

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, Anthony Rodriguez

(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 10
(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): 114362978

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.]

AE n - th uh - nee roh dr EE - geh s

X

Signature of Candidate

12305 Sw 45 Street

Address

(786) 303-0002

Telephone Number

Miami

City

anthony@floridaadvanced.com

Email Address

FL

State

33175

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

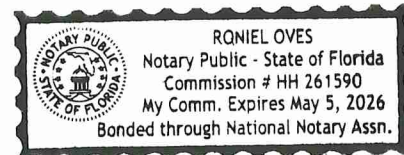
Sworn to (or affirmed) and subscribed before me by physical ☒ or

online ☐ presence this 1 day of June, 2022.

Personally Known: ☒ or

Produced Identification: ☐

Type of Identification Produced: _____



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

MIAMI-DADE
COUNTY

Voter Information Card
Miami-Dade County, FL

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

Kat Enskripsyon Votè
Kontè Miami-Dade, FL

Anthony Rodriguez
12305 SW 45th St
Miami FL 33175

ISSUED
EXPIRES
09/14/18

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote you presen idantifikasyon
ki gen foto w sou li te w ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

114362978

Voting Location | Centro de Votación | Lokal Biwo Vot
German American Social Club
11919 SW 56 St

Precinct No.
Núm. del Recinto
Nim. Biwo Vot
707

Date of Birth
Fecha de Nacimiento
Dat Nesans
3/24/1988

Registration Date
Fecha de Inscripción
Dat Enskripsyon
5/30/2006

Party Affiliation | Afiliación Partidista | Pati 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.
Uw ou ka vot pou reprezantante nan distrik ki enliyane anba yo.
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
40

State House
Cámara Estatal
Lacham Eta
118

County Commission
Comisión del Condado
Komisyon Konte
10

School Board
Junta Escolar
Asanble Edikasyon
8

Community Council
Consejo Comunitario
Konsèy Kominotè
11

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



2021 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/01/2022

General Information

Name: Hon Anthony Rodriguez
 Address: 2600 S DOUGLAS RD STE 900, CORAL GABLES, FL 33134-6149
 County:

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative
Miami-Dade County Public Health Trust	Board of Trustees	Trustee, Board of Trustees of PHT

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commissioner ✓	Miami-Dade County Board of County Commissioners	District 10 Miami-Dade County Commissioner

Net Worth

My Net Worth as of December 31, 2021 was \$ 2,766,498.30.

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2021 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/01/2022

Assets

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 effect is \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Estate, 325 Calusa Street, Lot 322, Key Largo, FL 33037	\$ 550,000.00
Real Estate, 4670 W 13 Lane, Unit 201, Hialeah, FL 33012 (50% ownership interest)	\$ 85,000.00
Real Estate, Personal Residence (Miami, FL)	\$ 1,500,000.00
Wells Fargo Bank Account, 420 Montgomery Street, San Francisco, CA 94104	\$ 34,797.36
Investment in Business, Florida Advanced Properties Inc (50% investment interest), 13501 SW 128 Street, Miami, FL 33186	\$ 950,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mortgage, Caliber Home Loans (Personal Residence)	PO Box 24610, Oklahoma City, OK 73124	\$ 428,299.06

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Florida Advanced Partners Inc (W2)	13501 SW 128 Street, Miami, FL 33186	\$ 39,215.20
Florida Advanced Partners Inc (K-1)	13501 SW 128 Street, Miami, FL 33186	\$ 26,485.00
Rental Income	4670 W 13 Lane #201, Hialeah, FL 33012	\$ 5,550.00
State of Florida, Florida House of Representatives	513 The Capitol, Tallahassee, FL 32399	\$ 27,537.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Training

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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ELECTIONS DEPARTMENT

CPA/Attorney Signature Only

I, **jeannine miranda** 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.

jeannine miranda

Digitally signed: 05/31/2022

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Anthony Rodriguez

Digitally signed: 06/01/2022

Filed with COE: 06/01/2022

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