

**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

RECEIVED  
2019 AUG 30 PM 3:38  
CITY OF MIAMI BEACH

OFFICE USE ONLY

**Candidate Oath**

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

I, MOHAMMED RAFIQUUL ISLAM

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of CITY COMMISSIONER Group 6  
(Office) (District #)

#6; 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): 02171489

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.]

moh-h ah m-m eh d RAFIQUUL ihslaem

X HIZIC (784) 303-3407  
Signature of Candidate Telephone Number Email Address

1004, BARRITZ DRIVE MIAMI BEACH Mohammed Islam 1960  
Address City State FLORIDA ZIP Code 33141

STATE OF FLORIDA

COUNTY OF MIAMI DADE

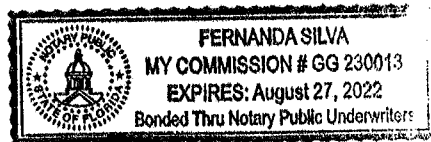
Fernanda Silva  
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 30th  
day of August, 2019.

Personally Known: \_\_\_\_\_ or Produced Identification:

Type of Identification Produced: FLORIDA DRIVERS LICENSE



## Compound Last Names

If your *last* name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be “Smith”. If you check the box, your last name would be listed on the ballot as “Jones Smith.” If you have a hyphen within your last name, the last name would be listed as “Jones-Smith”.

## Guide for Designating Phonetic Spelling of Candidate’s Name for Audio Ballot

1. Use tables below.
2. Use upper case for “stressed” syllables. Use lower case for “unstressed” syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, *etc.*

Vowels			
Stressed Vowel Sounds		Unstressed Vowel Sounds	
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) fit		
E	(BED) bed		
A	(KAT) cat (KAD) cad		
AH	(FAH-thur) father (PAHR) par		
AH	(HAHT) hot (TAH-dee) toddy		
UH	(FUHJ) fudge (FLUHD) flood		
UH	(CHUHRCH) church		
AW	(FAWN) fawn	<b>Certain Vowel Sounds with R</b>	
U	(FUL) full	AHR	(PAHR) par
OO	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
O	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
AI	(FAIT) fate	UHR	(PUHR) purr
OI	(FOIL) foil		
YOO	(FYOOR-ee-uhs) furious		

Consonants			
B	(BED) bed	R	(RED) red
D	(DET) debt	S	(SET) set
F	(FED) fed	T	(TEN) ten
G	(GET) get	V	(VET) vet
H	(HED) head	Y	(YET) yet
HW	(HWICH) which	W	(WICH) witch
J	(JUHG) jug	CH	(CHUCRCH) church
K	(KAD) cad	SH	(SHEEP) sheep
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield
M	(MAT) mat	TH	(THEI) Thigh
N	(NET) net	TH	(THEI) Thy
NG	(SING-uhr) singer	ZH	(A-zuhr) azure (VI-zuhn) vision
P	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston

Examples of Phonetically Spelled Names	
NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

**Do not submit this page to the filing officer.**

# MIAMI BEACH

## CITY OF MIAMI BEACH OATH/AFFIRMATION

2019 AUG 30 PM 3:38

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared MOHAMMED ISLAM  
~~1004, BIARRITZ DR #3~~ me well known who, being sworn, says that he/she is a  
 candidate for the office of City Commissioner (Group No. # 6) 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: 1004, BIARRITZ DRIVE #3 MIAMI BEACH, FL 33141,  
 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.

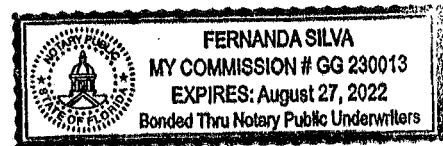
Islam  
 Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 30<sup>th</sup> day of August, 2019  
 by MOHAMMED R. ISLAM

Fernanda Silva  
 Signature of Notary Public-State of Florida

(NOTARY SEAL)

FERNANDA SILVA  
 Name of Notary Typed, Printed or Stamped



Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FLORIDA DRIVER'S LICENSE

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ISLAM MOHAMMED RAFIQUL

2019 AUG 30 PM 3:38

MAILING ADDRESS :

1004, BIARRITZ DRIVE #3

CITY: MIAMI BEACH ZIP: 33141 COUNTY: DADE

NAME OF AGENCY: CITY OF MIAMI BEACH

NAME OF OFFICE OR POSITION HELD OR SOUGHT: CITY COMMISSIONER - Group (VI)

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, 2018 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
RENTAL INCOME	1004, BIARRITZ DRIVE M.B.	Rented 2 unit (A-Play)
Rental Income	774-776, 81ST. Street, M.B.	Rented 2 unit (Duplex)

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")

Building owned

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
MORTGAGE (PHH.)	1 MORTGAGE WAY LAUREL, NEW JERSEY 08054

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

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

**PART G — TRAINING**

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:

*[Handwritten Signature]*

Date Signed:

08/30/2019

**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) and send it to CEForm1@leg.state.fl.us. 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, 2018.

# Form 9

## QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: <u>ISLAM MOHAMMED RAFIQUL</u>			NAME OF AGENCY: <u>CITY OF MIAMI BEACH</u>	
MAILING ADDRESS: <u>1004 BARRITT DRIVE #3</u>			OFFICE OR POSITION HELD: <u>MIAMI BEACH COMMISSIONER</u>	
CITY: <u>MIAMI BEACH</u>	ZIP: <u>33141</u>	COUNTY: <u>DADE</u>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 20 <u>19</u>	

### 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
	<u>N.A.</u>			

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.

[Signature]

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA  
COUNTY OF MIAMI DADE  
Sworn to (or affirmed) and subscribed before me this 30th day of August, 2019  
by MOHAMMED R. ISLAM  
[Signature]  
Notary Public for the State of Florida  
MY COMMISSION # GG 230013  
EXPIRES: August 27, 2022  
(Print, Type, or Stamp) FLORIDA PIIVERS License  
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.)

## PART E — INSTRUCTIONS

### WHO MUST FILE THIS FORM?

- Any individual, including a candidate upon qualifying, who is required by law to file full and public disclosure of his financial interests on Commission on Ethics Form 6, except Judges. (See Form 6 for a list of persons required to file that form.)
- Any individual, including a candidate upon qualifying, who is required by law to file a statement of financial interests on Commission on Ethics Form 1. (See Form 1 for a list of persons required to file that form.)
- Any procurement employee of the executive branch or judicial branch of state government. This includes any employee of an officer, department, board, commission, council, or agency of the executive branch or judicial branch of state government who has participated in the preceding 12 months through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or in any other advisory capacity in the procurement of contractual services or commodities as defined in s. 287.012, F.S., if the cost of such services or commodities exceeds or is expected to exceed \$10,000 in any fiscal year.

**NOTE: Gifts that formerly were allowed under Section 112.3148, F.S., now may be prohibited under Sections 11.045, 112.3215, and 112.31485, F.S.**

### WHAT GIFTS ARE REPORTABLE?

- Any gift (as defined below) you received which you believe to be in excess of \$100 in value, **EXCEPT**:
  - 1) Gifts from the following **RELATIVES**: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, a person who is engaged to be married to you or who otherwise holds himself or herself out as or is generally known as the person whom you intend to marry or with whom you intend to form a household, or any other natural person having the same legal residence as you.
  - 2) Gifts which you are prohibited from accepting by Sections 112.313(4) and 112.3148(4), Florida Statutes. These include any gift which you know or, with the exercise of reasonable care, should know was given to influence a vote or other action in which you are expected to participate in your official capacity; it also includes a gift worth over \$100 from a vendor doing business with your agency, a political committee under the elections law, from a lobbyist who lobbies your agency or who lobbied your agency within the past 12 months, or from a partner, firm, employer, or principal of such a lobbyist.
  - 3) Gifts worth over \$100 for which there is a public purpose, given to you by an entity of the legislative or judicial branch, a department or commission of the executive branch, a water management district created pursuant to s. 373.069, South Florida Regional Transportation Authority, a county, a municipality, an airport authority, or a school board; or a gift worth over \$100 given to you by a direct-support organization specifically authorized by law to support the governmental agency of which you are an officer or employee. These gifts must be disclosed on Form 10.
- A "gift" is defined to mean that which is accepted by you or by another in your behalf, or that which is paid or given to another for or on behalf of you, directly, indirectly, or in trust for your benefit or by any other means, for which equal or greater consideration is not given within 90 days after receipt of the gift. A "gift" includes real property; the use of real property; tangible or intangible personal property; the use of tangible or intangible personal property; a preferential rate or terms on a debt, loan, goods, or services, which rate is below the customary rate and is not either a government rate available to all other similarly situated government employees or officials or a rate which is available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin; forgiveness of an indebtedness; transportation (unless provided to you by an agency in relation to officially approved governmental business), lodging, or parking; food or beverage; membership dues; entrance fees, admission fees or tickets to events, performances, or facilities; plants,

flowers, or floral arrangements; services provided by persons pursuant to a professional license or certificate; other personal services for which a fee is normally charged by the person providing the services and any other similar service or thing having an attributable value and not already described.

- The following are **NOT** reportable as gifts on this form: salary, benefits, services, fees, commissions, gifts, or expenses associated primarily with your employment, business, or service as an officer or director of a corporation or organization; contributions or expenditures reported pursuant to the election laws, campaign-related personal services provided without compensation by individuals volunteering their time, or any other contribution or expenditure by a political party; an honorarium or an expense related to an honorarium event paid to you or your spouse; an award, plaque, certificate, or similar personalized item given in recognition of your public, civic, charitable, or professional service; an honorary membership in a service or fraternal organization presented merely as a courtesy by such organization; the use of a governmental agency's public facility or public property for a public purpose. Also exempted are some gifts from state, regional, and national organizations that promote the exchange of ideas between, or the professional development of, governmental officials or employees.

### HOW DO I DETERMINE THE VALUE OF A GIFT?

- The value of a gift provided to you is determined using the actual cost to the donor, and, with respect to personal services provided by the donor, the reasonable and customary charge regularly charged for such service in the community in which the service is provided. Taxes and gratuities are not included in valuing a gift. If additional expenses are required as a condition precedent to the donor's eligibility to purchase or provide a gift and the expenses are primarily for the benefit of the donor or are of a charitable nature, the expenses are not included in determining the value of the gift.
- Compensation provided by you to the donor within 90 days of receiving the gift shall be deducted from the value of the gift in determining the value of the gift.
- If the actual gift value attributable to individual participants at an event cannot be determined, the total costs should be prorated among all invited persons. A gift given to several persons may be attributed among all of them on a pro rata basis. Food, beverages, entertainment, etc., provided at a function for more than ten people should be valued by dividing the total costs by the number of persons invited, unless the items are purchased on a per-person basis, in which case the per-person cost should be used.
- Transportation should be valued on a round-trip basis unless only one-way transportation is provided. Round-trip transportation expenses should be considered a single gift. Transportation provided in a private conveyance should be given the same value as transportation provided in a comparable commercial conveyance.
- Lodging provided on consecutive days should be considered a single gift. Lodging in a private residence should be valued at \$44 per night.
- Food and beverages consumed at a single sitting or event are a single gift valued for that sitting or meal. Other food and beverages provided on a calendar day are considered a single gift, with the total value of all food and beverages provided on that date being the value of the gift.
- Membership dues paid to the same organization during any 12-month period are considered a single gift.
- Entrance fees, admission fees, or tickets are valued on the face value of the ticket or fee, or on a daily or per event basis, whichever is greater. If an admission ticket is given by a charitable organization, its value does not include the portion of the cost that represents a contribution to that charity.
- Except as otherwise provided, a gift should be valued on a per occurrence basis.

### FOR MORE INFORMATION

The gift disclosures made on this form are required by Sec. 112.3148, Florida Statutes. Questions may be addressed to the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709 or by calling (850) 488-7864; information is provided at: [www.ethics.state.fl.us](http://www.ethics.state.fl.us).

MOHAMMED RAFIQUOL ISLAM COMM  
MOHAMMED RAFIQUOL ISLAM  
1004 BIARRITZ DR APT 3  
MIAMI BEACH, FL 33141

10009

63-0436/0660


DATE 08/30/2019

PAY TO THE ORDER OF CITY OF MIAMI BEACH

\$ 1020.00

One thousand twenty & 00/100 only DOLLARS



 City National Bank  
Bci FINANCIAL GROUP

Qualifying Papers

TRIC 

Herland Clarke

