

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

(For use by Mayoral, County Commission, Community Council and Property Appraiser 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             |

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MAY 25 AM 2:18  
MIAMI-DADE  
ELECTIONS  
P1 MCV

**OATH OF CANDIDATE**

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Roberto "Bobby" 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 Community Council 10, Subarea 106  
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; 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 am 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 R. J. Suarez (305) 484-5555 vote4suarez@gmail.com  
Signature of Candidate Telephone Number Email Address

3213 S.W. 118<sup>th</sup> MIAMI FL 33125  
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 00986750

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 25<sup>th</sup> day of May, 2012.

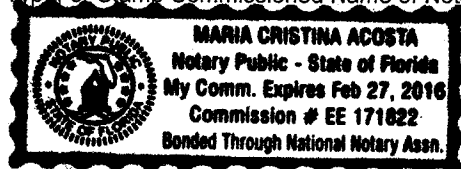
Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced:

FL Drivers Lic.

Maria Cristina Acosta  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





Voter ID Card  
Miami-Dade County, FL  
Tarjeta de identificación del elector  
Condado de Miami-Dade, FL  
Idantifikasyon Kát Votè  
Konte Miami-Dade, FL

Issued  
Emitida  
Enprime  
01/14/04

00986750  
SUAREZ, ROBERTO JESUS JR  
3213 SW 118TH CT  
MIAMI FL 33175

x. *Robt. J. S.*  
Signature of voter / Firma del elector / Siyati Votè

Registration No. Núm. de inscripción Núm. Enskripsyon	Identification Data Datós de identificación Enfo. Idantifikasyon	Precinct No. Núm. del recinto Nim. Biwo Vòt
00986750	MH 04/22/54	440
Registration Date Fecha de inscripción Dat Enskripsyon	Party Affiliation Afiliasión partidista Parti Politik	
07/18/76	REP	

Polling Place / Centro de votación / Lokal Biwo Vòt  
**VILLAGE GREEN ELEMENTARY**  
12265 SW 34 ST

Constance A. Kaplan  
Supervisor of Elections  
Supervisora de Elecciones/Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below. / Ud. es elegible para 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
025	038	114
County Commission Comisión del Condado Komisyon Konte	School Board Junta escolar Asamble Edikasyon	Community Council Consejo comunitario Konsèy Kominotè
10	08	010

Municipal / Municipal / Minisipal UN

MIAMI-DADE  
ELECTIONS

2012 MAY 25 AM 2:30 PM MCH

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**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Suarez Jr. Roberto Jesus

MAILING ADDRESS :

3213 SW 118 CT

CITY : ZIP : COUNTY :  
Miami 33175 Miami Dade

NAME OF AGENCY :  
Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Community Council District 10- Sub-area # 106

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

FOR OFFICE USE ONLY:

ID Code  
ID No.  
Conf. Code  
P. Reg. Code  
2012 MAY 25 AM 2:18 PM  
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MIAMI-DADE COUNTY ELECTIONS

2011 PDF Form 1

**\*\*\*\* 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, 2011 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 p. 4]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
State of Florida	P.O. Box 9000 Tallahassee FL	Pension

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]  
(If you have nothing to report, you must 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 p. 4]  
(If you have nothing to report, you must write "none" or "n/a")

House 11270 N.W. 78 ST Doral, FL  
1.25 acres- 4035 10th Ave. N.E. Golden Gates FL.

**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.

**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Ken Fisher Investments
457 Plan	ICMA
Bank Accounts	Dade County Federal Credit Union and Bank Atlantic

**PART E — LIABILITIES** [Major debts - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Mortgage Service Center	P.O. Box 5452 MT. Laurel NJ 08054-5452
Citimortgage INC.	PO Box 6243 Sioux Falls SD 57117-6243

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")


	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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			

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 ELECTIONS

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

**SIGNATURE (required):**

**DATE SIGNED (required):**



5/25/12

**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:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**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: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**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** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 6741173

RECEIVED FROM Roberto "Bobby" Suarez

DATE 5 / 25 / 12  
MONTH DAY YEAR

ADDRESS 3213 SW 118 COURT  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Miami CITY FL STATE 33175 ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee Comm. Council 10/106

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

DEPT.: Elections

BY: Maria C Acosta

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

**ROBERTO " BOBBY" SUAREZ**  
**CAMPAIGN ACCOUNT**  
3213 SW 118 COURR  
MIAMI FL 33175

**103**  
63-8376/2670  
1125

5-25-12  
Date

Pay to the Order of Board of County Commisioners \$ 100.00 <sup>00</sup>/<sub>100</sub>

One Hundred <sup>00</sup>/<sub>100</sub> Dollars

**BankAtlantic** Las Americas Plaza #125  
2375 SW 122nd Avenue  
Miami, FL 33175  
1-888-7-DAY-BANK

Florida's Most Convenient Bank

Preferred Checking Customer

For Qualifying fee - CC 10 -  
Suarez #106

Security Features Details on Back.

MP