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Access to Handbook and the
Election Laws of the State of Florida

2012 JUN 4 AM 11:24

MIAMI-DADE
ELECTIONS

Candidate/Chairperson:

Ovidio

First Name

L.

Middle Name

LARIA

Last Name

Century Parc Community Development District

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

☒ Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: X

Andre L. Laria

Candidate / Chairperson Signature

Date:

June 4th, 2012 (noon)

Primary Telephone Number:

305-553-5256

Alternate Telephone Number:

305-877-8385

E-mail address:

natlar@att.net

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, OVIDIO L. LARIA

(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

Supervisor of the Century Parc "District"
Community Development (district #)

Two (2)
(circuit #) (group or seat #)

; I am a qualified elector of

Miami-Dade

County, Florida;

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

Ovidio L. Laria
Signature of Candidate

(305) 877-8385
Telephone Number

natlar@att.net
Email Address

3305 W. 87th COURT
Address City

Miami,

Fl.
State

33174
ZIP Code

"The Enclave"

Candidate's Florida Voter Registration Number (located on your voter information card) #110092962

* 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):

OVIDIO L. LARIA

STATE OF FLORIDA

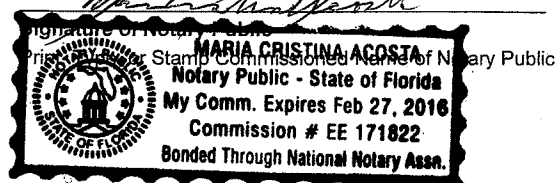
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 4th day of JUNE, 2012.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL DRIVERS LIC



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

RECEIVED 2011

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LARIA, OVIDIO L.

MAILING ADDRESS :

330 S.W. 87th COURT "The Enclave"

Miami

11374

Dade

CITY :

ZIP :

COUNTY :

Century Parc Community Development District

NAME OF AGENCY :

Supervisor

Seat #2

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Supervisors, Century Parc Community

Development District

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 APPOINTEEFOR OFFICE
USE ONLY:

2012 JUN -4 AM 11:54

MIAMI-DADE
ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

Social Security Pension - U.S.A.		Retirement Pension
Local 16 Union - Pension - New York		Retirement Pension
Century Parc Comm. Develop / 2501 Burns		Commission Fee
Palm Bch. Gdus, Fl. Rd. (A)		

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 ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

N/A

N/A

N/A

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")

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")

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TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

N/A

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MIAMI-DADE
ELECTIONS**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

N/A

N/A

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

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTEREST

N/A

N/A

N/A

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE (required):****DATE SIGNED (required):*** *Candice L. Laro** 06/04 / June 4, 2012
(noon)**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.

RECEIVED FROM Ovidio L. Loria

DATE 6 / 4 / 12
MONTH DAY YEAR

ADDRESS 3305 SW 87th Court
STREET ADDRESS

CASH \$ _____

STREET ADDRESS Miami CITY FL STATE 33174 ZIP

CHECKS \$ 25.00

AMOUNT OF: Twenty-five DOLLARS, AND NO CENTS TOTAL \$ 25.00

FOR PAYMENT OF: Qualifying Fcc. Century Proc Sept 2

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

DEPT.: Elections By: Maria Acosta

FOR OFFICE USE ONLY

[illegible]


107.01-1 6/04

OVIDIO L LARIA
 330 SW 87th Ct
 Miami, FL 33174

586
 63-939/670

Date June 4-2012

Pay to the Order of Brazil of County Commission \$ 25.00
Tuty for Dollars

HSBC 
 The world's local bank

For Elacon H

Harland Clarke

GUARDIAN SAFETY® R111F