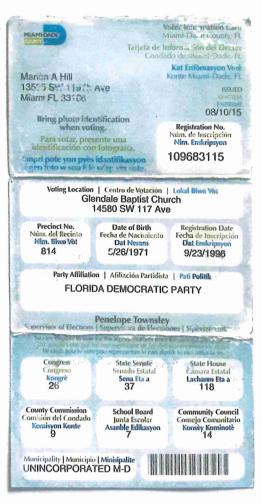
MIAMI-DADE COUNTY	OFFICE USE ONLY				
CANDIDATE OATH -	Proof of residency provided:				
NONPARTISAN OFFICE	Troof of residency provided				
(Do not use this form if a Judicial or School Board Candidate)	☑ Driver's License	Utility Bill			
Check box <i>only</i> if you are seeking to qualify as a write-in candidate	Voter Information Card	Homestead Exemption Receipt			
	Property Tax Receipt	Lease Agreement			
Write-in candidate		20			
CANDIDATE OATH (Section 99 021 Florida Statutes)					
(Section 99.021, Florida Statutes) Marlon Hill		Y2 Y2			
(Print name above as you wish it to appear on the ballot. If your (See page 2 – Compound Last Names). No change can be made after the ballot, the name must be printed above for oath purposes.)	ast name consists of two or more i				
am a candidate for the nonpartisan office ofMiami-D	ade County Commissioner	District 9			
	(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):					
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.] MAHR-luhn HIL					
x W Jahn till	05) 209-5583	marlon@marlonhill.com			
Signature of Candidate Te	ephone Number	Email Address			
13525 SW 119 Avenue M	ami Florid	la 33186			
Address Cit	State	ZIP Code			
STATE OF FLORIDA					
COUNTY OF Miemideale	SUST PUR	ANNE VANESSA INNOCENT			
Sworn to (or affirmed) and subscribed before me by physical	or X 英沙	Notary Public - State of Florida Commission # GG 211908 My Comm. Expires Jun 2, 2022			
online presence this 26th day of May	The second secon	ed through National Notary Assn.			
Personally Known:or	Anne Somess a	Innocent			
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissione	ed Name of NotaryPublic			
Type of Identification Produced: Their du Dairen Live ace	, . , , , , , , , , , , , , , , ,	,			





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2020 MAY 26 PM 1: 31

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6 FULL AND PUBLIC DISCLO	2019		
Please print or type your name, mailing address, agency name, and position below:	FOR OFFICE USE ONLY:		
LAST NAME — FIRST NAME — MIDDLE NAME:			
Hill Marlon Andrew			
MAILING ADDRESS: 13525 SW 119 Avenue			
	£11		
CITY: ZIP: COUNTY:	ZO M COLAN		
Miami 33186 Miami, Dade			
NAME OF AGENCY: Miami-Dade County	RECEIVI 2020 MAY 26 PM MIAMI-DADE COU LECTIONS DEPART		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	PAR		
Miami-Dade County Commissioner, District 9	72 - 111		
CHECK IF THIS IS A FILING BY A CANDIDATE	<u>@</u> ₹ 3		
PART A NET WORTH			
Please enter the value of your net worth as of December 31, 2019 or a more c	current date. [Note: Net worth is not cal-		
culated by subtracting your reported liabilities from your reported assets, so ple			
My net worth as of December 31, 20 19 was \$ -5	51.799.22		
wiy fiet worth as of, 20 was \$	•		
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 \$ $45,0$	000		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction			
Home - 13525 SW 119 Ave., Miami, Florida 33186	\$285,363		
Checking Account - Bank of America, 13701 SW 152nd Street, Miami, Fl	L 33177 \$1,229.84		
Savings Account - Bank of America, 13701 SW 152nd Street, Miami, FL			
PART C LIABILITIES			
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):			
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY		
NcwRez, PHH Mortgage, I Mortgage Way, Mt Laurel, NJ 08054	\$202,563.48		
AES (Student Loans), P.O. Box 61047, Harrisburg, PA 17106-1047	\$164,468.58		
Mini-Cooper Lease - BMW Financial Services, 5515 Parkcenter Cir., Dub	olin OH 43017 \$21,848.00		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY		
N/A			

		the second secon				
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 2019 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.						
	ny 2019 federal income tax re nd attach a copy of your 2019				Part D.]	
PRIMARY SOURCES OF INCO	OME (See instructions on pa	nge 5):				
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF	SOURCE OF INCOM	E	AMOUNT
Hamilton. Miller & Birtl	nisel, LLP	150 SE 2n	d A venue,	12th Floor, Mia	mi 33131	\$100,000
SECONDARY SOURCES OF I	NCOME [Major customers, cl	ents, etc., of bu	sinesses owne	d by reporting person-	see instruction	ons on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		- 2	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A		N/A	:	N/A	
					N/A	
The second se	PART E INTERESTS I	N SPECIFIE	D BUSINESS	SES (Instructions or	nage 61	
	BUSINESS ENTITY			S ENTITY # 2		NESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A				E 2	020
ADDRESS OF BUSINESS ENTITY	N/A				9.3	
PRINCIPAL BUSINESS	N/A				ONA	NO
ACTIVITY POSITION HELD				*	PAC	es III
WITH ENTITY I OWN MORE THAN A 5%	N/A		·		THE CO	-
INTEREST IN THE BUSINESS	N/A				35	
NATURE OF MY OWNERSHIP INTEREST	N/A		4		22	<u>e</u>
		PART F -	TRAINING			
T/A For office	ers required to complete	e annual ethi	cs training p	oursuant to section	112.3142	, F.S.
N/A	I CERTIFY THAT I H	AVE COM	PLETED T	HE REQUIRED	TRAININ	G.
0/	ATH		OF FLORIDA	2 /	-	
				mi Dock		
I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this						
and any that the information disclosed on this form						
and any attachments hereto is true, accurate						
and complete.					Commission # GG 211908	
1 10	(2)	(Oigital	are of Hotary I	abib ctate of Fiorida	Bond	My Comm. Expires Jun 2, 2022 ed through National Notary Assn.
Wall	Hell	(Print,	Type, or Stamp	Commissioned Name	of Notary Pu	ıblic)
11 /000		Person	ally Known	OR Prod	duced Identifi	cation
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	≣ Туре о	f Identification I	Produced Florido J	Driven Lie	ense
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						
Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.						
Signatu	ro		-		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						
IF ANY OF PARTS A	A THROUGH E ARE CO	JULINOED	UN A SEPA	KALE SHEEL, PL	LASE CHI	



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7900459

COUNTY	,				
	RECEIVED FROM Monlon Holl	Date_	5_1.	26 / DAY	2026
	Acouse 146 a Diskall Da con-		MONTH		
	Address 1450 Ball Kell Ave 18 7	CASH	\$		
	STREET ADDRESS TL 35	3/3/ CHECK	s \$	360	ر » . ـــــ •
	CITY STATE	ZIP			ن د
AMOUNT OF	: These Hundred Sixty Dollars, AND Zero	cents Total	\$	360	
For Paymen	NT OF: Chally young Fee - County Commussionen	District 9			
THIS RECE	EIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED	BY AUTHORIZ	ED EMPLO	YEE OF DEF	ARTMENT
DEPT.:	lections Br: A	Chancesso	mmcc.	Y	
· ·	FICE USE ONLY	7 11			
Trans	SUBSIDIARY INDEX CODE	Subobject		Amount	
107.01-1 6/04					
		THE THE PARTY OF T	Medicine solution	Silver and Physics	
	MARLON HILL CAMPAIGN ACCOUNT			1	1240
	1450 BRICKELL AVE 18TH FL MIAMI, FL 33131		1 , ,	e e	
		DATE	26/20		CHECK ARMO
		/			
	PAY TO THE OBDER OF Marin- Jade County	**************************************	1 :	\$3/1	
	Officer of Marian Jacks				
	Three Humand & Sivly		bo	DOLLARS	Photo Safe Deposit [®] Details on bac
	& City National Bank				
	A BCI FINANCIAI GROUP	Q	W		* * * * * * * * * * * * * * * * * * *
FOR F	canty Commission District9		lon/		IVP
	county Commission Districty	- The state of the	P	THE PARTY OF THE P	AND THE PROPERTY OF THE PARTY O

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MIAMI-DADE COUNTY