

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

(Although a Write-in candidate's name is not printed on the ballot, the name must be printed below for oath purposes.)

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

Name to appear on ballot: Alex Otaola

(Print name above as you wish it to appear on the ballot - Name cannot be changed after qualifying.)

• Check box if two last names without hyphen

• Check box if name includes nickname

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Miami Dade County Mayor

(Office)

N/A

(District/Area/Subarea #)

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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

(786) 340 7257

manager@otaolaformayor.com

Signature of Candidate

Telephone Number

Email Address

26505 sw 203 ave

Homestead

Florida

33031

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

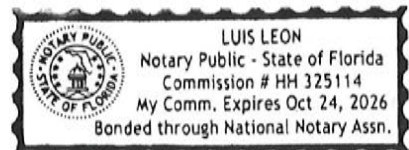
Sworn to (or affirmed) and subscribed before me by physical or

online presence this 22 day of MAY, 2024.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FL DL



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

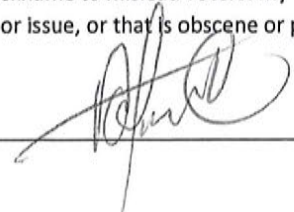
Amount	Entity

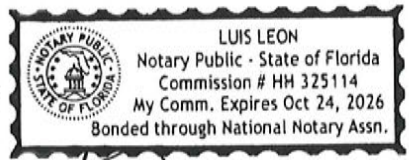
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Affidavit of Nickname (Only required if using nickname for the ballot.)

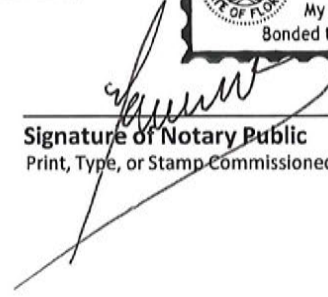
My legal name is Alexander Otaola. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Alex. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: 



STATE OF FLORIDA
COUNTY OF MIAMI-DADE


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 22 day of MAY, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: FL DL



Elections
 2700 NW 87th Avenue
 Miami, Florida 33172
 T 305-499-8683 F 305-499-8501
 TTY: 305-499-8480

miamidade.gov

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

Christina White

Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

Voter Registration Receipt
Comprobante de Inscripción del Elector
Resi Enskripsyon Votè

Date / Fecha / Dat	05/30/2024
Time / Hora / Lè	11:23 AM
Regn Number / Número de Registración / Nimewo Enskripsyon	119754586
Voter Name / Nombre de Votante / Non Votè	Otaola, Alexander
Residence / Residencia / Domisil	26505 SW 203Rd Ave Homestead FL 33031
Mailing Address / Dirección postal / Adrès Postal	none
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	Apr/28/1979
Birth Place / Lugar del Nacimiento / Lye Nesans	CUBA
Sex / Sexo / Sèks	M
Race / Raza / Ras	4
Party / Partido / Pati Politik	REP
Precinct / Precinto / Biwo Vòt	901.0 Fruit & Spice Park 24801 SW 187 Ave
Registration Date / Fecha de Inscripción / Dat Enskripsyon	May/25/2012
Assistance Required / Requiere asistencia / Bezwen Asistans	N

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*Witness my hand and official seal at Miami-Dade County, FL,
 Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,
 Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,
 on May/30/2024 / este día May/30/2024 / jou May/30/2024*

Christina White
 Supervisor of Elections
 Miami-Dade County, FL

By:  _____

General Information		
Name:	Alexander Otaola	
Address:	26505 sw 203rd AVE, Homestead, FL 33031	
County:		
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
Miami-Dade County Mayor	Miami-Dade County	Mayor

Net Worth
My Net Worth as of <u>December 31, 2023</u> was \$ <u>1,439,144.00</u> .

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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
26505 SW 203 Ave Homestead, FL 33031	\$ 808,077.00
Loan to Otaola For Mayor	\$ 21,000.00
Bank Account at Chase	\$ 450,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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2023 Form 6 - Full and Public Disclosure of Financial Interests

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Otaca Art Productions, Inc.	26505 SW 203 Ave Homestead FL, 33031	\$ 150,267.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
Otaca Art Productions, Inc.	Monarca Insurance Group & Multiservice Corp.	7392 NW 35 Terrace Ste. 207-210 Miami, FL 33122	Insurance
Otaca Art Productions, Inc.	CG Cosmetic Dental LLC	2601 SW 37th Ave #702 Miami, FL 33133	Dentistry
Otaca Art Productions, Inc.	AM Education & Services, Inc.	450 N. Park Rd #	Investment

Interests in Specified Businesses

Business Entity # 1
N/A

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CPA/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, **Lisbet Velazquez** 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.

Lisbet Velazquez

Digitally signed: 05/29/2024

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.

Alexander Otaola

Digitally signed: 05/29/2024

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