

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

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2024 JUN 11 PM 3:47

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Bryan Calvo

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

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 office of

Miami-Dade County Tax Collector
(Office)

N/A
(District #)

N/A
(Circuit #)

N/A
(Group or Seat #)

I am a qualified elector of

Miami-Dade

County, Florida;

I am a qualified elector under the Constitution and the Laws of Florida 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.

Statement of Party

I swear or affirm that I am a member of the

Republican

Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

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.

☒ Signature of Candidate

(786) 529-1204

Telephone Number

bryan@bryancalvo.com

Email Address

4250 W 19th Ave

Hialeah

FL

33012

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

online notarization ☐ OR physical presence ☒

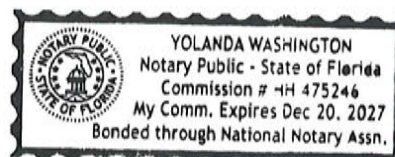
this 11 day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

Signature of Notary Public

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



General Information

Name: Mr Bryan Calvo
Address: 4250 W 19TH AVE, HIALEAH, FL 33012 PID 291979
County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Hialeah	City Council And Mayor	City Council Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
Tax Collector	Miami-Dade County	Tax Collector

Net Worth

My Net Worth as of May 28, 2024 was \$ 320,000.00.

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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 \$ 33,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
4250 W 19th Ave Hialeah, FL 33012	\$ 450,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Capitol One	1680 Capital One Drive, McLean, VA 22102	\$ 11,000.00
Harvard University	86 Brattle Street Cambridge, MA 02138	\$ 20,000.00
Discover	P.O. Box 6103 Carol Stream, IL 60197	\$ 2,700.00
Wells Fargo	420 Montgomery St San Francisco, CA 94104	\$ 48,000.00
Department of Education	400 Maryland Ave, S.W. Washington, DC 20202	\$ 111,000.00
Tractor Supply	5401 Virginia Way, Brentwood, TN 37027	\$ 1,800.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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ELECTIONS

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
City of Hialeah	501 Palm Ave Hialeah, FL 33010	\$ 44,000.00
Podhurst Orseck P.A.	1 SE Third Ave Suite 2300 Miami, FL 33131	\$ 91,000.00

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

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REGISTRATION

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.

Bryan Calvo

Digitally signed: 05/28/2024

Filed with COE: 05/28/2024

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MIAMI-DADE
CLERK OF COMMISSIONERS

4250 W 19TH AVE
HIALEAH, FL 33012-5802

DATE 6-11-24

PAY TO THE ORDER OF Miami-Dade County

\$ 13,149.00

Thirteen thousand one hundred & forty nine ⁰⁰/₁₀₀ DOLLARS

FOR Qualifying Fee for
Miami-Dade County Tax Collector

Myan Calvo

MIAMI-DADE COUNTY-FLORIDA

No.8251255

RECEIVED FROM Bryan Calvo

DATE 6 / 11 / 2024
MONTH DAY YEAR

ADDRESS 4250 W 19th Ave

CASH \$ _____

11-1-1 STREET ADDRESS

STREET ADDRESS
Hialeah CITY
Hundredth STATE FL 33012 ZIP

CHECKS \$ 13,149 .00

AMOUNT OF: Thirteen Thousand One Hundred & Forty-nine DOLLARS, AND 00/100 CENTS

TOTAL \$ 13,149.00

FOR PAYMENT OF: Qualifying Fee - MDC Tax Collector

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections

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By: Yolanda Washington

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FERTILIZERS