

**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 Utility Bill
 Voter Information Card Homestead Exemption Receipt
 Property Tax Receipt Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Renier Diaz de la Portilla

(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, District 5
(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.

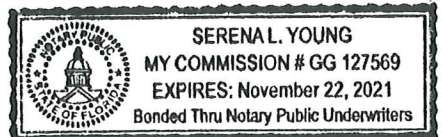
Candidate's Florida Voter Registration Number (located on your voter information card): 109338970

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.]*

Dee-az-De-la-Por-tee-YAH 3 Re-neer

X <u>Renier Diaz de la Portilla</u>	(786) 530-6580	rdlportillapa@gmail.com	
Signature of Candidate	Telephone Number	Email Address	
1861 NW South River Drive, Apt. 1801	Miami	FL	33125
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 28 day of May, 2020.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: Driver's License

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

Florida

DRIVER LICENSE



CLASS E

4d DLN

1 DIAZ
2 RENIER DAVID
3 1861 NW S RIVER DR UNIT 1801
MIAMI, FL 33125

3 DOB 04/29/1971 15 SEX M SAFE DRIVER
4b EXP 04/29/2025 16 HGT 5'-06"
12 REST NONE 9a END NONE

4a ISS 05/03/2017

5DD

REPLACED 09/19/2018

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



David Renier

DONOR

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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(M) 21 PM 6:43
2020 MAY 22 AM 8:37

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:
 Diaz de la Portilla, Renier David

MAILING ADDRESS:
 1861 NW South River Drive
 Apt. 1801

CITY: ZIP: COUNTY:
 Miami 33125 Miami-Dade

NAME OF AGENCY :
 Miami-Dade County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Miami-Dade Commissioner, District 5

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 December 31st, 20 19 was \$ 23,140.

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
Bedroom set	\$7,000
Artwork	\$3,000
Samsung TVs	\$2,000
FRS Retirement Account	\$20,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Pennsylvania Higher Ed. Assistance Agency-1200 N. 7th St., Harrisburg, PA 17102	\$170,530
U.S. Century Bank, 396 Alhambra Circle, Coral Gables, FL 33134	\$27,000
Nissan Finance Corporation, One Nissan Way, Franklin, TN 37067	\$17,550

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 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
Gallardo Law Firm	8490 SW 8th Street, Miami, FL 33144	\$82,000
Renier Diaz de la Portilla, P.A.	1481 NW 22nd Street, Miami, FL 33142	\$23,000

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
NA			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA	NA	NA
ADDRESS OF BUSINESS ENTITY	NA	NA	NA
PRINCIPAL BUSINESS ACTIVITY	NA	NA	NA
POSITION HELD WITH ENTITY	NA	NA	NA
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA	NA	NA
NATURE OF MY OWNERSHIP INTEREST	NA	NA	NA

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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

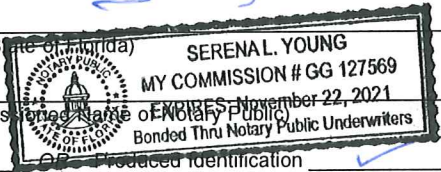
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 28 day of

May, 2020, by Renier Diaz de la Portilla

(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 Driver's License

Renier Diaz de la Portilla
 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

Addendum

Part B- Assets

Renier Diaz de la Portilla, P.A. \$200,000
(Closely held business, market value)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 7900472

RECEIVED FROM Benier Diaz De La Portilla
 ADDRESS 7700 North Kendall Dr. Ste 407
 STREET ADDRESS
Miami CITY FL STATE 33156 ZIP

DATE 6 / 1 / 2020
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 360 . 00
 TOTAL \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND Zero CENTS

FOR PAYMENT OF: Qualifying Fee - County

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

DEPT.: Elections By: Afemesse Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Benier Diaz de la Portilla Campaign Account
 7700 North Kendall Dr. Ste. 407 [REDACTED] 99
 Miami, FL 33156
 (305) 274-4814 DATE 6/1/20

PAY TO THE ORDER OF Miami-Dade County \$ 360.00
Three hundred and sixty - 00/100 DOLLARS

SUNTRUST [REDACTED]
 MEMO Qualifying Fee Miami-Dade Commission-Dist 5 Nancy L Brown MP
 [REDACTED]

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