY:

ZIP:

COUNTY:

Miami Gardens

33056

Miami-Dade

NAME OF AGENCY: Miami-Dade County Board of County Comm

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 1

ID Code

ID No 97207

Conf. Code

FLORIDA  
COMMISSION ON ETHICS  
JUN 13 2019  
RECEIVED

Jordan, Barbara J.  
**PROCESSED**

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2018 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2018 was \$ 1,891,985.00.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 18,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<b>SEE ATTACHED EXHIBIT 1</b>	\$

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ocwen Loan Servicing, LLC, P.O.Box 24738, West Palm Beach, FL 33416	\$344,911.00
Home Financing Center, 400 University Dr, Coral Gables, FL 33134	\$92,646.00
Dade County Federal Credit Union, 1500 NW 107 Ave, Doral, FL 33172	\$10,512.00
American Express, P.O. BOX 650448, Dallas, TX 75265	\$ 838.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2018 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2018 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Miami-Dade County, Board of County Commissioners	111 NW 1st St, Miami, FL 33128	\$38,373.00
State of Fla. Retirement System & Soc. Sec. Admin.	P O Box 9000, Tallahassee, FL 32315; SSA Birmingham,	\$110,259.00 ; \$28,416.00

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

STATE OF FLORIDA, COUNTY OF

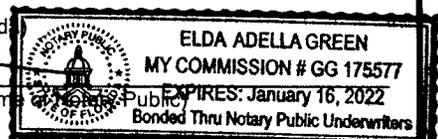
Miami Dade County

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of June, 2019, by Barbara J. Jordan.

(Signature of Notary Public--State of Florida)

Elda A. Green  
 (Print, Type, or Stamp Commissioned Name)



Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Barbara J. Jordan  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, Ronald E. Revalos, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Ronald E. Revalos  
 Signature

June 08, 2019  
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**EXHIBIT 1**

**2018 - Form 6 Attachment**

Form 6 - Section B-Assets

Filer: Jordan, Barbara, J - Miami-Dade County Commissioner

Year: 2018

<u>Asset Description</u>	<u>Asset Value</u> <u>12/31/18</u>
Automobiles	\$ 90,750
Furnishings, Clothing & Household items	\$ 18,000
Personal Residence (2251 NW 188th Terr)	\$ 165,892
Investment Property (220 NW 7th Ave, Florida City, FL)	\$ 203,360
4-Unit Residential Building (717 EMMA St, Key West, FL)	\$ 1,037,255
Cash (checking & savings - FDCU, Capital Bank, City Nat'l Bnk)	\$ 461,045
Retirement Fund (Nationwide Retirement Solutions, ICMA & FRS Retirement Plan)	\$ 370,091
<b>TOTAL ASSETS</b>	<b>\$ 2,346,392</b>
	<b>LIABILITIES</b>
	\$ (448,907)
	\$ 1,897,485
<b>OTHER LIAB</b>	<b>\$ (5,500)</b>
<b>ADJUSTED NET WORTH</b>	<b>\$ 1,891,985</b>