

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

OFFICE USE ONLY

(Do not use this form if a Judicial or School Board Candidate)

Proof of residency provided:

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Roberto Suarez Jr.

(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.)

I am a candidate for the nonpartisan office of MDC Commissioner, District 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): 109140577

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.]

ROW BER TOW SWA REZ JOON ER

X R. J. S.

(786) 496-2463 vote4suarez@gmail.com

Signature of Candidate

Telephone Number

Email Address

[Redacted Address]

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

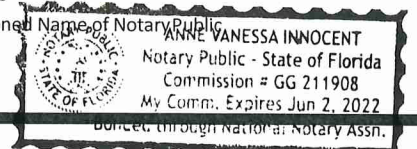
Personally Known: _____ or

Produced Identification:

Type of Identification Produced: _____

Anne Vanessa Innocent
Signature of Notary Public

Print, Type, or Stamp Commissioned





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ELECTIONS DEPARTMENT

OF FINANCIAL INTERESTS

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

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LAST NAME — FIRST NAME — MIDDLE NAME:

Suarez Roberto Jesus

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MAILING ADDRESS:

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CITY :

ZIP :

COUNTY :

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 \$ 647,000.

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 \$ 12,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
[REDACTED]	\$ 250,000
11270 NW 78 St. Doral, 33178	\$ 350,000
Bank accounts, Dade County Federal Credit Union (DCFCU) ; BB&T Miami, 33175	\$30,000
IRA's ; Ken Fisher and Raymond James	\$600,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
DCFCU 1500 NW 107 Ave, Miami	\$ 70,000
Nationstar Mortgage, P.O. Box 619063, Dallas, TX	\$325,000
PHH Mortgage Services, P.O. Box 5452, Mt. Laurel, NJ	\$200,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
State of Florida	P.O. Box 9000 Tallahassee, Fl.	\$128,000
Miami Dade County	P.O. Box 111 NW 1st Street	\$4,600

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			

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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 18th day of

June, 2018 by Roberto Jesus Suarez
Anne Vanessa Innocent
(Signature of Notary Public--State of Florida)

ANNE VANESSA INNOCENT
(Print, Type, or Stamp Commissioned Name of Notary Public--State of Florida)
Commission # GG 211908
My Comm. Expires Jun 2, 2022
Bonded through National Notary Assn

Personally Known _____ OR Produced Identification Florida Driver License
Type of Identification Produced Florida Driver License

R.J.S.
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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7722334

RECEIVED FROM Roberto Suarez Jr.

DATE 6 / 18 / 18
MONTH DAY YEAR

ADDRESS [REDACTED]

CASH \$ _____

STREET ADDRESS [REDACTED]

CHECKS \$ 360 . 00

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

AMOUNT OF: Three Hundred sixty — DOLLARS, AND xx/xx CENTS TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - M-DC Commissioner District 10

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
DEPT.: Elections BY: YOLANDA WASHINGTON

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

[REDACTED] 101

ROBERTO SUAREZ JR.
CAMPAIGN ACCOUNT

DATE 6-18-18

PAY TO THE ORDER OF MIAMI DADE COUNTY \$ 360⁰⁰/₁₀₀

Three Hundred Sixty ⁰⁰/₁₀₀ DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO Qualifying Fee #10
R. J. Suarez

[REDACTED]

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