

**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, Victor Vazquez

(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 Commission   
(Office) 6 (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.

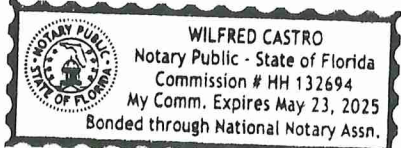
Candidate's Florida Voter Registration Number (located on your voter information card): 110333300

**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.]

Vick-tore Vahzkez

<b>X</b>	<u>Victor Vazquez</u>	<u>(305) 926-0904</u>	<u>veteran712020@gmail.com</u>
	<b>Signature of Candidate</b>	<b>Telephone Number</b>	<b>Email Address</b>
	<u>2 De Leon Drive</u>	<u>Miami Springs</u>	<u>FL 33166</u>
	<b>Address</b>	<b>City</b>	<b>State</b> <b>ZIP Code</b>

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

**Florida** DRIVER LICENSE  CLASS E



1 VAZQUEZ  
2 VICTOR, JR  
3 DE LEON DR  
4 MIAMI SPRINGS, FL 33166-5912

9 DOB 07/11/1952 SEX M  
4b EXP 07/11/2028 16 HGT 5'-06"  
12 REST NONE 3a END NONE

SAFE DRIVER  DONOR  
4a ISS 05/26/2020  
5DD [REDACTED]

*Victor Jr*

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



RECEIVED  
2022 JUN 13 AM 9:22  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Vazquez Victor

MAILING ADDRESS:

2 De Leon Drive

CITY: Miami Springs, FL ZIP: 33166 COUNTY: Miami Dade

NAME OF AGENCY: Miami Dade Board of County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami Dade County Commissioner District 6

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED  
2022 JUN 13 AM 9:52  
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 May 31, 20 22 was \$ 454,000.00.

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 \$ 100,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2 De Leon Drive Miami Springs, FL 33166	\$450,000.00
Trust Bank Account 69 Westward Dr, Miami Springs, FL 33166	\$4,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lakeview Loan Services PO Box 37628 Philadelphia PA 19101-0628	\$288,675.65
Honda Financial Services 16165 S Dixie Hwy, Miami, FL 33157	\$30,000.00
Blue Green Vacation Unlimited Inc 4960 Conference Way, Boca Raton FL 33431	\$18,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mastercard Citi Bank Credit Card	\$2,300.00

**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
See Attachment		

**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
None			

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

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

2022 JUN 13 AM 9:52  
 FLORIDA STATE BOARD OF ACCOUNTANTS DEPARTMENT

**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 Victor Vazquez

(Signature of Notary Public - State of Florida) WILFRED CASTRO

(Print, Type, or Stamp Commission # HH 132694)  
 (Name of Notary Public) WILFRED CASTRO, 2025  
 Bonded through National Notary Assn)

Personally Known  OR Produced Identification

Type of Identification Produced FL DL

Victor Vazquez  
 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**

CE FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS for Victor Vazquez

PART D Income

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Veterans Administration Compensation	14020 N 46th St, Tampa, FL 33613	\$27,406.20
TIAA-CREF Retirement Fund	20 Giralda Ave, Coral Gables, FL 33143	\$14,405.40
Florida Retirement System	3189 S Blair Stone Rd, Tallahassee, FL 32301	\$18,627.72
Social Security Administration	6500 W 21st Ct, Hialeah, FL 33016	\$25,576.80
City of Miami Springs	201 Westward Drive, Miami Springs FL 33166	\$ 6,000.00

Part E Liabilities

Honda Financial Services 16165 S Dixie Hwy, FL 33157  
Blue Green Vacations Unlimited 4960 Constance Way, Boca Raton FL 33157

RECEIVED  
2022 JUN 13 AM 9:22  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 7900408

RECEIVED FROM Victor Vazquez

DATE 06, 13, 22  
MONTH DAY YEAR

ADDRESS 2 De Leon Drive  
STREET ADDRESS  
Miami Springs FL 33166  
CITY STATE ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 360 . 00

AMOUNT OF: Three hundred sixty DOLLARS, AND zero CENTS TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee Commissioner District 6

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT  
DEPT.: elections By: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Victor Vazquez Campaign

DATE 6/10/2022 99

PAY TO THE ORDER OF Miami Dade County \$ 360.00  
Three Hundred Sixty Dollars and 00/100 DOLLARS

© DELUXE WALLET OR DUPLICATE

TRUIST MD County Comm. - D6  
S. Siver

MEMO 2022 Qualifying Fee

RECEIVED  
2022 JUN 13 AM 9:50  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

SPECIALTY BLUE