

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

RECEIVED
 2016 MAY 25 AM 11:23
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, XAVIER L. SUAREZ
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami-Dade Co Commissioner 12, 7
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X [Signature] (305) 496 8484 XAVIER.SUAREZ.ESQ@AOL.COM
 Signature of Candidate Telephone Number Email Address
145 S.E. 25 PL #1102 Miami FL. 33129
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109120774

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

ZAVIER SUAREZ JAVIER SUAREZ (sp.)

STATE OF FLORIDA
COUNTY OF Miami Dade

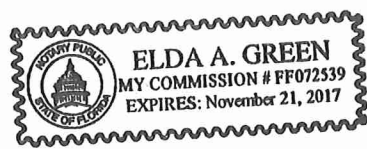
Sworn to (or affirmed) and subscribed before me this 24th day of may, 20 14.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

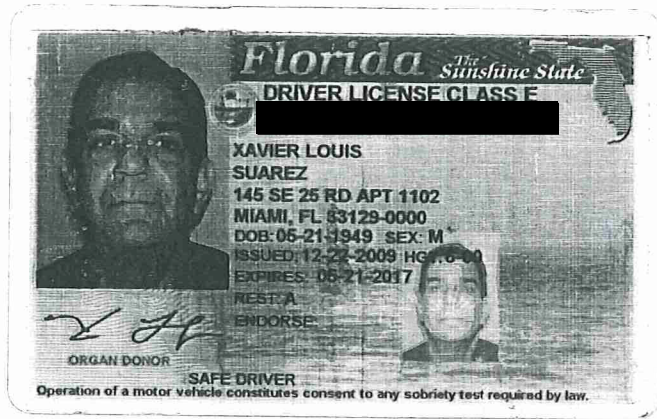
[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



Florida *The Sunshine State*
DRIVER LICENSE CLASS E

XAVIER LOUIS SUAREZ
145 SE 25 RD APT 1102
MIAMI, FL 33129-0000
DOB: 05-21-1949 SEX: M
ISSUED: 12-22-2009 HGT: 6-00
EXPIRES: 05-21-2017

REST: A
ENDORSE:

ORGAN DONOR

SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:

2016 MAY 25 AM 11:24

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

SUAREZ, XAVIER L.

MAILING ADDRESS:

145 S.E. 25 RD # 1102

Miami

CITY:

Miami

ZIP:

FL.

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami - Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMM. MEMBER

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 MAY 24, 2016, 20 16 was \$ 503,000. (EST.)

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 \$ 5,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

1) RES. @ 145 S.E. 25 RD #1102 Miami, FL. 33129	\$ 500,000.00 EST
2) CONDO @ 2625 Collins Ave #1103 Miami Beach, FL. 33140	\$ 350,000.00
3) CONDO @ 2555 Collins Ave #1002 Miami Beach, FL. 33140	\$ 550,000.00
4) 2010 Audi Auto \$17,500. + 5) County Pension Fund: \$62,500.	\$ 80,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

1) above GMAC Mortgage, Louisville ^(2nd) KY; Ocwen ^(1st) , Carol Stream, IL	\$ 300,000 Est
2) above Bk of America, Dallas, TX ^(1st) ; U.S. Century Bk, Coral Gables, FL ^(2nd)	260,000 30,000 Est.
3) above Nation Star, Dallas, TX; Special Loan Svcs, Littleton, CO	355,000 30,000 Est.
AMEX revolving credit	7,000 Est.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

RECEIVED

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 2015 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.

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I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LAW OFF. OF XAVIER L. SUAREZ	145 S.E. 25 RD # 102 Miami, FL 33131	\$100,000. (EST)

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
Miami Dade Co.	Commissioner	111 NW 128th Miami 33128	Public Service
U.S. Social Security	RETIREMENT BEN.	U.S. Dept of Treasury 1500 Pennsylvania Ave NW Washington DC 20220	RETIRE. BENEFITS

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.

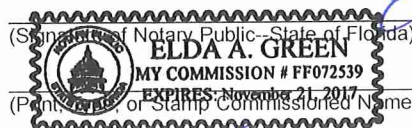
OATH

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.

STATE OF FLORIDA
 COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 24th day of

may, 20 16 by XAVIER L. SUAREZ



(Print Name) or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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 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.

Signature

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