

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

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

RECEIVED  
 2019 MAY 26 AM 11:59  
 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 County Commissioner (OFFICE) 7 (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 Esg@aol.com  
 Signature of Candidate Telephone Number Email Address  
145 SE 25 Road #1102 Miami FL 33129  
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109 120 774

\* 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 (SPANISH)

STATE OF FLORIDA

COUNTY OF Miami-Dade

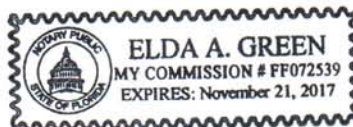
Sworn to (or affirmed) and subscribed before me this 25th day of May, 20 14.

Personally Known:  or

Produced Identification: \_\_\_\_\_

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

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



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

SUAREZ - XAVIER - LEWIS

MAILING ADDRESS:

145 SE 25 Road #1102

CITY:

Miami

ZIP:

33129

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami-Dade County Commissioner District 7

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, 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) Residence @ 145 SE 25 Road #1102, Miami, FL 33129	\$500,000. Est
2) Condo @ 2625 Collins Ave #1103, Miami, FL	\$350,000. Est
3) Condo @ 2555 Collins Ave #1002, Miami Beach, FL 33140	\$550,000. Est
4) 2010 Audi A8	\$17,500. Est
5) County Pension Fund	\$62,500. Est

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, KY ; Newer, Carol Stream, IL	\$330,000. Est
2) above Bk of America, Dallas, TX ; U.S. Century Bk, Coral Gables, FL	\$260,000. Est \$30,000.
3) above NationStar, Dallas, TX ; Special Loan Svcs, Littleton, CO	\$355,000. Est \$30,000.
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 this form.)

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 Office of Xavier L. Suarez	145 SE 25 Rd #1102, Miami, FL 33129	\$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 1st St, Miami 33128	Public Service
U.S. Social Security	Retirement Benefits	U.S. Dept Treasury Washington DC 20220	Retirement 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	N/A		
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 25th day of

May, 2016 by XAVIER SUAREZ

(Signature) Elda A. Green

(Print, Type) ELDA A. GREEN  
 MY COMMISSION # FF072539  
 EXPIRES NOVEMBER 21, 2017 (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