MIAMI-DADE COUNTY	OFFICE	USE ONLY
CANDIDATE OATH –	To formal day and mandel and	
NONPARTISAN OFFICE	Proof of residency provided:	
(Do not use this form if a Judicial or School Board Candidate)	Driver's License	Utility Bill
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	☐ Voter Information Card☐ Property Tax Receipt	☐ Homestead Exemption Receipt ☐ Lease Agreement
☐ Write-in candidate		— Salarana 💆
	DATE OATH 1, Florida Statutes)	
L. Alina Laga	k) 1 (0) (000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(Print name above as you wish it to appear on the ballot. If your la. (See page 2 – Compound Last Names). No change can be made after the ballot, the pame must be printed above for outh purposes.)	ist name consists of two or more nar the end of qualifying. Although a writ	ite-in candidate's name is not printed on
am a candidate for the nonpartisan office of Miami Dade		, 103 (District/Group/Seat #)
I am a qualified elector of Miami-Dade County, Florida; I am a Home Rule Charter of Miami-Dade County to hold the office to no other public office in the state, the term of which office or a resigned from any office from which I am required to resign property. Constitution of the United States and the Constitution of the States	to which I desire to be nominat ny part thereof runs concurrent v pursuant to Section 99.012, Flori	ted or elected; I have qualified for with the office seek; and I have
I affirm that I am a resident of Miami-Dade County, meet the proof of my residency in the district for the prescribed period. Oath of Candidate and that the facts stated in such are true.	minimum residency requireme Under penalties of perjury, I dec	ents for this office, and submitting clare that I have read the foregoing
Candidate's Florida Voter Registration Number (located on you	r voter information card):	986 43 <u>8</u> 3 3
Phonetic spelling for audio ballot: Print name phonetically on the may be used by persons with disabilities (see instructions on page Alina Lago	ne line below as you wish it to be e 2 of this form): [Not applicable	pronounced on the audio ballot as to write-in candidates.]
X (1) 1 1 2 1 30	781:0054	
	phone Number	Alina lago 1908@ 9 moi) co
8859 S.W. G2 Terr., Mia Address City	State	33173 ZIP Code
5,		AIT COUC
STATE OF FLORIDA	6	WILFRED CASTRO
COUNTY OF Miami-Dade	OF PO My Com	y Public - State of Florida nmission # HH 132694 nm. Expires May 23, 2025 rugh National Notary Assn.
Sworn to (or affirmed) and subscribed before me by physical or		Igh National Notary Assn.
online Opresence thisday of	_, 20 22.	
Personally Known:or	1000	
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned N	Jame of Notary Public
Type of Identification Produced:		



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2021 FORM 1 STATEMENT OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below LAST NAME -- FIRST NAME -- MIDDLE NAME : Lago, Alina MAILING ADDRESS: 8859 S.W. 62nd Terrace CITY: ZIP: COUNTY: 33173 Miami Miami-Dade NAME OF AGENCY: Miami-Dade County NAME OF OFFICE OR POSITION HELD OR SOUGHT: Community Council Area 12 Sub Area 123 Miomi- Dade County CHECK ONLY IF M 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, 2021. 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): <u>OR</u> **DOLLAR VALUE THRESHOLDS** COMPARATIVE (PERCENTAGE) 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") SOURCE'S DESCRIPTION OF THE SOURCE'S NAME OF SOURCE **ADDRESS** PRINCIPAL BUSINESS ACTIVITY OF INCOME Miami Dade County Public School 1450 N.E. 2nd Avenue, Miami, Fl 33132 Education 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") PRINCIPAL BUSINESS NAME OF NAME OF MAJOR SOURCES **ADDRESS BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** N/A PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space on the (If you have nothing to report, write "none" or "n/a") lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when Only property is Primary residence (Exempt from this disclosure) 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 [State of the control of the	ne" or "n/a")		•							
TYPE OF INTANGIBLE	BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES								
Joint Brokerage Account	Charles Schwab									
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor										
NAME OF CREDITOR	1	ADDRES	S OF CREDITOR							
N/A										
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	" or "n/a")	ns in certain types of bus S ENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2							
NAME OF BUSINESS ENTITY	N/A									
ADDRESS OF BUSINESS ENTITY			022							
PRINCIPAL BUSINESS ACTIVITY	N/A									
POSITION HELD WITH ENTITY	N/A		7.5							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS										
NATURE OF MY OWNERSHIP INTEREST	N/A		30 2 4							
PART G — TRAINING For elected municipal officers agency created under Part III, Chapter 163 required to	complete annual ethics	training pursuant to section	on 112.3142, F.S.							
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE							
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY							
Signature:)	If a certified public accountant licensed under Chapter 473, or attorned in good standing with the Florida Bar prepared this form for you, he of she must complete the following statement: I,, prepared the Complete the 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.								
Date Signed:										
		CPA/Attorney Signature	:							
		Date Signed:								
FILING INSTRUCTIONS:										
If you were mailed the form by the Commission on Et	thics or a Countv	andidates file this form	together with their filing papers.							
Supervisor of Elections for your annual disclosure	fillian makerum than		ECESSARY: A condidate who files a Form							

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 filling method. Form 6s will not be accepted via email.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

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MIAMI	DADE
COUNTY	

OFFICIAL RECEIPT

No. 7900388

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