

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

RECEIVED

2017 SEP -7 AM 11:32

**CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK**

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Rafael A. Velasquez

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Beach Commission, N/A,
(office) (district #)
N/A, 2; I am a qualified elector of Miami - Dade County, Florida;
(circuit #) (group or seat #)

I am a qualified elector of the City of Miami Beach, Florida, residing within the City at least one year before qualifying for City of Miami Beach elected office, with my legal residence being: 400 Alton Rd #311, Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and 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.

Rafael A. Velasquez 305-303-9098 rv@rafaformiami.beach.com
 Signature of Candidate Telephone Number Email Address

400 Alton Rd #311, Miami Beach, FL 33139
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109993895

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

ra-fa-ell V eh l AE s k eh z

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2017.

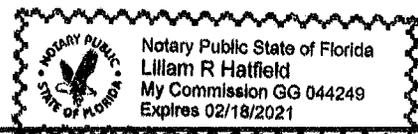
Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FDL#V422-721-73-096-0

Lillian R Hatfield
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2017 SEP -7 AM 11:56

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Rafael A. Velasquez

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Beach Commission, N/A,
(office) (district #)

N/A, 2; 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.

X Rafael A. Velasquez (305)303-9098 rv@rafaformiamibeach.com
Signature of Candidate Telephone Number Email Address

400 Alton Road # 311 Miami Beach FL 33139
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109993895

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

ra-fa-ell v eh l AE s k eh z

STATE OF FLORIDA

COUNTY OF Miami-Dade

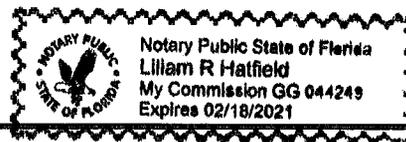
Sworn to (or affirmed) and subscribed before me this 7 day of September, 2017.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: DLA V422.721.73.096.D

Lillian R Hatfield
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



MIAMI BEACH

CITY OF MIAMI BEACH OATH/AFFIRMATION

RECEIVED

2017 SEP -7 AM 11:32
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 Rafael A. Velasquez to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. 2) 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: 400 ALTON RD #311, Miami Beach, FL 33139, 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.

Rafael A. Velasquez
Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2017
by Rafael A. Velasquez

Lillian R. Hatfield
Signature of Notary Public-State of Florida

(NOTARY SEAL)

Lillian R. Hatfield
Name of Notary Typed, Printed or Stamped



Personally Known _____ OR Produced Identification

Type of Identification Produced FID # 1422.721.73.096.0

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: <i>Velasquez, Rafael Antonio</i>		NAME OF AGENCY: <i>City of Miami Beach</i>	
MAILING ADDRESS: <i>400 Alton Rd #311</i>		OFFICE OR POSITION HELD: <i>Candidate for Miami Beach Commission - Group 2</i>	
CITY: <i>Miami Beach, FL</i>	ZIP: <i>33139</i>	COUNTY: <i>Miami-Dade</i>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER
			YEAR <i>2017</i>

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.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
	<i>N/A</i>			

RECEIVED
 2017 SEP - 7 AM 11:32
 CITY OF MIAMI BEACH
 OFFICE OF THE CITY CLERK

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.	STATE OF FLORIDA COUNTY OF <i>Miami-Dade</i> Sworn to (or affirmed) and subscribed before me this <i>7</i> day of <i>September</i> , 20 <i>17</i> by <i>Rafael A. Velasquez</i> <i>Lillian R Hatfield</i> (Signature of Notary Public-State of Florida)
	 SIGNATURE OF REPORTING OFFICIAL: <i>Rafael A. Velasquez</i> Print, Type, or Stamp Commissioned Name of Notary Public: <i>Lillian R Hatfield</i> Personally Known _____ OR Produced Identification _____ Type of Identification Produced: <i>DL V432.721.73.096.0</i>

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.)

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

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Velazquez, Rafael Antonio

2017 SEP -7 AM 11:32

MAILING ADDRESS:

400 Alton Rd #311

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Miami Beach, FL 33139

CITY:

ZIP:

COUNTY:

Miami-Dade

NAME OF AGENCY:

City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Beach Commission - Group 2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
Subset Realty Group	400 Alton Rd #311, Miami Beach, FL 33139	Real estate brokerage

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	n/a		

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

"n/a"

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
	hla

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Citibank Credit Card	P.O. Box 6021, Sioux Falls, SD 57117
Bank of America Credit Card	P.O. Box 15284, Wilmington, DE 19850

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")

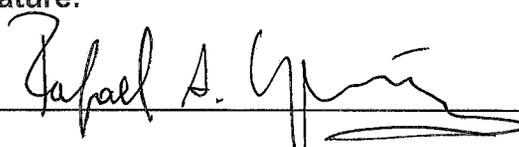
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Sunset Realty Group of S. FL, LLC.	
ADDRESS OF BUSINESS ENTITY	400 Alton Rd #311, Miami Beach, FL 33139	
PRINCIPAL BUSINESS ACTIVITY	Real estate brokerage	
POSITION HELD WITH ENTITY	Broker / Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes - 100%	
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: 09/07/2017

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:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>NOTE: 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.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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RAFA FOR MIAMI BEACH

138

63-9138/2631

09/06/2017
Date

PAY
to the order of City of Miami Beach

\$ 120 ⁰⁰/₁₀₀

one hundred twenty ⁰⁰/₁₀₀

Dollars



Photo Safe Deposit Details on back

BB&T

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BB&T BBT.com

For qualifying fee

Signature *[Handwritten Signature]*

MP

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2017 SEP -7 PM 12:01
CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Miscellaneous Cash Receipt
CITY OF MIAMI BEACH

No. 417903

Cash Credit Card Check # 138

\$ 120.00

MBF

Miscellaneous Expense Rafael Velasquez. Qualifying for 9/2/17 2017
001713-0034 Adrian V 09/07/2017 11:51AM

MCR Expense (MCREXP)

Payment Amount: Group III

MCR417903

(THIS INFORMATION MUST BE COMPLETED)

Office of Finance Director

Account Number: _____

By _____

Preparer: PatLamm

Dept: City Clerk

EXT: 2411

MBF
City Hall
1700 Convention Center Dr.
Miami Beach, FL 33139
305-673-7420
Welcome

001713-0034 Adrian V 09/07/2017 11:51AM

MISCELLANEOUS

Description: MCR Expense (MCREXP)

Reference 1: MCR417903

MCR Expense (MCREXP)

2017 Item: MCREXP

1 @ 120.00

MCR Expense (MCREXP) 120.00

120.00

Subtotal 120.00

Total 120.00

CHECK 120.00

Check Number 00138

Change due 0.00

Paid by: RAFA FOR MIAMI BEACH



RAFA FOR MIAMI BEACH	09/06/2017	138
City of Miami Beach	\$ 120.00	
one hundred twenty		
qualifying fee		

Thank you for your payment

CUSTOMER COPY

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2017 SEP -7 AM 11:53
CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK