

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

RECEIVED

2020 JUN -4 AM 10:19

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

MAILING ADDRESS:
[Redacted] (Protected Address)

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

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, 20 20 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 Inflatable Boat	3,000
Real Property, Seebring Fl.	10,000
(See attached 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 Credit Union 10510 SW 88th Street, Miami, Fl. 33186	17,513
Tropical Credit Union 10510 SW 88th Street, Miami, Fl. 33186	27,549
Bank of the West 180 Montgomery St., 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) P.O. Box 660577, Dallas, Tx. 75266-0577	22,000
Flagstar (Home Loan) 301 WEST MICHIGAN AVE 4501 JACKSON MI.	389,000
Costco (Credit Card) 8750 NW 3651 MIAMI FL 33178	5,000

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	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,

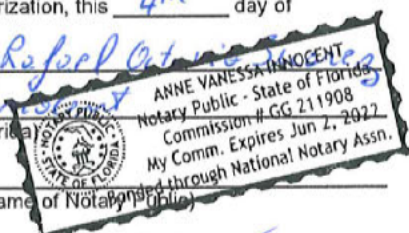
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 4th day of

June, 2020 by Refuel Outdoors LLC
Anne Vanessa Innocent
 (Signature of Notary Public—State of Florida)



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

Personally Known _____ OR Produced Identification
 Type of Identification Produced Florida Driver License

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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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2020 JUN -1 PM 1:36

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	
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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	
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d Control number			
e Employee's name, address, and ZIP code RAFAEL O. SUAREZ [REDACTED]			
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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	
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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		18000.00	
4 Federal income tax withheld		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 (Dist. code)	8 Other	9a Your percentage of total distribution	9b Your percentage of total distribution
2		%	%
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			
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	

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RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
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			

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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			

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RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
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-**-*		[REDACTED]	
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RAFAEL O. SUAREZ			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
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			

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 plan 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 1040-EZ.

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 1040-EZ 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 have 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 savings 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 I 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 50507.

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 1040-EZ on the line for "IRAs, pensions, and annuities" (or "distribution of traditional IRA funds" if you are receiving a distribution from a traditional IRA). If you have received a lump-sum distribution, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line any taxable rollover payments from an eligible automatic contribution arrangement 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.

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. You may want to get a copy of the plan's distribution rules to help you figure the taxable amount. See Additional Information in the instructions. For an IRA distribution, see IRAs and Roth IRAs on this page. For a direct rollover, other than from a qualified plan to a Roth IRA, zero should be shown in box 2a. If the distribution is from a designated Roth account in a qualified plan (including a governmental section 457(b) plan) or section 403(b) plan to a Roth IRA, you must include on the "Taxable amount" line of your tax return the amount shown in this box plus the amount in box 6, if any.

Box 2b. If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information.

Box 2c. If you are an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain life insurance premiums, the amount shown in box 2c hasn't been reduced by the exclusion amount. See the instructions for Form 1040 or 1040-EZ for more information.

Box 2d. If the first box is checked, the payer was unable to determine the taxable amount, and box 2a should be blank, except for an IRA. It's your responsibility to determine the taxable amount. If the second box is checked, the distribution was a total distribution that died 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 (other than zero) to attach Copy B 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 employer'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 contract (other than a 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 B 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 Compensation Resolution System (EPCRS).
F—Charitable gift annuity (CGA).
G—Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA.
H—Direct rollover of a designated Roth account distribution to a Roth IRA.
I—Early distribution from a 529 plan, no known exception (in most cases, under age 59½).
J—Distribution of traditional IRA funds not having previously available RMD.
K—Loans treated as distributions.
L—Qualified plan loan offset.
M—Rollover distribution from a 529 plan.
N—Rollover distribution from a 529 plan 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 distribution from a 529 plan for 2019 and recharacterized in 2019.
S—Early distribution from a 529 plan, no known exception (under age 59½).
T—Roth IRA distribution, exception applies.
U—Disability distribution from a 529 plan under section 529(e).
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 IRV/SEP/SIMPLE box is checked, you received a traditional IRA, SEP, or SIMPLE distribution.
Box 6. If you received an annuity payment as part of a distribution, the value of the contract is shown. It's taxable when you receive it. 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 1040-EZ for more information on 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 in this form 4972 is shown in this box.
Boxes 12-17. 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. 908, General Rule for Pensions and Annuities
Pub. 909, IRAs and Other Tax-Favored Health Plans