

**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, XAVIER L. 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.)

am a candidate for the nonpartisan office of MAYOR OF MIAMI-DADE COUNTY,  
(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): 109120774

**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.]

XAVIER L. SUAREZ

<b>X</b> 	<b>(305) 496 8484</b>	<b>XAVIER.SUAREZSO@AOL.COM</b>	
<b>Signature of Candidate</b>	<b>Telephone Number</b>	<b>Email Address</b>	
<u>145 S.E. 25 RD #1102</u>	<u>MIAMI</u>	<u>FL</u>	<u>33129</u>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

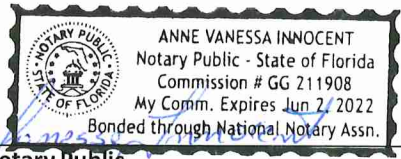
**STATE OF FLORIDA**  
**COUNTY OF** Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical  or online  presence this 26<sup>th</sup> day of May, 2020.

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

Produced Identification:

Type of Identification Produced: Florida Driver License



Anne Vanessa Innocent  
**Signature of Notary Public**  
 Print, Type, or Stamp Commissioned Name of Notary Public



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

XAVIER LOUIS  
SUAREZ  
145 SE 25 RD APT 1102  
MIAMI, FL 33129-2500  
DOB: 05-21-1949 SEX: M  
ISSUED: 07-26-2017 HGT: 6-00  
EXPIRES: 05-21-2025  
REST. A  
ENDORSE:

*XLS*

ORGAN DONOR

SAFE DRIVER

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

RECEIVED

2020 MAY 26 AM 11:44

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:

RECEIVED  
2020 MAY 26 AM 11:45  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

SUAREZ XAVIER LOUIS

MAILING ADDRESS:

145 S.E. 25 RD # 1102

CITY:

MIAMI

ZIP:

33129

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI-DADE COUNTY MAYOR

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, 2019 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 MAY 26, 2020 was \$ \$783,000 APPROX.

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 \$ 25,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

145 S.E. 25 RD # 1102 MIAMI, FL. 33129	600,000.
CONDO @ 2625 COLLINS AVE # 1103 MIAMI BEACH FL 33140	450,000.
CONDO @ 2555 COLLINS AVE # 1002 MIAMI BEACH FL 33140	550,000
2016 MERCEDES C300 * EQUITY: APPROX \$4,000.	4,000.

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

MIAMI-DADE CO. RETIREMENT FUND - 111 NW 1ST ST. MIAMI, FL. 5	125,000.
MR COOPER 8950 CYPRESS WATERS BLVD APT TX 75019	225,000
BANK AMERICA DALLAS TX	255,000 / 30,000
AMERANT 7010 CORALWAY MIAMI, FL 33155	85,000
OCWEN 1661 WORTHINGTON RD STE 100 WEST PALM BEACH FL 33409	355,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

AMEX 4315 SOUTH 2700 WEST SALT LAKE CITY UTAH 84124	10,000
IBS 51 SW 1ST AVE, MIAMI, FL. 33130	11,000

\* MERCEDES C300 FINANCED BY: MERCEDES FINANCE: PO BOX 685 ROANOKE VA 76262

**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.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2019 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
LAW OFFICE OF XAVIER SUAREZ	145 S.E. 25 <sup>th</sup> ST #1162 THRU FL. 33129	100,000 Approx.
THRU - DADR COURT	111 NW 1ST ST. Miami FL. 33128	6,000 SALARY + 24,000 BOND FEE

**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
U.S SOCIAL SECURITY	WASHINGTON, D.C. 20220	U.S Dept of TREASURY 1500 PENN. AVE. N.W.	RETIREMENT

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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

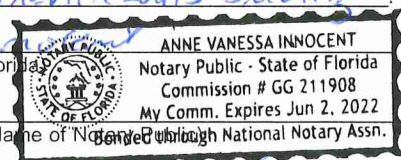
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 26<sup>th</sup> day of

May, 2020 by Xavier Louis Suarez

(Signature of Notary Public--State of Florida)

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



[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced Florida Driver License

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. 7900461

RECEIVED FROM Xavier Suarez

DATE 5 / 26 / 2020  
MONTH DAY YEAR

ADDRESS 2600 S Douglas Rd Suite 800  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Coral Gables CITY FL STATE 33134 ZIP

CHECKS \$ 2,800.00

AMOUNT OF: Two Thousand Eight Hundred DOLLARS, AND 00 CENTS

TOTAL \$ 2,800.00

FOR PAYMENT OF: Qualifying Fees - County Mayor

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

DEPT.: Elections

BY: Stephane J. Amant

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

**XAVIER SUAREZ CAMPAIGN ACCOUNT**  
2600 S DOUGLAS RD, SUITE 800  
CORAL GABLES, FL 33134

OCEAN BANK  
780 N.W. 42ND AVE., SUITE 603  
MIAMI, FLORIDA 33126

1027

CHECK AMOUNT

5/26/2020

PAY TO THE ORDER OF Miami-Dade County Elections Department

\$ 2,800.00

Two Thousand Eight Hundred and 00/100\*\*\*\*\*

DOLLARS

Miami-Dade County Elections Department  
2700 NW 87th Avenue  
Doral, FL 33172

MEMO

Qualifying Fees

*Stephane J. Amant*  
AUTHORIZED SIGNATURE

RECEIVED  
2020 MAY 26 PM 4:40  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT