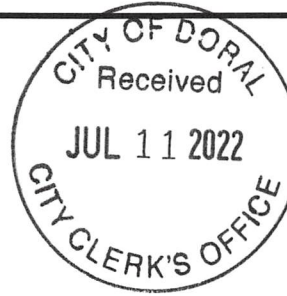


**CANDIDATE OATH
NONPARTISAN OFFICE**

(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



Handwritten initials

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 Mayor - City of Doral, _____,
(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): 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	(305) 306-9746	cmariaca2022@gmail.com
Signature of Candidate	Telephone Number	Email Address
9316 NW 50th Doral Circle North	Doral	FL 33178
Address	City	State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

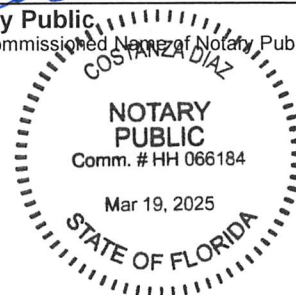
Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 11 day of July, 2022

Personally Known OR Produced Identification

Type of Identification Produced: _____

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



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2021

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 - LILIAN SPANGARO

MAILING ADDRESS :

9316 NW 50TH DORAL CIRCLE NORTH

CITY :

DORAL

ZIP :

33178

COUNTY :

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
7/1/2022

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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 - 9316 NW 50th Doral Circle North, 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
STOCK	GOOGLE/ GOOGL - CLASS A
STOCK	GOOGLE/ GOOGL - CLASS C

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bethpage Federal Credit Union	899 South Oyster Bay Road, Bethpage, NY 11714-1030

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
	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, 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 27, 2022

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.

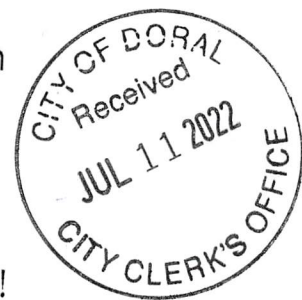
Thereafter, file by July 1 following each calendar year in which they hold their positions.

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, 2021.

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	MASTERCARD INC/ MA
Stock	MICROSOFT/MSFT
Mutual Fund	FIRST EAGLE GLOBAL FUND/ SGIIX

Revise cuidadosamente. Es posible que el número de su recinto electoral, su centro de votación, o ambos, hayan cambiado. ¡Utilice esta información para ejercer su derecho al voto!

Li atantivman – Nimewo biwo vòt ou, lokal biwo vòt ou, oswa toude kapab te chanje. Itilize enfòmasyon sa–a pou w egzèsè dwa w pou w vote!



Please check all information for accuracy.

Sírvase verificar la corrección de todos los datos.

Tanpri verifye ke tout enfòmasyon yo kòrèk.

Detach here Desprenda por aquí Detache la a

Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Vòtè
Konte Miami-Dade, FL

Claudia Lilian Spangaro Mariaca
 9316 NW 50Th Doral Cir N
 Doral FL 33178

ISSUED
EMITIDA
ENSRIPYE
06/20/22

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 | Centro de 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
NO PARTY AFFILIATION

Christina White

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè 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 yo.

Congress Congreso Kongrè 26	State Senate Senado Estatal Sena Eta 39	State House Cámara Estatal Lachanm Eta 111
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

DORAL

Florida DRIVER LICENSE  CLASS E

1 SPANGARO MARIACA
2 CLAUDIA LILIAN
3 9316 NW 50 DORAL CIR N
DORAL, FL 33178

4 DOB 07/09/1974 SEX F
5 EXP 07/09/2029 HGT 5'-00"
6 REST NONE END NONE

SAFE DRIVER
7 ISS 06/17/2021
8 DD K632105170385

[Signature]

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

CITY OF DORAL
Received *CP*
JUL 11 2022
CITY CLERK'S OFFICE

Prepared by and return to:
Robert M. Chisholm, Esq.
Attorney at Law
Robert M. Chisholm, P.A.
7378 SW 48th Street, Suite B
Miami, FL 33155
305-667-4261
File Number: 20-94300
Will Call No.:



[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 6th day of January, 2021 between Cesar C Nieto and Maria A. Nieto, husband and wife whose post office address is 2696 Clipper Circle, West Palm Beach, FL 33411, grantor, and Carlos Mariaca and Claudia Spangaro-Mariaca, husband and wife whose post office address is 9316 NW 50 Doral Circle N, Doral, FL 33178, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Miami-Dade County, Florida to-wit:

Lot 7, in Block 8, DORAL COLONY PHASE 3, according to the plat thereof, as recorded in Plat Book 128, Page 15, of the Public Records of Miami-Dade County, Florida.

Parcel Identification Number: 35-3021-009-0030

Subject to taxes for 2021 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to **December 31, 2020**.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Witness Name: Edwards Maestr

[Signature] (Seal)
Cesar C Nieto

[Signature]
Witness Name: Eleana McWolty

[Signature] (Seal)
Maria A. Nieto

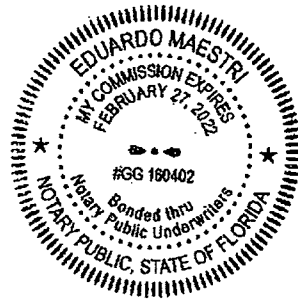
[Signature]
Witness Name: Edwards Maestr

[Signature]
Witness Name: Eleana McWolty

State of Florida
County of Miami-Dade

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 6th day of January, 2021 by Cesar C Nieto and Maria A. Nieto, who are personally known or have produced a driver's license as identification.

[Notary Seal]



[Signature]
Notary Public

Printed Name: Edwards Maestr

My Commission Expires: 2/27/22



Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055



Name: CLAUDIA L SPANGARO
Account Number: [REDACTED]
Billing Date: 07/07/2020
Past Due Date: 07/28/2020

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-565-7477
Report any hazardous conditions to 305-274-9272
Water Conservation Program Information- Call 311

Messages

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

The 2020 Census is Easy, Confidential. And Important. BE COUNTED!
www.miamidade.gov/2020Census/

Account Summary

Previous Balance	\$ 176.34
Payment Received	-176.34
Current Charges	170.00
Total Account Balance	\$ 170.00

21103599

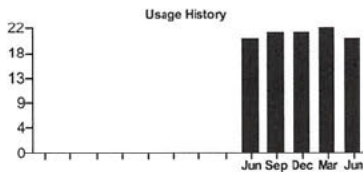
003600

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
03/26/20	06/26/20	08406525	92	1040	1061	21	15708

Service Address: 9319 NW 50TH DORAL CIR S



Water Charges



Water Charges	45.91
Hydrant Charge	2.40
Water Charges Subtotal	\$ 48.31

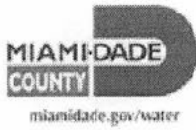
For more information see back of bill
Return this portion with Payment
Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	07/28/2020	\$ 170.00	Thank you for your prompt payment

- Payment in US funds must be received by the past due date to avoid discontinuance of service. A 10% late charge will be assessed if payment is not received by the past due date
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
1-800-565-1800 checking/savings
1-800-510-0880 credit card www.miamidade.gov/water

CLAUDIA L SPANGARO
9319 NW 50TH DORAL CIR S
DORAL FL 33178-2053





Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: **CLAUDIA L SPANGARO**
 Account Number: [REDACTED]
 Billing Date: **10/06/2020**
 Past Due Date: **10/27/2020**

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Account Summary

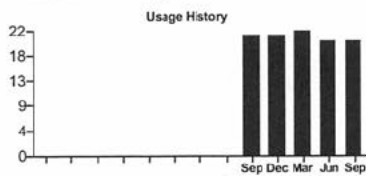
Previous Balance	\$ 170.00
Payment Received	-170.00
Current Charges	170.00
Total Account Balance	\$ 170.00

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
06/26/20	09/28/20	08406525	94	1061	1082	21	15708

Service Address: 9319 NW 50TH DORAL CIR S



Water Charges



Water Charges	45.91
Hydrant Charge	2.40
Water Charges Subtotal	\$ 48.31

For more information see back of bill
 Return this portion with Payment
Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	10/27/2020	\$ 170.00	Thank you for your prompt payment

- Payment in US funds must be received by the past due date to avoid discontinuance of service. A 10% late charge will be assessed if payment is not received by the past due date
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
 1-800-565-1800 checking/savings
 1-800-510-0880 credit card www.miamidade.gov/water

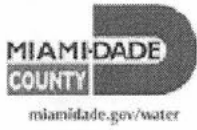
CLAUDIA L SPANGARO
 9319 NW 50TH DORAL CIR S
 DORAL FL 33178-2053



21105547



005548



Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: **CLAUDIA L SPANGARO**
 Account Number: XXXXXXXXXX
 Billing Date: **01/10/2022**
 Past Due Date: **01/31/2022**

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Account Summary

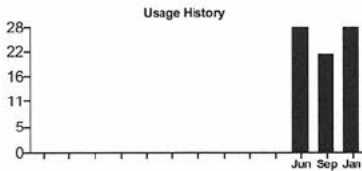
Previous Balance	\$ 190.98
Payment Received	-190.98
Current Charges	264.67
Total Account Balance	\$ 264.67

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
09/30/21	01/04/22	21227060	96	35	63	28	20944

Service Address: 9316 NW 50TH DORAL CIR N



Water Charges



Water Charges	77.68
Hydrant Charge	2.40
Water Charges Subtotal	\$ 80.08

For more information see back of bill
 Return this portion with Payment
Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
XXXXXXXXXX	01/31/2022	\$ 264.67	Thank you for your prompt payment

- Service disconnections are temporarily suspended. To avoid accumulating multiple bill balances, we encourage you to pay what you can, when you can.
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
 1-800-565-1800 checking/savings
 1-800-510-0880 credit card www.miamidade.gov/water

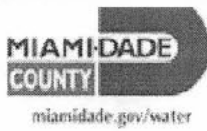
CLAUDIA L SPANGARO
 9316 NW 50TH DORAL CIR N
 DORAL FL 33178-2069



21105593



005594



Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Name: CLAUDIA L SPANGARO
 Account Number: [REDACTED]
 Billing Date: 04/08/2021
 Past Due Date: 04/29/2021

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Account Summary

Previous Balance \$ 190.77
 Payment Received -235.77
 Current Charges 212.07
 Additional Fees 45.00
Total Account Balance \$ 212.07

Unpaid Balance -45.00

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
01/26/21	03/30/21	96208066	63	1752	1765	13	9724

Service Address: 9316 NW 50TH DORAL CIR N



Water Charges

Water Charges 30.79
 Hydrant Charge 1.66
Water Charges Subtotal \$ 32.45

Additional Fees

New Acct Field Visit Charge \$ 45.00

Water Fees and Taxes

Meter Number: 96208066

Excise Tax 3.08
 Utility Service Fee 1.85
Water Fees and Taxes Subtotal \$ 4.93

For more information see back of bill
 Return this portion with Payment

Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	04/29/2021	\$ 212.07	Thank you for your prompt payment

- Service disconnections are temporarily suspended. To avoid accumulating multiple bill balances, we encourage you to pay what you can, when you can.
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
 1-800-565-1800 checking/savings
 1-800-510-0880 credit card www.miamidade.gov/water

CLAUDIA L SPANGARO
 9316 NW 50TH DORAL CIR N
 DORAL FL 33178-2069



005317



Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: CLAUDIA L SPANGARO
Account Number: [REDACTED]
Billing Date: 07/08/2021
Past Due Date: 07/29/2021

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
Report any hazardous conditions to 305-274-9272
Water Conservation Program Information- Call 311

Messages

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

The use of fertilizers is prohibited during the rainy season, through 10/31 - miamidade.gov/fertilizer.

Account Summary

Previous Balance \$ 212.07
Payment Received -212.07
Current Charges 255.77
Total Account Balance \$ 255.77

21105603

005604

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
03/30/21	05/21/21	96208066	52	1765	1780	15	11220
05/21/21	06/30/21	21227060	40	0	13	13	9724

Service Address: 9316 NW 50TH DORAL CIR N



Water Charges

Water Charges 74.92
Hydrant Charge 2.40
Water Charges Subtotal \$ 77.32



For more information see back of bill
Return this portion with Payment
Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	07/29/2021	\$ 255.77	Thank you for your prompt payment

- Service disconnections are temporarily suspended. To avoid accumulating multiple bill balances, we encourage you to pay what you can, when you can.
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
1-800-565-1800 checking/savings
1-800-510-0880 credit card www.miamidade.gov/water

CLAUDIA L SPANGARO
9316 NW 50TH DORAL CIR N
DORAL FL 33178-2069





Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: **CLAUDIA L SPANGARO**
 Account Number: XXXXXXXXXX
 Billing Date: **10/08/2021**
 Past Due Date: **10/29/2021**

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Messages

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Are you a renter and need assistance paying your utility bills? OUR Florida is a program that provides assistance for past due rental or utility bill balances. Qualifying WASD customers may apply online at: www.ourflorida.com

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Account Summary

Previous Balance	\$ 255.77
Payment Received	-255.77
Current Charges	190.98
Total Account Balance	\$ 190.98

21101385

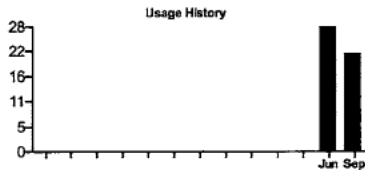
011386

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
06/30/21	09/30/21	21227060	92	13	35	22	16456

Service Address: 9316 NW 50TH DORAL CIR N



Water Charges



Water Charges	55.12
Hydrant Charge	2.40
Water Charges Subtotal	\$ 57.52



For more information see back of bill
 Return this portion with Payment
Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
XXXXXXXXXX	10/29/2021	\$ 190.98	Thank you for your prompt payment

- Service disconnections are temporarily suspended. To avoid accumulating multiple bill balances, we encourage you to pay what you can, when you can.
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
 1-800-565-1800 checking/savings
 1-800-510-0880 credit card www.miamidade.gov/water

CLAUDIA L SPANGARO
 9316 NW 50TH DORAL CIR N
 DORAL FL 33178-2069





Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: **CLAUDIA L SPANGARO**
 Account Number: [REDACTED]
 Billing Date: **01/10/2022**
 Past Due Date: **01/31/2022**

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Account Summary

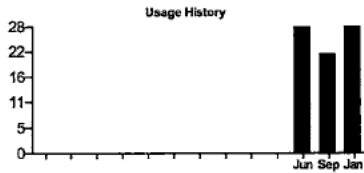
Previous Balance	\$ 190.98
Payment Received	-190.98
Current Charges	264.67
Total Account Balance	\$ 264.67

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
09/30/21	01/04/22	21227060	96	35	63	28	20944

Service Address: 9316 NW 50TH DORAL CIR N



Water Charges



Water Charges	77.68
Hydrant Charge	2.40
Water Charges Subtotal	\$ 80.08

For more information see back of bill
 Return this portion with Payment
Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	01/31/2022	\$ 264.67	Thank you for your prompt payment

- Service disconnections are temporarily suspended. To avoid accumulating multiple bill balances, we encourage you to pay what you can, when you can.
- Check box for address change. Please print changes on reverse side.
- Pay by phone or Online:
 1-800-565-1800 checking/savings
 1-800-510-0880 credit card www.miamidade.gov/water

CLAUDIA L SPANGARO
 9316 NW 50TH DORAL CIR N
 DORAL FL 33178-2069



21105593



005594



Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: **CLAUDIA L SPANGARO**
 Account Number: XXXXXXXXXX
 Billing Date: **04/08/2022**
 Past Due Date: **04/29/2022**

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Messages

Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at www.miamidade.gov/water. To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.

Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.

Account Summary

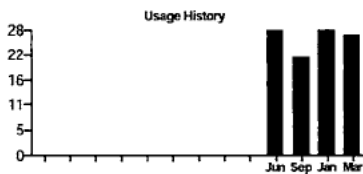
Previous Balance	\$ 264.67
Payment Received	-264.67
Current Charges	253.48
Total Account Balance	\$ 253.48

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
01/04/22	03/31/22	21227060	86	63	90	27	20196

Service Address: 9316 NW 50TH DORAL CIR N



Water Charges



Water Charges	74.25
Hydrant Charge	2.40
Water Charges Subtotal	\$ 76.65

For more information see back of bill
 Return this portion with Payment
Miami-Dade Water and Sewer Department
 P O Box 026055
 Miami, FL 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
XXXXXXXXXX	04/29/2022	\$ 253.48	Thank you for your prompt payment

- Payment in US funds must be received by the past due date to avoid discontinuance of service. A 10% late charge will be assessed if payment is not received by the past due date
- Check box for address change. Please print changes on reverse side.

• Pay by phone or Online:
 1-800-565-1800 checking/savings
 1-800-510-0880 credit card www.miamidade.gov/water

CLAUDIA L SPANGARO
 9316 NW 50TH DORAL CIR N
 DORAL FL 33178-2069



21105590



005591



Electric Bill Statement

For: Mar 31, 2022 to Apr 29, 2022 (29 days)

Statement Date: Apr 29, 2022

Account Number: [REDACTED]

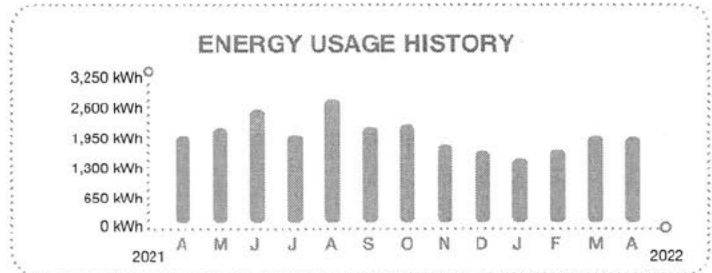
Service Address:
9316 NW 50TH DORAL CIR N
DORAL, FL 33178

Hello Claudia Spangaro Mariaca,
Here's what you owe for this billing period.

CURRENT BILL

\$290.77
TOTAL AMOUNT YOU OWE

May 20, 2022
NEW CHARGES DUE BY



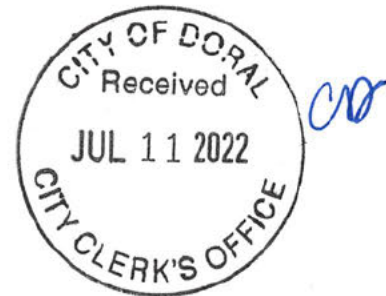
BILL SUMMARY

Amount of your last bill	295.13
Payments received	-295.13
Balance before new charges	0.00
<hr/>	
Total new charges	290.77
Total amount you owe	\$290.77

(See page 2 for bill details.)

KEEP IN MIND

- Payments received after May 20, 2022 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.



Customer Service: (305) 442-8770
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)
Hearing/Speech Impaired: 711 (Relay Service)



/ 27



CLAUDIA SPANGARO MARIACA
9316 NW 50TH DORAL CIR N
DORAL FL 33178-2069

The amount enclosed includes the following donation:
FPL Care To Share: _____

Make check payable to FPL in U.S. funds and mail along with this coupon to:

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Visit FPL.com/PayBill for ways to pay.

[REDACTED]	\$290.77	May 20, 2022	\$
ACCOUNT NUMBER	TOTAL AMOUNT YOU OWE	NEW CHARGES DUE BY	AMOUNT ENCLOSED



Electric Bill Statement

For: Apr 29, 2022 to May 31, 2022 (32 days)

Statement Date: May 31, 2022

Account Number: [REDACTED]

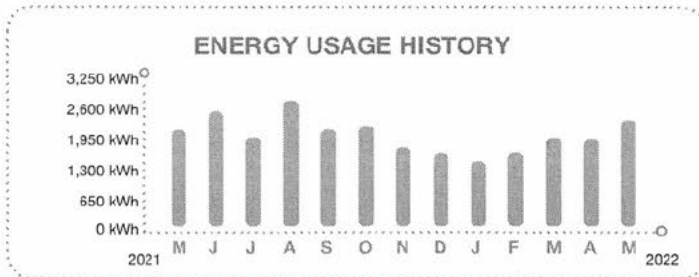
Service Address:
9316 NW 50TH DORAL CIR N
DORAL, FL 33178

Hello Claudia Spangaro Mariaca,
Here's what you owe for this billing period.

CURRENT BILL

\$359.38
TOTAL AMOUNT YOU OWE

Jun 21, 2022
NEW CHARGES DUE BY



BILL SUMMARY

Amount of your last bill	290.77
Payments received	-290.77
Balance before new charges	0.00
<hr/>	
Total new charges	359.38
Total amount you owe	\$359.38

(See page 2 for bill details.)

KEEP IN MIND

- Payments received after June 21, 2022 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

A new minimum base bill of \$25, which was approved by the Florida Public Service Commission, goes into effect next month for metered residential customers whose monthly base electric service costs fall below \$25.

Customer Service: (305) 442-8770
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)
Hearing/Speech Impaired: 711 (Relay Service)



/ 27



CLAUDIA SPANGARO MARIACA
9316 NW 50TH DORAL CIR N
DORAL FL 33178-2069

The amount enclosed includes the following donation:
FPL Care To Share: _____

Make check payable to FPL in U.S. funds and mail along with this coupon to:

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Visit FPL.com/PayBill for ways to pay.

[REDACTED]
ACCOUNT NUMBER

\$359.38
TOTAL AMOUNT YOU OWE

Jun 21, 2022
NEW CHARGES DUE BY

\$
AMOUNT ENCLOSED



Electric Bill Statement

For: May 31, 2022 to Jun 30, 2022 (30 days)

Statement Date: Jun 30, 2022

Account Number: [REDACTED]

Service Address:
9316 NW 50TH DORAL CIR N
DORAL, FL 33178

Hello Claudia Spangaro Mariaca,
Here's what you owe for this billing period.

CURRENT BILL

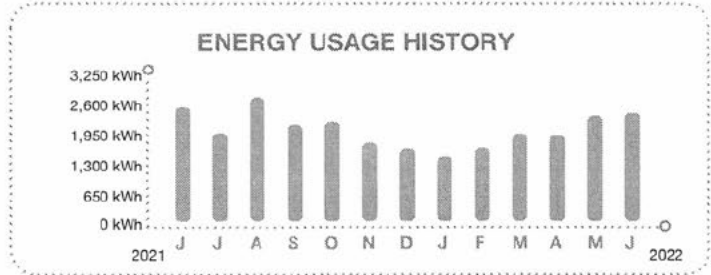
\$369.15

TOTAL AMOUNT YOU OWE

Jul 21, 2022

NEW CHARGES DUE BY

Pay \$285.83 instead of \$369.15 by your due date. Enroll in FPL Budget Billing®. FPL.com/BB



BILL SUMMARY

Amount of your last bill	359.38
Payments received	-359.38
Balance before new charges	0.00
<hr/>	
Total new charges	369.15
Total amount you owe	\$369.15

(See page 2 for bill details.)

KEEP IN MIND

- Enroll now in FPL Budget Billing when you pay \$285.83 by your due date instead of \$369.15. Make your bills easier to manage with more predictable payments. Learn more at FPL.com/BB
- Payments received after July 21, 2022 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

A new minimum base bill of \$25, which was approved by the Florida Public Service Commission, is now in effect for metered residential customers whose monthly base electric service costs fall below \$25.

Customer Service: (305) 442-8770
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)
Hearing/Speech Impaired: 711 (Relay Service)



/ 27



CLAUDIA SPANGARO MARIACA
9316 NW 50TH DORAL CIR N
DORAL FL 33178-2069

The amount enclosed includes the following donation:
FPL Care To Share: _____

Make check payable to FPL in U.S. funds and mail along with this coupon to:

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Visit FPL.com/PayBill for ways to pay.

[REDACTED]	\$369.15	Jul 21, 2022	\$ _____
ACCOUNT NUMBER	TOTAL AMOUNT YOU OWE	NEW CHARGES DUE BY	AMOUNT ENCLOSED



CITY OF DORAL

CANDIDATE AFFIRMATION AND OATH STATEMENT

My name is Claudia Mariaca

I am a citizen of the United States; I am a bona fide resident and qualified elector (voter) of the City of Doral and have been a bona fide resident and qualified elector (voter) of the City of Doral for at least two (2) years prior to the beginning of the qualifying period for office.

I am a registered voter and a duly qualified elector of the City of Doral, Florida presently registered to vote in precinct No. 371.

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

9316 NW 50th Doral Circle North, Doral, FL 33178

which is my legal address, and I have resided continually at said address from the


12th (day) of February (month), 2021 (year) to the 11th (day) of
July (month), 2022 (year)

I have never been convicted of any crime in the State of Florida or any other state or jurisdiction.

I hereby make this statement under penalty of perjury.



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 Mayor - City of Doral; 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; that he/she has never been convicted of any crime in the State of Florida or any other state or jurisdiction; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.

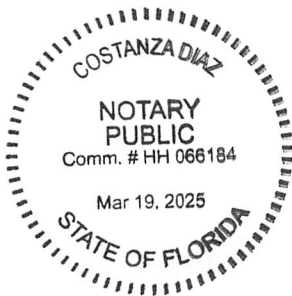



(Signature of Candidate)

Claudia Mariaca

(Candidate Printed Name)

Sworn to and subscribed before me this 11 day of July, 2022 at the City of Doral, Miami-Dade County, Florida.





Connie Diaz, MMC
City Clerk, City of Doral

PERSONAL FACTS

Fluent in English, Spanish, and Portuguese, Claudia has a rich multi-cultural background and is an example of the American Dream. She is a devoted wife and mother, an accomplished professional, and an authentic community leader. She is relentlessly dedicated to improving the quality of life of Doral residents.

Throughout her journey of public service, Claudia has participated in numerous community boards, and was elected to the City Council in 2016; subsequently was re-elected in 2020, where she obtained a historic record number of votes for a Council seat.

Claudia served as Vice Mayor from 2018-2019, and as a Councilwoman has perfect attendance at Council meetings and has never missed a vote. Claudia works tirelessly on keeping Doral families safe, enhancing youth development, and expanding cultural programs, among other issues.

Born in Buenos Aires, Argentina Claudia has lived in Brussels, Belgium, Santiago, Chile, São Paulo, Brazil, Buenos Aires, Argentina, and in the United States in New York, Boston, Connecticut, and in Florida has been a long-time resident in the City of Doral where she resides with her husband Carlos and two children, Carina and Rodrigo.

PROFESSIONAL BACKGROUND

CAM Brokerage and Management Services LLC, Doral, FL
Assistant Property Manager
August 2013-August 2014

GRUPO DE DIARIOS AMERICA, Miami, FL
Multimedia Group of 11 top Latin American Newspapers
New Products Development Manager
April 2002-March 2004

GAZETA MERCATIL USA, Miami, FL
Finance and Office Systems Coordinator
October 1997-March 2001

EDUCATION

BENTLEY COLLEGE, Waltham, MA
Bachelor of Science, Economics and Finance, 1997

CHAPEL INTERNATIONAL SCHOOL, São Paulo, Brazil
High School Diploma, 1993

PUBLIC SERVICE TRAINING

Florida Institute of Government
Sunshine Law, Code of Ethics, Public Records Act

Institute for Elected Municipal Officials

Doral Police Citizens Academy

Criminal Justice Information System Security & Awareness

LEADERSHIP ROLES

National Association of Latino Elected and Appointed Officials

Florida League of Cities, Advocacy Committee Board Member

Miami-Dade County League of Cities, Board Member

School Site Planning and Construction Committee (SSPC) of the
Miami-Dade County Public Schools, Representative of MDCLC

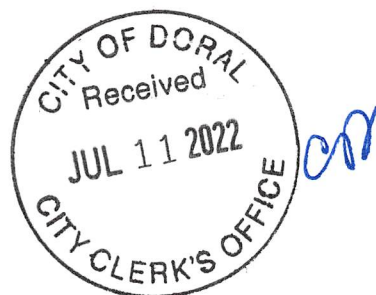
Miami-Dade County School Board Attendance and Boundary
Committee (ABC), Alternate for District 5 Representative

Autism Speaks Walk 2019, Honorary Chairwoman

Relay for Life 2018, Honorary Chair

Doral Colony Homeowners Association
Board Member, Director

John I. Smith K-8 School, PTA Board Member
PTSA President, Committee Chair





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]


If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

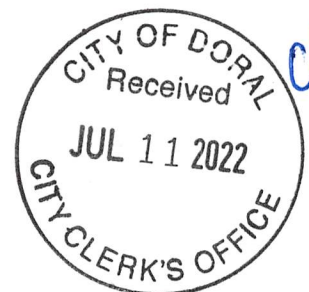
I, JORGE BARBA the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: CLAUDIA MARIACA

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) <u>05/28/1962</u>	Voter Registration Number <u>118612908</u>	Address <u>10989 NW 73rd</u>	
City <u>DORAL</u>	County <u>MIAMI-DADE</u>	State <u>FL</u>	Zip Code <u>33178</u>
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] <u>07/09/2022</u>	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

Bentrix SPANGARO

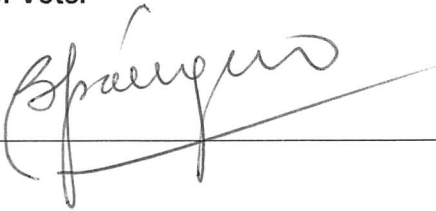
I, Bentrix N. SPANGARO the undersigned, a registered voter in said
(print name as it appears on your voter information card)

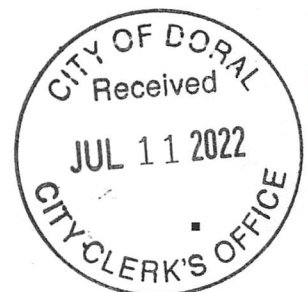
state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 7/17/1949	Voter Registration Number 119467928	Address 9482NW 49 Doral	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/6/2022	



CS



CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

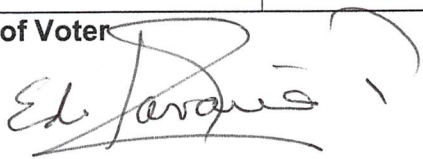
If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

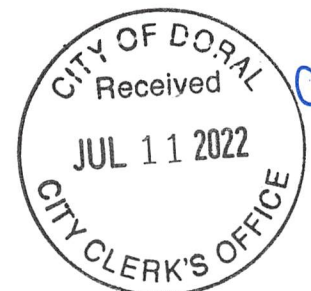
I, Eduardo Saravia the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 07/10/1951	Voter Registration Number 110292232	Address 11240 NW 58 Terrace	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/09/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, BEATRIZ CASSIS the undersigned, a registered voter in said
(print name as it appears on your voter information card)

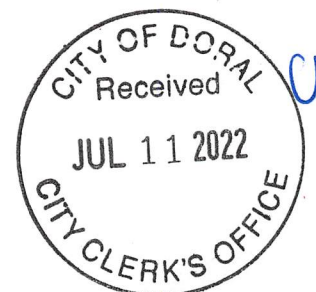
state and county, petition to have the name of: Claudia Mariaca

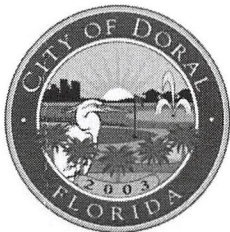
placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
08/03/1953	114240103	11240 NW 58 TERRACE	
City	County	State	Zip Code
DORAL	MIAMI-DADE	FL	33178
Signature of Voter	Date Signed (MM/DD/YYYY)		
<u>Beatriz Cassis A</u>	[to be completed by Voter]		
	7/9/2022		





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, Carlos Eduardo Mariaca the undersigned, a registered voter in said
(print name as it appears on your voter information card)

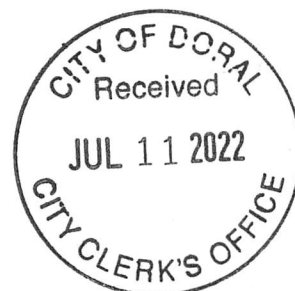
state and county, petition to have the name of: Claudia Mariaca

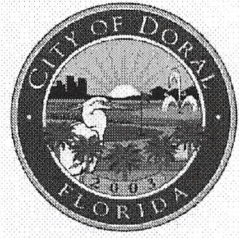
placed on the General Election and/or Special Election Ballot as a candidate for the office of:

Mayor - City of Doral

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 02/12/1975	Voter Registration Number 109513364	Address 9316 NW 50th Doral Circle North	
City Doral	County Miami-Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/07/2022 07/07/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Meredith Sieben Kunzke the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 5/24/1975	Voter Registration Number 110133966	Address 2901 NW 97th Ct.	
City Doral	County Miami-Dade	State FL	Zip Code 33172
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/6/2020	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

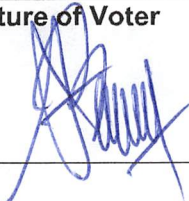
I, Julio Alejandro Becerra the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Clardia Mariaca

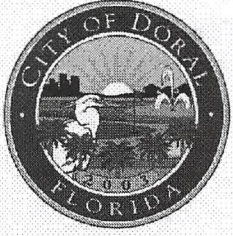
placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 12/31/1961	Voter Registration Number 125226967	Address 3327 Torremolinos Ave.	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 6/7/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, Vivian Bermudez the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 04/01/1968	Voter Registration Number 109 269 479	Address 10769 NW 70 Lane	
City Doral	County Miami-Dade	State FLORIDA	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/1/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

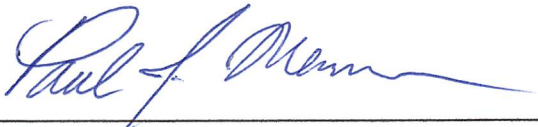
If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

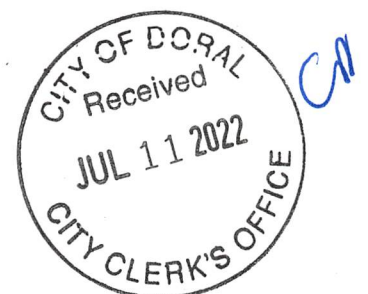
I, PAUL I. MANSUR the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

Mayor, City of Doral
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 01-12-1951	Voter Registration Number 109233938	Address 5050 N.W. 93 RD Doral FL.	
City DORAL	County Miami-Dade	State FLORIDA	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06-17-2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

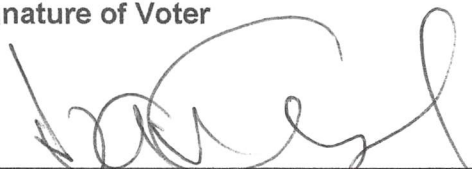
I, Juan Guillermo Uribe the undersigned, a registered voter in said
(print name as it appears on your voter information card)

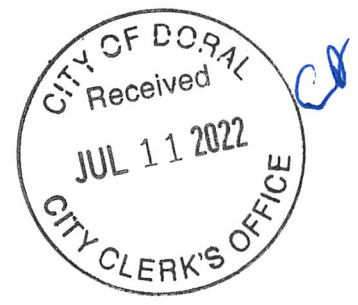
state and county, petition to have the name of: Clandia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
10/23/1971	116419323	2971 NW 99 Place	
City	County	State	Zip Code
Doral	Miami Dade	FL	33172.
Signature of Voter		Date Signed (MM/DD/YYYY) [to be completed by Voter]	
		06/28/2022.	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

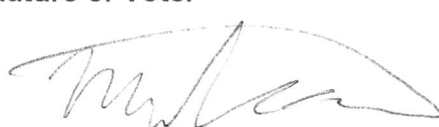
I, Mateo Uribe the undersigned, a registered voter in said
(print name as it appears on your voter information card)

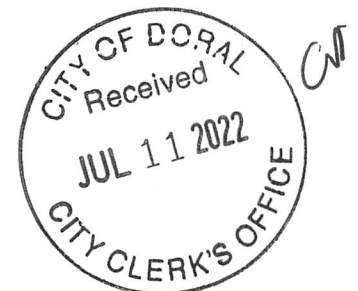
state and county, petition to have the name of: Claudia Maricela

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
09/10/2003	130286500	2971 NW 99 Place	
City	County	State	Zip Code
Doral	Miami Dade	FL	33172
Signature of Voter		Date Signed (MM/DD/YYYY) <small>[to be completed by Voter]</small>	
		06/28/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, Carolina Angel the undersigned, a registered voter in said
(print name as it appears on your voter information card)

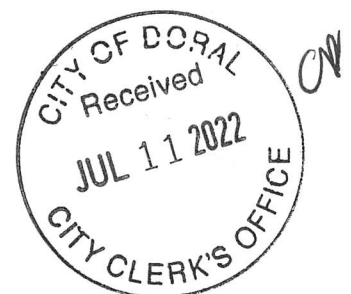
state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor.

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
11/08/1974	110251074	2971 NW 99 Place	
City	County	State	Zip Code
Doral	Miami Dade	FL	33172
Signature of Voter	Date Signed (MM/DD/YYYY) [to be completed by Voter]		
	06/28/2022		





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

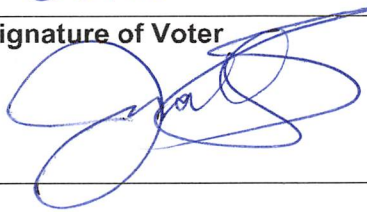
If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Josephine Villafuerte Vera the undersigned, a registered voter in said
(print name as it appears on your voter information card)

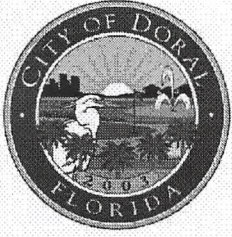
state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
08/07/1965	109587302	9893 NW 30 th Street	
City	County	State	Zip Code
Doral	Miami Dade	FL	33172
Signature of Voter	Date Signed (MM/DD/YYYY) [to be completed by Voter]		
	7/9/2022		





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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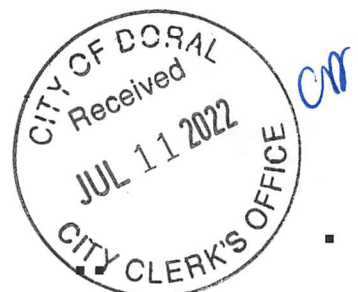
I, Amanda Anne Sherlock the undersigned, a registered voter in said
(print name as it appears on your voter information card)

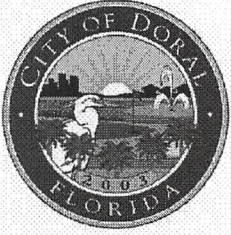
state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 08/12/1975	Voter Registration Number 119808583	Address 9960 Costadel Sol Blvd.	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter Amanda Sherlock		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/08/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Philip Manderson Sherlock the undersigned, a registered voter in said
(print name as it appears on your voter information card)

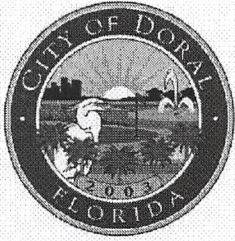
state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 08/04/1976	Voter Registration Number 116378455	Address 9960 Costa del Sol Blvd.	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/08/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Jodi Appelbaum the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

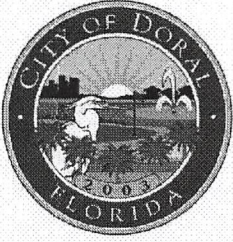
placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) <u>04/07/1956</u>	Voter Registration Number <u>109075033</u>	Address <u>5598 NW 102nd Place</u>	
City <u>Doral</u>	County <u>Miami Dade</u>	State <u>FL</u>	Zip Code <u>33178</u>
Signature of Voter <u>Jodi Steintal</u>		Date Signed (MM/DD/YYYY) [to be completed by Voter] <u>7/8/22</u>	



OW



CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

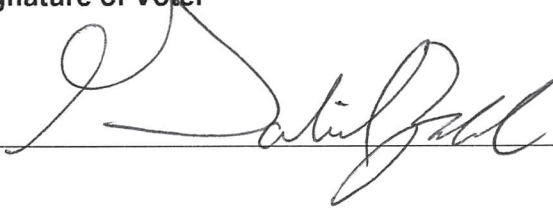
If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, GABRIEL EFRAIN ZABALA the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 02/20/1975	Voter Registration Number 109654692	Address 5474 NW 94th Doral Pl.	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/8/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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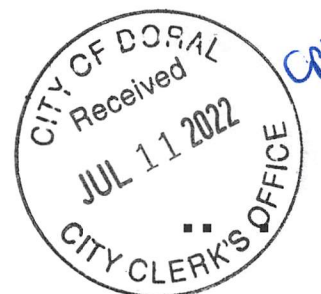
I, Fernando Horruitiner the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY)	Voter Registration Number	Address	
04/20/1969	109290820	10036 NW 51 ST Terrace	
City	County	State	Zip Code
DORAL	Miami Dade	FL	33178
Signature of Voter		Date Signed (MM/DD/YYYY) [to be completed by Voter]	
		7-8-2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

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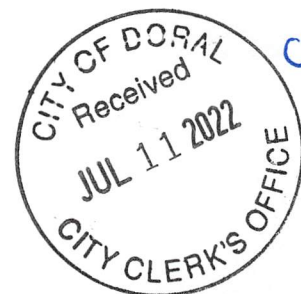
I, Duilia Mora Turner the undersigned, a registered voter in said
(print name as it appears on your voter information card)

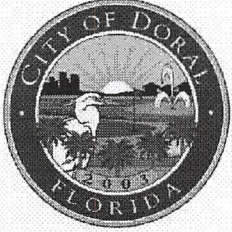
state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor.
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 10/17/1975	Voter Registration Number 121319708	Address 10111 NW 57th Lane, Doral, FL	
City Doral	County Miami-Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 07/08/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]


If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Jennifer Ann Horvutiner the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 11/21/1972	Voter Registration Number 109395096	Address 10036 NW 51 ST TERRACE	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7/8/22	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, RICHARD MACKINTOSH the undersigned, a registered voter in said
(print name as it appears on your voter information card)

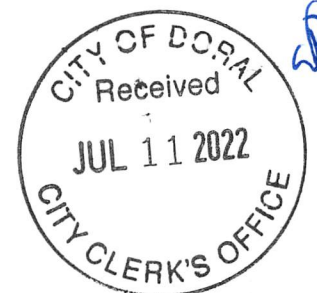
state and county, petition to have the name of: CLAUDIA MARIACA

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

MAYOR OF DORAL

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 11/05/1971	Voter Registration Number 123166432	Address 9824 COSTA DEL SOL BLVD.	
City DORAL	County MIAMI - DADE	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/17/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.


I, SOFIA MACKINTOSH the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: CLAUDIA MARIACA

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

MAYOR OF DORAL

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 09/03/2003	Voter Registration Number 128904956	Address 9824 COSTA DEL SOL BLVD.	
City DORAL	County MIAMI - DADE	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/07/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, CAROLINE PLIMMER the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: CLAUDIA MARIACA

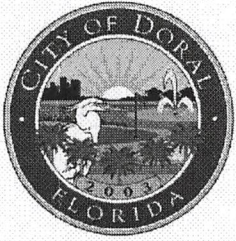
placed on the General Election and/or Special Election Ballot as a candidate for the office of:

MAYOR OF DORAL

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 05/13/1975	Voter Registration Number 123100524	Address 9824 COSTA DEL SOL BLVD	
City DORAL	County MIAMI-DADE	State FL	Zip Code 33178
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] 06/17/2022	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

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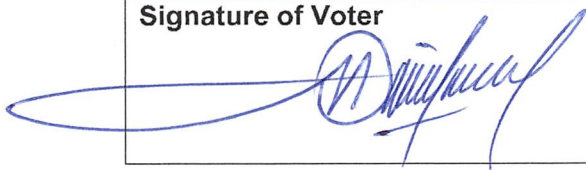
If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, Nelly Marisa Pretto the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) <u>09/20/1965</u>	Voter Registration Number <u>119114532</u>	Address <u>4720 NW 85th Av. #622</u>	
City <u>Doral</u>	County <u>Miami Dade</u>	State <u>FL</u>	Zip Code <u>33166</u>
Signature of Voter 		Date Signed (MM/DD/YYYY) [to be completed by Voter] <u>07/08/22</u>	





CITY OF DORAL

NOMINATING PETITION FOR CANDIDACY

This petition must be signed by at least twenty-five (25) electors who have not already signed a nominating petition and are qualified to vote in the election.

All information on this form becomes a public record upon receipt by the City Clerk.

It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, F.S.]

If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

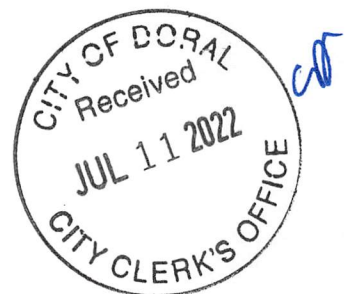
I, Graciela Zabala the undersigned, a registered voter in said
(print name as it appears on your voter information card)

state and county, petition to have the name of: Claudia Mariaca

placed on the General Election and/or Special Election Ballot as a candidate for the office of:

City of Doral Mayor
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YYYY) 08/27/1947	Voter Registration Number 109654702	Address 5474 NW 94th Doral Pl.	
City Doral	County Miami Dade	State FL	Zip Code 33178
Signature of Voter <u>Graciela Zabala</u>		Date Signed (MM/DD/YYYY) [to be completed by Voter] 7-8-22	



Claudia Mariaca Campaign

6619 S Dixie Hwy No 148
Miami, FL 33143

TRUIST

1008

63-9138/2631

7/11/2022

PAY TO THE
ORDER OF

City of Doral

\$

**200.00

Two Hundred and 00/100

DOLLARS

City of Doral
8401 NW 53 Terrace
Doral, FL 33166

MEMO



VOID AFTER 60 DAYS

[Handwritten Signature]

AUTHORIZED SIGNATURE

MP

Qualifying Fee - City of Doral Mayor



Security features included. Details on back.

Claudia Mariaca Campaign

6619 S Dixie Hwy No 148
Miami, FL 33143

TRUIST

1009

63-9138/2631

7/11/2022

PAY TO THE
ORDER OF

City of Doral

\$

**500.00

Five Hundred and 00/100

DOLLARS

City of Doral
8401 NW 53 Terrace
Doral, FL 33166

MEMO

Sign Bond



[Handwritten Signature]
AUTHORIZED SIGNATURE

VOID AFTER 60 DAYS

MP

Security features included. Details on back.

Claudia Mariaca Campaign

6619 S Dixie Hwy No 148
Miami, FL 33143

TRUIST

1012

63-9138/2631

7/11/2022

PAY TO THE
ORDER OF

City of Doral

\$ **500.00

Five Hundred and 00/100

DOLLARS

City of Doral
8401 NW 53 Terrace
Doral, FL 33166

MEMO

Election Assessment Fee



VOID AFTER 60 DAYS
[Handwritten Signature]
AUTHORIZED SIGNATURE

MP

Security features included. Details on back.