

**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, Claudia Mariaca

(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 Doral City Council, _____, _____
(Office) (District #)
Seat 1; 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): 119773557

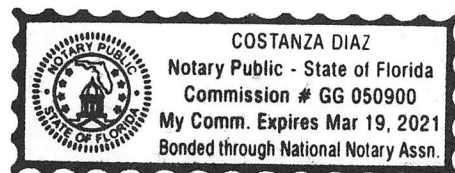
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*
CLAW-dee-uh mah-ri-AH-cah

X <u>CM</u>	(305) 420-5695	claudia@mariaca2020.com
Signature of Candidate	Telephone Number	Email Address
3901 NW 79th Ave., Suite 113	Doral	FL 33166
Address	City	State ZIP Code

STATE OF FLORIDA
 COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me this 14
 day of July, 2020
 Personally Known: or Produced Identification: _____
 Type of Identification Produced: _____



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :
MARIACA CLAUDIA L.

MAILING ADDRESS :
9319 NW 50TH DORAL CIRCLE SOUTH

CITY : ZIP : COUNTY :
DORAL 33178 MIAMI-DADE

NAME OF AGENCY :
CITY OF DORAL, CITY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COUNCILMEMBER

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED BY
MIAMI-DADE
COUNTY
ELECTIONS VIA
EMAIL ON
7/1/2020

**** THIS SECTION **MUST** BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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
N/A	N/A	N/A

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	N/A	N/A	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")

Property - 9319 NW 50th Doral Circle South, Doral, FL 33178
Vehicle - 2020 Hyundai Palisade
Vehicle - 2013 Infinity G37S

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
Cash	Wells Fargo IRA
Mutual Fund	UBS GLOBAL ALLOC/BNGLX

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
BB&T Bank	8705 NW 35th Lane, Doral, FL 33172
Wells Fargo	One North Jefferson Ave, St. Louis, MO 63103

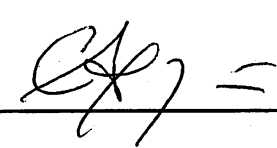
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
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 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 10, 2020

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.

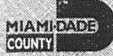
WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less 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, 2019.

Claudia Mariaca	
PART D — INTANGIBLE PERSONAL PROPERTY	
<u>TYPE OF INTANGIBLE</u>	<u>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</u>
Mutual Fund	SCHOLARS CHOICE COLL SAVGS PROG ALL EQUITY OP CL A/SCAZX
Cash	WELLS FARGO MONEY MARKET
Stock	APPLE INC/AAPL
Stock	CITIGROUP INC NEW/ C
Stock	MICROSOFT/MSFT
Mutual Fund	FIRST EAGLE GLOBAL FUND/ SGIIX



Voter Information Card
Miami-Dade County, FL

Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Claudia Lilian Spangaro-Mariaca
9319 NW 50Th Doral Cir S
Doral FL 33178

ISSUED
EMITIDA
EN PRIME
06/20/14

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w ap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon

119773557

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Fire Fighters Memorial Building
8000 NW 21 St

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
371

Date of Birth
Fecha de Nacimiento
Dat Nesans
7/9/1974

Registration Date
Fecha de inscripción
Dat Enskripsyon
6/1/2012

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipevizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la vo.

Congress
Congreso
Kongrè
25

State Senate
Senado Estatal
Sena Eta a
38

State House
Cámara Estatal
Lacham Eta a
116

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
DORAL



Handwritten initials

Florida *The Sunshine State*



DRIVER LICENSE CLASS E
S152-112-74-749-1

CLAUDIA LILIAN
SPANGARO MARIACA
9319 NW 50 DORAL CIR SOUTH
DORAL, FL 33178-0000
DOB: 07-09-1974 SEX: F
ISSUED: 07-02-2013 HGT: 5-00
EXPIRES: 07-09-2021

REST:
ENDORSE:

Handwritten signature

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

CITY OF DORAL
Received
JUL 14 2020
CITY CLERK'S OFFICE

Handwritten initials



CITY OF DORAL CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Claudia Mariaca to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of City of Doral Council Seat #1; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; 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; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.

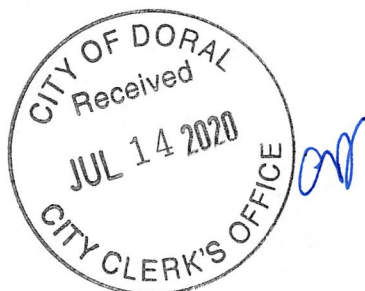
(Signature of Candidate)

Claudia Mariaca
(Candidate Printed Name)

9319 NW 50th Doral Circle South
(Candidate Address)

Doral, FL 33178
(Candidate Address)

Sworn to and subscribed before me this 14 day of July, 2020 at the City of Doral, Miami-Dade County, Florida.



Connie Diaz, MMC
City Clerk, City of Doral

Claudia Mariaca Campaign

3901 NW 79th Avenue, Suite 113
Doral, FL 33166
305-420-5695

IBERIABANK
3275 NW 87th Avenue
Doral, FL 33172

1010
84-7041/2652

7/14/2020

PAY
TO THE
ORDER OF


City of Doral

\$
**120.00

One Hundred Twenty and 00/100***** DOLLARS

City of Doral
8401 NW 53rd Terrace
Doral, FL 33166

MEMO
Election Assessment Fee



AUTHORIZED SIGNATURE



Claudia Mariaca Campaign

3901 NW 79th Avenue, Suite 113
Doral, FL 33166
305-420-5695

IBERIABANK
3275 NW 87th Avenue
Doral, FL 33172

1008
84-7041/2652

7/14/2020

PAY
TO THE
ORDER OF

City of Doral

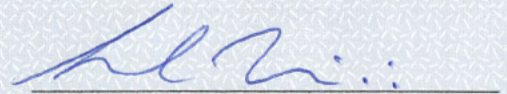
\$ **200.00

Two Hundred and 00/100***** DOLLARS

City of Doral
8401 NW 53rd Terrace
Doral, FL 33166

MEMO

Qualifying Fee



AUTHORIZED SIGNATURE



SECURITY FEATURES INCLUDED. DETAILS ON BACK



Claudia Mariaca Campaign

3901 NW 79th Avenue, Suite 113
Doral, FL 33166
305-420-5695

IBERIABANK
3275 NW 87th Avenue
Doral, FL 33172

1009
84-7041/2652

7/14/2020

PAY
TO THE
ORDER OF

City of Doral

\$ **500.00

Five Hundred and 00/100***** DOLLARS

City of Doral
8401 NW 53rd Terrace
Doral, FL 33166

MEMO

Sign Bond



AUTHORIZED SIGNATURE



SECURITY FEATURES INCLUDED. DETAILS ON BACK

