

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

OFFICE USE ONLY

(Do not use this form if a Judicial or School Board Candidate)

Proof of residency provided:

RECEIVED

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

Write-in candidate

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

2022 JUN 10 AM 11:35

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Julio C. Sanchez

(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.)

I am a candidate for the nonpartisan office of Miami Dade County Commissioner, 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): 109390224

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.]

Julio C. Sanchez

X		(305) 519-0451	fourrunners@gmail.com
	Signature of Candidate	Telephone Number	Email Address
	9130 Sw 45th Ter	Miami	FL 33165
	Address	City	State ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

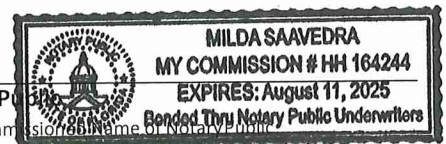
Sworn to (or affirmed) and subscribed before me by physical or online presence this 8th day of JUNE, 2022.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: DRIVERS LIC

Signature of Notary Public
Print, Type, or Stamp Commission Number and Name of Notary Public



RECEIVED
2022 JUN 13 AM 11:35
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Florida DRIVER LICENSE

USA

9 CLASS E

14 DL [REDACTED]

15 SANCHEZ
16 JULIO CESAR
17 89130 SW 45TH TER
18 MIAMI, FL 33165-5950

19 DOB 07/10/1963 20 SEX M

21 EXP 07/10/2028 22 HGT 5'-10"

23 REST A 24 END NONE

25 DMOR

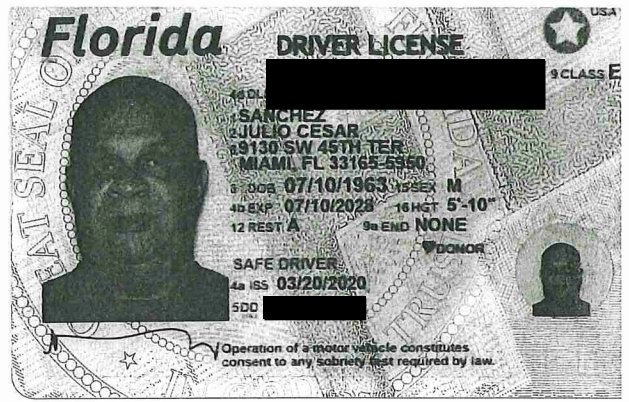
SAFE DRIVER

26a ISS 03/20/2020

27b [REDACTED]

28

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

A Florida Driver License for Julio Cesar Sanchez. The license features a large portrait of the holder on the left and a smaller portrait on the right. The background is a textured, light-colored pattern with the words "FLORIDA DRIVER LICENSE" and "SEAL OF THE STATE OF FLORIDA" visible. The license includes personal information such as name, address, date of birth, sex, height, and eye color. It also indicates the license is for Class E (Operator) and is a "SAFE DRIVER". The issue date is 03/20/2020, and the expiration date is 07/10/2028. The license number is partially redacted.

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

FOR OFFICE USE ONLY:

RECEIVED 2022 JUN 13 AM 11:35 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME: Sanchez, Julio Cesar
MAILING ADDRESS: 9130 SW 45 Terrace
CITY: Miami ZIP: 33165 COUNTY: FL
NAME OF AGENCY: MIAMI DADE COUNTY
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami Dade County Commissioner District 10
CHECK IF THIS IS A FILING BY A CANDIDATE [X]

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 12/31/2021 was \$795,000.00

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 \$5000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Rows include: 9130 sw 45 terrace, miami fl. 33165 (590,000.00), 10130 sw 39 terrace, miami fl. 33165 (550,000.00), 1989 ford mustang convertible (2000.00)

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Rows include: 9130 sw 45 terrace, miami fl. 33165 Truist Mortgage (182000.00), 10130 sw 39 terrace, miami fl. 33165 NewRez Mortgage (165,000.00), Credit Cards (15000.00)

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row includes: N/A

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
itcmiami inc.	9130 sw 45 terrace	42000.00
Club sports	miami, fl. 33165	7000.00

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	itcmiami Inc.		
ADDRESS OF BUSINESS ENTITY	9130 sw 45 terrace, miami, FL 33165		
PRINCIPAL BUSINESS ACTIVITY	Information Tech.		
POSITION HELD WITH ENTITY	VP		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%		
NATURE OF MY OWNERSHIP INTEREST	principal		

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.

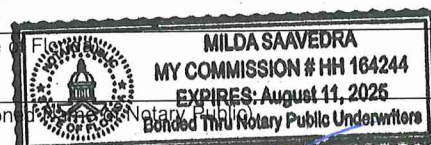
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 8th day of

JUNE, 2022 by JULIO CESAR SANCHEZ

(Signature of Notary Public - State of Florida)



(Print, Type, or Stamp Commission)

Personally Known _____ OR Produced Identification

Type of Identification Produced DRIVER LIC

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

[Handwritten Signature]

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. 7900411

RECEIVED FROM Julio C Sanchez
 ADDRESS 9130 SW 45 Terrace
Miami STREET ADDRESS
FL 33165 CITY STATE ZIP

DATE 06 / 13 / 22
 MONTH DAY YEAR

CASH \$ _____
 CHECKS \$ 360 . 00
 TOTAL \$ 360 . 00

AMOUNT OF: Three hundred sixty DOLLARS, AND Zero CENTS

FOR PAYMENT OF: Qualifying Fee MDC Commissioner District 10

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

Campaign Account of Julio C. Sanchez 0100
 Date 6-13-2022

Pay to the Order of Miami Dade County \$ 360.00
Three Hundred & Sixty Dollars

1 First Bank
 Florida
 9290 S.W. 40th Street
 Miami, Florida 33165
 (305) 552-1515

For Qualifying Fee
Campaign Registration

MDC Commissioner District 10

Harland Clarke BLUE SHEPHERD™

RECEIVED
 2022 JUN 13 AM 11:35
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT