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: ROBERTO J. GONZALEZ

(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 COMMISSIONER,
(Office)

11, I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the
(District/Area/Subarea #)

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.

RECEIVED
2024 JUN 06 PM 1:09
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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*** ☑

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

X	(305) 317-1146	robjgonzalezcampaign@gmail.c
Signature of Candidate	**Telephone Number**	**Email Address**

1061 SW 145 COURT	MIAMI	FL	33184
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 4 day of June, 2024.

Notary Public State of Florida
Lynda T Rimart
My Commission HH 149320
Expires 07/08/2025

Personally Known: ☐ or

Produced Identification: ☑

Type of Identification Produced: FL Drivers License

Lynda T. Rimart
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of NotaryPublic

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):

roh - b eh r - t oh g oh n - z AA l eh z

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*
N/A	N/A

RECEIVED
2024 JUN -6 PM 1:05
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

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

My nickname is _____. 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 _____

_____

Signature of Notary Public

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

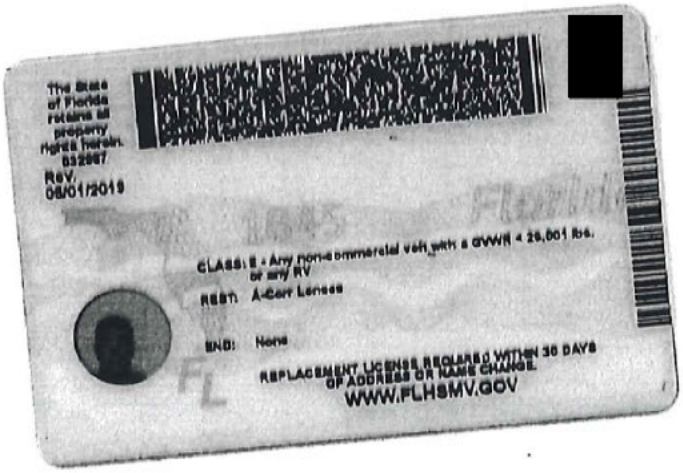
Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☐

this _____ day of _____, 20_____.

Personally Known ☐ *OR* Produced Identification ☐

Type of Identification Produced: _____



2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2024

General Information

Name: Mr Roberto J Gonzalez

Address: 111 NW 1st Street, Miami, FL 33128 **PID 298679**

County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	County Commissioner District 11
Miami-Dade County	Miami International Airport	TPO Board Member
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Miami-Dade County Board of County Commissioners	Miami-Dade County Commissioner, District #11

Net Worth

My Net Worth as of December 31, 2023 was $ 4,896,242.43.

Filed with COE: 06/05/2024

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 $ 90,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
Bank of America (Checking Acct), PO Box 25118, Tampa, FL 33622	$ 1,001.00
Bank of America (Checking Acct), PO Box 25118, Tampa, FL 33622	$ 21,555.19
Bank of America (Savings Acct), PO Box 25118, Tampa, FL 33622	$ 70,000.77
2023 GMC Yukon XL	$ 70,000.00
2021 Chevrolet Tahoe Premier Sport	$ 55,000.00
Personal Residence, 1061 SW 145th Court, Miami, FL 33184	$ 932,000.00
Peregonza The Attorneys Law Office, 5201 Blue Lagoon Drive, Ste 290, Miami, FL 33126	$ 5,000,000.00
Retirement Account-Mission Square, PO Box 669, South Windsor, CT 06074, 100% Fidelity Freedom Index 2050 Investor Fund	$ 7,876.54

Filed with COE: 06/05/2024

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Cardinal FInancial (Home Mortgage)	1 Corporate Drive, Ste 360, Lake Zurich, IL 60047	$ 472,931.31
Campus USA Credit Union (Auto Loan)	14007 NW 1st Road, Newberry, FL 32669	$ 67,712.82
GM Financial Services (Auto Loan)	801 Cherry Street, Ste 3900, Fort Worth, TX 76102	$ 36,291.88
Mohela 633 (Federal Student Aid)	633 Spirit Drive, Chesterfield, MO 63005	$ 213,591.13
US Small Business Administration (SBA Loan Guarantor)	409 3rd Street, SW, Washington, DC 20416	$ 533,265.00
Bank of America (Credit Card)	PO Box 25118, Tampa, FL 33622	$ 20,318.35
American Express (Credit Card)	PO Box 981535, El Paso, TX 79998	$ 7,080.58

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 06/05/2024

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
Miami-Dade County (W-2)	111 NW 1st Street	$ 70,206.42
PereGonza The Attorneys (W-2)	5201 Blue Lagoon Drive, Ste #290, Miami, FL 33126	$ 82,814.14
PereGonza The Attorneys (K-1)	5201 Blue Lagoon Drive, Ste #290, Miami, FL 33126	$ 68,448.00

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
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Filed with COE: 06/05/2024

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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.

Roberto J Gonzalez

Digitally signed: **06/05/2024**

Filed with COE: 06/05/2024

MIAMI-DADE COUNTY

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

miamidade.gov

CERTIFICATION
Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **1,835** signatures submitted by **Roberto J Gonzalez** for the office of **Miami-Dade County Commissioner District 11** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 7th DAY OF
MAY 2024.

Christina White
Supervisor of Elections