

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

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

☐ Write-in candidate

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2020 JUN -8 AM 11:17

**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Michel Diaz Suarez

(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 School board, 5,
(Office) (District #)

-, -; I am a qualified elector of MIAMI Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 109518304

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.]

Michel Diaz Suarez

X [Signature]
Signature of Candidate

() 2/4
Telephone Number

M Suarez@bhcc.edu
Email Address

5201 NW 31
Address

MIAMI
City

FL
State

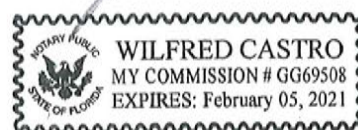
33176
ZIP Code

**STATE OF FLORIDA
COUNTY OF Miami-Dade**

Sworn to (or affirmed) and subscribed before me by physical ☒ or
online ☐ presence this 8 day of June, 2020.
Personally Known: ☐ or Produced Identification: ☒
Type of Identification Produced: FL DL

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



FORM 6

FULL AND PUBLIC DISCLOSURE
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:

Suarez Michel Diaz

MAILING ADDRESS:

5201 NW 7st

CITY:

Miami

ZIP:

FL 33126 Miami

COUNTY:

Dade

NAME OF AGENCY:

MIAMI Dade County Public Schs

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board Dist 5

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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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 6/8, 20 20 was \$ 100,000.

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 \$ 1000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

N/A

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

0

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

0

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
Education Co. Cambridge	5201 NW 75th MIAMI FL 33126	\$200,000

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			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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			

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

June 20, 2020, at Miami, Florida, by Michel Daz Sadez

(Signature of Notary Public--State of Florida)

WILFRED CASTRO COMMISSION # GG69508 EXPIRES: February 05, 2021

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced FL DL

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 ☐

OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 7900525

RECEIVED FROM MICHAEL DIAZ SANCHEZ

DATE 02 / 05 / 20
MONTH DAY YEAR

ADDRESS 5401 NW 1 St.

CASH \$ _____ . _____

STREET ADDRESS ☒ 3317

1795 15

19 Nov 77 FL 20176

CHECKS \$ 1,115 . 08

AMOUNT OF: one thousand seven DOLLARS, AND sixty eight CENT

TOTAL \$ 195.68

FOR PAYMENT OF: Qualifying Fee School Board (5/20/01)

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

DEPT.: Electronics By: Will Cagno

FOR OFFICE USE ONLY[illegible]

107.01-1 6/04

Nicht die ² Saure Comp. sind

100

DATE 6/8/20

PAY TO
THE ORDER OF

Miami Dade County

THE ORDER OF

THE ORDER OF ONE thousand seven hundred ninety five DOLLARS Security Features
included.
Details on Back.

DOLLARS

6/22/11

Interamerican Bank F.S.B.
9190 CORAL WAY
MIAMI, FLORIDA 33165

School Lock & Dist 5

MEMC

MP

RECEIVED

2020 JUN -8 PM 12:48

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

SPECIALTY BLUE