

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
 Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) **XAVIER L. SUAREZ**
 3. Address (include post office box or street, city, state, zip code) **145 S.E. 25 RD #1102
MIAMI, FL 33129**

4. Telephone **(305) 4468484** 5. E-mail address **XAVIER.SUAREZ@COC.**

6. Office sought (include district, circuit, group number) **COUNTY COMMISSION DISTRICT 7**
 7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer **CARLOS M. TRUEBA CPA**

11. Mailing Address **1905 N.W. 88th COURT, Ste. 101** 12. Telephone **(305) 593-2644**

13. City **Doral** 14. County **Miami Dade** 15. State **FL** 16. Zip Code **33172** 17. E-mail address **CPA2605@RTC-CPA.COM**

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank **CIT. NATIONAL BANK** 20. Address **13780 SW 88th CT.**

21. City **MIAMI** 22. County **MIAMI-DADE** 23. State **FL** 24. Zip Code **33186**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date **April 13, 2011** 26. Signature of Candidate **X [Signature]**

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, **CARLOS M. TRUEBA**, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
April 13, 2011 **X [Signature]**
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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I, Xavier L. Suarez,
candidate for the office of County Commission District 7;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

Feb. 22, 2011
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

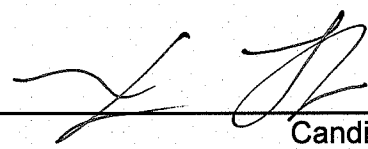
Xavier		Suarez
First Name	Middle Name	Last Name

County Commission District 7
Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

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ELECTIONS

Received by: 
Candidate/Chairperson Signature

Date: 3/31/11

Phone No.: 305-593-2644

Fax No.: 305-593-0390

E-mail address: cpazos@RTC-CPA.com

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



- Candidate (office sought): _____ County Commission District 7
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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I, Xavier L. Suarez
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

XLS _____ FEB 21, 2011
Signature of Candidate or Chairperson Date

Day Time Telephone No: _____ 305-593-2644

Email Address: _____ cpazos@rtc-cpa.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

LOYALTY OATH FOR MIAMI-DADE COUNTY COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>XAVIER</u>	<u>L.</u>	<u>SUAREZ</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

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 THE VOTING PERIOD)


am a candidate for the office of Miami-Dade County Commissioner, District 7. 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.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

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

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true. Under penalties of perjury, I declare that I have read the foregoing Loyalty Oath and Oath of Candidate and that the facts stated in each are true.

X <u></u>	<u>305 496 8484</u>	<u>XAVIER@SUAREZ.COM</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>145 S.E. 25 St # 1102</u>	<u>TWAIN</u>	<u>FL</u>
Address	City	State
		<u>33129</u>
		Zip Code


State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of April, 2011 by XAVIER SUAREZ.

Personally Known: _____ or
Produced Identification: ✓

Type of Identification Produced:

FL Driver's Lic


Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

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FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS RECEIVED 2010

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

SUNZG, XAVIER LOUIS

FOR OFFICIAL USE ONLY:

APR 13 PM 2:06

MAILING ADDRESS:

145 S.E. 25 RD. # 1102

MIAMI-DADE ELECTIONS

ID Code

CITY:

Miami

ZIP:

33129

COUNTY:

Miami Dade

ID No.

NAME OF AGENCY:

BOARD OF COUNTY COMMISSIONERS

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

District 7

P. Req. Code

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, 2010, 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, 2010 was \$ 328,500

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 145 S.E. 25 RD # 1102, Miami, FL 33129 (Jointly owned)	450,000.
2555 Collins Ave # 1002, Miami, FL 33140 (with wife)	350,000.
2525 S.W. 3rd Ave # 1604, Miami, FL 33129 (with wife)	250,000.
2625 Collins Ave # 1103, Miami B., FL 33140 (with wife)	300,000.
C.D. at U.S. Century Bank, 3001 Ponce de Leon Blvd, Coral Gables	170,000.

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GMC Truck (if is 2008)	\$ 352,000.
BAC Home Loans	\$ 240,000.
Litton Loans Services	\$ 300,000.
BAC Home Loans	\$ 298,000.
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
U.S. Century Bank, 3001 Ponce de Leon Blvd, Coral Gables FL.	30,000.
AFCY, HSBC	6500.

VALUES OF ASSETS AND AMOUNTS OF LIABILITIES ARE APPROXIMATE.

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all 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 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LAW OFFICES OF XAVIER SUAREZ	145 S.E. 25th Ave #1102, Miami 33139	\$200,000
DOT ROBTAN LOSSES (3 Prop.)	2525 SW 3rd Ave #1604 App. (2555 Collins Ave #1602 & 2525 Collins Ave #1103)	(50,000.)

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
INTEREST ON CD	U.S. COUNTRY BANK	3001 Ponce de Leon Blvd CORAL GABLES, FL 33134	CD

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	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			

N/A

MAMI-DADE ELECTIONS

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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.

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of

April, 20 11 by XAVIER SUAREZ

[Signature]
NOTARY PUBLIC STATE OF FLORIDA
(Signature of Notary Public--State of Florida)

Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012

BONDED THROUGH ATLANTIC BONDING CO., INC.
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FL Drivers Lic

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.

XAVIER SUAREZ CAMPAIGN ACCOUNT

1985 NW 88TH CT SUITE # 101
DORAL, FL 33172

CITY NATIONAL BANK
OF FLORIDA
MIAMI, FLORIDA 33186
63-436-660

4/13/2011

AY TO THE
ORDER OF

Board of County Commissioners

\$ **360.00

Three Hundred Sixty and 00/100*****

DOLLARS

Board of County Commissioners
111 NW 1st Street
Miami, FL 33128



AUTHORIZED SIGNATURE

MEMO

Qualifying Fees

XAVIER SUAREZ CAMPAIGN ACCOUNT

Board of County Commissioners

4/13/2011

360.00

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No. 6482024



OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

RECEIVED FROM XAVIER SUAREZ

DATE 4 / 13 / 11
MONTH DAY YEAR

ADDRESS 1985 NW 88 Court Suite #101

CASH \$ _____

Doral CITY FL STATE 33172 ZIP

CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND 00 CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Comm. Dist 7

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT