

MIAMI-DADE COUNTY
CANDIDATE OATH -
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

ALEX RIZO, JR.

I, _____
(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 MIAMI-DADE COUNTY COMMUNITY COUNCIL AREA 5
(OFFICE) (DISTRICT/GROUP/SEAT #)

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; 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 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

[Handwritten Signature]

Signature of Candidate

(305) 331-7758

Telephone Number

arizojr@c5@gmail.com

Email Address

19021 MERION POINT RD, HIALEAH

Address

City

FL

State

33015

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109390320

* 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):

ALEKS REEZO JOONUHR

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 21st day of June, 20 16.

Personally Known: _____ or

Produced Identification:

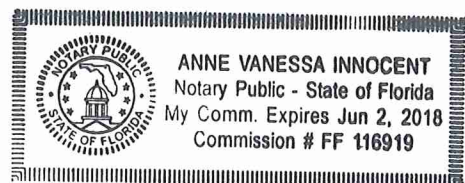
Type of Identification Produced:

Driver License

[Handwritten Signature]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Alejandro R Rizo JR
19021 Merion Point Rd
Hialeah FL 33015

ISSUED
EMITIDA
ENPRIME

08/17/15

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

109390320

Voting Location | Centro de Votación | Lokal Biwo Vòt

Sunrise Presbyterian Church
18400 NW 68 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt

303

Date of Birth
Fecha de Nacimiento
Dat Nesans
Dat Nesans

12/10/1967

Registration Date
Fecha de Inscripción
Dat Enskripsyon

5/23/1991

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

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 eziyib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè

25

State Senate
Senado Estatal
Sena Eta a

38

State House
Cámara Estatal
Lachamn Eta a

110

County Commission
Comisión del Condado
Komisyon Konte

1

School Board
Junta Escolar
Asamble Edikasyon

1

Community Council
Consejo Comunitario
Konsèy Kominotè

5

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2015

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Rizo, Jr., Alejandro, Ramiro

MAILING ADDRESS :
19021 Merion Point Rd

CITY : Hialeah ZIP : 33015 COUNTY : Miami-Dade

NAME OF AGENCY :
Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Community Council Area 5, subarea 52

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, 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
South Florida After-School All-Stars	15175 Eagle Nest Lane, 103, Miami Lakes, 33014	After-School Child Care
Beyond The Bell SES Tutoring, Inc	15175 Eagle Nest Lane, 103, Miami Lakes, 33014	Educational/Consulting Services
Florida Educational Leadership Council	15175 Eagle Nest Lane, 103, Miami Lakes, 33014	Educational/Consulting Services
Rizo and Sons Consultants, LLC	19021 Merion Point Rd, Hialeah, 33015	Consulting Services

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
NONE			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NONE

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
IRA	Publicly traded stocks

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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 ELECTIONS DEPARTMENT


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
	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		

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: 6/20/16

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, _____, 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:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who 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 a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><u>Facsimiles will not be accepted.</u></p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
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