

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:

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

Write-in candidate

CANDIDATE OATH
(Section 99.021, Florida Statutes)

I, RAFAEL "RALPH" 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 MIAMI-DADE COMMISSION DISTRICT 7
(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): 109190145

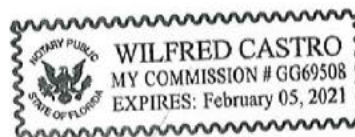
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

RAFAEL RALPH SUAREZ

X [Signature] (305) 200-7567 RALPH@SUAREZ2020.COM
Signature of Candidate Telephone Number Email Address

[Redacted]
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 1 day of JUNE, 2020

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL DL

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

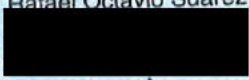
MIAMI-DADE COUNTY

Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Rafael Octavio Suarez



ISSUED
EMCDDA
ENPRDAE
08/14/15

Bring photo identification
when voting.
Para votar, presente una
identificación con fotografía.
Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li le w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
109190145

Voting Location | Centro de Votación | Lokal Biwo Vot
Devon Aire K-8 Center
10501 SW 122 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vot
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 | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. 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
Lacham Eta a
118

County Commission
Comisión del Condado
Komisyon Konte
7

School Board
Junta Escolar
Asamble Edikasyon
7

Community Council
Consejo Comunitario
Konsèy Kominotè
11

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



Florida DRIVER LICENSE

USA

CLASS E

DOB 11/20/1959 15 SEX M SAFE DRIVER

EXP 11/20/2026 16 HGT 6'-02"

REST NONE 9a END A

DOB 11/30/2018

SSN [REDACTED]

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

RECEIVED
2020 JUN -1 PM 1:36
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:
 Suarez Rafael Octavio

MAILING ADDRESS:
 [REDACTED]

CITY: [REDACTED] ZIP: [REDACTED] COUNTY: [REDACTED]

NAME OF AGENCY:
 Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Commissioner-District 7

CHECK IF THIS IS A FILING BY A CANDIDATE

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 June 1, 2020 was \$ 615,177.76.

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
2003 Caravelle Boat	10,000
2010 A/B Boat	3000
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):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Tropical Financial Credit Union 10510 SW 88 ST MIAMI FL 33186	17,513
Tropical Financial Credit Union (2017 Dodge) 10510 SW 88 ST MIA FL 33186	27,549
Bank of the West (Boat Loan) 180 MONTGOMERY S SAN FRANCISCO CA. 94104	151,544

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Nissan-Infinity (Vehicle Loan) PO BOX 660577 DALLAS TX. 75266-0577	22,000
Flagstar (Home Loan) 301 WEST MICHIGAN AVE. 4501 JACKSON, MI,	389,000
Costco Credit Card / CITIBANK 8750 NW 36 ST MIAMI 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
SEE ATTACHED		

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SEA MIAMI TIME CHARTERS		
ADDRESS OF BUSINESS ENTITY	[REDACTED]		
PRINCIPAL BUSINESS ACTIVITY	BOAT CHARTERS		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	PRESIDENT		

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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

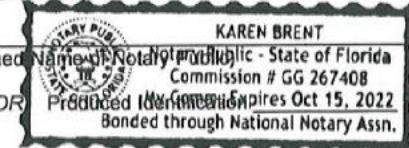
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 2nd day of

February, 2020 by Rafael Suarez
Karen Brent
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public - State of Florida
 Commission # GG 267408
 Personally Known OR Produced by Other Means
 Type of Identification Produced _____
 Produced by Other Means Expires Oct 15, 2022
 Bonded through National Notary Assn.



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

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Copy B To be Filed with Employee's FEDERAL Tax Return.		2019 OMB No. [REDACTED]	
a Employee's social security number	1 Wages, tips, other comp. 128,674.34	2 Federal income tax withheld 17,429.37	
b Employer's ID number [REDACTED]	3 Social security wages 132,900.00	4 Social security tax withheld 8,239.84	
	5 Medicare wages and tips 146,012.75	6 Medicare tax withheld 2,117.16	
	c 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 [REDACTED]	
7 Social security tips	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 4,013.58	
13 Statutory employee	14 Other CELL 600.08	12b Code G 13,012.76	
Retirement plan X	FRS 414(H) 4,325.65	12c Code DD 19,172.40	
Third-party sick pay		12d Code	
15 State Employer's state ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service. 41-1628061

Copy 2 To be Filed with Employee's State, City or Local Tax Return.		2019 OMB No. [REDACTED]	
a Employee's social security number	1 Wages, tips, other comp. 128,674.34	2 Federal income tax withheld 17,429.37	
b Employer's ID number [REDACTED]	3 Social security wages 132,900.00	4 Social security tax withheld 8,239.84	
	5 Medicare wages and tips 146,012.75	6 Medicare tax withheld 2,117.16	
	c 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 [REDACTED]	
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13 Statutory employee	14 Other CELL 600.08	12b Code G 13,012.76	
Retirement plan X	FRS 414(H) 4,325.65	12c Code DD 19,172.40	
Third-party sick pay		12d Code	
15 State Employer's state ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
2020 JUN - 1 PM 1:36
RECEIVED
MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Copy C for Employee's Records		2019 OMB No. [REDACTED]	
a Employee's social security number	1 Wages, tips, other comp. 128,674.34	2 Federal income tax withheld 17,429.37	
b Employer's ID number [REDACTED]	3 Social security wages 132,900.00	4 Social security tax withheld 8,239.84	
	5 Medicare wages and tips 146,012.75	6 Medicare tax withheld 2,117.16	
	c 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 [REDACTED]	
7 Social security tips	8 Allocated tips 0.00	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 4,013.58	
13 Statutory employee	14 Other CELL 600.08	12b Code G 13,012.76	
Retirement plan X	FRS 414(H) 4,325.65	12c Code DD 19,172.40	
Third-party sick pay		12d Code	
15 State Employer's state ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

Copy 2 To be Filed with Employee's State, City, or Local Tax Return.		2019 OMB No. [REDACTED]	
a Employee's social security number	1 Wages, tips, other comp. 128,674.34	2 Federal income tax withheld 17,429.37	
b Employer's ID number [REDACTED]	3 Social security wages 132,900.00	4 Social security tax withheld 8,239.84	
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15 State Employer's state ID #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

89430.60		88396.44	
1 Gross distribution		2a Taxable amount	
2b Taxable amount not determined		3 Capital gain (included in box 2a)	
Total distribution		1034.16	
4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums	
18000.00		1034.16	
PWERS name, address, ZIP/postal code, country & phone no.			
Miami Fire & Police Retirement Trust 1895 SW 3 AVENUE MIAMI, FL 33129-1456			
PAYER'S TIN		6 Not unrealized appreciation in employer's securities	
7 (Distib. code(s))		8 Other	
2			
9a Your percentage of total distribution		9b Your percentage of total distribution	
%		%	
9b Total employee contributions		10 Amount allocable to IRA within 5 years	
11 1st year of desig. Roth contrib.		12 State tax withheld	
		0.00	
13 State/Payer's state no.		14 State distribution	
Date of payment		FATCA filing requirement	
RAFAEL O. SUAREZ			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED <input type="checkbox"/>			
15 Local tax withheld		17 Local distribution	
16 Name of locality			
RECIPIENT'S TIN		Account number (see instructions)	
-**-*		[REDACTED]	
Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		Form 1099-R	
Copy B		2019	
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS. OMB No. 1545-0019 Department of the Treasury - Internal Revenue Service			
NTF 2582742		9 1099RPU	

89430.60		88396.44	
1 Gross distribution		2a Taxable amount	
2b Taxable amount not determined		3 Capital gain (included in box 2a)	
Total distribution		1034.16	
4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums	
18000.00		1034.16	
PWERS name, address, ZIP/postal code, country & phone no.			
Miami Fire & Police Retirement Trust 1895 SW 3 AVENUE MIAMI, FL 33129-1456			
PAYER'S TIN		6 Not unrealized appreciation in employer's securities	
7 (Distib. code(s))		8 Other	
2			
9a Your percentage of total distribution		9b Your percentage of total distribution	
%		%	
9b Total employee contributions		10 Amount allocable to IRA within 5 years	
11 1st year of desig. Roth contrib.		12 State tax withheld	
		0.00	
13 State/Payer's state no.		14 State distribution	
Date of payment		FATCA filing requirement	
RAFAEL O. SUAREZ			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED <input type="checkbox"/>			
15 Local tax withheld		17 Local distribution	
16 Name of locality			
RECIPIENT'S TIN		Account number (see instructions)	
-**-*		[REDACTED]	
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		Form 1099-R	
Copy 2		2019	
File this copy with your state, city, or local income tax return, when required. OMB No. 1545-0118 Department of the Treasury - Internal Revenue Service			

89430.60		88396.44	
1 Gross distribution		2a Taxable amount	
2b Taxable amount not determined		3 Capital gain (included in box 2a)	
Total distribution		1034.16	
4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums	
18000.00		1034.16	
PWERS name, address, ZIP/postal code, country & phone no.			
Miami Fire & Police Retirement Trust 1895 SW 3 AVENUE MIAMI, FL 33129-1456			
PAYER'S TIN		6 Not unrealized appreciation in employer's securities	
7 (Distib. code(s))		8 Other	
2			
9a Your percentage of total distribution		9b Your percentage of total distribution	
%		%	
9b Total employee contributions		10 Amount allocable to IRA within 5 years	
11 1st year of desig. Roth contrib.		12 State tax withheld	
		0.00	
13 State/Payer's state no.		14 State distribution	
Date of payment		FATCA filing requirement	
RAFAEL O. SUAREZ			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED <input type="checkbox"/>			
15 Local tax withheld		17 Local distribution	
16 Name of locality			
RECIPIENT'S TIN		Account number (see instructions)	
-**-*		[REDACTED]	
Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		Form 1099-R	
Copy 2		2019	
File this copy with your state, city, or local income tax return, when required. OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service			

89430.60		88396.44	
1 Gross distribution		2a Taxable amount	
2b Taxable amount not determined		3 Capital gain (included in box 2a)	
Total distribution		1034.16	
4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums	
18000.00		1034.16	
PWERS name, address, ZIP/postal code, country & phone no.			
Miami Fire & Police Retirement Trust 1895 SW 3 AVENUE MIAMI, FL 33129-1456			
PAYER'S TIN		6 Not unrealized appreciation in employer's securities	
7 (Distib. code(s))		8 Other	
2			
9a Your percentage of total distribution		9b Your percentage of total distribution	
%		%	
9b Total employee contributions		10 Amount allocable to IRA within 5 years	
11 1st year of desig. Roth contrib.		12 State tax withheld	
		0.00	
13 State/Payer's state no.		14 State distribution	
Date of payment		FATCA filing requirement	
RAFAEL O. SUAREZ			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED <input type="checkbox"/>			
15 Local tax withheld		17 Local distribution	
16 Name of locality			
RECIPIENT'S TIN		Account number (see instructions)	
-**-*		[REDACTED]	
Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		Form 1099-R	
Copy C - For Recipient's Records		2019	
This information is being furnished to the IRS. OMB No. 1545-0118 Department of the Treasury - Internal Revenue Service			

Instructions for Recipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1/1/87, you must use the simplified method to figure your taxable amount. If your plan didn't show the taxable amount in box 2a, see the instructions for Form 1040 or 1040NR.

IRAs. For distributions from a traditional individual retirement arrangement (IRA), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer isn't required to compute the taxable amount. See the Form 1040 or 1040NR instructions to determine the taxable amount. If you are at least age 59½, you must take minimum distributions from your IRA (other than a Roth IRA). If you don't, you are subject to a 50% excise tax on the amount that should've been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs.

Roth IRAs. For distributions from a Roth IRA, generally the payer isn't required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution.

Loans treated as distributions. If you borrow money from a qualified plan, section 403(b) plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, code 1 will be shown in box 7. See Pub. 575.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, EIN, ATIN, or EIN). However, the payer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 6039.

Account number. May show an account, policy, or other unique number the payer assigned to distinguish your account.

Date of payment. Shows the date of payment for reportable death benefits under section 60507.

Box 1. Shows the total amount you received this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, an annuitized IRA contribution, or you may have received it as periodic payments, as nonperiodic payments, or as a total distribution. Report the amount on Form 1040 or 1040NR on the line for "IRAs, pensions, and annuities" (or "distribution of traditional IRA funds not having previously available RMD").

Box 2. Shows the taxable amount. If this is a lump-sum distribution, see Form 4032. If you haven't reached minimum retirement age, report your disability payments on the line for "wages, salaries, tips, etc." on your tax return. Also report on that line any taxable annuity payments, eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you are self-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and code 7 will be shown in box 7. You need not report those amounts on your tax return. If code 8 is shown in box 7, the amount shown in box 1 is a receipt of reportable death benefits.

Box 2a. This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. If you may be able to determine the taxable amount, you can check box 2b. If the second box is checked, the distribution was a total distribution that closed out your account.

Box 3. If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as capital gain on Form 4972 (not on Schedule D or Form 1040). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the instructions for Form 990.

Box 4. Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and box 4 shows an amount (for or less than) to your return.

Generally, if you receive payments next year that aren't eligible rollover distributions, you can change your withholding or elect not to have a income tax withheld by giving this payer Form W-4. Generally, this shows the employee's investment in the contract (after tax contributions). If any, recovered tax free this year; the portion that's your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; the nontaxable part of a disability gift annuity; or the investment in a life insurance contract reportable under section 60507. This box doesn't show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

Box 6. If you received a lump-sum distribution from a qualified plan that includes securities of the employer or company, the net unrealized appreciation (NUA) may increase in value of such securities while it's in the trust is tax only when you sell the securities, unless you choose to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the NUA is included in box 2a. If you don't receive a lump-sum distribution, the amount shown in the NUA attributable to employer contributions, which isn't taxed until you sell 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 an additional 10% tax. See the instructions for Form 5329.

1—Early distribution, no known exception (in most cases, under age 59½).

2—Early distribution, exception applies (under age 59½).

3—Disability.

4—Death.

5—Prohibited transaction.

6—Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts).

7—Normal distribution.

8—Excess contributions plus earnings/accrued deferrals (and/or earnings) taxable in 2019.

9—Cost of current life insurance protection.

A—May be eligible for 10-year tax option (see Form 4972).

B—Designated Roth account distribution.

Note: If code 8 is in box 7 and an amount is reported in box 10, see the instructions for Form 5329.

C—Reportable death benefit under section 60507.

D—Annuity payments from a qualified annuity contract may be subject to tax under section 1411.

E—Distributions under Employer Plans Computerized Resolution System (EPCRS).

F—Multiple payments (1-TT).

G—Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or a 529 plan.

H—Direct rollover of a designated Roth account distribution to a Roth IRA.

J—Early distribution from a 529 plan, no known exception (in most cases, under age 59½).

K—Distributions from a 529 plan, no known exception (in most cases, under age 59½).

L—Loans treated as distributions.

M—Qualified plan loan offset.

N—Rollover of designated Roth contributions made for 2019 and recharacterized in 2019.

P—Excess contributions plus earnings/accrued deferrals (and/or earnings) taxable in 2019.

Q—Qualified distribution from a Roth IRA.

R—Rollover of designated Roth contributions made for 2019 and recharacterized in 2019.

S—Early distribution from a SIMPLE IRA in 2012-2013, no known exception (under age 59½).

T—Roth IRA distribution, exception applies.

U—Disability distribution from a 529 plan.

V—Note: This distribution isn't eligible for rollover.

W—Charges or payments for premium payments for long-term care insurance contracts under certain arrangements.

If the IRVSE/SIMPLE box is checked, you received a traditional IRA, SEP, or SIMPLE distribution.

Box 6. If you received an annuity payment as periodic distribution, the value of the contract is shown. It's taxable when you receive it. If it's included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they're taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. See the instructions for Form 1040 or 1040NR for the 10-year tax option (Form 4972). If charges were made for qualified long-term care insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in 2019 is reported in this box.

Box 9A. If a total distribution was made to more than one person, the percentage you're entitled to is shown.

Box 9B. For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Box 10. If an amount 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 Roth account reported on this form 1099-R is shown in this box.

Box 12. 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 and/or local tax.

Additional information. You may want to see: Form W-4R, Form 4972, Form 5329, Form 8606, Pub. 525, Taxable and Nontaxable Income, Pub. 560, Retirement Plans for Small Business, Pub. 571, Tax-Sheltered Annuity Plans, Pub. 575, Pension and Annuity Income, Pub. 590-A, Contributions to IRAs, Pub. 590-B, Distributions from IRAs, Pub. 721, U.S. Civil Service Retirement Benefits, Pub. 900, General Rule for Pensions and Annuities, Pub. 909, IRAs and Other Tax-Favored Health Plans.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900474

RECEIVED FROM Rafael "Ralph" Suarez

DATE 6 / 1 / 2020
MONTH DAY YEAR

ADDRESS [REDACTED]

CASH \$ _____

[REDACTED] STREET ADDRESS [REDACTED]

CHECKS \$ 360 .⁰⁰

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

AMOUNT OF: Three Hundred Sixty DOLLARS, AND Zero CENTS TOTAL \$ 360 .⁰⁰

FOR PAYMENT OF: Qualifying Fee - County Commission District 7

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

DEPT.: Elections BY: A. J. [REDACTED]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

RAFAEL "RALPH" SUAREZ CAMPAIGN FUND
[REDACTED] 508 [REDACTED]
6/1/2020 Date **CHECK ARMOR**
Pay to the Order of MIAMI DADE COUNTY \$ 360⁰⁰
Three Hundred Sixty and 00/100 Dollars **Photo Safe Deposit**
APOLLO BANK
1255 W. 49th Street
Hialeah, Florida 33012
For DISTRICT 7 MIAMI-DADE
FILING CHARGES COMM. [Signature] MP
[REDACTED]

RECEIVED
 2020 JUN - 1 PM 1:36
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT