

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

RECEIVED
2019 SEP 11 AM 11:22
OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

Horacio S. Aguirre (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Horacio S. Aguirre.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:

(a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.

HSR ✓ (b) I am offering myself as a candidate for the office of Commissioner in District Number 1 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office. *HSR*

3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 545. *HSR*

I presently reside at the following address (must include zip code):

1910 NW 13th Street, Miami, Florida 33125,

which is my legal address, and I have resided continually at said address from the 1st day of June, 2001 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses

For the Period

NR - HSR

NA - HSR

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

None.

6. Affiant's spouse resides at the following address (must include city, state and zip code):

1910 NW 13th Street, Miami, Florida 33125

7. Affiant's minor children reside at the following address (must include city, state and zip code):

None.

8. At the present time, affiant (is) is not registered to vote in any city, county or state other than as stipulated in subparagraph 3 above. *NSA*

9. Name and business address of affiant's employer:

Miami, Florida 33129 *H.S. Aguirre & Assoc., Inc. NSA*

Miami, Florida 33129 *2730 S.W. 3 Ave., #403 NSA*

10. Affiant's occupation: Comm. Mortgage Broker & R/E Agent

Affiant's business telephone number(s): 305-613-5880

11. Affiant has been employed in the above-cited capacity for the following period of time:

The past 30-plus years. 1/2 Jan. 1989 to Present NSA

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

NSA NSA

NSA NSA

12. Affiant represents that he/she (is) is not currently holding another elective or appointive office - whether city, county or municipal - the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter. *NSA*

13. Affiant represents that, as of this date, he/she (is) is not seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. *NSA*

Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

(a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) At the time such employee appoints a campaign treasurer and designates a primary depository; or

(c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

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14. Affiant's campaign headquarters address and telephone number:

1910 NW 13th Street, Miami, Florida 33125

*305 613 5880
HSA.*

Affiant's campaign treasurer's name:

Fausto Alvarez

Affiant's campaign treasurer's address:

2828 Coral Way, Suite 400, Miami, Florida 33145

Telephone numbers: (work) 305-613-5880
(home) 305-794-7599

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15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Horacio S. Aguirre

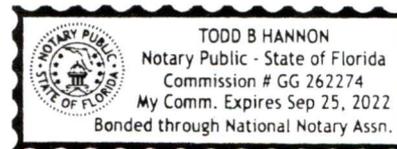
SIGNED THIS 11th DAY OF September, 2019.

Horacio S. Aguirre
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Horacio S. Aguirre, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

[Signature]
CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath
 Produced identification

Type of identification produced: FL Driver's License

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2018

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

RECEIVED
FOR OFFICE USE ONLY:

2019 SEP 11 AM 11:22
OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Aguirre, Horacio Stuart

MAILING ADDRESS :
1910 NW 13th Street

CITY : Miami ZIP : 33125 COUNTY : Miami-Dade

NAME OF AGENCY :
City of Miami HSA

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner, District 1

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
H. S. Aguirre & Associates	2730 SW 3rd Avenue, Suite 403	Comm. R/E Capital Advisory
Dixon Comm. R/E	3191 Coral Way, Suite 204	Comm. R/E Broker

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
Social Security Trust F.	Social Security Benefits		Social Security Benefits

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

1910 NW 13th Street, Miami, Florida 33125

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
Beneficial Interest in Trust	Horacio Aguirre Baca Irrevocable Trust

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Kerwin Mortgage Company	5944 SW 73rd Street, South Miami, Florida
Thomas J. Dixon	3191 Coral Way, Suite 204, Miami, Florida

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
ADDRESS OF BUSINESS ENTITY	H.S. Aguirre & Associates	
PRINCIPAL BUSINESS ACTIVITY	2730 SW 3rd Avenue, Suite 403	
POSITION HELD WITH ENTITY	Comm. R/E Capital Advisory	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	President	
NATURE OF MY OWNERSHIP INTEREST	100%	
	Principal	

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PART G — TRAINING
 For elected municipal officers 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: _____
Horacio E. Aguirre

Date Signed: _____
 September 11, 2019

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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Horacio S. Aguirre
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Horacio S. Aguirre
Signature of Candidate

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF Commissioner, Dist. 1

Before me, an officer authorized to administer oaths, personally appeared

Horacio S. Aguirre
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of Commissioner D-1, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

Horacio S. Aguirre
Signature of Candidate

1910 NW 13 Street, Miami FL 33125
Address City State ZIP Code

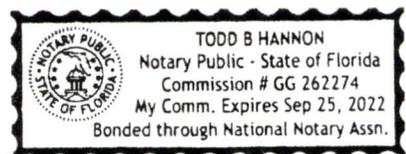
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 11th day of September, 2019.

[Signature]
Signature of Officer Administering Oath or Notary Public

Todd B. Hannon
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Drivers License



**ACKNOWLEDGMENT BY CANDIDATES COVERED BY
THE MANDATORY PROVISION
OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

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OFFICE OF THE CLERK
CITY OF MIAMI

The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils; candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned, avoided, or injured in his or her business or occupation;
- (b) With actual malice publish or cause to be published by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged by any means any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, Horacio S. Aguirre, a candidate for the office of
please print your name
Commissioner Dist 1 in City of Miami,
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x Horacio S. Aguirre
Signature

Sept. 11, 2019
Date

Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.

Miami Dade County Elections Dept.
2700 NW 87th Ave. *or* P.O. Box 521550
Miami, FL 33172 Miami, FL 33152-1550

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES MICROPRINTED ENDORSEMENT LINES AND ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

HORACIO S. AGUIRRE CAMPAIGN ACCOUNT
2828 CORAL WAY, SUITE 400
MIAMI, FL 33145

IBERIABANK
MIAMI, FL 33125
84-7041/2652

212

DATE 9-11-19

PAY
TO THE
ORDER OF

CITY OF MIAMI

\$682.00

Six Hundred Eighty Two and no/100

DOLLARS

AUTHORIZED SIGNATURE



MEMO QUALIFYING fee for D-1 RACE



City of Miami
OFFICIAL RECEIPT

No. 500696

\$ 682.00 Sales Tax \$ _____ Total \$ 682.00

Date: 9 | 11 | 19

Six hundred and Eighty two — 00/100 /100 Dollars

Received from: Horacio S. Aguirre Campaign

Address: 2828 Coral Way, Suite 400 MIAMI FL 33145

For: Qualifying Reference No: Check No. # 212

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Sandra Forges

Department: City Clerk

Division: Election

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department

UnitedHealthcare Insurance Company

Claim Unit
Post Office Box 740819
Atlanta, GA 30374-0819



JULY 19, 2018

HORACIO AGUIRRE
1910 NW 13TH ST
MIAMI, FL 33125

MEMBERSHIP #:
CLAIM #:



DEAR MR. AGUIRRE:

THANK YOU FOR LETTING UNITEDHEALTHCARE INSURANCE COMPANY PROVIDE YOU WITH QUALITY HEALTH COVERAGE.

WE HAVE RECEIVED YOUR CLAIM(S) FOR SERVICES FROM MANUEL GARCIA FRANGIE ON JUNE 11, 2018. YOU WILL RECEIVE A STATEMENT AS SOON AS A DECISION IS MADE.

THANK YOU FOR YOUR PATIENCE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL UNITEDHEALTHCARE TOLL-FREE 1-800-523-5800. CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE WEEKDAYS FROM 7 A.M. TO 11 P.M., AND SATURDAY FROM 9 A.M. TO 5 P.M., EASTERN TIME.

SINCERELY,

JAMI-LYNN BURVAINIS
CLAIM EXAMINER
UNITEDHEALTHCARE INSURANCE COMPANY

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CITY OF MIAMI

AARP | Supplemental and Personal Health
Plans insured by **UnitedHealthcare
Insurance Company**

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

[REDACTED]

UnitedHealthcare Insurance Company

Claim Unit
Post Office Box 740819
Atlanta, GA 30374-0819



[REDACTED]

JULY 19, 2018

HORACIO AGUIRRE
1910 NW 13TH ST
MIAMI, FL 33125

MEMBERSHIP #: [REDACTED]
CLAIM #: [REDACTED]

DEAR MR. AGUIRRE:

THANK YOU FOR LETTING UNITEDHEALTHCARE INSURANCE COMPANY PROVIDE YOU WITH QUALITY HEALTH COVERAGE.

WE HAVE RECEIVED YOUR CLAIM(S) FOR SERVICES FROM MANUEL GARCIA FRANGIE ON JUNE 11, 2018. YOU WILL RECEIVE A STATEMENT AS SOON AS A DECISION IS MADE.

THANK YOU FOR YOUR PATIENCE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL UNITEDHEALTHCARE TOLL-FREE 1-800-523-5800. CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE WEEKDAYS FROM 7 A.M. TO 11 P.M., AND SATURDAY FROM 9 A.M. TO 5 P.M., EASTERN TIME.

SINCERELY,

JAMI-LYNN BURVAINIS
CLAIM EXAMINER
UNITEDHEALTHCARE INSURANCE COMPANY

AARP® | Supplemental and Personal Health
Plans insured by **UnitedHealthcare**
Insurance Company

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).