

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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Barbara J. Jordan

MAILING ADDRESS:

2251 NW 188th Terr.

CITY:

Miami Gardens

ZIP:

33056

COUNTY:

Miami-Dade

NAME OF AGENCY :

Miami-Dade County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

97207

COMMISSION ON ETHICS  
DATE RECEIVED

JUL 01 2013

PROCESSED

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2012, 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, 20 12 was \$ \$1,579,440.

**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.

The aggregate value of my household goods and personal effects (described above) is \$ \$110,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
SEE ATTACHED "EXHIBIT 1"	\$1,996,347.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital Bank, N.A. - P.O.Box 1120, Greeneville, TN, 37744-1120	\$351,220.00
Dade County Federal Credit Union - 1500 NW 107th Ave, Doral, FL 33172	\$59,062.00
American Express - P.O.Box 650448, Dallas, TX 75265-0448	\$8,125.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2012 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 Commission	111 NW First St, Miami, FL 33128-1980	\$37,976.00
State of Florida, Division of Retirement	P.O.Box 9000, Tallahassee, FL 32315-9000	\$92,633.00
Social Security Administration, SE Prog. Service Ctr.	1200 Rev Abraham Woods, Jr. Blvd, Birmingham, AL	\$26,460.00

**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
N/A			

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

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

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

**OATH**

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.

*Barbara J. Jordan*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

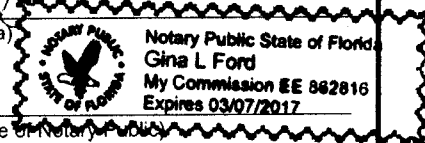
STATE OF FLORIDA  
 COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 26 day of

JUNE 2013 by BARBARA JORDAN

*Gina L. Ford*  
 (Signature of Notary Public--State of Florida)

Gina L. Ford  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



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

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

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

**EXHIBIT 1**

**2012 - Form 6 Attachment**

Form 6 - Section B-Assets

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

Year: 2012

<u>Asset Description</u>	<u>Asset Value</u> <u>12/31/2012</u>
Cars (2)	\$ 70,000
Furnishings, Clothing & Household items	\$ 40,000
Personal Residence (2251 NW 188th Terr)	\$ 125,000
4-Unit Residential Building (717 EMMA St, Key West, FL)	\$ 971,100
Cash (checking & savings - FDCU, Capital Bank, N, Dade FCU, City Nat'l Bnk)	\$ 153,035
Retirement Fund (Nationwide Retirement Solutions, ICMA & FRS Retirement Plan)	\$ 474,812
Life Insurance (Miami-Dade County)	\$ 100,000
Residential Rental Property (874 Preston Ave. S, St Petesburg, FL)	\$ 62,400
TOTAL ASSETS	\$ 1,996,347