

**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, Karen Baez-Wallis

(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, 8 District  
(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.

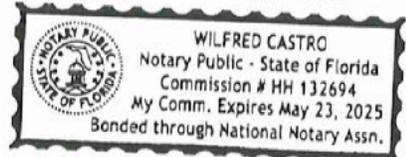
Candidate's Florida Voter Registration Number (located on your voter information card): 109348356

**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.]  
KA-REN BA-EZ-WAH-LIS

Karen Baez Wallis (305) 414-2239 campaign@karenbaezwallis.com  
Signature of Candidate Telephone Number Email Address

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 1 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 

1 **[REDACTED]** 9 CLASS E

2 **[REDACTED]**

3 DOB 10/04/1971 15 SEX F SAFE DRIVER

4b EXP 10/04/2026 16 HGT 5'-01"

12 REST NONE 9a END NONE

4a ISS 10/05/2018

5DP **[REDACTED]**

*APPROVED*

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



**FOONOR**

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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**General Information**

Name: Mrs Karen Patricia Baez-Wallis  
 Address: [REDACTED]  
 County: Miami-Dade

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
County Commissioner	Miami-Dade County Commission	District 8 Miami Dade County Commissioner

**Net Worth**

My Net Worth as of December 31, 2021 was \$ 825,000.00.

**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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Residence	\$ 600,000.00
Townhouse	\$ 200,000.00
Land Parcel Lake Placid Florida	\$ 7,000.00
Regular Checking Account	\$ 42,000.00

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**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PHH Mortgage	P.O. Box 5452 Mt. Laurel, NJ 08054-5452	\$ 106,000.00
Wells Fargo	P.O. Box 14411 Des Moines, IA 50306-3411	\$ 26,600.00

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
Jackson South Medical Center	9333 S.W. 152 St Miami, FL 33157	\$ 156,000.00

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

**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.

***Karen Patricia Baez-Wallis***

Digitally signed: 05/31/2022

For Qualifying  
Purposes Only

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