

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: 06  
2018 APR 14 11:12

Proof of residency provided:

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

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Alex Diaz de la Poetilla

(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.)

am a candidate for the nonpartisan office of miami-dade county, 5  
(Office) (District/Group/Seat #)  
Commissioner

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109225804

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.]

Ah-lex Deeas - deh - lah - Poor-teeyah

X <u>[Signature]</u> Signature of Candidate	<u>(305) 325-1079</u> Telephone Number	<u>alexdlp1964@gmail.com</u> Email Address
<u>1519 SW 19 st</u> Address	<u>Miami</u> City	<u>FL 33145</u> State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 14<sup>th</sup> day of April, 2018.

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

Produced Identification:

Type of Identification Produced: FL Driver License

Anne Vanessa Innocent  
Signature of Notary Public

Print, Type, or Stamp Name of Notary Public: ANNE VANESSA INNOCENT  
Notary Public - State of Florida  
My Comm. Expires Jun 2, 2018  
Commission # FF 116919



**Florida** *The Sunshine State*  
DRIVER LICENSE CLASS E



[REDACTED]

ALEJANDRO MANUEL  
DIAZ DE LA PORTILLA  
1515 SW 19TH ST  
MIAMI, FL 33145-0000  
DOB: 08-25-1964 SEX: M  
ISSUED: 11-13-2014 HGT: 5-04  
EXPIRES: 08-25-2023  
YES  
ENDORSE:  
REPLACED: 06-04-2017

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RECEIVED

2018 APR 14 PM 12:06

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Diaz de la Portilla, Alex

MAILING ADDRESS:

1481 NW 22nd Street

CITY :

Miami

ZIP :

33142

COUNTY :

Miami-Dade

NAME OF AGENCY :

MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT

Miami-Dade County Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED  
 2018 APR 14 PM 12:06  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 17 was \$ 1,594,910.24.

**PART B -- ASSETS** *(cont. see attached.)*

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 30,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real property located at 1519 SW 19 Street Miami Fl 33145	\$580,000.00
Real property located at 1481 NW 22nd Street Miami Florida 33142	\$1,320,000.00
Real property located at 12000 SW 177 Avenue Miami Florida 33196	\$402,500.00
Charles Schwab I.R.A./Investment 1000 Brickell Avenue Miami Florida 33131	\$1460.24

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mr. Cooper 8950 Cypress Waters Blvd., Coppell Texas 75019	\$386000.00
Revocable HM Holdings LLC 135 San Lorenzo Avenue, Suite 740 Coral Gables Fl 33146	\$500,000.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

RECEIVED  
2018 APR 14 PM 12:06  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
First Stone Management LLC	1481 NW 22 Street Miami Fl. 33142	\$95,000.00

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 F - TRAINING**

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 14th day of

April, 2018 by Alex Diaz de la Pora Hill

UCOOEAS  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission of Notary Public)  
SANTA COLLAZO

Personally Known    
Type of Identification Produced  

[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

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

**PART B -- ASSETS CONTINUED**

Chase Bank, 2740 Coral Way, Miami Florida 33145	\$2200.00 apprx.
M.F.S./Mutual Fund PO Box 55824 Boston Mass 02205-5824	\$2750.00 apprx.
First Stone Management, LLC 1481 NW 22nd Street, Miami Fl 33142	FMV: \$150,000.00

RECEIVED

2018 APR 14 PM 12:06

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT