

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

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

Candidate Oath

Name for Ballot: Andres / Asion
First Middle Name/Initial/and/or/Nickname Last Name Suffix
(See reverse side for Nickname Affidavit.)

I swear or affirm that I am a candidate for the nonpartisan office of Miami Beach Commissioner (Office) (District #)
4 (Circuit #) (Group or Seat #); I am a qualified elector of Miami Dade County, Florida

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).
YES, I Do _____ NO, I Do Not

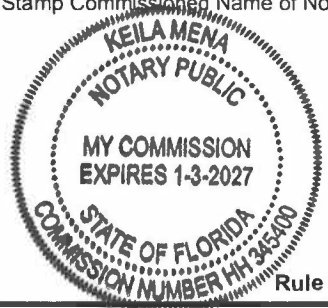
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (305) 613-3669 Andres@AndresAsion.com
Signature of Candidate Telephone Number Email Address
1000 S Pointe Drive, Apt 2204 Miami Beach, FL 33139
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 5th day of September, 2023.
Personally Known OR Produced Identification
Type of Identification Produced: FDLA250 00075 0128



Statement of Outstanding Fines, Fees, or Penalties

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Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

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Amount	Entity
	N/A

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Affidavit of Nickname

My legal name is Andres Asion. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is N/A. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF Miami-Dade

[Handwritten Signature]
Signature of Notary Public

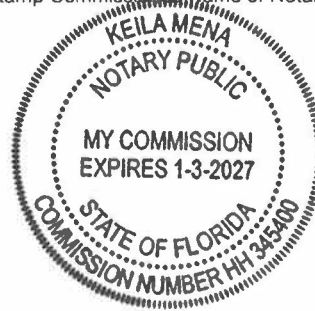
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 5th day of September, 20 23

Personally Known OR Produced Identification

Type of Identification Produced: PDLA250000750128



MIAMI BEACH

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CITY OF MIAMI BEACH OATH/AFFIRMATION

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

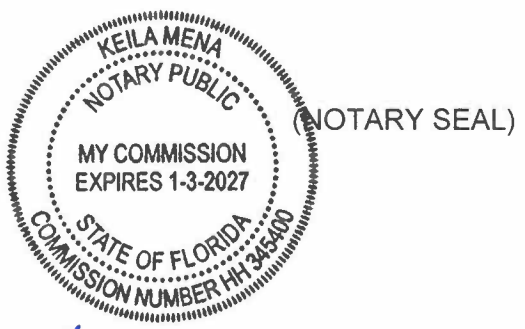
Before me, an officer authorized to administer oaths, personally appeared Andres
Asian, to me well known who, being sworn, says that he/she is a
 candidate for the office of City Commissioner (Group No. 4) or Mayor for the City
 of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at
 least one year before qualifying for City of Miami Beach elected office; that his/her legal residence
 is: 1000 S Pointe Drive, Apt 2204, Miami
 Beach, Miami-Dade County, Florida; that he/she is qualified under the ordinances (including
 Miami Beach City Code Chapter 38 governing "Elections") and Charter of said City to hold such
 office; and that he/she has paid the required qualification fee or filed with the City Clerk a petition
 approving his/her candidacy signed by sufficient qualified and registered voters to constitute not
 less than two percent (2%) of this number of such voters as the same shall be on the date sixty
 (60) days prior to the first day of qualifying as a candidate for office.

[Signature]
 Signature of Candidate

Sworn to (or affirmed) and subscribed before me by means of physical presence or
 _____ online notarization this 5th day of September, 2023, by Andres Asian

[Signature]
 Signature of Notary Public-State of Florida

Keila Mena
 Name of Notary Typed, Printed or Stamped



Personally Known _____ OR Produced Identification

Type of Identification Produced FLDL A250 000 0750128

<h1 style="margin:0;">FORM 1</h1>	<h1 style="margin:0;">STATEMENT OF FINANCIAL INTERESTS</h1>	<h1 style="margin:0;">2022</h1>	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY: 2023 SEP -5 PM 2:13 RECEIVED CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK	
LAST NAME -- FIRST NAME -- MIDDLE NAME : Asion, Andres			
MAILING ADDRESS : 1000 S. Pointe Drive Apt 2204			
CITY : Miami Beach	ZIP : 33139	COUNTY : Miami-Dade	
NAME OF AGENCY : City of Miami Beach			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Miami Beach Commissioner group 4			
CHECK ONLY IF <input checked="" type="checkbox"/> CANDIDATE OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE			
**** THIS SECTION <u>MUST BE COMPLETED</u> ****			
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):			
<input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS <u>OR</u> <input type="checkbox"/> 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	
Miami Real Estate Group	41 SE 5th Street, Suite CU1, Miami	Real Estate Broker	
PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
none			
PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
see form attached		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.	

9/5/23

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
Stocks/Bonds	Held at Ameritrade
Stocks/Bonds	Held at UBS

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Mr. Cooper	3000 Kellway Drive, Suite 120 Carrollton, TX 75006
Wells Fargo	420 Montgomery Street San Francisco, CA 94104

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
Miami Real Estate Group	U/A	
41 SE 5th Street, Suite CU-1		
Real Estate		
Broker		
Yes		
Founder		


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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.

U/A — 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:  9/5/23

6/30/2023

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.

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Properties Owned or interest in by Andres Asion

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. 1000 S Pointe Drive, Apt 2204, Miami Beach, FL 33139
2. 400 Alton Road, Apt 3007, Miami Beach, FL 33139
3. 450 Alton Road, Apt 4004, Miami Beach, FL 33139
4. 335. Biscayne Blvd, Apt 2100, Miami, FL 33131
5. 951 Brickell Avenue, Apt 805, Miami FL 33131
6. 265 Palm Avenue, Miami Beach, FL 33139
7. 269 Palm Avenue, Miami Beach, FL 33139
8. 75 Washington Avenue, Apt 16, Miami Beach, FL 33139
9. 41 SE 5th Street, Suite CU-1, Miami, FL 33131
10. 40 SW 13th Street, Suite R-3, Miami, FL 33131

<i>Andres Asion</i>	dotloop verified 06/30/23 2:46 PM EDT 4CX-09XJ-DOV3-596A
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[Handwritten signature]
9/5/23

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

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Form header section containing fields for: LAST NAME -- FIRST NAME -- MIDDLE NAME: Asion, Andres; NAME OF AGENCY: City of Miami Beach; MAILING ADDRESS: 1000 S. Pointe Drive, Apt. 2204; OFFICE OR POSITION HELD: City Commission Candidate, Group IV; CITY: Miami Beach; ZIP: 33139; COUNTY: Miami-Dade; FOR QUARTER ENDING (CHECK ONE): [X] JUNE; YEAR: 2023.

PART A — STATEMENT OF GIFTS

Statement of Gifts section including a table with columns: DATE RECEIVED, DESCRIPTION OF GIFT, MONETARY VALUE, NAME OF PERSON MAKING THE GIFT, ADDRESS OF PERSON MAKING THE GIFT. Includes a checkbox: CHECK HERE IF CONTINUED ON SEPARATE SHEET.

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

Receipt section including a checkbox: CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM.

PART C — OATH

Oath section containing a signature line for the reporting official, a notary seal for Keila Mena, and a notary signature line for Andres Asion. Includes text: STATE OF FLORIDA, COUNTY OF Miami-Dade, Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [] online notarization, this 5th day of September, 2023.

PART D — FOLLOWING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

RECEIVED

Form header section containing fields for: LAST NAME -- FIRST NAME -- MIDDLE NAME: Asion Andres; NAME OF AGENCY: City of Miami Beach; MAILING ADDRESS: 1000 South Pointe Drive #2204; OFFICE OR POSITION HELD: Miami Beach City Commissioner; CITY: Miami Beach; ZIP: 33139; COUNTY: Miami-Dade; FOR QUARTER ENDING (CHECK ONE): SEPTEMBER; YEAR: 2023.

PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

Table with 5 columns: DATE RECEIVED, DESCRIPTION OF GIFT, MONETARY VALUE, NAME OF PERSON MAKING THE GIFT, ADDRESS OF PERSON MAKING THE GIFT. The first row contains the word 'None' in the DATE RECEIVED column.

CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.

Florida Statutes.

SIGNATURE OF REPORTING OFFICIAL

Oath section containing: STATE OF FLORIDA, COUNTY OF MIAMI-DADE, Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 8th day of September, 2023, by Andres Asion, Signature of Notary Public State of Florida, CHARLES J. DAGOSTIN, MY COMMISSION # HH 165705, EXPIRES: December 14, 2025, Personally Known, Type of Identification Produced.

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

CITY OF MIAMI BEACH, FLORIDA
DOCUMENT(S) EVIDENCING RESIDENCY
IN THE CITY OF MIAMI BEACH FOR AT LEAST ONE YEAR
BEFORE QUALIFYING

Pursuant to City of Miami Beach Charter Sec. 6.03, entitled Qualifying, all candidates qualifying for office shall have submitted one (1) or more documents upon which he/she relies to evidence that he/she has resided in the City for at least one year before qualifying, which type document(s) shall include, but not limited to a Florida government-issued identification, a voter's registration card, driver's license, property tax receipt, homestead exemption, utility bill, or lease agreement.

Document(s) provided:

Driver License *ISSUED DATE 11/01/2021*

Voter Information Card

Property Tax Receipt

Homestead Exemption

Utility Bill

Lease Agreement

Other _____

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Check this box after the document(s) provided by the Candidate have been photocopied.

Received by:

Regis Barbon

Employee Name

[Signature]

Employee Signature

9/5/2023

Date

Reviewed by:

RAPHEL GILMAN

Employee Name

[Signature]

Employee Signature

9/5/2023

Date

Official eCheck

ANDRES ASION CAMPAIGN
2100 SALZEDO STREET, STE 200
CORAL GABLES, FL 33134

This is a Deluxe eCheck. The PAY TO THE ORDER OF line designates the Payee. For questions, call Deluxe Payment Exchange customer support at 1-877-333-6964. Ref: 05AD-9A8Z

E031

Date 09/05/2023
Void after 90 days

PAY TO THE ORDER OF The City of Miami Beach

\$ 1,020.00

One thousand twenty and 00/100

Dollars

City National Bank Of Florida

ANTHONY FLORE

Memo Qualifying Fee for Commissioner

Verify check at <https://echecks.com/verify>



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SEP 05 2023

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OFFICE OF THE CITY CLERK