

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

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

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Suzanne B. Irving

(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.)

I am a candidate for the nonpartisan office of Miami-Dade Community Council, 16/161-D
(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.

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Candidate's Florida Voter Registration Number (located on your voter information card): 123571409

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.]

Suzahn B. Irving

x Suzanne B Irving

(305) 582-4746

sbirving@gmail.com

Signature of Candidate

Telephone Number

Email Address

19134 Fisher Island Drive

Miami

Florida

33109

Address

City

State

ZIP Code

STATE OF FLORIDA

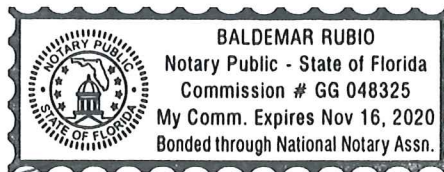
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 26 day of May, 20 20.

Personally Known: or

Produced Identification:

Type of Identification Produced: _____



[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Suzanne Bosze Irving
19134 Fisher Island Dr
Miami FL 33109

ISSUED
EMITIDA
ENPRIME

06/17/16

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

123571409

Voting Location | Centro de Votación | Lokal Biwo Vòt

Rebecca Towers
200 Alton Rd

| Precinct No. Núm. del Recinto Nim. Biwo Vòt | Date of Birth Fecha de Nacimiento Dat Nesans | Registration Date Fecha de Inscripción Dat Enskripsyon |
|---|--|--|
| 047 | 1943/07/12 | 2016/06/08 |

Party Affiliation | Afiliación Partidista | Pati Polítik

REPUBLICAN PARTY OF FLORIDA

Christina White

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 | State Senate Senado Estatal Sena Eta a | State House Cámara Estatal Lachann Eta a |
|--------------------------------|--|--|
| 27 | 37 | 113 |

| County Commission Comisión del Condado Komisyon Konte | School Board Junta Escolar Asanble Edikasyon | Community Council Consejo Comunitario Konsèy Kominotè |
|---|--|---|
| 5 | 3 | 16 |

Municipality | Municipio | Minisipalite

UNINCORPORATED M-D





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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

INVOICE

██████████ Susanne Irving
19134 Fisher Island Drive
MIAMI BEACH FL 33109
UNITED STATES

Invoice Date
Apr 23, 2020

Invoice Number
██████████

Reference
Hulu Monthly
Subscription

Custom Cable L.L.L.P.
Attn: Gisela Moreno
7280 N.W. 7th Street
#103
MIAMI FL 33126
UNITED STATES
Tel: (305) 260-4770
Email:
billing@customcable.tv

| Description | Quantity | Unit Price | Discount | Tax | Amount USD |
|--|----------|------------|----------|---------------|------------|
| Hulu Monthly Subscription November 2019 | 1.00 | 50.88 | 100.00% | | 0.00 |
| Hulu Monthly Subscription December 2019 | 1.00 | 62.19 | | Tax Exempt | 62.19 |
| Hulu Monthly Subscription January 2020 | 1.00 | 62.23 | | Tax Exempt | 62.23 |
| Hulu Monthly Subscription February 2020 | 1.00 | 62.23 | | Tax Exempt | 62.23 |
| Hulu Monthly Subscription March 2020 | 1.00 | 62.23 | | Tax Exempt | 62.23 |
| Hulu Monthly Subscription April 2020 | 1.00 | 62.23 | | Tax Exempt | 62.23 |
| Online Convenience Processing Fee | 1.00 | 10.89 | | Tax Exempt | 10.89 |
| Subtotal (includes a discount of 50.88) | | | | | 322.00 |
| TOTAL TAX EXEMPT | | | | | 0.00 |

TOTAL USD 322.00
Paid MC 311.11

Due Date: Apr 24, 2020

Net Term 15

*A 3.5% fee applies for payments submitted online. Please deduct Online Convenience Processing Fee if sending regular checks via postal mail.

**Accounts that are not paid in full by the due date are subject to a \$10.00 late fee.

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Irving Bosze Suzanne

MAILING ADDRESS :

19134 Fisher Island Drive

CITY :

Miami

ZIP :

33109

COUNTY :

Miami-Dade

NAME OF AGENCY :

Community Council Area/Subarea 16/161-D

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Communit Council Elector

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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 ELECTIONS DEPARTMENT

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR **DOLLAR VALUE THRESHOLDS**

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|--------------------------------|---|
| Social Security | Social Security Administration | Government Agency |
| IRA Distributions | Janus Henderson Investors | Investment Banking |
| Interest/Dividends | Charles Schwab | Investment Banking |
| | | |

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| n/a | | | |
| | | | |
| | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

520 Brickell Key Drive, Miami, Fl 33131 Apt. 2015

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| Gabelli Funds | Gabelli Funds |
| Regions | Regions Bank |

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
| n/a | |

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
|---|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | | |
| ADDRESS OF BUSINESS ENTITY | n/a | |
| PRINCIPAL BUSINESS ACTIVITY | | |
| POSITION HELD WITH ENTITY | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | |
| NATURE OF MY OWNERSHIP INTEREST | | |

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 ELECTIONS DEPARTMENT

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:

Date Signed:

CPA or ATTORNEY SIGNATURE ONLY

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

