

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, Alicia Arellano

(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 County Commissioner 8
(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): 109295492

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.]

Ah lees ee Ah Ar eh y awn o

Alicia Arellano Signature of Candidate
(305) 962 1992 Telephone Number
aliciaarellanod@a Email Address
gmail.com
18701 SW 134 Ave Address
Miami City
FL State
33177 ZIP Code

STATE OF FLORIDA

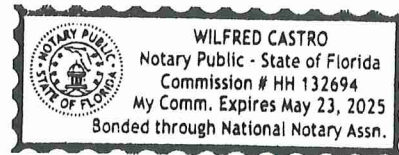
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical or
online presence this 13 day of June, 2022.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL DL




Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

RECEIVED
2022 JUN 13 PM 1:39
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Florida *The Sunshine State*
DRIVER LICENSE CLASS E




ALICIA ARELLANO
PELLETIER
18701 SW 134 AVE
MIAMI, FL 33177-2924
DOB: 09-22-1969 SEX: F
ISSUED: 09-22-2016 HGT: 5-08
EXPIRES: 09-22-2024

REST:
ENDORSE:

Alicia Arellano

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



OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Arellano Lucia

MAILING ADDRESS:

18701 SW 13A Ave

Miami FL 33177

CITY: ZIP: COUNTY:

Miami Dade County

NAME OF AGENCY:

Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

District 8 MDC commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2022 JUN 13 PM 1:53
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 6/13, 20 22 was \$ - \$ 73,000.

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 \$ 15,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2016 Jeep Renegade	15,000
2003 Jeep Liberty	4,000
387 Melrose Landing Blvd. Hawthorne, FL 32640	25,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
US Dept of Education - 400 Maryland Ave SW Washington, DC 20202	\$ 132,000 ⁰⁰ x x

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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
Cutler Ridge Riptides	10100 SW 200th Cutler Bay, FL	\$6,000
Aliluna Designs	18701 SW 134 Ave Mia, 33177	\$20,000

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			
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	Aliluna Designs		
ADDRESS OF BUSINESS ENTITY	18701 SW 134 Ave, Miami, FL 33177		
PRINCIPAL BUSINESS ACTIVITY	HOA janitorial		
POSITION HELD WITH ENTITY	owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	owner		

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

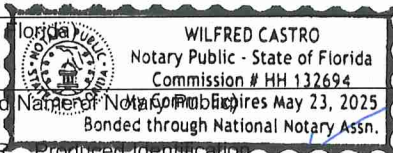
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 13 day of

June, 2022 by Alicia Arellano

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced FL DL

Alicia Arellano
 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

