

FORM 1

STATEMENT OF FINANCIAL INTERESTS

20

CITY CLERK'S OFFICE
2023 FEB 22 AM 11:05

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

FOR OFFICIAL USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BUCELO, ALEX

MAILING ADDRESS :

625 BILTMORE WAY, #104

CITY :

CORAL GABLES

ZIP :

33134

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF CORAL GABLES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY OF CORAL GABLES, COMMISSION GROUP V

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, 2022.

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
BUCELO LAW GROUP	6303 BLUE LAGOON DR #390 MIAMI	ATTORNEY

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			

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

N/A

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.

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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
SEE ATTACHMENT	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
SEE ATTACHMENT	

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")

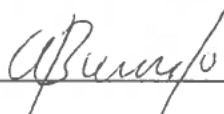
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A

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: _____
 2-22-23

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, 2022.

ALEX BUCELO
FORM 1
STATEMENT OF FINANCIAL INTERESTS
2022

PART D

TYPE OF INTANGIBLE PERSONAL PROPERTY

- 1% MEMBERSHIP INTEREST
- 1% MEMBERSHIP INTEREST
- 1% MEMBERSHIP INTEREST

CHECKING AND MONEY MARKET ACCOUNTS - CITY NATIONAL BANK, 2855 S LEJUNE ROAD, CORAL GABLES, FL 33134
SECURITIES INVESTMENT ACCOUNT - ACORNS - 5300 CALIFORNIA AVENUE, IRVINE, CA 92617
WHOLE LIFE INSURANCE POLICY - NATIONAL LIFE GROUP, MONTPELLIER, VT 05604
AUTOMOBILE, LEASED - 2022 ALFA ROMEO GIULIA

ENTITY TO WHICH PROPERTY RELATES

PACE INVESTORS LLC, PO Box 11941 Jackson, WY 83002
BAR INVESTORS LLC, 3310 Granada Blvd, Coral Gables, FL 33134
MONUMENT OPPORTUNITY FUND V, 2675 S Bayshore Drive, Unit 300S, Miami, FL 33133
ALEXANDER L. BUCELO
ALEXANDER L. BUCELO
ALEXANDER L. BUCELO
ALEXANDER L. BUCELO

PART E

TYPE OF LIABILITIES

HOME MORTGAGE, PENNY MAC, 3043 TOWNSGATE ROAD, SUITE 200, WESTLAKE VILLAGE, CA 91361
AUTO LEASE, BMW FINANCIAL SERVICES, PO BOX 78103, PHOENIX, AZ 85062
AUTO LEASE, ALLY BANK, PO BOX 9001951, LOUISVILLE, KY 40291

ALEXANDER L. BUCELO
ALEXANDER L. BUCELO
ALEXANDER L. BUCELO

CITY CLERK'S OFFICE
2023 FEB 22 AM 11:05

**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

OFFICE USE ONLY

Candidate Oath

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

I, **ALEX BUCELO**

(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 CITY OF CORAL GABLES COMMISSION (Office) (District #)

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

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) 119430522

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.]

AE I uh k s b oo se- l o

X abu celo
Signature of Candidate

(305) 546-7896
Telephone Number

alexbucelo@yahoo.com
Email Address

625 BILTMORE WAY, #104
Address

CORAL GABLES
City

FL
State

33134
Zip

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

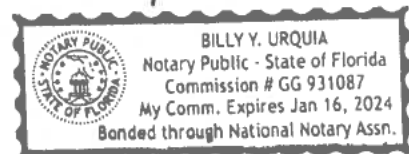
online notarization OR physical presence

this 22nd day of February 2023

Personally Known OR Produced Identification

Type of Identification Produced _____

B. Y. Urquia
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



ALEXANDER L. BUCELO, ESQ.

Telephone: 305-546-7896 Email: alb@bucelolawgroup.com

Education

St. Thomas University School of Law, Miami Gardens, FL
Juris Doctor, December 2017

Florida International University, Miami, FL
Bachelor of Business Administration in Finance, July 2015

Experience

Bucelo Law Group, Miami, FL
Partner, September 2019 - Present

- Represent clients in property claims/litigation.
- Prepared Purchase and Sale Agreements and bank loan documents.
- Analyzed surveys (ALTA and Boundary).
- Conducted real estate closings.
- Completed Articles of Incorporation, Corporate By-Laws and Operating Agreements.
- Interacted with clients on a daily basis.

Daniels, Rodriguez, Daniels, Berkeley, and Cruz, Miami, FL
Associate, May 2019 – September 2019

- Represent architects and engineers in construction defect cases.
- Prepare and file pleadings, draft motions, conduct depositions, and attend hearings.
- Settle cases
- Prepare contracts.

Cole, Scott & Kissane, P.A., Miami, FL
Associate, July 2018 – May 2019

- Represent clients in first and third party property claim litigation.
- Prepare and file pleadings, draft motions, conduct depositions, and attend hearings.
- Settle cases

Professional & Community Involvement

- City of Coral Gables Code Enforcement Board (2018 – Present)
- Coral Gables War Memorial Youth Center Association Board (June 2019 – Present)
- Coral Gables Mayor Advisory Board (2021 – Present)
- Miami Dade County Housing Finance Authority (2021 – Present)
- Coral Gables Museum Board of Directors (2021 – Present)
- Cuban American Bar Association
- Miami-Dade County Bar Association

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
2023 FEB 22 AM 11:06

CITY CLERK'S OFFICE
2022 AUG 1 PM 4:32

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
 Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
ALEXANDER LUIS BUCELO

3. Address (include post office box or street, city, state, zip code)
 625 BILTMORE WAY, UNIT 104
 CORAL GABLES, FL 33134

4. Telephone 5. E-mail address
 (305) 546-7896 alexbucelo@yahoo.com

6. Office sought (include district, circuit, group number)
 CITY OF CORAL GABLES, COMMISSIONER GROUP 5

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
JEANNINE R. MIRANDA

11. Mailing Address 12. Telephone
2600 S DOUGLAS ROAD, SUITE 900 (305) 445-0777

13. City 14. County 15. State 16. Zip Code 17. E-mail address
CORAL GABLES MIAMI-DADE FL 33134 jen@riescoandcompany.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank 20. Address
City National Bank 8311 SW 40 STREET

21. City 22. County 23. State 24. Zip Code
MIAMI MIAMI-DADE FL 33155

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date 26. Signature of Candidate
8-1-2022 X *abucelo*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
 I, **JEANNINE R. MIRANDA**, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer. Deputy Treasurer.
8/1/22 **X** *[Signature]*
 Date Signature of Campaign Treasurer or Deputy Treasurer

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying
officer before opening the campaign account.

CITY CLERK'S OFFICE
2023 FEB 22 AM 11:06

CITY CLERK'S OFFICE
2022 AUG 1 PM 4:32

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

ALEXANDER LUIS BUCELO

3. Address (include post office box or street, city, state, zip
code)

625 BILTMORE WAY, UNIT 104
CORAL GABLES, FL 33134

4. Telephone

(305) 546-7896

5. E-mail address

alexbucelo@yahoo.com

6. Office sought (include district, circuit, group number)

CITY OF CORAL GABLES, COMMISSIONER GROUP 5

7. If a candidate for a nonpartisan office, check if
applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JOSE A. RIESCO, CPA

11. Mailing Address

2600 S DOUGLAS ROAD, SUITE 900

12. Telephone

(305) 445-0777

13. City

CORAL GABLES

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33134

17. E-mail address

jose@riescoandcompany.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

City National Bank

20. Address

8311 SW 40 STREET

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33155

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

8-1-2022

26. Signature of Candidate

X *A Bucelo*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, JOSE A. RIESCO, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

8/1/2022
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

CITY CLERK'S OFFICE
2022 FEB 22 AM 11:06

OFFICE USE ONLY

CITY CLERK'S OFFICE
2022 AUG 1 PM 4:32

I, ALEXANDER LUIS BUCELO

candidate for the office of CITY OF CORAL GABLES, COMMISSIONER GROUP 5

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

8-1-2022

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

2023 GENERAL BIENNIAL ELECTION
DECLARATION OF CANDIDATE INTENT,
QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION

State of Florida

County of Miami-Dade

City of Coral Gables

I, Alex Bucelo a qualified elector and resident of Coral Gables

declare that I have been a continuous Coral Gables resident for at least a year preceding the qualifying period.

I further declare that I am a candidate for Coral Gables Commission V
(Office) (Group Number)

in the General Biennial Election of 4 | 11 | 2023, and do hereby file my intent to run in
(Month/Date/Year)

said election, and to pay the required qualification fee and election assessment in connection with same. (Attach proof of residency and qualified elector documentation).

UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE READ THE FOREGOING DECLARATION OF INTENT FORM AND THAT THE FACTS STATED ARE TRUE.

Alex Bucelo
SIGNATURE

2-22-23
DATE

CITY CLERK'S OFFICE
2023 FEB 22 AM 11:07

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED
by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C)(1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County extends to--

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. 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 Co. Property Appraiser

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate 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 that exposes the person to hatred, contempt, or ridicule or cause the person to be shunned or 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 that exposes the person to hatred, contempt, or ridicule or causes the 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 its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Alex Bucelo, a candidate for the office of
please print your name
Commissioner in Group 5
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x 
 Signature

2-22-23
 Date

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

0116

CITY-NATIONAL BANK OF FLORIDA
Coral Gables, FL
63-436/860

Alex-Bucelo Campaign Account
2600 South Douglas Road, Ste. 900
Coral Gables, FL 33134

2/20/2023

\$**564.88

PAY TO THE ORDER OF City of Coral Gables

Five Hundred Sixty-Four and 88/100*****PROTECTED AGAINST FRAUD***** DOLLARS



City of Coral Gables

MEMO

Qualifying Fee - City Commission Group 5
2023 Election

[Handwritten Signature]

Intuit® CheckLock™ Secure Check Details on Back

CITY CLERK'S OFFICE
2023 FEB 22 AM 11:07

City of Coral Gables
City Clerk
(305) 460-5351

019816-000/ Susan D. 02/22/2023 10:59AM

CITY CLERK	
Payment Tran Code: City Clerk (CITYCLERK)	
Description: Qualifying City Clerk (CITYCLERK)	
2022 Item: CITYCLERK City Clerk (CITYCLERK)	564.88
<hr/>	
Subtotal	564.88
Total	564.88
<hr/>	
CHECK	564.88
Check Number 0116	
<hr/>	
Change due	0.00
<hr/>	
Paid by: Alex Bucelo Campaign	

CUSTOMER COPY