

**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
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Alfred Santamaria

(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 Commissioner, 10
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 116264765


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.]

AL-FRED SAN-TA-MA-REE-AH

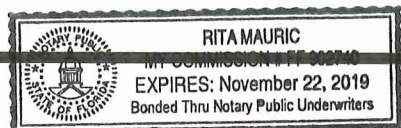
X		(786) 382-3135	alfred.santamaria.2016@gmail.com
	Signature of Candidate	Telephone Number	Email Address
	11905 SW 49 STREET	Miami FL 33175	
	Address	City State	ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of June, 20 18.

Personally Known: _____ or
Produced Identification: FDL 
Type of Identification Produced: _____


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



Florida *The Sunshine State*
DRIVER LICENSE CLASS E

[REDACTED]

ALFREDO MARIO
SANTAMARIA
11905 SW 49TH ST
MIAMI, FL 33175-5603
DOB: 04-01-1980 SEX: M
ISSUED: 07-05-2014 HGT: 5-11
EXPIRES: 04-01-2022
REST
ENDORSE
REPLACED: 08-28-2017

[Signature]

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

RECEIVED
2018 JUN 14 PM 12:30
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2017

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

RECEIVED
FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
SANTAMARIA - ALFREDO - MARIO

2018 JUN 14 PM 12:29
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

MAILING ADDRESS:
12420 SW 94 Lane

CITY : Miami ZIP : 33186 COUNTY : MIAMI-DADE

NAME OF AGENCY :
MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COMMISSIONER District 10

CHECK IF THIS IS A FILING BY A CANDIDATE

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 31st, 20 17 was \$ 7,000 dollars.

PART B -- ASSETS

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Car value	\$ 3,000
Bank Account	\$ 4,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Car loan (Ally Bank 6985 Union Park Center, Midvale UT 84047)	\$ 50,000 approx
School Loan - government Entity (Gullie Mae P.O. Box 3319 Wilmington DE 19804)	\$ 70,000 approx

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
EEI CORP.	1000 BRICKELL AVENUE MIAMI FL 33131	\$5,000 per Month
Strategic Consulting Advisors LLC	1395 BRICKELL MIAMI FLORIDA 33131	\$10,000 one payment

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
Iden P.A. Corp.	Consulting Corp.	13995 SW 144th Miami FL 33186	Consulting Corp

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			

RECEIVED
 2018 JUN 14 PM 11:29
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of

June, 20 18 by Alfred Santamaria

Rita Mauric
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FDL

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

