

**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)

Hugo Alvarez

I, _____
(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
(Office) Area 2, Sub-Area 126
(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): 109357131

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.]

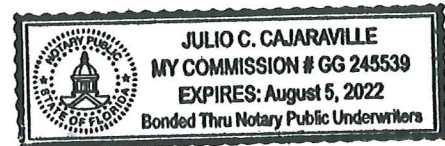
YOO-go AL-vuh-rez

X	(305) 984-8820	halvarez@beckerlawyers.com	
Signature of Candidate	Telephone Number	Email Address	
9764 SW 124 Terrace	Miami	Florida	33176
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 3 day of June, 2020.



Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL DL

Julio C. Cajaville
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Florida

The Sunshine State

DRIVER LICENSE CLASS E



HUGO VINCENT
ALVAREZ

9764 SW 124 TER
MIAMI, FL 33176-4938

DOB: 02-17-1972 SEX: M

ISSUED: 01-03-2013 HGT: 6-02

EXPIRES: 02-17-2021

REST:

ENDORSE:



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

su firma actualizada.

Ede nou kenbe dosye ou ajou –
asire ou nou gen yon siyati ki ajou.

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ELECTIONS DEPARTMENT

Detach here

Desprenda por aqui

Please check all information for accuracy.



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Hugo Vincent Alvarez
9764 SW 124Th Ter
Miami FL 33176

ISSUED
EMITIDA
ENPRIME
08/10/15

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

109357131

Sírvase verifi-
car la correc-
ción de
todos los
datos.

Voting Location | Centro de Votación | Lokal Biwo Vòt
Suniland Park
12855 S. Dixie Hwy

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
753

Date of Birth
Fecha de Nacimiento
Dat Nesans
2/17/1972

Registration Date
Fecha de Inscripción
Dat Enskripsyon
2/15/1990

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

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
26

State Senate
Senado Estatal
Sena Eta a
40

State House
Cámara Estatal
Lachanm Eta a
115

Tanpri verifie ke
tout en-
fòmasyon
yo kòrèk.

County Commission
Comisión del Condado
Komisyon Konte
8

School Board
Junta Escolar
Asanble Edikasyon
9

Community Council
Consejo Comunitario
Konsèy Kominotè
12

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Alvarez Hugo V.

MAILING ADDRESS :

9764 SW 124 Terrace

CITY :

Miami

ZIP :

33176

COUNTY :

Miami-Dade

NAME OF AGENCY :

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council, Area 12, Sub-Area 126

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** 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
Hugo V. Alvarez, PA	9764 SW 124 Terrace, Miami, FL 33176	Trade Company
Becker & Poliokoff	121 Alhambra, 10 Fl, Coral Gables 33134	Law Firm

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")

Only property is primary residence exempt from this disclosure.

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
See Attachment	

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PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
See Attachment	

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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	N/A	
POSITION HELD WITH ENTITY	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	
NATURE OF MY OWNERSHIP INTEREST	N/A	

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:

6/4/2020

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, Juan Carlos Flores, ESQ., 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:

6/4/2020

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.

Hugo V. Alvarez 2019 Form 1 - Appendix

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Part D – Intangible Personal Property

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<u>Type of Intangible</u>	<u>Business Entity</u>
• 401(K)	SP 500 Index Fund
• Vanguard Roth IRA	SP 500 Index Fund

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Part E – Liabilities

<u>Name of Creditor</u>	<u>Address</u>
• Student Loan US DOE	PO Box 4830 Portland Oregon 97028
• BMW Financial Services	5515 Parkcenter Cir, Dublin, OH 43017
• Mortgage, Cenlar	425 Phillips Boulevard, Trenton, New Jersey 08618



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900502

RECEIVED FROM Hugo Alvarez
ADDRESS 9764 SW 124 Terrace
Miami FL 33176
CITY STATE ZIP

DATE 6 / 15 / 2020
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 100 . 00
TOTAL \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND Zero CENTS

FOR PAYMENT OF: Qualifying Fee - Hugo Alvarez Community Council Area 2/3 Subarea 12/126

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

DEPT.: Elections BY: Aylenessa Innocent

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Hugo Alvarez Campaign Account
Community Council - 12/126

6/4/2020
Date

0100

Pay to the Order of Miami-Dade County \$ 100.00
one hundred dollars & zero cents Dollars



Bank
America's Most Convenient Bank

For Qualifiers for Campaign Community Council
Area 2/3 Subarea 12/126

Harland Clarke

TD Bank, N.A.

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