

**MIAMI-DADE COUNTY
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

Proof of residency provided:

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

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Beatriz Suarez

(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.)

AREA / SUB AREA
11/115

am a candidate for the nonpartisan office of Community Council (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.

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Candidate's Florida Voter Registration Number (located on your voter information card): 109785800

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.]

swarez BG A N T A I Z

X <u>Beatriz Suarez</u> Signature of Candidate	(305) 458-8212 Telephone Number	bettyta11@yahoo.com Email Address	
12362 S.w. 122nd Place Address	Miami City	Florida State	33186 ZIP Code

STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 10th day of February, 2018.



Personally Known: _____ or _____
Produced Identification: Colombia
Type of Identification Produced: Foreign Passport

Mariana Gomez
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

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 :
Suarez, Beatriz

MAILING ADDRESS :
12362 S.W.122nd Place

CITY : ZIP : COUNTY :
Miami 33186 Miami-Dade

NAME OF AGENCY :
MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Community Council 11 Subarea 115

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

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2018 JUN -4 PM 12: 20
MIAMI-DADE COUNTY
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****** 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
Key Biscayne Presbyterian Church	160 Harbor Drive Key Biscayne Fl. 33149	School and Church

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
na			
na			

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

11826 S.W. 125th Place Miami FL. 33186

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
n/a	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase	PO Box 7840200 PHOENIX AZ.85062-8420

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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 #	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	na	na
PRINCIPAL BUSINESS ACTIVITY	na	na
POSITION HELD WITH ENTITY	na	na
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	na	na
NATURE OF MY OWNERSHIP INTEREST	na	na

PART G — TRAINING

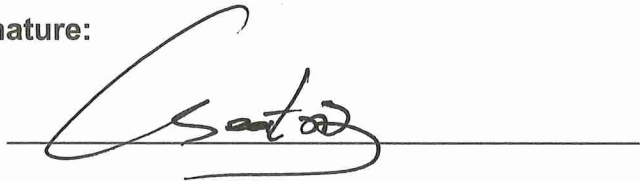
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:

January 22, 2018

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 CEForm1@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.

2017 REAL ESTATE PROPERTY TAX

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
 SEE REVERSE SIDE FOR IMPORTANT INFORMATION

FOLIO NUMBER 30-5913-026-4390 **MUNICIPALITY** UNINCORPORATED DADE COUNTY **MILL CODE** 3000

Mailing Address
 MICHAEL TAUBEN & W BEATRIZ
 12362 SW 122 PL
 MIAMI, FL 33186

Property Address
 12362 SW 122 PL
 Exemptions: ADDL HOMESTEAD
 HOMESTEAD

TAXING AUTHORITY	AD VALOREM TAXES ASSESSED VALUE	MILLAGE RATE PER \$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board			
School Board Operating	209,760	6.77400	1,251.56
School Board Debt Service	209,760	0.22000	40.65
State and Other			
Florida Inland Navigation Dist	209,760	0.03200	5.11
South Florida Water Mgmt Dist	209,760	0.12750	20.37
Okeechobee Basin	209,760	0.13840	22.11
Everglades Construction Proj	209,760	0.04410	7.05
Childrens Trust Authority	209,760	0.46730	74.66
Miami-Dade County			
County Wide Operating	209,760	4.66690	745.58
County Wide Debt Service	209,760	0.40000	63.90
Unincorporated Operating	209,760	1.92830	308.07
Library District	209,760	0.28400	45.37
Fire Rescue Operating	209,760	2.42070	386.73
Fire Rescue Debt Service	209,760	0.00750	1.20
Municipal Governing Board			

NON-AD VALOREM ASSESSMENTS	FOOTAGE/UNITS	AMOUNT
DEVELOPING AUTHORITY		
KENDALL BREEZE	4.4054	17.62
GARB, TRASH, TRC, RECYCLE	464.0000	464.00
KENDALL BREEZE SF RES	981.3900	981.39

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7359973

RECEIVED FROM Beatriz Suarez
ADDRESS 12362 SW 122 Place
Miami CITY STREET ADDRESS FL STATE 33186 ZIP

DATE 06 / 04 / 2018
MONTH DAY YEAR

CASH \$ _____

CHECKS \$ 100 . 00

TOTAL \$ 100 . 00

AMOUNT OF: one hundred DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee Community Council Area 11 / Sub Area 115

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

DEPT.: elections

By: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

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BEATRIZ SUAREZ
CAMPAIGN ACCOUNT
12362 S.W. 122ND PL.
MIAMI, FL 33186

1001

DATE June 1, 2018

PAY TO THE ORDER OF MIAMI-DADE COUNTY \$ 100 No/100

one hundred and No/100 DOLLARS

Bank of America

ACH R/T 063100277

FOR Qualifying Fee Community Council Area 11 SUB-AREA 115

Michael Jauben