

**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, IRENE TOROUELA-GARCIA

(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 COMMUNITY COUNCIL AREA 5 SUBAREA 55  
(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): 110039675

**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.]

I-reen To-ro-e-la-Gar-cia

X Irene Torouela (305) 498-2888 IRENE.SUBAREASSO@MAIL.COM  
Signature of Candidate Telephone Number Email Address  
17675 NW 91 CT HALETH FL 33018  
Address City State ZIP Code

**STATE OF FLORIDA**

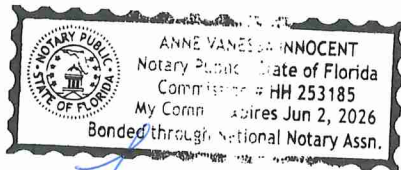
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical  or online  presence this 14 day of June, 2022.

Personally Known: \_\_\_\_\_ or

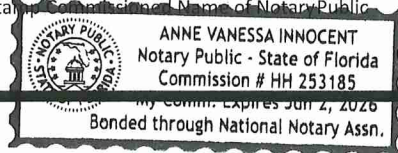
Produced Identification:

Type of Identification Produced: FL DL



Anne Vanessa Innocent  
Signature of Notary Public

Print, Type, or Stamp the Full Name of Notary Public





Voter Information Card  
Miami-Dade County, FL

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

Kat Enfòmasyon Vot  
Konte Miami-Dade, FL

ISSUED  
EMITIDO  
ENPRIM

Irene Torroella-Garcia  
17675 NW 91St Ct  
Hialeah FL 33018-1719

Bring photo identification  
when voting.

Para votar, presente una  
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.

03/02/1

Registration No.  
Núm. de Inscripción  
Nim. Enskripsyon

110039675

RECEIVED  
2022 JUN 14 AM 10:08  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Voting Location | Centro de Votación | Lokal Biwo Vòt

Palm Springs North Elementary School  
17615 NW 82 Ave

| Precinct No.<br>Núm. del Recinto<br>Nim. Biwo Vòt | Date of Birth<br>Fecha de Nacimiento<br>Dat Nesans | Registration Date<br>Fecha de Inscripción<br>Dat Enskripsyon |
|---|--|--|
| 389   | 10/8/1975  | 6/29/2002  |

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

**Christina White**

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Ud. puede votar por los representantes de los distritos enumerados abajo.  
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

| Congress<br>Congreso<br>Kongrè                              | State Senate<br>Senado Estatal<br>Sena Eta a       | State House<br>Cámara Estatal<br>Lacham Eta a               |
|---|--|---|
| 25  | 36   | 103   |
| County Commission<br>Comisión del Condado<br>Komisyon Konte | School Board<br>Junta Escolar<br>Asanble Edikasyon | Community Council<br>Consejo Comunitario<br>Konsèy Kominotè |
| 13  | 4  | 5   |

Municipality | Municipio | Minisipalite

UNINCORPORATED M-D





**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2021**

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

FOR OFFICE USE ONLY:

RECEIVED

2022 JUN 14 AM 10:08

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Torroella-Garcia - Irene

MAILING ADDRESS :

17675 NW 91 Ct

Hialeah 33018 Miami-Dade

CITY : ZIP : COUNTY :

NAME OF AGENCY :

MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MIAMI-DADE COUNTY  
Community Council 5/Subarea 5S

CHECK ONLY IF  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**):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE 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")

| NAME OF SOURCE OF INCOME     | SOURCE'S ADDRESS                  | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|------------------------------|-----------------------------------|---|
| Stellar Appraisals/Sirius RE | 17675 NW 91 Ct, Hialeah, FL 33018 | Real Estate Appraisals                                  |
| Investment Property          | 3559 W 74th Pl, Hialeah, FL 33018 | Rental Income   |
| Investment Property          | 1070 W 29th St, Hialeah, FL 33018 | Rental ncome  |

**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")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| N/A                     |   |                   |                                       |
|                         |   |                   |                                       |
|                         |   |                   |                                       |

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

|                                   |
|-----------------------------------|
| 17675 NW 91 Ct, Hialeah, FL 33018 |
| 3559 W 74th Pl, Hialeah, FL 33018 |
| 1070 W 29th St, Hialeah, FL 33018 |
|                                   |

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**FILING INSTRUCTIONS** for when 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** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| Mutual Fund        | Chase Bank                                    |
| Stock Portfolio    | TD Ameritrade                                 |

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR                  |
|------------------|--------------------------------------|
| PRMG Mortgage    | PO Box 11733, Newark, NJ, 07101-4733 |
| PRMG Mortgage    | PO Box 11733, Newark, NJ, 07101-4733 |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

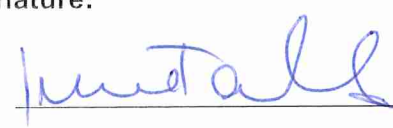
| NAME OF BUSINESS ENTITY                       | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
|---|---------------------|---------------------|
|   |                     | N/A                 |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |
| PRINCIPAL BUSINESS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

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

**I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature: 

Date Signed: 06/13/2022

**CPA or ATTORNEY SIGNATURE ONLY**

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 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.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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

**Candidates** file this form together with their filing papers.

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