

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

**RECEIVED**

**2016 JUN 13 PM 4:16**

**MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT**

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Juan C. Alvarez

(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 Kendall Breeze Community Development District  
(office) (district #)

5; 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**

[Signature]  
Signature of Candidate

(305) 216-8124  
Telephone Number

jealvarez10@bellsouth.net  
Email Address

12394 S.W. 122 Path Miami FL 33186  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109388693

\* 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):

WUAN C AL-VA-REZ

**STATE OF FLORIDA**

**COUNTY OF** Miami-Dade

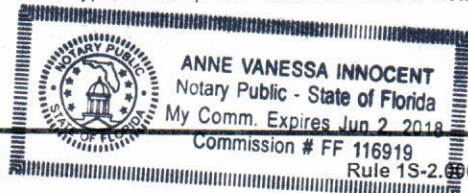
Sworn to (or affirmed) and subscribed before me this 13<sup>TH</sup> day of June, 20 16.

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

Produced Identification: ✓

Type of Identification Produced: FL Driver License

[Signature]  
Signature of Notary Public  
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:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

**ALVAREZ, JUAN C.**

MAILING ADDRESS :

**12394 SW 122ND PATH**

CITY :

**MIAMI, FL**

ZIP :

**33186**

COUNTY :

**MIAMI-DADE**

NAME OF AGENCY :

**KENDALL BREEZE CDD, BOARD OF SUPERVISORS**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

**ASSISTANT SECRETARY - seat 5**

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**RECEIVED**  
FOR OFFICE USE ONLY:**2016 JUN 13 PM 4:16****MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT****FD015325****\*\*\*\* 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
Alcon Distributors	8571 S.W. 12 ST Miami, FL 33144	Sales
Auto Home & Life Inc.	1110 Penckeleon Blvd. Coral Gables, FL 33134	Agent
Strategic Energy	7516 N.W. 55 ST Miami, FL 33166	Manager
Energy USA	7516 N.W. 55 ST Miami, FL 33166	Manager

**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	none	none	none
none	none	none	none
none	none	none	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")

2927 SW 1 Ave. Cape Coral, FL 33914

9460 Fontainebleau Blvd, Apt. 527 Miami, FL 33172

**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.



(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

The Alvarez Family Inc. Trust  
The Alvarez Family Inc. Trust

(If you have nothing to report, write "none" or "n/a")

ADDRESS OF CREDITOR

JP Morgan Chase	PO Box 182613 Columbus, OH 43218
Capital Mortgage Services of Texas	4212 50 <sup>th</sup> Street Lubbock, TX 79413

(If you have nothing to report, write "none" or "n/a")

## BUSINESS ENTITY # 2

none

none

none

none

none

none

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 ☐

## CPA or ATTORNEY SIGNATURE ONLY

*Р. А. А. А.*

06-10-2016

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 112.06, 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:**

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).

**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.

Facsimiles will not be accepted.

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.

**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.

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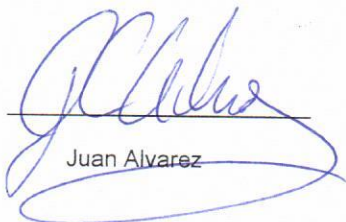
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

PART A: Primary Source Of Income

1. The Alvarez Family Irrevocable Trust 12394 SW 122 Path, Miami, FL. 33186
2. Apt. 527 Rent 9460 Fontainebleau Blvd. Miami, FL. 33172

PART E: LIABILITIES

1. Ocean Bank 730 NW 42nd Ave. Miami, FL. 33126
2. Allstate Finance Company 3275 Sanders Road, Suite G4, Northbrook, IL 60062

  
Juan Alvarez

06-10-2016

DATE



Memo KBCDD #5 Qualifying Fee