AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2021 SEP -9 PM 4:22
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Francis X. Suarez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Francis X. Suarez.

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.

   ☐ (b) I am offering myself as a candidate for the office of Commissioner in District Number _____ 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.

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. 587.

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

   3625 Battersea Road, Miami, FL 33133,

   which is my legal address, and I have resided continually at said address from the 4th day of August 2018 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
1671 SW 32 Place, Miami, FL 33145	March 2007 - July 2018

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:

   n/a

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

   3625 Battersea Road, Miami, FL 33133

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

3625 Battersea Road, Miami, FL 33133

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.

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

Quinn Emanuel

2601 S Bayshore Drive, Suite 1550, Miami, FL 33133

10. Affiant's occupation: Attorney

Affiant's business telephone number(s): 786-613-5771

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

May 2021- present

(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).

Greenspoon Marder LLP (June 2018 - April 2021)

600 Brickell Avenue, Suite 3600, Miami, FL 33131

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.

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.

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.

RECEIVED
2021 SEP -9 PM 4:22
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

2600 South Douglas Rd. Suite 900, Coral Gables, FL 33134; (305) 445-0777

Affiant's campaign treasurer's name:

Jose A. Riesco

Affiant's campaign treasurer's address:

2600 South Douglas Rd. Suite 900, Coral Gables, FL 33134

Telephone numbers: (work) (305) 445-0777

(home) n/a

RECEIVED
2021 SEP -9 PM 4:22
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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: Francis X. Suarez

SIGNED THIS 9th DAY OF September, 2021.

AFFIANT

BEFORE ME, the undersigned authority, appeared Francis X. Suarez, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)

TODD B HANNON
Notary Public - State of Florida
Commission # GG 262274
My Comm. Expires Sep 25, 2022
Bonded through National Notary Assn.

✓ Did take an oath

✓ Produced identification

Type of identification produced: FL Driver's License

EXHIBIT B

FORM 1 — STATEMENT OF FINANCIAL INTERESTS — 2020

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

FOR OFFICE USE ONLY:

RECEIVED
2021 JUN 30 PM 2:54
OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SUAREZ FRANCIS XAVIER

MAILING ADDRESS :

OFFICE OF THE MAYOR

3500 PAN AMERICAN DRIVE

CITY : ZIP : COUNTY :

MIAMI 33133 MIAMI-DADE

NAME OF AGENCY :

OFFICE OF MAYOR - THE CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR OF THE CITY OF MIAMI

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, 2020.

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
Greenspoon Marder LLP	600 Brickell Ave, Ste 3600, Miami, FL 33131	Attorney - Of Counsel

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			

RECEIVED
2021 SEP -9 AM 11:23
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

3625 Battersea Road, Miami, FL 33133

1671 SW 32 Avenue, Miami, FL 33145

120 SW 37 Avenue, Miami, FL 33134

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
Florida Prepaid Savings Account	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
City National Bank	25 West Flagler Street, Miami, FL 33130

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")

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

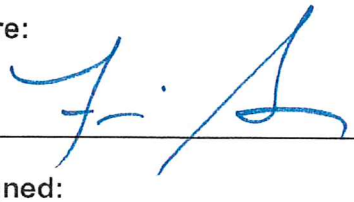
PART G — TRAINING For **elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency** created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **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:

June 30, 2021

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, 2020.

RECEIVED
2021 SEP -9 PM 4:23
FLORIDA COMMISSION ON ETHICS
RECEIVED
2021 JUN 30 PM 2:54
FLORIDA COMMISSION ON ETHICS

FRANCIS X. SUAREZ

MAYOR

STATEMENT OF FINANCIAL INTERESTS (CONTINUED)

Additional BOARDS to be included with my 2020 Statements of Financial Interests:

Transportation Planning Organization

Mayor' s Council on Global Competitiveness

Miami Technology Council

Miami -Dade County League of Cities Florida League of Cities

United States Conference of Mayors Executive Committee

United Nations Global Commission on Climate Adaptation

Global Center on Climate Adaptation Board

RECEIVED
2021 JUN 30 PM 3:05
OFFICE OF THE CITY CLERK
CITY OF MIAMI

RECEIVED
2021 SEP -9 PM 4:23
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

RECEIVED
2021 SEP -9 PM 4:23
OFFICE OF THE CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Francis X. Suarez,

(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 Mayor of the City of Miami, _____,
(Office) *(District #)*

_____, _____; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) *(Group or Seat #)*

I am qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109578596

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.]*

F R AE N - s ih s s uu AA r eh z

X _____	(305) 445-0777	fxsuarez@aol.com
Signature of Candidate	Telephone Number	Email Address

3625 Battersea Road	Miami	FL	33133
Address	City	State	ZIP Code

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 9th day of September, 2021

Personally Known ☐ *OR* Produced Identification ☑
Type of Identification Produced: FL Driver's License

TODD B HANNON
Notary Public - State of Florida
Commission # GG 262274
My Comm. Expires Sep 25, 2022
Bonded through National Notary Assn.

LOYALTY OATH

RECEIVED
2021 SEP -9 PM 4:23
OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Francis (First Name) X. (Middle Initial) Suarez (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.

Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF Mayor

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

Francis X. Suarez

(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of Mayor, 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.

Signature of Candidate

3625 Battersea Road	Miami	FL	33133
Address	City	State	ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 9th **day**

of September, 20 21.

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 Driver's License

TODD B HANNON
Notary Public - State of Florida
Commission # GG 262274
My Comm. Expires Sep 25, 2022
Bonded through National Notary Assn.

FRANCIS SUAREZ CAMPAIGN
2600 South Douglas Road, Suite 900
Coral Gables, FL 33134

Regions Bank
Coral Gables, FL
63-466/631

0129

9/3/2021

PAY TO THE ORDER OF City of Miami $ **1,070.00

One Thousand Seventy and 00/100********** DOLLARS

City of Miami

Qualifying Fees

[redacted]

FRANCIS SUAREZ CAMPAIGN

0129

City of Miami 9/3/2021

Qualifying Fees 1,070.00

2021 SEP -9 PM 4:24

Cash- Regions Qualifying Fees 1,070.00

City of Miami
OFFICIAL RECEIPT

No. 505787

$ 1,070.00 Sales Tax $ — Total $ 1,070.00 Date: 9/9/21

One Thousand Seventy and 00/100 /100 Dollars

Received from: Francis Suarez Campaign

Address: 2600 S. Douglas Rd., Suite 900, Coral Gables, FL 33134

For: Qualifying Fee - Mayor Reference No: 0129

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: Todd Hannon

Department: City Clerk's Office

Division: —

C | FN/TM 402 Rev. 03/03

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

Francis X. Suarez

Voter Registration Number: 109578596

Voter Information

⊕ **Voter Status:** Eligible to vote in Miami-Dade County

Date Registered: February 13, 1996

Date of Birth: [redacted]

Party Affiliation: REP

Precinct: 587

County: Miami-Dade

RECEIVED
2021 SEP -9 PM 4:23
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Request Registration Update

View Precinct Statistics

Contact Information

Residence Address:

3625 Battersea Rd
Miami, FL 33133

Mailing Address:

3625 Battersea Rd

How can we make this page better?

Submit

PHONE NUMBER(S)

Customer Service
305-499-VOTE (8683)