

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

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

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

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, FRANK DELAPAZ
(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 COMMUNITY COUNCIL AREA 12 SUBAREA 124
(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.

<u>X</u> <u>[Signature]</u> Signature of Candidate	<u>305 964 9202</u> Telephone Number	<u>DELA PAZ e TERNA, CO.</u> Email Address
<u>10655C SW 113 PL.</u> Address	<u>MIAMI</u> City	<u>FL 33176</u> State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110319704

* 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):

FRANK DE LA PAZ

RECEIVED
 2016 JUN 20 AM 11:45
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

STATE OF FLORIDA

COUNTY OF Miami-Dade

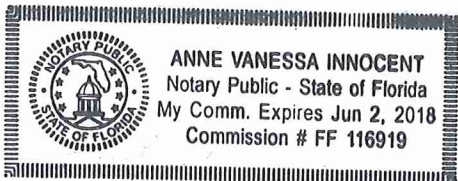
Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:
FL Driver License

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public





Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Francisco De La Paz
10655 SW 113Th Pl C
Miami FL 33176

ISSUED
EMITIDA
ENPRIME
08/10/15

**Bring photo identification
when voting.**

**Para votar, presente una
identificación con fotografía.**

**Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.**

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

110319704

Voting Location | Centro de Votación | Lokal Biwo Vòt
William Lehman Elementary School
10990 SW 113 Pl

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
746

Date of Birth
Fecha de Nacimiento
Dat Nesans
8/3/1956

Registration Date
Fecha de Inscripción
Dat Enskripsyon
4/19/2005

Party Affiliation | Afiliación Partidista | Pati Politik

NO PARTY AFFILIATION

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
26

State Senate
Senado Estatal
Sena Eta a
37

State House
Cámara Estatal
Lacham Eta a
115

County Commission
Comisión del Condado
Komisyon Konte
8

School Board
Junta Escolar
Asamble Edikasyon
7

Community Council
Consejo Comunitario
Konsèy Kominotè
12

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 1

STATEMENT OF FINANCIAL INTERESTS

RECEIVED 2015

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

FOR OFFICE USE ONLY:
2016 JUN 20 AM 11:46

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME -- FIRST NAME -- MIDDLE NAME :

DE LA PAZ, Frank.

MAILING ADDRESS :

PO BOX 162804

CITY :

MIAMI

ZIP :

FL 33116

COUNTY :

MIAMI DADE

NAME OF AGENCY :

MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT : MIAMI DADE COUNTY COMMUNITY COUNCIL AREA 12 SUBAREA 12Y

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
EQUAL MADE INC.	2300 W 84 ST #103 HIALEAH FL 33016	CONSTRUCTION CO.

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

RECEIVED

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	N/A

2016 JUN 20 AM 11:46

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

NAME OF CREDITOR	ADDRESS OF CREDITOR
	N/A

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	EQUAL MAKE INC -	
ADDRESS OF BUSINESS ENTITY	2300 W 84 ST # 103	HIA (2011) FL 33016
PRINCIPAL BUSINESS ACTIVITY	CONSTRUCTION	
POSITION HELD WITH ENTITY	VICE PRESIDENT	
DO YOU OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST	50%	

PART G — TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

6/20/16

CPA or ATTORNEY SIGNATURE ONLY

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7291819

RECEIVED FROM Frank De la Paz

DATE 6 / 20 / 16
MONTH DAY YEAR

ADDRESS P.O. Box 162804
STREET ADDRESS
Miami CITY FL STATE 33116 ZIP

CASH \$ _____
CHECKS \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND 00/100 CENTS TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Community Council Area/Sabara 12/124

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
DEPT.: Elections BY: A. Genesee Leonard

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Frank DELAPAZ -
CAMPAIGN ACCT

100
63-91/2631

6/20/2016
Date

Pay to the Order of MIAMI DADE COUNTY \$ 100 ⁰⁰/₁₀₀

ONE hundred and 00/100 Dollars Security Features Details on Back

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.com

For QUALIFYING FEE - AREA SUB
MIAMI DADE CO Council 12 124
COM

Harland Clarke BLUE SHEFFIELD™

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 ELECTIONS DEPARTMENT