

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Alexis Acosta

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of City of Doral Council, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)

\_\_\_\_\_, 4; 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 114147815

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Ah-le-xis A-kos-ta

**X** [Signature] (305) 993-8955 AlexR.Acosta12@gmail.com  
Signature of Candidate Telephone Number Email Address

10219 NW 44th KRR DORAL FL 33178  
Address City State ZIP Code

STATE OF FLORIDA

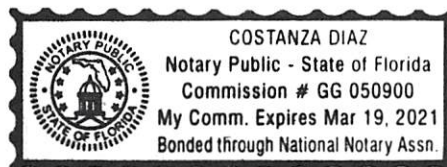
COUNTY OF miami-dade

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

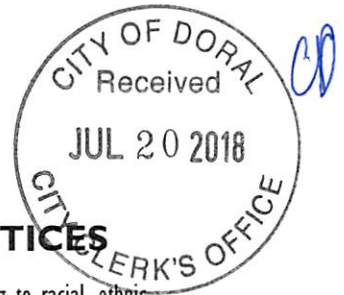
Sworn to (or affirmed) and subscribed before me this 20  
day of July, 2018.

Personally Known:  or Produced Identification: \_\_\_\_\_

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



DECLARATION AND FIRST AMENDMENT WAIVER  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES



**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, Alexis Acosta, a candidate for the office of  
please print your name  
City of Doral Council Seat 4 in Miami Dade County,  
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x   
Signature

7/20/18  
Date



**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2017**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Acosta Alexis R

MAILING ADDRESS :

10219 NW 44<sup>th</sup> LRR

DORAL

33178

DADE

CITY :

CITY OF DORAL

ZIP :

COUNTY :

NAME OF AGENCY :

COUNCIL SEAT 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :



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, 2017 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
JPMORGAN Chase	10795 NW 58 <sup>th</sup> Street DORAL FL	BANK

**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")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401k	CHASE

**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	# 2
ADDRESS OF BUSINESS ENTITY	N/A	
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	N/A	

**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:

7/20/18

**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:**

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

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEFom1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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, 2017.





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

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

Alexis Raul Acosta  
10219 NW 44Th Ter  
Doral FL 33178

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

ISSUED  
EMITIDA  
ENPRIME  
07/10/18

**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

114147815

Voting Location | Centro de Votación | Lokal Biwo Vòt  
John I. Smith K-8 Center - Middle Le  
5005 NW 112 Ave

Precinct No.  
Núm. del Recinto  
Nim. Biwo Vòt  
454

Date of Birth  
Fecha de Nacimiento  
Dat Nesans  
5/22/1976

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon  
3/15/2006

Party Affiliation | Afiliación Partidista | Pati Politik

NO PARTY AFFILIATION

**Christina White**

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  
25

State Senate  
Senado Estatal  
Sena Eta  
36

State House  
Cámara Estatal  
Lacham Eta  
116

County Commission  
Comisión del Condado  
Komisyon Konte  
12


School Board  
Junta Escolar  
Asanble Edikasyon  
5

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
N/A

Municipality | Municipio | Minisipalite  
DORAL





CO

**Florida** DRIVER LICENSE  CLASS E

1 JACOSTA  
2 ALEXIS RAUL  
3 10219 NW 44TH TER  
4 DORAL, FL 33178-2286

5 DOB 05/22/1976 6 SEX M 7 SAFE DRIVER  
8 EXP 05/22/2022 9 HGT 5'-10"  
12 REST NONE 9a END NONE

4a ISS 02/23/2015  
5 CD X831804122478  
REPLACED 04/12/2018  
Operation of a motor vehicle constitutes consent to any sobriety test required by law



CITY OF DORAL  
Received  
JUL 20 2018  
CITY CLERK'S OFFICE

CR



# CITY OF DORAL GENERAL ELECTION 2018 CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Alexis Acosta to me well known  or who produced \_\_\_\_\_ as identification, who, being sworn, says that he/she is a candidate for the office of \_\_\_\_\_; 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.



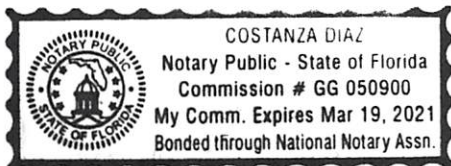
[Signature]  
(Signature of Candidate)

Alexis R Acosta  
(Candidate Printed Name)

10219 NW 44<sup>TH</sup> TERR  
(Candidate Address)

DORAL FL 33178  
(Candidate Address)

Sworn to and subscribed before me this 20 day of July, 2018 at the City of Doral, Miami-Dade County, Florida.



[Signature]  
Connie Diaz, City Clerk, City of Doral

**ALEXIS R ACOSTA  
CAMPAIGN ACCOUNT**

10219 NW 44TH TER  
DORAL FL 33178-2286

1004

63-4/630 FL  
1618

7/20/18

Date

Pay To The  
Order Of

City of Doral

\$ 120.00

ONE Hundred and twenty & 00/100 cents

Dollars



Photo  
Safe  
Deposit®  
Details on back

**Bank of America**



ACH R/T 063100277

For

Election Assessment

*[Signature]*

MP



**ALEXIS R ACOSTA  
CAMPAIGN ACCOUNT**

10219 NW 44TH TER  
DORAL FL 33178-2286

1002

63-4/630 FL  
1618

7/20/18

Date

Pay To The  
Order Of

City of Doral

\$ 200.00

two hundred and 00/cents

Dollars



Photo  
Safe  
Deposit®  
Details on back

**Bank of America**



ACH R/T 063100277

For

Qualifying Fee

~~Harland Clarke~~

MP

**ALEXIS R ACOSTA  
CAMPAIGN ACCOUNT**

10219 NW 44TH TER  
DORAL FL 33178-2286

1003

63-4/630 FL  
1618

7/20/18

Date

Pay To The  
Order Of

City OF DORAL

\$ 500.00

Five Hundred and 00/100 cents

Dollars



Photo  
Safe  
Deposit®  
Details on back

**Bank of America**



ACH R/T 063100277

For

Sign Bond

MP