

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License                  | <input type="checkbox"/> Utility Bill                |
| <input checked="" type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt              | <input type="checkbox"/> Lease Agreement             |

2020 JUN -8 PM 12:23  
RECEIVED  
MIAMI-DADE COUNTY  
REGISTRATION DEPARTMENT

CANDIDATE OATH  
(Section 99.021, Florida Statutes)

I, Omaida Rua

(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 Community Council 16-161D  
(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): 109085499

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.]

Omaida Rua

X <u>[Signature]</u> Signature of Candidate	<u>(305) 206-8469</u> Telephone Number	<u>omaidarua@gmail.com</u> Email Address
<u>19235 Fisher Island Dr</u> Address	<u>Miami</u> City	<u>FL 33133</u> State ZIP Code

STATE OF FLORIDA

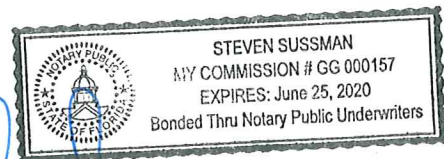
COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me by physical  or  
online  presence this 29 day of May, 2020.

Personally Known:  or

Produced Identification:

Type of Identification Produced: \_\_\_\_\_



[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



**Voter Information Card**  
 Miami-Dade County, FL  
 Tarjeta de Información del Elector  
 Condado de Miami-Dade, FL

Kal Entrensasyon Votè  
 Korte Miami-Dade, FL

ISSUED  
 EMITIDA  
 ENVIADA  
 03/06/20

**Omaida Rúa-Acuna**  
 19235 Fisher Island Dr  
 Miami FL 33109

**Bring photo identification when voting.**

Para votar, presente una identificación con fotografía.

Tampú pòtè yon pyès idantifikasyon ka gen foto va soon file v/ app van vote.

Registration No.  
 Núm. de Inscripción  
 Núm. Enskripsyon  
**109085499**

Voting Location | Centro de Votación | Lelañ Bivvo Vot  
**Rebecca Towers**  
 200 Alton Rd

Precinct No. Núm. del Recinto Núm. Bivvo Vot	Date of Birth Fecha de Nacimiento Dat Naksans	Registration Date Fecha de Inscripción Dat Enskripsyon
047	11/11/1956	12/3/1975

Party Affiliation | Afiliación Partidista | Partí Politik  
**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.  
 U di, pòtè votar pou los representantès de los distritos enumerados abajo.  
 W diññ pòtè w vote-pou representanm la nan distrikt listad abò la yo.

Congress Congreso Kongrès	State Senate Senado Estatal Sena Eta	State House Cámara Estatal Lachamni Eta
27	37	113

County Commission Comisión del Condado Kominisyon Konte	School Board Junta Escolar Asamblea Edifikasyon	Community Council Consejo Comunitario Konsyè Komunitè
5	3	16

Municipality | Municipio | Administratè  
**UNINCORPORATED M-D**



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MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2019**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Roa Omaidia

MAILING ADDRESS :

19235 Fisher Island Dr

Miami 33109 Dade

CITY : ZIP : COUNTY :

NAME OF AGENCY :

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council 16 subarea 16/161D

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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 MIAMI-DADE COUNTY  
 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	NAME OF SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DMRR Corp	miami, FL 33142 ↓ 3114-3114R-3120-3122 NW 22AV	Rental
D'Miami Investment	2630 SW 28ST # 17 ↑ Miami, FL 33133	Rental

**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")

3114-3114R 3120+3122 NW 22A - Miami, FL 33142  
 2630 SW. 28ST # 17 - Miami, FL 33133

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
First Citizens Bank	3121 Commodore Plaza - Miami, FL 33133

**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	OJMR Corp	D' Miami Investment
ADDRESS OF BUSINESS ENTITY	2533 Andros Ave Miami, FL 33133	2533 Andros Ave Miami, FL 33133
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY	President	President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Owner	Owner

**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: 6-3-2020

**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.

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 MIAMI-ELECTIONS



**OFFICIAL RECEIPT**  
**MIAMI-DADE COUNTY-FLORIDA**

No. 7900522

RECEIVED FROM Omaida Rua

DATE 06, 08, 20  
MONTH DAY YEAR

ADDRESS 19235 Fisher Island Dr.  
Miami CITY FL STATE 33109 ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 100 . 00

AMOUNT OF: one hundred DOLLARS, AND Zero CENTS TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee Community Council 16/1610

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

DEPT.: elections BY: Will Castro

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**Omaida Rua Campaign Account**  
19235 Fisher Island Dr  
Miami, FL 33109

301

Date 6-8-20

Pay to the Order of Miami Dade County \$ 100.-  
One hundred + 00/100 Dollars

**First Citizens Bank**  
**Community Council**

For Section 16/Subarea 1610

*(Signature)*

Security Features Details on Back.

MP