

**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

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 2020 JUN -5 AM 11:05
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Elvis R. Maldondo

(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, 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): 109389379

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.]
elvis mældəno

X	<u>Elvis R. Maldondo</u>	<u>(305) 316-7520</u>	<u>elvismia@gmail.com</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>1412 SE 23rd Dr.</u>	<u>Homestead</u>	<u>FL 33035</u>
	Address	City	State ZIP Code

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 4th day of June, 2020.

Personally Known: _____ or


Produced Identification:



Type of Identification Produced: Drivers license



Lendy Pacheco
 COMMISSION # GG274432
 EXPIRES: Dec. 4, 2022
 Bonded Thru Aaron Notary

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

Florida DRIVER LICENSE  CLASS E



1 MALDONADO
2 ELVIS RAY
3 1412 SE 23RD DR
HOMESTEAD, FL 33035-2223
4a DOB 05/24/1973 5a SEX M
4b EXP 05/24/2025 6a HGT 6'-03"
12 REST NONE 9a END NONE

4a ISS 07/10/2017
5DD [REDACTED]
REPLACED 01/13/2020

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

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Maldonado Elvis Ray

MAILING ADDRESS:
 1412 SE 23rd Drive

CITY: Homestead, FL ZIP: 33035 COUNTY: Miami Dade

NAME OF AGENCY:
 Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Miami-Dade County Commissioner District 9

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 December 31, 20 19 was \$ 16,000.

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 \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Checking and savings account - Jp Morgan Chase	6,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 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
City of Homestead	100 Civic Court Homestead, FL 33030	\$28,760
My Potted Plant, LLC	17960 SW 232 STREET, Miami, FL 33170	\$7,350

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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	My Potted Plant, LLC		
ADDRESS OF BUSINESS ENTITY	7960 SW 232 St, Miami FL		
PRINCIPAL BUSINESS ACTIVITY	Agriculture		
POSITION HELD WITH ENTITY	AMBR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Working Partnership		

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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

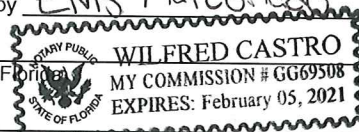
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 5 day of

JUNE, 2020 by Elvis Maldonado

(Signature of Notary Public--State of Florida)



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

Elvis Maldonado
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

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



Residential Lease for Single Family Home or Duplex (FOR A TERM NOT TO EXCEED ONE YEAR)

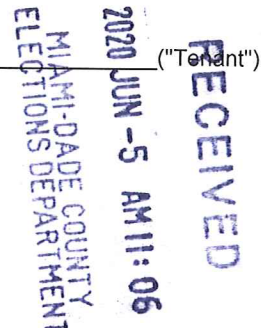
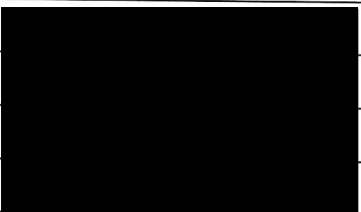
A BOX () OR A BLANK SPACE () INDICATES A PROVISION WHERE A CHOICE OR DECISION MUST BE MADE BY THE PARTIES.

THE LEASE IMPOSES IMPORTANT LEGAL OBLIGATIONS. MANY RIGHTS AND RESPONSIBILITIES OF THE PARTIES ARE GOVERNED BY CHAPTER 83, PART II, RESIDENTIAL LANDLORD AND TENANT ACT, FLORIDA STATUTES. A COPY OF THE RESIDENTIAL LANDLORD AND TENANT ACT IS ATTACHED TO THIS LEASE.

1. PARTIES. This is a lease (the "Lease") between SANTOS PORTILLO
(name and address of owner of the property)

[Redacted] ("Landlord") and
[Redacted] & ELVIS RAY MALDONADO
(name(s) of person(s) to whom the property is leased)

Landlord's E-mail Address: _____
Landlord's Telephone Number: _____
Tenant's E-mail Address: _____
Tenant's Telephone Number: _____



2. PROPERTY RENTED. Landlord leases to Tenant the land and buildings located at _____
(street address)
1412 SE 23rd Dr, Homestead FL, Florida 33035
(zip code)

together with the following furniture and appliances [List all furniture and appliances. If none, write "none."] (In the Lease, the property leased, including furniture and appliances, if any, is called the "Premises"):

WASHER AND DRYER, REFRIGERATOR, DISHWASHER, MICROWAVE, STOVE AND GARBAGE DISPOSAL.

The Premises shall be occupied only by the Tenant and the following persons: _____

3. TERM. This is a lease for a term, not to exceed twelve months, beginning on November 1, 2019 and ending October 31, 2020 (the "Lease Term").
(month, day, year) (month, day, year)

4. RENT PAYMENTS, TAXES AND CHARGES. Tenant shall pay total rent in the amount of \$2,300.00 (excluding taxes) for the Lease Term. The rent shall be payable by Tenant in advance in installments or in full as provided in the options below:

in installments. If in installments, rent shall be payable
 monthly, on the 1ST day of each month (if left blank, on the first day of each month) in the amount of \$2,300.00 per installment.

OR

weekly, on the _____ day of each week (If left blank, on Monday of each week.) in the amount of \$ _____ per installment.

in full on _____ in the amount of \$ _____ (date)

Tenant [Signature] and Landlord [Signature] acknowledge receipt of a copy of this page, which is Page 1 of 18.



Approved on April 15, 2010, by the Supreme Court of Florida, for use under rule 10-2.1(a) of the Rules Regulating the Florida Bar.
Serial#: 068168-700156-9259475



Tenant shall also be obligated to pay taxes on the rent when applicable in the amount of \$ _____ with each rent installment with the rent for the full term of the Lease. Landlord will notify Tenant if the amount of the tax changes.

Payment Summary

If rent is paid in installments, the total payment per installment including taxes shall be in the amount of \$ 27,600.00.

If rent is paid in full, the total payment including taxes shall be in the amount of \$ _____.

All rent payments shall be payable to SANTOS PORTILLO at 3304 W 90TH STREET Hialeah Gardens FL 33018 (name) (address). (If left blank, to Landlord at Landlord's address.)

If the tenancy starts on a day other than the first day of the month or week as designated above, the rent shall be prorated from _____ through _____ in the amount of \$ _____ shall be due on _____ (date) (date) (date). (If rent paid monthly, prorate on a 30-day month.)

Tenant shall make rent payments required under the Lease by (choose all applicable) cash, personal check, money order, cashier's check, or other _____ (specify). If payment is accepted by any means other than cash, payment is not considered made until the other instrument is collected.

If Tenant makes a rent payment with a worthless check, Landlord can require Tenant to pay all future payments by money order, cashier's check, or official bank check or cash or other (specify) _____ and to pay bad check fees in the amount of \$ 35.00 (not to exceed the amount prescribed by Section 68.065, Florida Statutes).

5. MONEY DUE PRIOR TO OCCUPANCY. Tenant shall pay the sum of \$ 6,900.00 in accordance with this paragraph prior to occupying the Premises. Tenant shall not be entitled to move in or to keys to the Premises until all money due prior to occupancy has been paid. If no date is specified below, then funds shall be due prior to Tenant occupancy. Any funds designated in this paragraph due after occupancy, shall be paid accordingly. Any funds due under this paragraph shall be payable to Landlord at Landlord's address or

to SANTOS PORTILLO (name) at 3304 W 90TH STREET Hialeah Gardens FL 33018 - Account Number [REDACTED] (address)

First <input checked="" type="checkbox"/> month's <input type="checkbox"/> week's rent plus applicable taxes	\$ <u>2,300.00</u>	due	<u>11/1/2019</u>
Prorated rent plus applicable taxes	\$ _____	due	_____
Advance rent for <input type="checkbox"/> month <input type="checkbox"/> week of _____ plus applicable taxes	\$ _____	due	_____
Last <input checked="" type="checkbox"/> month's <input type="checkbox"/> week's rent plus applicable taxes	\$ <u>2,300.00</u>	due	<u>11/1/2019</u>
Security deposit	\$ <u>2,300.00</u>	due	<u>9/23/19</u>
Additional security deposit	\$ _____	due	_____
Security deposit for homeowners' association	\$ _____	due	_____
Pet Deposit	\$ _____	due	_____
Other _____	\$ _____	due	_____
Other _____	\$ _____	due	_____

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Tenant ZRM and Landlord (SAR) (_____) acknowledge receipt of a copy of this page, which is Page 2 of 18.



6. LATE FEES. (Complete if applicable) In addition to rent, Tenant shall pay a late charge in the amount of \$100.00 (If left blank, 4% of the rent payment) for each rent payment made 5 days after the day it is due (if left blank, 5 days if rent is paid monthly, 1 day if rent is paid weekly).

7. PETS AND SMOKING. Unless this box [] is checked or a pet deposit is paid, Tenant may not keep pets or animals on the Premises. If Tenant may keep pets, the pets described in this paragraph are permitted on the Premises.

(Specify number of pets, type(s), breed, maximum adult weight of pets.)

Unless this box [] is checked, no smoking is permitted in the Premises.

8. NOTICES.

SANTOS PORTILLO

is Landlord's Agent. All notices must be sent to

[X] Landlord (786) 281-7724 at santomas90@hotmail.com

[] Landlord's Agent at

unless Landlord gives Tenant written notice of a change. All notices of such names and addresses or changes thereto shall be delivered to the Tenant's residence or, if specified in writing by the Tenant, to any other address. All notices to the Landlord or the Landlord's Agent (whichever is specified above) shall be given by U.S. mail or by hand delivery.

Any notice to Tenant shall be given by U.S. mail or delivered to Tenant at the Premises. If Tenant is absent from the Premises, a notice to Tenant may be given by leaving a copy of the notice at Premises.

9. UTILITIES. Tenant shall pay for all utilities services during the Lease Term and connection charges and deposits for activating existing utility connections to the Premises except for THOSE INCLUDED ON THE HOA, that Landlord agrees to provide at Landlord's expense (If blank, then "NONE").

10. MAINTENANCE. Landlord shall be responsible for compliance with Section 83.51, Florida Statutes, and shall be responsible for maintenance and repair of the Premises, unless otherwise stated below: (Fill in each blank space with "Landlord" for Landlord or "Tenant" for Tenant, if left blank, Landlord will be responsible for the item):

Landlord/Tenant	Landlord/Tenant	Landlord/Tenant	Landlord/Tenant
[X] [] roofs	[X] [] windows	[X] [] screens	[X] [] steps
[X] [] doors	[X] [] floors	[X] [] porches	[X] [] exterior walls
[X] [] foundations	[X] [] plumbing	[X] [] structural components	[X] [] locks and keys
[X] [] heating	[] [X] hot water	[] [X] running water	[X] [] smoke detection devices
[X] [] electrical system	[X] [] cooling	[X] []	
[] [X] garbage removal/ outside receptacles			
[] [X] extermination of rats, mice, roaches, ants and bedbugs			
[X] [] extermination of wood-destroying organisms			
[] [X] lawn /shrubbery	[X] [] pool/spa/hot tub		
[] [X] water treatment	[] [X] filters (specify)		MUST CHANGE AC FILTER MONTHLY.
[X] [] ceilings	[] [X] interior walls		
[] [] Other (specify)			MUST CUT/ MAINTAIN THE GRASS REGULARLY.

Tenant shall notify SANTOS PORTILLO at 3304 (name) (address)

(if left blank, Landlord at Landlord's address) and (786) 281-7724 of maintenance and repair requests. (telephone number)

11. ASSIGNMENT. Unless this box [] is checked, Tenant may not assign the Lease or sublease all or any part of the Premises without first obtaining the Landlord's written approval and consent to the assignment or sublease.

12. KEYS AND LOCKS. Landlord shall furnish Tenant

2 # of sets of keys to the dwelling
1 # of mail box keys
1 # of garage door openers

Tenant [Signature] and Landlord (SAR) acknowledge receipt of a copy of this page, which is Page 3 of 18.



If there is a homeowners' association, Tenant will be provided with the following to access the association's common areas/facilities:

of keys to _____
of remote controls to _____
of electronic cards to _____
other (specify) to _____

At end of Lease Term, all items specified in this paragraph shall be returned to SANTOS PORTILLO (name)
at 3304 W 90TH STREET Hialeah Gardens FL 33018 (address) (If left blank, Landlord at Landlord's address).

13. LEAD-BASED PAINT. Check and complete if the dwelling was built before January 1, 1978. **Lead Warning Statement** (when used in this article, the term Lessor refers to Landlord and the term Lessee refers to Tenant).

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, Lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

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REVENUE

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint or lead-based paint hazards (check (i) or (ii) below):
(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain _____)

(ii) Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.
_____ (b) Records and reports available to the Lessor (check (i) or (ii) below):
(i) Lessor has provided the Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below) _____

(ii) Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

_____ (c) Lessee has received copies of all information listed above.
_____ (d) Lessee has received the pamphlet **Protect Your Family From Lead in Your Home**.

Agent's Acknowledgment (initial)

_____ (e) Agent has informed the Lessor of the Lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Santos A Portillo

Elvis Ray Maldonado Date _____
dotloop verified 09/27/19 9:15 AM EDT T11T-ZROW-CXJN-XB13

Lessor's signature Date _____

Lessee's signature Date _____
Luz Abreu 09/24/2019
Agent's signature Date _____

Lessee's signature Date _____

Agent's signature Date _____

14. SERVICEMEMBER. If Tenant is a member of the United States Armed Forces on active duty or state active duty or a member of the Florida National Guard or United States Reserve Forces, the Tenant has rights to terminate the Lease as provided in Section 83.682, Florida Statutes, the provisions of which can be found in the attachment to this Lease.

Tenant ERM and Landlord SAP (_____) acknowledge receipt of a copy of this page, which is Page 4 of 18.

