

**General Information**

Name: Juan M Blanes

PID 31685

**AGENCY INFORMATION**

| Organization | Suborganization           | Title        |
|--------------|---------------------------|--------------|
| West Miami   | Mayor And City Commission | Commissioner |

**Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

| Name of Source of Income           | Source's Address | Description of the Source's<br>Principal Business Activity |
|------------------------------------|------------------|------------------------------------------------------------|
| This section not amended by filer. |                  |                                                            |

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

| Name of Business Entity               | Name of Major Sources of<br>Business' Income | Address of Source | Principal Business<br>Activity of Source |
|---------------------------------------|----------------------------------------------|-------------------|------------------------------------------|
| This section not amended by<br>filer. |                                              |                   |                                          |

**Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person)  
(If you have nothing to report, write "none" or "n/a")

**Location/Description**

This section not amended by filer.

**Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)  
(If you have nothing to report, write "none" or "n/a")

**Type of Intangible****Business Entity to Which the Property Relates**

This section not amended by filer.

**Liabilities**

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

**Name of Creditor****Address of Creditor**

This section not amended by filer.

**Interests in Specified Businesses**

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

**Business Entity # 1**

This section not amended by filer.

## Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☒ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

## Amendment Reason

Explanation of changes why are you amending your previous form 1 submission?  
**Ethics training.**

## Signature of Filer

***Juan M Blanes***

Digitally signed: 06/24/2025

Filed with COE: 06/24/2025