MIAMI-DADE COUNTY	OFFICE USE ONLY					
CANDIDATE OATH –	Proof of residency provided:					
NONPARTISAN OFFICE	Proof of residency president	e y				
(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 ☐ Property Tax Receipt	Homestead Exemption Receipt Lease Agreement				
☐ Write-in candidate						
	the end of qualifying. Although a wri	ite-in candidate's name is not printed on				
(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.  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 have read the foregoing Dath of Candidate and that the facts stated in such are true.						
Candidate's Florida Voter Registration Number (located on you	ır voter informationcard):l	09190145				
Phonetic spelling for audio ballot: Print name phonetically on the may be used by persons with disabilities (see instructions on page RAFAEL RALPH SUBREZ						
) ) ) ) ) )	5) 200 -7567 RALI phone Number	PNO SUAREZ 2020, cong Email Address				
Address City	State	ZIP Code				
SWORN to (or affirmed) and subscribed before me by physical or online presence this	MY CONTROL EXP	ILFRED CASTRO COMMISSION # GG69508 PIRES: February 05, 2021				
Personally Known:or Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned N	Name of NotaryPublic				
Type of Identification Produced:		,				



Voter Information Card Miami-Dade County, FL

Tarjeta de Información del Elector Condado de Miami-Dade, FL

Kat Enfòmasyon Votè Konte Miami-Dade, FL

08/14/15

Registration No. Núm. de inscripción Ním. Enskripsyon

109190145

Bring photo identification when voting.

Rafael Octavio Suarez

Para votar, presente una identificación con lotografía.

Tanpri pete yon pyès idantifikasyon ki gen foto w sou li le w'ap vin vote.

Voting Location | Centro de Votación | Lokal Biwo Vot

Devon Aire K-8 Center 10501 SW 122 Ave

Precinct No. Núm. del Recinto Nim. Biwo Vôt 711

Date of Birth Fecha de Nacimiento Dat Nesans 11/20/1959

Registration Date Fecha de Inscripción Dat Enskripsyon 9/26/1990

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley
Supervisor of Elections | Supervisor de Electiones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.

Left puede votar por los representantes de los distritos enumerados abajo.

W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress Congreso Kongrè 26

State Senate Senado Estatal Sena Eta a 37

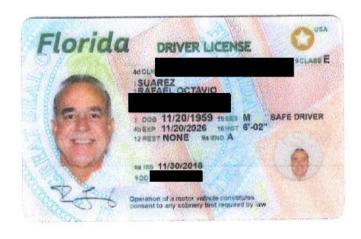
State House Cámara Estatal Lachanm Eta a 118

**County Commission** Comision del Condado Komisyon Konte

School Board Asanble Edikasyon Community Council Consejo Comunitario Konsey Kominote 11

Municipality | Municipio | Minisipalite UNINCORPORATED M-D





FORM 6 FULL AND PUBLIC DISCLOSURE	2019
	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Suarez Rafael Octavio	m
MAILING ADDRESS:	E 202
The state of the s	38 2 Z
	RECEIVED  JUN-I PM I:  IAMI-DADE COUNT CTIONS DEPARTM
CITY: COUNTY:	- m
	Po P <
NAME OF AGENCY: Miami-Dade County	RECEIVED  2020 JUN - 1 PM 1: 36  MIAMI-DADE COUNTY LECTIONS DEPARTMEN
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner-District 7	36
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: N	let worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so please see the instruction	ons on page 3.]
My net worth as of, 20 was \$	
Wiy flet worth as of, 25, 75	
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 call following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.  10,000	tegory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is \$	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	VALUE OF ASSET
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	10,000
2005 Catavene Boat	3000
2010 A/B Boat	
Real Property, Seebring, Florida	10,000
(see back of document for additional)	
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	AMOUNT OF LIABILITY
Tropical Financial Credit Union 10510 500 88 51 MIDM FL 33186	17,513
Tropical Financial Credit Union (2017 Dodge) 10510 5W 885 MIA FUSS186	27,549
	151,544
Bank of the West (Boat Loan) 180 MONTCOMERY S JIN FRONCISCO CA.	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR  Niggon Infinity (Valuate Logn) 20 Co. (Co. 2020 2010 AC EV 2007	22,000
Nissan-Infinity (Vehicle Loan) Po Box 660577 Daws Tx. 75266-0577	389,000
Flagstar (Home Loan) 301 WEST MICHIGAN AVE. 4501 JOCKSON, MI, Costco Credit Card / CITIBANK 8750 NW 36 ST MIANTI FL 33178	5000

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						
SEF ATTACHES						
SECONDARY SOURCES OF IN	COME (Major customers, cli	ents, etc., of busin	nesses owned by reporting person-	see instructions on page 5]:		
NAME OF	NAME OF MAJOR	R SOURCES	ADDRESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
BUSINESS ENTITY	OF BUSINESS	INCOME	OF SOURCE	ACTIVITY OF SOURCE		
P.	ART E INTERESTS I	N SPECIFIED	BUSINESSES [Instructions on	page 6]		
	BUSINESS ENTITY		BUSINESS ENTITY # 2	BUSINESS, ENTITY #3		
NAME OF BUSINESS ENTITY	BA MOM TIM	E cuoraen	3	2020 LEC		
ADDRESS OF BUSINESS ENTITY				=== ~ ~		
PRINCIPAL BUSINESS	BOAT CHANTE	16		M.D.A.		
ACTIVITY POSITION HELD	PRESIDENT	3		200 - m		
I OWN MORE THAN A 5%				BO 0		
INTEREST IN THE BUSINESS NATURE OF MY	Mes.			35 - 171		
OWNERSHIP INTEREST	Pres 10 ent			7 6		
520		PART F - TI				
	경기 가는 경기가 된 경기를 만나 이번에 본 아이지만 하는데 되었다. 이번 이번 이번 시간을 받는데 없다.		s training pursuant to section _ETED THE REQUIRED <sup>-</sup>			
	CERTIFY THAT I		LETED THE REGUIRED	RAINING.		
0.4			and the state of t			
O A	TH	COUNTY	of Many Do	di-		
I, the person whose name app		COUNTY Sworn to	OF (or affirmed) and subscribed before	me by means of		
I, the person whose name app beginning of this form, do depo	ears at the se on oath or affirmation	COUNTY Sworn to	of Many Do	me by means of day of		
I, the person whose name app beginning of this form, do depo and say that the information di	ears at the use on oath or affirmation aclosed on this form	COUNTY Sworn to	OF (or affirmed) and subscribed before	me by means of jon, this 2nd day of		
I, the person whose name app beginning of this form, do depo and say that the information di- and any attachments hereto is	ears at the use on oath or affirmation aclosed on this form	Sworn to physic	(or affirmed) and subscribed before cal presence or □ online notarization.	me by means of day of the Suaver		
I, the person whose name app beginning of this form, do depo and say that the information di	ears at the use on oath or affirmation aclosed on this form	Sworn to physic	(or affirmed) and subscribed before cal presence or ☐ online notarization. 20 ☐ by ☐ of Notary Public—State of Florida)	on, this 2nd day of		
I, the person whose name app beginning of this form, do depo and say that the information di- and any attachments hereto is	ears at the use on oath or affirmation aclosed on this form	Sworn to physic (Signatur	(or affirmed) and subscribed before cal presence or ☐ online notarization of Notary Public—State of Florida	KAREN BRENT  JENOTEN OF Florida		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.	ears at the use on oath or affirmation sclosed on this form true, accurate,	Sworn to physic (Signatur (Print, Ty	(or affirmed) and subscribed before cal presence or ☐ online notarizate.  20  by	KAREN BRENT  HENOTALIST FORTHUM IC - State of Florida Commission # GG 267408  USed INEKNITERIGINE SOCT 15, 2022		
I, the person whose name app beginning of this form, do depo and say that the information di- and any attachments hereto is	ears at the use on oath or affirmation sclosed on this form true, accurate,	COUNTY Sworn to Physic (Signatur (Print, Ty Personal	(or affirmed) and subscribed before cal presence or ☐ online notarizate.  20  by	KAREN BRENT  JENOTALIST FORTISSION # GG 267408		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.  SIGNATURE OF REPORTING	ears at the use on oath or affirmation sclosed on this form true, accurate,	(Signatur  (Print, Ty  Personal	(or affirmed) and subscribed before cal presence or □ online notarization.  20 □ by □  e of Notary Public—State of Florida  pe, or Stamp Commissioned Name  y Known □ OR Prede	KAREN BRENT  DENOITED TO THE PROPERTY OF NOTATION OF THE PROPERTY OF THE PROPE		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.  SIGNATURE OF REPORTING	ears at the use on oath or affirmation sclosed on this form true, accurate,	(Signatur  (Print, Ty  Personal	(or affirmed) and subscribed before cal presence or □ online notarization.  20 □ by □  e of Notary Public—State of Florida  pe, or Stamp Commissioned Name  y Known □ OR Prede	KAREN BRENT  HENOLALY POUR HIGHER - State of Florida Commission # GG 267408  USed INTERNATIONAL OCT 15, 2022		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.  SIGNATURE OF REPORTING	ears at the use on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE  licensed under Chapter 4 ang statement:	COUNTY Swøm to Inphysic (Signatur (Print, Ty Personal Type of le	(or affirmed) and subscribed before cal presence or online notarizate of Notary Public—State of Floridal pe, or Stamp Commissioned Name of Known OR Produced or good standing with the Florida Be CE Form 6 in accordance with A	KAREN BRENT  JENOTAL STATE OF Florida Commission # GG 267408 Uted Identification prices Oct 15, 2022 Bonded through National Notary Assn.  Far prepared this form for you, he or  Art. II, Sec. 8, Florida Constitution,		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.  SIGNATURE OF REPORTING	ears at the use on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE  licensed under Chapter 4 ang statement:	COUNTY Swøm to Inphysic (Signatur (Print, Ty Personal Type of le	(or affirmed) and subscribed before cal presence or online notarizate of Notary Public—State of Floridal pe, or Stamp Commissioned Name of Known OR Produced or good standing with the Florida Be CE Form 6 in accordance with A	KAREN BRENT  JENOIS FOR THE STATE OF Florida Commission # GG 267408  USed Identification # GG 267408  USed Identification # Society Assn.  Dear prepared this form for you, he or		
I, the person whose name app beginning of this form, do depo and say that the information dia and any attachments hereto is and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following section 112.3144, Florida Sta	ears at the use on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE  licensed under Chapter 4 ang statement:	COUNTY Swøm to Inphysic (Signatur (Print, Ty Personal Type of le	(or affirmed) and subscribed before cal presence or online notarizate of Notary Public—State of Floridal pe, or Stamp Commissioned Name of Known OR Produced or good standing with the Florida Be CE Form 6 in accordance with A	KAREN BRENT  JENOTAL STATE OF Florida Commission # GG 267408 Uted Identification prices Oct 15, 2022 Bonded through National Notary Assn.  Far prepared this form for you, he or  Art. II, Sec. 8, Florida Constitution,		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following the section 112.3144, Florida State and correct.  Signature Signatur	ears at the see on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE  licensed under Chapter 4 and statement:  tutes, and the instructions	COUNTY Sworn to Physic (Signatur (Print, Ty Personal Type of le 73, or attorney ir	(or affirmed) and subscribed before cal presence or online notarizated. 20 by e of Notary Public—State of Floridal pe, or Stamp Commissioned Name y Known OR Produced e good standing with the Florida Be CE Form 6 in accordance with An my reasonable knowledge and	KAREN BRENT  THE Notal of Provide Library Assume the Commission # GG 267408  The Commi		
I, the person whose name app beginning of this form, do depo and say that the information did and any attachments hereto is and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following the section 112.3144, Florida State and correct.  Signature Signatur	ears at the see on oath or affirmation sclosed on this form true, accurate,  OFFICIAL OR CANDIDATE  licensed under Chapter 4 and statement:  tutes, and the instructions	COUNTY Sworn to Physic (Signatur (Print, Ty Personal Type of le 73, or attorney ir	(or affirmed) and subscribed before cal presence or online notarizated. 20 by e of Notary Public—State of Floridal pe, or Stamp Commissioned Name y Known OR Produced e good standing with the Florida Be CE Form 6 in accordance with An my reasonable knowledge and	KAREN BRENT  THE Notal of Probling it: - State of Florida Commission # GG 267408  Unded Identification it: 50 267408  Bonded through National Notary Assn.  For prepared this form for you, he or Art. II, Sec. 8, Florida Constitution, belief, the disclosure herein is true		

## Part B Assets:

Forester Financial Mutual Funds:	\$114,220.47
Ameritas Deferred Plan:	\$154,418.97
Athene Annuity Retirement:	\$319,144.32
Real Property Miami:	\$617,000.00

MECEIVED 2020 JUN-1 PM 1:36 Copy B To be Filed with Employee's OMB No. 2019 FEDERAL Tax Return. other comp. 128,674.34 17,429.37 132,900.00 8,239.84 4 Social security tax withheld b Employer's ID number 2,117.16 146,012.75 5 Medicare w Employer's name, address, and ZIP code CITY OF MIAMI GARDENS 18605 NW 27 AVE MIAMI GARDENS, FL 33056 d Control number e Employee's name, address, and ZIP code RAFAEL O. SUAREZ 7 Social security tips 8 Allocated tips 0.00 See inst. for box 12 4,013.58 11 Nonqualified plans 12a Code 10 Dependent care benefits C 12b Code 14 Other 13 Statutory employee 13,012.76 G 600.08 CELL 12c Code Retirement plan 4,325.65 FRS 414(H) 19,172.40 DD Third-party sick pay 12d Code 17 State income tax 15 State Employer's state ID# 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1747 47

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement

Copy C for Employee's Records		S	2019 OMB No	
a Employee's social secur	ty number 1 Wages, tip	os, other comp. 128,674.34	2 Federal income tax withheld 17,429.37	
b Employer's ID number	3 Social co	132,900.00 urity wages	8,239,84 4 Social security tax withheld	
Zampioyer a no nomine.		146,012.75 wages and tips	2,117.16	
18605 NW 27 AV MIAMI GARDEN d Control number	S, FL 33056			
	The second secon		being furnished to the	
RAFAEL O. SUA	REZ 8 Allocate	ed tips	being furnished to the HES. I I you are required to file a tax return, a regiffence penalty or imposed en you'll this imposed en you'll this income is taxable and you fall to report it	
7 Social security tips	8 Allocate	0.00	IRS, if you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report if	
	8 Allocate	ed tips 0.00	IRS, if you are required to file a tax return, a respligance penalty of other sanction may be imposed on you if this income is taxable and you tall to report if the control of the contro	
7 Social security tips 10 Dependent care benefit 13 Statutory employee	8 Allocate	0.00	ISS. If you are required to file a tax return. a regligence penalty or other sanction may be imposed on you if this income is tazable and you fall to report if C 4,013.58  12b Code G 13,012.76	
7 Social security tips	8 Allocate s 11 Nonqui	0.00	ISS. If you are required to file a tax return. a regifigence penalty of other sanction may be imposed on you if this income is tazable and you fall to report if the control of the contro	
7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan	8 Allocate 11 Nonqui 4 Other CELL	0.00 atified plans	ISS, if you are required to file a tax return. a regigence penalty or other sanction may be imposed on you if this income is taxable and you tall to report if C 4,013.58  12a Code See inst. for box 12 C 4,013.58  12b Code G 13,012.76	
7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan	4 Other CELL FRS 414(H)	0.00 atified plans	Ids. if you are required to file a tax return. a repfigence penalty or other sanction may be imposed on you if this income is taxable and you fall to report if C 4,013.58  12a Code See inst. for box 12 C 4,013.58  12b Code G 13,012.76  12c Code DD 19,172.40	

Locality name	18 Local wages, tips, atc				
Dept. of the Treasury - IRS 41-1628061	Form W-2 Wage and T	Tax Stateme	nt	Dopt, of the Treasury -	
			Market Color Color		
019 OMB No.	Copy 2 To be Fi			2019 OMB No.	
income tax withheld 17,429.37	a Employee's social secu	wity number	Wages, tips, other comp. 128,674.34	2 Federal income tax withheld 17,429.37	
8,239.84	b Employer's ID number		132,900.00 Social security wages	8,239.84 4 Social security tax withheld	
2,117.16 are tax withheld			146,012.75 6 Medicare wages and tips	2,117.16 6 Medicare tax withheld	
This information is being furnished to the IRS. If you are required to file a tax return, a regignere penalty or other sanction may be imposed on you if this income is taxable and you tall to report it.	CITY OF MIAM 18605 NW 27 A MIAMI GARDE d Control number e Employee's name, add RAFAEL O. SU	NS, FL 33	3056	The Continues of the Property of the Continues of the Con	
	7 Social security tips		8 Allocated tips	12a Code See Inst. for box 12 C 4,013.58	
te See inst. for box 12 4,013.58			11 Nonqualified plans		
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State income tax	15 State Employer's st		16 State wages, tips, etc. 19 Local income tax	17 State income tax 20 Locality name	
Locality name	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	

July 1. [ ]

b Employer's ID number

d Control number

7 Social security tips

13 Statutory employee

Retirement plan

Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

X

Third-party sick pay

15 State Employer's state ID#

10 Dependent care benefits

Copy 2 To be Filed with Employee's

State, City or Local Tax Return.

Employer's name, address, and ZIP code

CITY OF MIAMI GARDENS

MIAMI GARDENS, FL 33056

e Employee's name, address, and ZIP code

14 Other

CELL

FRS 414(H)

RAFAEL O. SUAREZ

18605 NW 27 AVE

OMB No.

17,429.37

8,239.84 tax withheld

See inst. for box 12

4,013.58

13,012.76

19,172.40

Dept. of the Treasury -

17 State income tax

2,117.16 Medicare tax withheld

2019

Z

0

177

12a Code

12b Code

12c Code

12d Code

G

DD

other comp. 128,674.34

132,900.00

146,012.75

ty wages

ADE COUNTY DEPARTME

8 Allocated tips

11 Nonqualified plans

16 State wages, tips, etc.

PH

600.08

4,325.65

5 Medicare wages and tips

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89430.60 88396.44	89430.60 88396.44	89430.60 88396.44 1 Gross distribution 2a Taxable amount
1 Gross distribution 2a Taxable amount 2b Taxable amount of determined	1 Gross distribution 2a Taxable amount 2b Taxable amount not determined	2b Yazable amount not determined
Total distribution 3 Capital gain (included in box 2a)	Total distribution 3 Capital gain (notuded in box 2s)	3 Capital gain (included in box 2s)   18000.00   1034.16
18000.00 4 Federal income tax withheld 5 Contitutions of incurance persuans	18000.00 4 Federal Income tax withheld 5 Employee constitutions of haumroopen products  5 Employee constitutions of haumroopen products  6 Employee constitutions of haumroopen products	4 Federal income tax withheld 5 Employee contributions/Designeted Roth contributions of insurance primitures.
PAYET'S name, address, ZP/postalcode, country & phone no. Miami Fire & Police Retirement Trust	Miami Fire & Police Retirement Trust	Miami Fire & Police Retirement Trust
1895 SW 3 AVENUE	1895 SW 3 AVENUE	1895 SW 3 AVENUE
MIAMI, FL 33129-1456	MIAMI, FL 33129-1456	MIAMI, FL 33129-1456
PAYER'S TIN 6 Hot unrealized approclation in employer's securifies	PAYER'S TIN 6 Net urrealized appreciation in employer's escurifies	PAYER'S TIN 6 Net unrealized appreciation in employer's securities
7 Distrib.   ELV/SIST/   8 Other   9a Your percentage of total distribution	7 Oktrib. BN/SET/ 8 Other 9a Your percentage distribution	7 Distrib. BUVSEP/ 8 Other 9a Your percentage of total distribution
2 7 96 96	2   96 96 9b Total employee contributions 10 Amount allocates to ERR within 5 years	2 96 96  9b Total employee contributions 10 Amount allocable to IRR within 5 years.
9b Total employee contributions 10 Amount aboubts to IRIN within 5 years.		The second of th
11 1st year of desig. Roth contrib.	11 1st year of desig. Roth contrib.	11 1st year of desig. Roth contrib. 12 State tax withheld 0.00
0.00	0.00	
13 State/Payer's state no. 14 State distribution	13 State/Payer's state no. 14 State distribution	13 State/Payer's state no. 14 State distribution
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RAFAEL O. SUAREZ	INTALE O. SOATEL	TOTAL OF SOME
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RECIPIENT'S name, address, ZIP/postal code & country CORRECTED	RECIPIENT'S name, address, ZIP/postal code & country CORRECTED	PECIPIENT'S name, address, ZIP/postal code & country CORRECTED 15 Local tax withheld 16 Name of locality 17 Local distribution
15 Local tax withheld 16 Name of locality 17 Local distribution	15 Local tax withheld 16 Name of locality 17 Local distribution	15 Local tax withheid 16 Wallie of locality 17 Local distribution
	RECIPIENT'S TIN Account number (see instructions)	RECIPIENT'S TIN Account number (see instructions)
RECIPIENT'S TIN Account number (see instructions)	***_**	****
Distributions room Pensions, Annurues, Retirement or Profit-Sharing Plans,	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans,	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 1099-R
IRAs, Insurance Contracts, etc. 1099-R	IRAs, Insurance Contracts, etc. 1099-R Copy 2 2019	Copy 2
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, sittech this copy to your return.  2019	local income tax return, when required.	File this copy with your state, city, or I coal income tax return, when required.  Obst No. 1545-019 Department of the Teasury - Internal Neverus Genice
OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service  NTF 2582742 9 1099RPU	OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service	
	Instructions for Recipient	Box 6, if you received a lamp-sum distribution from a qualified plan that includes securities of the employer's company, the set urrestated appreciation (FULV) byte promises in value of such ascending which is the value of such ascending which is the state of the plant of the p
89430.60 88396.44  1 Gross distribution 2a Taxable amount	Historica Control of C	to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the distribution to a Roth FIA, see the instructions for box 2a. If the distribution was a direct rollower to NIA is included in box 2a. If you distribution, the amount shown in the NIA is included in box 2a. If you dish'n readwar a large-sum distribution, the amount shown
2b Taxable amount not determined	Canalised plane and socretor 400kb planes. If your consulty standing date is after 1907, you must canalised plane and socretor 600kb planes, and stands around 19 your payer district stands of annuart in box 2a. See the instructions for Form 10-50 or 1040ML.  RNA. For distributions from a variational indefinition arrangement gRNA, simplified.	the NUA stributable to employee contributions, which lain't taxed until you soil the securities. Box 7. The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to
Total distribution 3 Capital gain (ncluded in box 2a) 18000.00 1034.16	I mount in box 2a. See the instructions of priorit hours or houses.  BMA, For distributions from a traditional inclinated arealyment area of the instruction of the i	en additional 10% titx, See the historictions for Form 5326.  — Early distribution, no known exception (in most cases, under ege 58%).  2—Early distribution, exception applies (under age 58%).
4 Federal Income tax withheld 5 Employee contributions Observated Roth contributions or insurance prentums		a - Disability. 4 - Death. 5 - Perbibled transaction.
Miami Fire & Police Retirement Trust	Both IIIAs. For distributions from a Richi IIIA, porerally the payer lan't regulated to compute the teachie amount. You must compute any teachie encount on Form 8000. An amount shown in bod 2amily be teached earlings on an excess contribution.  Lanes sected as distributions. If you brow many from a qualified plan, section 400(b) plan,	6—Section 1035 exchange (a tex-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts). 7—Normal distribution.
1895 SW 3 AVENUE	Zamby be subside correctly on an excess commons. Leans beaded as distributions. If you borrow maney from a qualified plan, section 400(b) plan, or governmental section 437(b) plan, you may have to treat the bear as a distribution and include lift or part of the amount browned in your home. There are exceptions to this rule, if your bear is tracible, code L. will be shown in box 7. See Pub. 575.	Bereits certifications plus earnings/access defermits (and/or earnings) taxable in 2019.     Cost of current tile insurance protection.     A—May be eligible for 10-year tax option (see Form 4972).
MIAMI, FL 33129-1456	Recipient's taxpayer identification number (TIN), For your protection, visitorm may brow only the last four digits of your TIM (SSM, RTM, ATIM, or EIN). However, the payer has reported your complete TIM to she IRS.	B—Designated floth account distribution.  Note: If code B is in box 7 and an amount is reported in box 10, see the instructions for For 5328.
PAYER'S TIN 6 Het urrestized appreciation in employer's securities.	FATCA filling registement, if the FATCA filling requirement box is checked, the payer is reporting on this Form 1000 to satisfy its chapter 4 account reporting registement. See the instructions for Form 8050.  Account rumber in May show an account, profile, or other unique number the payer satisfying to	O—Reportable don't benefitpsynder section 6050Y.  D—Avrilly payments from éorgalatified envul (EPV) att may be subject to tax under section 141  E—Distributions under Employee Pilips Comptimes tes obtion System (EPCRS).  F—Charlatile git annully.
7 Cistrib. SWYLE 8 Other 9a of total distribution	distinguish your account.	E—Distributions under Employee Hase Comprises en accuración system (e.m.).  F—Charlable git amulty.  G—Disser relever et a distribution p à qualitacipaler a section 40 p gran, a governmental
2 96 96 9b Total employee contributions 10 Amount abocation to IRR within 5 years	to it. a most visit on a month you received the year. The smooth restricted that control the control to it is not start of the control that is not start of the contr	F-Cherksteing it amusik, I.  —Describer of a distribution in a qualitisciplina, a section (Dura) fair, a governmental section 457(b) plan, or artifly.  H.—Describer of a dissipancial flows account absolution to a flows IV.  J.—Early distribution stem a trong III-Mov incoming principle in the design, under age 50%).  K.—Describution of traditional SIAN riskells not having arready available. J. PMJ.
	tions of payments acrosses to case to payment or the production of the pair. The surport may have been a direct.  But 1. Shows the total arround you recicion of the year. The surport may have been a direct.  The production of the production of the payments, as nonperiodic payments, or as a total distribution.  Report the services of norm of 100 or 100/018 or no firm for 100 MAD, persistent, and arrasifies for the first for "keable arround", and on from 8005, as applicable, However, if this is a Lamp-sum distribution, are form 4007, by on beauth reached relevant end retirement pay, report your disability payments on the first for "Wappe, saleries, tipp. on." On your last return. Also report on the first for "Wappe, saleries, tipp. on." On your last return. Also report on the first for the first for "Wappe, saleries, tipp. on." On your last return. Also report on the first for "Wappe, saleries, tipp. on." On your last return. Also report on the first for "Wappe, saleries, tipp. on." On your last return. Also report on the first form and the saleries of the first form and the saleries of the saleries of the first form and the saleries of the saleries	K—Distribution of traditional RAVinduria not have parreadily available FAIV L—Loars traded as distributions M—Qualified other loan officers
11 1st year of desig. Roth contrib. 12 State tax withheld 0.00	If the distribution is of designated floth contributions or your after tax contributions or if you are	L—Lore's treated as districtions of the Model of the Control of th
	If a life insurance, annuity, qualified long-term care, or endowment contract was transformed tax free to another trustee or contract issue, an amount will be shown in this box and code 6 will be shown in box 7, if a charge or payment was made applies the cash value of an arristly	R—Recharacterized IPA confidence made for 2018 and recharacterized in 2010.  S—Early distribution from a SAFFLE HRA in first 2 years, no knowledgreption (under ago 59%).
13 State/Payer's state no. 14 State distribution	assistance, annity, qualified long-term care, or endowment contract, was transformed tax free to another tested or contract issuer, or amount will be shown in this box and code of will be shown in box 7. It is charge or programed was made applied the cash which of an involvy contract or the cash surrender value of a life insurance contract for the purchase of qualified brog-term cash insurance, an amount will be shown in this box and code W will be shown in box 7. Tou need not report this as encounts on your tax return, if code C is allown in box 7, the amount shown in box 11 a needy in responsible death bunden what is stackle in part.	7 — Porti IFA distribution, excellent registers.  1 — Privided distribution from ISSS Lander section (IA4s).  Note: This distribution isn't display for notioner.  W — Charges or payment to pro the land or qualified IFA green care, learning or contract under contribute dering or in the ISSS lander of the ISSS lander
Date of FATCA filling requirement	is view in those 11 is a modely of reportable death benefits that it stable in part.  Box 2a. This part of the destroyation is generally stable. If there is no entry in this box, the payor imay not have all the fact is needed to figure the stable amount, in that case, the first box is how.  2b should be checked. You may want to per once of the time publications from the 15th or help you.  15th or the stable movement is the public may be not only the properties of the 15th or help you.  15th or the stable movement is the public first at freed relieved or the the new or a qualified plan to a common term of the public first may be not a distribution to the public may be not a distribution to the public may be not a distribution to the stable may be not a distribution to the stable may be not a qualified plan for a distribution gather than a distribution to the stable may be not a qualified plan for his public may be not a qualified plan for changing a power movement to an additional plan of the stable may be not a distribution to the stable of the stable may be not a distribution to the stable may be not a distribution to the stable may be not a distribution to the stable may be not be not a stable and the stable may be not were born before unknessing 2, 1926.  If this is a to stablete that the result of the stable plan and you were born before unknessed.	
Date of Experience   FATCA filing requirement     RAFAEL O. SUAREZ	Squre the taxable amount. See Additional information in the instructions. For an IRA distribution about IRAs and Toth IFAs on this page. For a direct relieved other than from a qualified plan to a floor BAC, zero should be shown, and you must enter zero (0-) on the "Excable amount" fine of	distribution.  By the contract is shown it is a trackle when your property is a partial distribution, the value of the contract is shown, it isn't taxable when your power is and sheet of the included in boxes 1 and 2a. When
TOWNER OF SOME	your tax return. If you roll over a distribution (other than a distribution from a classification of the control of the contro	distribution.  Box 6. If you recolved an entrigit force hast as pagents, distribution, the value of the contract is shown. It isn't taxable when you'recover a rank electric to included in bowes 1 and 2s. When you receive periodic payments when they have been contract, they is reached an interface, they distribution is made to more than one person, the percentage of the arrush contract distribution to you be also arown. They's need this information in you use the 10 year tax opinion of offered and distribution in you use the 10 year tax opinion of offered and distribution in you use the 10 year tax opinion of offered and distribution in you use the 10 year tax opinion of offered and distribution in you use the 10 year tax opinion of offered and distribution in the unit of our tax opinion to the terms of the terms
_1	for you're the beneficiary of someone born before January 2, 1930), you may be eligible for the	Box 9a. If a total distribution was made to more than one person, the percentage you received
RECIPIENTS name, address, ZPP/postal code & country  15 Local tex withheld 16 Name of locality  17 Local distribution	If you're an eligible raited public safety officer who elected to exculor from income distributions from your eligible plan used to pay certain his rance premiums, the amount shown in box 2a hasn't been reduced by the exclusion amount. See the instructions for Form 1040 or	is shown.  Box 5th, For a life sure, by from a qualified plan or from a section 403(t) plan (with after-tax contributions), an amount may be shown for the demployee's total investment in the contract. It is used to compute the twelvish part of the distribution. See 10th, 575.
15 Deal tex within 15 Name of Reality 17 Countries of States	10000HT for more information. Box \$8.0 Ho first box is checked, the payer was unable to determine the taxable errount, and box \$2s should be blank, except for an EA. If its your responsibility to determine the taxable errount. If the second box is checked, the distribution was a total distribution that closed out your account.	used to compute the twelble part of the distribution. Side Pub. 575. Box 10, 14 a morrout is reported in this box, see the instructions for Form 5329 and Pub. 575. Box 11, The first year you made a contribution to the designated Reth account reported on this form is shown in this box.
RECIPIENT'S TIN Account number (see instructions)	If the second but is checked, the distribution was a total distribution that bleed out your account.  If the 3, if you received a fump-sum distribution from a qualified plan and were born before justicity? 2, 1936 to you're the beneficiary of semicine topin before justicity 2, 1936, you may	form is shown in this box.  Boxes 12-17. If state or local income tax was withheld from the distribution, boxes 14 and 17 may show the part of the distribution subject to state anxion local tax.
***_*	If the accordance is enriched, we consider you are used to the accordance of the acc	Additional information. You may want to see: Form W-4P, Form 4972, Form 5029, Form 9600
Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans,	tax withheld, and it box 4 shows an amount (other than zero), attach Copy B to you'r return. Generally, it you'r receive payments next year that aren't eligible rollover distribution's, you can channel you you'r receive payments next year that aren't eligible rollover distribution's, you can channel you withheld by giving the payer from W-4P.	Pub. 525, Taxable and Nontarable Income Pub. 560, Returnment Plans for Small Business Pub. 57 1, Tax - Disclared Annuly Plans
IRAs, Insurance Contracts, etc. Copy C — For Recipient's Records	Box 5. Generally, this shows the employee's investment in the contract lighter tax contributions).  If my, recovered tax tree this year, the portion that is your basts in a designated from account; the part of permitmin paid on commercial amounts or insurance contracts accounted tax free; the nontaxable part of a charitable gift anyway, or the threatment in a file insurance contract the nation of the product of the product there are filed contributions. If the amount in the contributions if the amount of the product of the pr	Pub. 575, Pansion and Annally Income Pub. 590-A, Contributions to IRAs Pub. 500-B, Distributions from IRAs
(keep for your records) 2019	the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract	Pub. 721, U.S. Civil Service Retirement Benefits

Tris Information is being furnished to the IFIS.

ONB No. 1645-0118

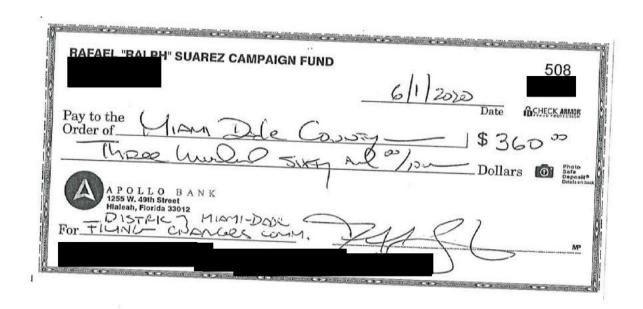
Department of the Treasury – Internal Revenue Service

Pub. 575, Penson and Annuth Income Pub. 500-0, Contributions to IRAs Pub. 521, U.S. Chill Stevice Relicement Benefits Pub. 721, U.S. Chill Stevice Relicement Benefits Pub. 936, General Relic for Pensions and Annuties Pub. 909, NSAs and Other Tex-Favored Health Flans

## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 7900474

COUNTY	RECEIVED FROM Rafo	el "Rolph" Sucre	DATE	MONTH	DAY YEAR
	Address		Cash	\$	
		STREET ADDRESS	Снес	ks \$	360 . 00
AMOUNT OF:_	Three Hundred Six	Dollars, AND	Zus CENTS TOTA	ı. \$	
FOR PAYMENT	or: Qualifying	Fee - County (Dm.	133 ioner District	7	
THIS RECEI	PT NOT VALID UNLESS	DATED, COMPLETED AND	BY: A GENESSE	ZED EMPLO	OYEE OF DEPARTMENT
TRANS	SUBSIDIARY	INDEX CODE	Subobject		AMOUNT
		4			
107.01-1 6/04					



2020 JUN - 1 PM 1: 36

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT