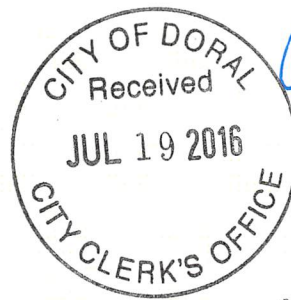


**CANDIDATE OATH –  
NONPARTISAN OFFICE**

**(Not for use by Judicial or  
School Board Candidates)**



19 JUL '16 AM 10:24

**OFFICE USE ONLY**

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Luigi Boria

(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 Mayor City Of Doral, \_\_\_\_\_, \_\_\_\_\_,  
(office) (district #)

\_\_\_\_\_ ; I am a qualified elector of Miami Dade County, Florida;  
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida 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.

**X**

*Luigi Boria*  
**Signature of Candidate**

(786)2297399

**Telephone Number**

boria@luigiboria.com

**Email Address**

4671 NW 93 Doral Court

**Address**

Doral

**City**

FL

**State**

33178

**ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 109826516

\* 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):

lui ge ee bore e a

**STATE OF FLORIDA**

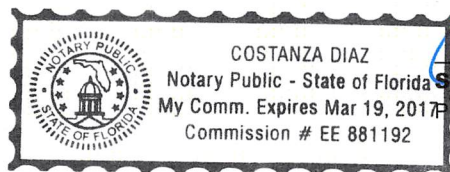
**COUNTY OF** Miami-Dade

**Sworn to (or affirmed) and subscribed before me this** 19 **day of** July, **20** 16.

Personally Known:  or

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

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



*Costanza Diaz*  
**Signature of Notary Public**

Notary Public - State of Florida  
My Comm. Expires Mar 19, 2017  
Commission # EE 881192  
Print, Type, or Stamp Commissioned Name of Notary Public

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2015**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BORIA, LUIGI

MAILING ADDRESS :

CITY OF DORAL

8401 N.W. 53 TERRACE

CITY :

DORAL, FL

ZIP :

33166

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF DORAL, CITY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

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

**COPY**

MIAMI-DADE  
ELECTIONS

2016 JUN 30 AM 11:42

RECEIVED

\*\*\*\* **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
TWC The Wise Computer, Inc.	3515 NW 114th Ave., Doral FL 33178	wholesale computer parts

**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")

WAREHOUSE - 3515 NW 114TH Ave. Doral, FL 33178

**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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Common Stock	TWC The Wise Computer, Inc.
Note Receivable - Maria Boria	Loan to Maria Boria for Home

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

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		N/A
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 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:

*Jose R. Gomez*

Date Signed:

6/16/16

**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, JOSE R. GOMEZ, CPA, 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: *JRG*

Date Signed: 6/14/2016

**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 has 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 as 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.



**Voter Information Card**  
Miami-Dade County, FL

**Tarjeta de información del elector**  
Condado de Miami-Dade, FL

**Kat Enfòmasyon Vòtè**  
Konte Miami-Dade, FL

**LUIGI BORIA**  
4671 NW 93RD DORAL CT  
DORAL FL 33178

ISSUED  
EMITIDA  
ENPRIME

02/24/06

**Bring photo identification  
when voting.**

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

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

109826516

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

Identification Data  
Datos de identificación  
Enfo. Idantifikasyon

Precinct No.  
Núm. del recinto  
Nim. Biwo Vòt

04/23/58

401

Registration Date  
Fecha de inscripción  
Dat Enskripsyon

Party Affiliation  
Afilicación partidista  
Pati Politik

08/09/99

NPA

Polling Place | Centro de votación | Lokal Biwo Vòt

**FIRE FIGHTER MEMORIAL BLDGE**  
8000 NW 21 ST

Lester Sola

Supervisor of Elections | Supervisor 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 distri ki ekri anba la yo.

Congress  
Congreso  
Kongrè

State Senate  
Senado Estatal  
Sena Eta a

State House  
Cámara Estatal  
Lacham Eta a

021

040

112

County Commission  
Comisión del Condado  
Komisyon Konte

School Board  
Junta Escolar  
Asamble Edikasyon

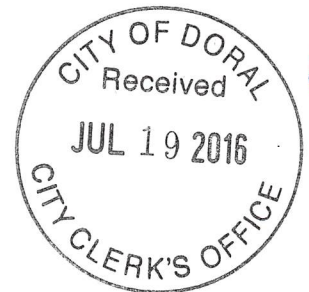
Community Council  
Consejo Comunitario  
Konsèy Kominotè

12

05

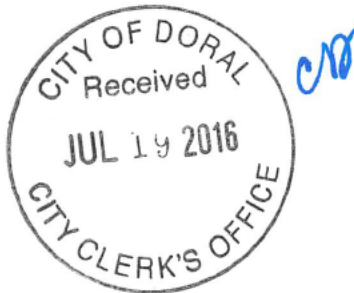
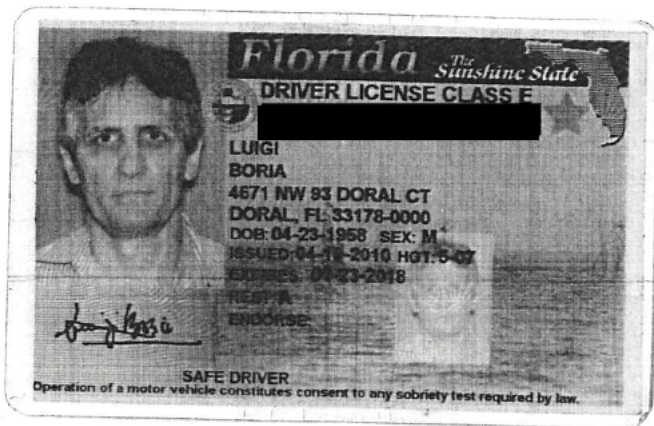
Municipal | Municipal | Minisipal

DO



08

19 JUL '16 AM 10:24



19 JUL '16 AM 10:24



# CITY OF DORAL GENERAL ELECTION 2016 CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Luigi Boria \_\_\_\_\_ to me well known X or who produced \_\_\_\_\_ as identification, who, being sworn, says that he/she is a candidate for the office of Mayor City of Doral \_\_\_\_\_; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.



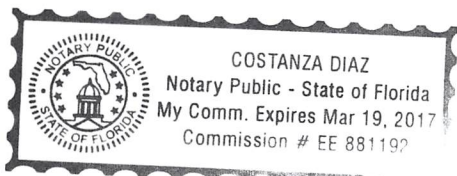
Luigi Boria  
\_\_\_\_\_  
(Signature of Candidate)

Luigi Boria  
\_\_\_\_\_  
(Candidate Printed Name)

4671 NW 93 Doral CT  
\_\_\_\_\_  
(Candidate Address)

Doral FL 33178  
\_\_\_\_\_  
(Candidate Address)

Sworn to and subscribed before me this 19 day of July, 2016 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz  
\_\_\_\_\_  
Connie Diaz, City Clerk, City of Doral

19 JUL '16 AM 10:23

**LUIGI BORIA CAMPAIGN ACCOUNT**

4671 NW 93 DORAL CT  
DORAL, FL 33178

63-8655  
2660 188

125

Date 7/19/2016

Pay to the order of City of Doral

\$ 200.-

TWO HUNDRED  $\frac{00}{100}$

Dollars  Security Features Included. Details on Back.

**citibank**<sup>®</sup>

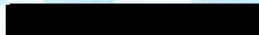
CITIBANK, N.A. BR. #188  
10805 NW 41ST STREET  
MIAMI, FL 33178

Luigi Boria

Memo

QUALITY FEE

MP



**LUIGI BORIA CAMPAIGN ACCOUNT**

4671 NW 93 DORAL CT  
DORAL, FL 33178

63-8655  
2660 188

126

Date 7/19/2016

Pay to the order of

City of Doral

\$ 500.00

FIVE HUNDRED 00/100

Dollars



Security Features  
Included.  
Details on Back.

**citibank**<sup>®</sup>

CITIBANK, N.A. BR. #188  
10805 NW 41ST STREET  
MIAMI, FL 33178

C. Gaines I

Memo

Mayor Seat

MP





**LUIGI BORIA CAMPAIGN ACCOUNT**

4671 NW 93 DORAL CT  
DORAL, FL 33178

63-8655  
2660 188

127

Date 7/19/2016

Pay to the order of City of Doral \$ 500.-

FIVE HUNDRED <sup>00/100</sup> ———

Dollars  Security Features Included. Details on Back.

**citibank**<sup>®</sup>

CITIBANK, N.A. BR. #188  
10805 NW 41ST STREET  
MIAMI, FL 33178

Memo sign bond

*Luigi Boria*

MP

