General Information

Name:

Hon Francis Xavier Suarez

PID 230294

AGENCY INFORMATION

Organization	Suborganization	Title
Miami	Mayor And City Commission	Mayor
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

OF THE MAN

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (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	
Quinn Emanuel LLP	2601 Bayshore Drive Suite 1550 Miami FL 33133	Of Counsel (Attorney -at -Law)	
DaGrossa Capital Partners	2333 Ponce DeLeon Two Bay Corner Suite Miami Fl 33134	Senior Operating Partner	
Bilt Technologies	32 Bond Street, Floor 6, New York, NY 10012	Consultant	
Emerge Americas	2222 Ponce de Leon Blvd, Miami, FL 33134	Consultant	
City of Miami	3500 Pan American Dr. Miami Fl 33133	Mayor	

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

Miami, FL 33133	0
1671 SW 32 Place, Miami, FL 33145	2021 FFI
120 SW 37 Avenue, Unit 506, Miami, FL 33134	9E 0E 0E
120 SW 37 Avenue, Unit 305, Miami, FL 33134	77 - 0
3201 West Flagler Street, Unit 102, Miami, FL 33135	- TT - E13
3401 SW 11th Street, Unit 16, Miami, FL 33135	
	≅% ö . Ö
	<u> </u>

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
Florida Prepaid Savings Account	State of Florida - Florida Prepaid Savings Program	

Liabilities		
LIABILITIES (Major debts valued ov (If you have nothing to report, writ		
Name of Creditor	Address of Creditor	
N/A		
Interests in Specified Bu	sinesses	
INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, wr	SES (Ownership or positions in certain types of businesses) ite "none" or "n/a")	
Business Entity # 1		
N/A		
Training		
independent special district or a c	pointed school superintendent, an elected municipal officer, electron commissioner of a community redevelopment agency created und e annual ethics training pursuant to Section 112.3142, F.S.	
☑ I certify that I have completed	the required training under Section 112.3142, F.S.	0
Required training under Section	on 112.3142, F.S., not applicable to filer for this form year.	REC 2025 JUL .
		RECEIVED 10E OF WIAM CLERI

Signature of Filer

Francis Xavier Suarez

Digitally signed: 07/01/2025

Filed with COE: 07/01/2025

2025 JUL -1 AMID: 01
FFICE OF THE CITY CLE

Form 1 Statement of Financial Interests (cont'd)

Additional board to be included with my 2024 Form 1 Statement of Financial Interests:

Name of Office or Position held or sought:

- Mayor's Council on Global Competitiveness

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2025 JUL - I AMID: 01



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

Suarez	Francis	×	Mayoral	
LAST NAME	FIRST NAME	MI	OFFICE HELD	
		Miami	33143	Miami Dade
MAILING	ADDRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000

(AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASS	SETS	[PART B] LIABI	LITIES	
DESCRIPTION	VALUE	Please list below the name and address of every personnels whether individual or corporation, to whom you ow liability exceeding \$5,000, and the total amount indebtedness. "Liability" is defined as any monetary described in the control of the con		
PRIMARY HOME Miami, FL	\$2,167,293.00			
INVESTMENT PROPERTY 1671 SW 32nd Ave. Miami, FI	\$645,573.00	or obligation owed by you to another person, inclu credit card retail installment accounts; taxes or indebtedness on a life insurance policy owed to issuing company; or accrued income taxes on unrealized appreciation.		
INVESTMENT PROPERTY 3201 W Flager St Unit 102	\$215,000.00			
INVESTMENT PROPERTY 120 SW 37th Ave. Apt 506	\$274,400.00	Name/Address of Creditors	Amount Owed	
INVESTMENT PROPERTY 120 SW 37th Ave. Apt 305	\$276,300.00			
INVESTMENT PROPERTY 3401 SW 11 #1B	\$197,900.00		2025 OFFIC	
HOUSEHOLD GOODS/PERS Household goods and personal eff in a lump sum if their aggregate v Examples of household goods inclu to, any of the following (if not purposes): jewelry; stamp col numismatic properties; art objects; and furnishings; clothing; other h vehicles for personal use. The ag assets as described above is:	ects may be reported value exceeds \$5,000. de, but are not limited held for investment lections; guns and household equipment nousehold items; and		10E OF THE CITY CLERK	
\$ 75,000				

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

My net worth as of 07/01//25 \$5,318,517.91 [PART D] -- AFFIDAVIT The information disclosed herein and on any attachments hereto is true and correct to my knowledge. 07/01/25 Signature of the Person Reporting State of Florida county of Miami - Dade Sworn to (or affirmed) and subscribed before me by means of [physical presence or [] online notarization, on this the Francis X. Suarez, Mayor (Name of person signing and his/her title (public officer, trustee or personal representative) WITNESS my hand and official seal. Signature of Notary Public (Name of Notary Typed, Stamped or Printed) Notary Public, State of Florida NOTARY PUBLIC SEAL OF OFFICE: Personally known to me, or Produced identification: TODD B. HANNON (Type of Identification Produced) lotary Public - State of Florida Commission # HH 273956

My Comm. Expires Sep 25, 2026 Bonded through National Notary Assn.

FRANCIS X. SUAREZ MAYOR CITY OF MIAMI

Exhibit F - Public Disclosure of Financial Interests (in compliance with Miami City Code Sec. 2-619)

Assets and Liabilities in Excess of \$5,000

(As of December 31st, of the processing tax year)

Part A- Assets (Continued from Exhibit F Form)

DESCRIPTION	VALUE
WELLS FARGO	\$51,940.46
CITY NATIONAL BANK	\$659,093.82
STRIKE ACCOUNT	\$596,017.63
BOAT	\$235,000,000

2025 JUL -I AMIO: 02 FICE OF THE CITY CLE

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General Information

Name:

Hon Francis Xavier Suarez

Address:

3500 Pan American Dr Office of the Mayor, Miami, FL 33133

PID 230294

County:

Miami-Dade

AGENCY INFORMATION

Organization

Suborganization

Title

Miami

Mayor And City Commission

Mayor

Miami-Dade Transportation Planning

Organization (TPO)

Governing Board

TPO Board Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

5024 707 - 1 W 9: 19

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (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	
Quinn Emanuel LLP	2601 Bayshore Drive Suite 1550 Miami FL 33133	Of Counsel (Attorney-at-Law)	
DaGrossa Capital Partners	2333 Ponce DeLeon Two Bay Corner Suite Miami FL 33134	Senior Operating Partner	
Urbin/Location Ventures	299 Alhambra Circle, Suite 510, Coral Gables, FL 33134	Consultant	
Legacy Wealth Advisors	801 Brickell Ave, Suite 2550, Miami, FL 33131	Consultant	
Redivider Edge LLC	8 The Green Suite 12118, Dover, DE 19901	Consultant	
Dreamer Capital	801 Brickell Avenue, Suite 2520, Miami, FL 33131	Consultant	
Two Bridge	2 Bridge Street, Suite 210, Irvington, NY 10533	Consultant	
City National Bank of Florida	25 West Flagler Street, Miami, FL 33130	Consultant	
Emerge Americas	2222 Ponce de Leon Blvd, Miami, FL 33134	Consultant	
Bilt Technologies	32 Bond Street, Floor 6, New York, NY 10012	Consultant	
ONEOF, INC	2045 Biscayne Blvd #333, Miami, FL 33137	Consultant	
Redivider Blockchain Oz Fun	8 The Green Suite 4263, Dover, DE 19901	Consultant	

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

Miami, FL 33133

1671 SW 32 Place, Miami, FL 33145

120 SW 37 Avenue, Unit 506, Miami, FL 33134

120 SW 37 Avenue, Unit 305, Miami, FL 33134

3201 West Flagler Street, Unit 102, Miami, FL 33135

3401 SW 11th Street, Unit 1B, Miami, FL 33135

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
Florida Prepaid Savings Account	State of Florida - Florida Prepaid Savings Program	

Liabilities

LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor	35
City National Bank Mortgage	25 West Flagler Street, Miami, FL 33130	100
MILO Credit Mortgage	545 NW 26th Street, Suite 200, Miami, FL 33127	

nterests in Specified Businesses
INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")
Business Entity # 1
N/A
Fraining
This section applies only to an appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.
☑ I certify that I have completed the required training under Section 112.3142, F.S.
Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Filer

Francis Xavier Suarez

Digitally signed: 06/29/2024

Filed with COE: 06/29/2024

Form 1 Statement of Financial Interests (cont'd)

Additional board to be included with my 2024 Form 1 Statement of Financial Interests:

Name of Office or Position held or sought:

- Mayor's Council on Global Competitiveness

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2025 JUL -1 AM IO: 01



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

SUAREZ	FRANCIS	×	MAYOR	
LAST NAME	FIRST NAME	MI	OFF	FICE HELD
3500 PAN AMERICAN	N DRIVE	MIAMI	33133	MIAMI-DADE
MAILING A	ADDRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASS	SETS	[PART B] LIABILITIES			
DESCRIPTION	VALUE	Please list below the name and address of every per whether individual or corporation, to whom you ow liability exceeding \$5,000, and the total amount indebtedness. "Liability" is defined as any monetary or obligation owed by you to another person, inclu-			
PRIMARY HOME Miami,	\$2,167,293.00				
INVESTMENT PROPERTY 1671 SW 32 Ave. Miami, FL	\$645,573.00	credit card retail installment accounts; taxes ow indebtedness on a life insurance policy owed to issuing company; or accrued income taxes on			
INVESTMENT PROPERTY 120 SW 37 Ave. Miami, FL	\$276,300.00	unrealized appreciation.	icome taxes on net		
CITY NATIONAL BANK	\$503,815.68	Name/Address of Creditors	Amount Owed		
WELLS FARGO	\$59,975.57	CITY NATIONAL BANK MORTGAGE	\$177,015.86		
1117 1117 11		MILO CREDIT	\$225,120.00		
STRIKE	\$260,749.98				
		AMERICAN EXPRESS	\$6,876.88		
HOUSEHOLD GOODS/PERSO Household goods and personal effe in a lump sum if their aggregate va Examples of household goods include	ects may be reported alue exceeds \$5,000. Ie, but are not limited				
to, any of the following (if not held for investment purposes): jewelry; stamp collections; guns and numismatic properties; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my assets as described above is:			P 1		
			12		
\$75,000.00					

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

[PART D] AFFIDAVIT The information disclosed herein and on any attachments hereto is true and correct to my knowledge. 6/27/2024 Date		
		
Signature of the Person Reporting Date		
State of Florida		
County of Migmi-Dade		
Sworn to (or affirmed) and subscribed before me by means of $[\sqrt{\ }]$ physical presence or $[\ \]$ online notarizati	on, on	this the
and day of June 2024 by:		
Francis Suarez, Mayor	TALLE	int
(Name of person signing and his/her title (public officer, trustee or personal representative)	- 10	3
WITNESS my hand and official seal.	7071 JUL - J NY 9: 20	RECEIVED
Signature of Notary Public OFELIA E. GONZALEZ MY COMMISSION # HH 408741 EXPIRES: August 2, 2027	0	
(Name of Notary Typed, Stamped or Printed) Notary Public, State of Florida	OTARY PL	IBLIC
	AL OF OF	
Produced identification:(Type of Identification Produced)		

FRANCIS X. SUAREZ MAYOR CITY OF MIAMI

Exhibit F – Public Disclosure of Financial Interests (in compliance with Miami City Code Sec. 2-619)

Assets and Liabilities in Excess of \$5,000

(As of December 31st, of the preceding tax year)

PART A - Assets (Continued from Exhibit F Form)

DESCRIPTION	VALUE
INVESTMENT PROPERTY	
3201 West Flagler Street	\$215,000
Unit 102	
Miami, FL 33135	
INVESTMENT PROPERTY	
120 SW 37th Avenue	\$274,400
Unit 305	37,30
Miami, FL 33134	
INVESTMENT PROPERTY	
3401 SW 11th Street	\$197,900
Unit 1B	0.0000
Miami, FL 33135	
BOAT	\$235,000



AST NAME FIRST NA DUAYE Z FVA MAILING ADDRESS:			00)		
Suavez Fra		S OVER \$1	AGENCY: A		
Control of the Contro	incis Lavier	720	City of Miami		
	-	OFFICE C	OR POSITION HELD:		
3tano Van U	American Dr		MANOY	80	
CITY:	ZIP: COUNTY:	FOR QUA	RTER ENDING (CHECK ON	15):	YEAR
Miani, 1	\$3133 Miami	- Dade MARCH	JUNE SEPTEMBER	DECEMBER	207
	PART A — S	STATEMENT O	F GIFTS		
eing filed. You are required ate(s) the gift was received. xplained more fully in the in	he value of which you believe to exceed to describe the gift and state the monet I if any of these facts, other than the gift instructions on the reverse side of the for a statement for any calendar quarter of	ary value of the gift, description, are unl m, you are not requi	the name and address of the pe known or not applicable, you sho ired to disclose gifts from relative	erson making the good so state on the est or certain other	ift, and the form. As
DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF MAKING TH	
01/2/24	Mari Dalatina	dana	Anthony	10762	SW
1/8/69	Miami Dolphins	\$8,750	Valenzuela	14312 AV	e M
	/ 101312		1017(1)	. 17	3318
				2004 FEG. 2	71
CHECK HERE IF C	ONTINUED ON SEPARATE SHEE	Т		-0	-
al out	DARTE DESCRIPTION			EZ G	10
orm. You may attach an ex	PART B — RECEIPT PROVIDED AND ADDRESS OF THE PROVIDED ADDRESS OF T	erson making the g the information dis	ift, you are required to attach a	copy of that rece	pt to this ceipt.
	PAF	RT C — OATH			
epose on oath or affirmation	opears at the beginning of this form, do n and say that the information disclosed at made by me constitutes a true accurative to be reported by Section 112.314	ate, by F	r affirmed) and subscribed before) the day of December	a me this 20 20 20 20 20 20 20 20 20 20 20 20 20	4

PART D - FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 5709 Tallahassee Florida 32317 5709 by sical 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.)

TODD B. HANNON Notary Public - State of Florida

Commission # HH 273956

EXHIBIT B

FORM 1	STATEMENT	ГОБ	2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	ERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE SUAREZ - FRANCIS - XAVIE			
MAILING ADDRESS : OFFICE OF THE MAYOR			2023 0FF10
3500 PAN AMERICAN DRIVE			AREC SERVICE
CITY: MIAMI F	ZIP: COUNTY: MIAMI-DADE		CEIVED -3 AM IO
NAME OF AGENCY : OFFICE OF THE MAYOR - CI	TY OF MIAMI		RECEIVED 2023 JUL -3 AM 10: 45 DEFICE OF THE CITY CLERK
NAME OF OFFICE OR POSITION HELD MAYOR OF THE CITY OF MI			25 5 5
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINT	TEE	
PART A PRIMARY SOURCES OF INC (If you have nothing to report NAME OF SOURCE OF INCOME	CHECK THE ONE YOU ARE USING (IN INCENTAGE) THRESHOLDS OR OME [Major sources of income to the reporting to t	DOLLA	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
QUINN EMMANUEL LLP DAGROSSA CAPITAL PARTNERS	2333 Ponce de Leon Two Bay Corner Suite, Miami,	200	F COUNSEL (ATTORNEY) ENIOR OPERATING PARTNER
EMERGE AMERICAS	2222 Ponce De Leon 3rd Floor, Miami, F		MEMBER OF THE BOARD
(If you have nothing to repo	other sources of income to businesses owner	d by the reporting pers ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, build the control of	I dings owned by the reporting person ~ See ins t, write "none" or "n/a")	structions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
MIA	AMI, FL 33133		FILING INSTRUCTIONS for when and where to file this form are
1671 SW 32 AVENUE, MIAMI,	FL 33145		located at the bottom of page 2. INSTRUCTIONS on who must file
120 SW 37 AVENUE, MIAMI, FL 33134			this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bond (If you have nothing to report, write "none" or "n/a	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
FLORIDA PREPAID SAVINGS ACCOUNT	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a	"}
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A FA.	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership (If you have nothing to report, write "none" or "n/a") NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY	p or positions in certain types of businesses - See instructions] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	7000
PRINCIPAL BUSINESS ACTIVITY	
POSITION HELD WITH ENTITY	2 5
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	770 7
NATURE OF MY OWNERSHIP INTEREST	24 6
agency created under Part III, Chapter 163 required to complete a I CERTIFY THAT I HAVE	School superintendents, and commissioners of a community redevelopment noual ethics training pursuant to section 112.3142, F.S. COMPLETED THE REQUIRED TRAINING. NUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY
Signature:	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,
Date Signed:	
JULY 3, 2023	CPA/Attorney Signature:
JOD 1 3, 2023	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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

FRANCIS X. SUAREZ MAYOR CITY OF MIAMI IN MIAMI-DADE COUNTY, FLORIDA MIAMI-DADE COUNTY FORM

STATEMENT OF FINANCIAL INTERESTS (CONTINUED)

Additional Board to be included in the 2022 Statements of Financial Interests:

The Transportation Planning Council, Miami-Dade County

The Mayor's Council on Global Competitiveness, City of Miami

Miami-Dade League of Cities

Florida League of Mayors

United States Conference of Mayors Board of Trustees/Executive Committee

PART C - Real Property

3201 W. Flagler Street, Unit 102, Miami, FL 33135

2023 JUL -3 AM IO: 45



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

SUAREZ	FRANCIS	X	MAYOR		
LAST NAME FIRST NAME		MI	OFFICE HELD		
3500 PAN AMERICAI	N DRIVE	MIAMI	33133	MIAMI-DADE	
MAILING	ADDRESS	CITY	ZIP CODE	COUNTY	

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASS	ETS	[PART B] LIABILITIES			
DESCRIPTION	VALUE	Please list below the name and address of every perswhether individual or corporation, to whom you ow liability exceeding \$5,000, and the total amount indebtedness. "Liability" is defined as any monetary dor obligation owed by you to another person, include			
PRIMARY HOME	\$1,710,302.00				
INVESTMENT PROPERTY 1671 SW 32 Ave. Miami, FL	\$489,328.00	credit card retail installment accounts; taxes ovindebtedness on a life insurance policy owed to			
INVESTMENT PROPERTY 120 SW 37 Ave. Miami, FL	\$263,100.00	 issuing company; or accrued income taxes of unrealized appreciation. 			
CITY NATIONAL BANK	\$229,237.77	Name/Address of Creditors	Amount Owed		
2 - 3 - 3 - 2 - 2 - 2 - 2 - 3 - 3 - 3 -		AMERICAN EXPRESS	\$28,546.52		
WELLS FARGO	\$195,077.03		MALE NO.		
STRIKE	\$71,321.89		2023 0FF1		
HOUSEHOLD GOODS/PERSO Household goods and personal effection a lump sum if their aggregate van Examples of household goods includ to, any of the following (if not households): jewelry; stamp collenumismatic properties; art objects; hand furnishings; clothing; other households for personal use. The aggregations as described above is:	cts may be reported lue exceeds \$5,000. e, but are not limited neld for investment ections; guns and ousehold equipment busehold items; and		THE THE WARM CLERK		

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year. \$3,454,820.17 12/31/2022 My net worth as of [PART D] -- AFFIDAVIT The information disclosed herein and on any attachments hereto is true and correct to my knowledge. Signature of the Person Reporting State of Florida county of Miami-Dade Sworn to (or affirmed) and subscribed before me by means of [V] physical presence or [] online notarization, on this the X. Suarez, Mayor (Name of person signing and his/her title (public officer, trustee or personal representative) WITNESS my hand and official seal.

(Name of Notary Typed, Stamped or Printed) Notary Public, State of Florida RECEIVED

23 JUL -3 AM IO: 4.6

NOTARY PUBLIC SEAL OF OFFICE:

V	Personally known to me, or	or
П	Produced identification:	

TODD B. HANNON
Notary Public - State of Florida
Commission # HH 273956
My Comm. Expires Sep 25, 2026
Bonded through National Notary Assn.

(Type of Identification Produced)

Signature of Notary Public

FRANCIS X. SUAREZ MAYOR CITY OF MIAMI

Exhibit H – Public Disclosure of Financial Interests (in compliance with Miami City Code Sec. 2-619)

Assets and Liabilities in Excess of \$5,000 (As of December 31 of the preceding tax year)

PART A – Assets (Continued from Exhibit H form)

DESCRIPTION	VALUE
INVESTMENT PROPERTY	
3201 West Flagler Street	\$215,000
Unit 102	
Miami, FL 33135	
BOAT	\$235,000

2023 JUL -3 AM IO: 46

PERIOE OF THE STITY CLERK

Form 9)	QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)			
LAST NAME - FIF			NAME OF AGENCY: OFFICE OF MAYOR		
3500 PAN AMORICAN DRIVE			OFFICE OR POSITION HELD:		
CITY: MIAMI	ZIP:	COUNTY:	FOR QUARTER ENDING (CHECK ONE): YEAR		

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
5/6/2023	FORMULA 1 TICKET	\$ 3500.2	SOUTH FLORIDA- MOTORSPORTS, LLC	347 DON SHULA DE: 15 MI, FL 37056
				2023 0FF
	1			
				2 H

☐ 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	STATE OF FLORIDA COUNTY OF MICHIEF Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me by means of
herein and on any attachments made by me constitutes a true accurate,	Monthsical presence or online notarization, this day of September 20 23
and total listing of all gifts required to be reported by Section 112.3148,	by Francis X. Sugrez
Florida States.	Cho2/1
4.1	(Signature of Notary Public-State of Florida)
SIGNATURE OF REPORTING OFFICIAL	Todd B. Hannon .
	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known OR Produced Identification Type of Identification Produced

PART D — FILING INSTRUCTIONS

This form, when duly signed and noterized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallacasses, Florida 12303. The form must be filed no language 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.)

lotary Public - State of Florida

EXHIBIT B

FORM 1 STATEMENT OF			2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE SUAREZ - FRANCIS - XAVIE				
MAILING ADDRESS: OFFICE OF THE MAYOR			RECEIV 2022 JUN 28 OFFICE OF THE	
3500 PAN AMERICAN DRIV	Е		UN 2	
CITY: MIAMI 3 NAME OF AGENCY: OFFICE OF THE MAYOR	ZIP: COUNTY: 3133 MIAMI-I	DADE	RECEIVED 2 JUN 28 PH 4: 39 10E OF THE SITY OLERN	
NAME OF OFFICE OR POSITION HELD MAYOR	O OR SOUGHT:		ERI(
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	APPOINTEE		
FEWER CALCULATIONS, OR USIN (see instructions for further details).	EPORTABLE INTERESTS: ING REPORTING THRESHOLI IG COMPARATIVE THRESHOL	DS THAT ARE ABSOLUTE DS, WHICH ARE USUAL USING (must check one)	E DOLLAR VALUES, WHICH REQUIRES LLY BASED ON PERCENTAGE VALUES	
PART A PRIMARY SOURCES OF INC	rt, write "none" or "n/a")			
NAME OF SOURCE OF INCOME	1 70 E/S	RCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Quinn Emanuel LLP	2601 South Bayshore I	or, Miami, FL 33133	Attorney - Counsel	
Greenspoon Marder LLP	600 Brickell Ave, Miar	ni, FL 33131	Attorney - Counsel	
DaGrossa Capital		vo Bay Corner Suite	Senior Operating Partner	
	Miami, FL 33134			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	other sources of income to busines	ses owned by the reporting po	erson - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, build (If you have nothing to report Martine), Miami, F.	t, write "none" or "n/a")	- See instructions]	You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.	
1671 SW 32 Avenue, Miami, F.			FILING INSTRUCTIONS for when and where to file this form are	
120 SW 37 Avenue, Miami, FI			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 (If you have nothing to report, write "r	[Stocks, bonds, certificates of deposit, etc See inst	ructions]		
TYPE OF INTANGIBLE		HICH THE PROPERTY RELATES		
Florida Prepaid Savings Account				
PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, write "r				
NAME OF CREDITOR	ADDRESS	S OF CREDITOR		
City National Bank	25 West Flagler Street, Miami, FL 3	3130		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "no NAME OF BUSINESS ENTITY		BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY		7 N O		
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINE	ss	프르 무 <		
NATURE OF MY OWNERSHIP INTEREST		3 = H		
Commence of the second	ers, appointed school superintendents, and commis to complete annual ethics training pursuant to section I HAVE COMPLETED THE REQU RE CONTINUED ON A SEPARATE SHEE	IRED TRAINING.		
SIGNATURE OF FIL	ER: CPA or ATTO	RNEY SIGNATURE ONLY		
Signature:	in good standing with the she must complete the following the form 1 in accordance with instructions to the form.	, prepared the CE ith Section 112.3145, Florida Statutes, and the Jpon my reasonable knowledge and belief, the		
	uisclosule lielell is true	disclosure herein is true and correct. CPA/Attorney Signature:		
Date Signed: June 36, 2022	CPA/Attorney Signature:			

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

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.

FRANCIS X. SUAREZ MAYOR THE CITY OF MIAMI

IN

MIAMI-DADE COUNTY, FLORIDA MIAMI-DADE COUNTY FORM STATEMENT OF FINANCIAL INTERESTS (CONTINUED)

Additional BOARDS to be included with the 2021 Statements of Financial Interests:

Transportation Planning Organization

Mayor's Council on Global Competitiveness

Miami Technology Council

Miami-Dade County League of Cities

Florida League of Mayors

United States Conference of Mayors Executive Committee

United Nations Global Commission on Climate Adaptation

Global Center on Climate Adaptation

2022 JUN 28 PM 4: 39
DEFICE OF THE CITY CLERK
CITY OF MIAM



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

SUAREZ	FRANCIS	X	MAYOR	
LAST NAME	FIRST NAME	MI	OFI	FICE HELD
3500 Pan America	n Drive	Miami	33133	Miami-Dade
MAILING A	DDRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASSETS		[PART B] LIABII	LITIES		
DESCRIPTION	VALUE	indebtedness. "Liability" is defined as any monetary d or obligation owed by you to another person, included credit card retail installment accounts; taxes ow indebtedness on a life insurance policy owed to			
PRIMARY HOME	\$1,475,000.00				
INVESTMENT PROPERTY	\$550,000.00				
INVESTMENT PROPERTY	\$153,190.00	issuing company; or accrued income taxes on unrealized appreciation.			
CITY NATIONAL BANK	\$757,811.99	Name/Address of Creditors	Amount Owed		
		City National Bank/ 25 West	\$1,145,762.35		
WELLS FARGO	\$82,317.48	Flagler Street, Miami, FL 33130			
		Centennial Bank/ 121 Alhambra Plaza#1515, Coral Gables, FL 33134	\$422,965.16		
STRIKE	\$10,761.49				
		Mr. Cooper/PO Box 650783 Dallas, TX 75265-0783	\$121,802.31		
HOUSEHOLD GOODS/PERSON Household goods and personal efform a lump sum if their aggregate versamples of household goods included the second succession of the second success	ects may be reported alue exceeds \$5,000.		JUN 28		
to, any of the following (if not held for investment purposes): jewelry; stamp collections; guns and numismatic properties; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my assets as described above is:			OF MINE		
			K CLEAN		
\$					

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

My net worth as of 12/31/2021	was \$1,338,551.14	4
[PART D] AFFIDAVIT		
The information disclosed herein and on any	attachments hereto is true and correct to	my knowledge.
Fen Sua	6/28/	2022
Signature of the Person Reporti	ng	Date
State of Florida		
county of Mami-Dade		
Sworn to (or affirmed) and subscribed befo	re me by means of [physical presence of	or [] online notarization, on this the
28th day of June	,20 <u>22</u> , b	
Francis X. Suar	ez Mayor	
	(public officer, trustee or personal represente	ortive) DFFICE C
WITNESS my hand and official seal.		OFFICE OF THE CITY CL
	THE STEF	PH I
TODD B HANNON Notary Public - State of Florida Commission # GG 262274 My Comm. Expires Sep 25, 2022	Signature of Notary Public	PM 4: 45 MIAMI LERIK
	me of Notary Typed, Stamped or Printed)	
Į, no	Notary Public, State of Florida	NOTARY PUBLIC
Personally known to me, or		SEAL OF OFFICE:
Produced identification:	(Type of Identification Produced)	

Form 9 QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100) LAST NAME -- FIRST NAME -- MIDDLE NAME: NAME OF AGENCY: SUAREZ - FRANCIS - XAVIER OFFICE OF MAYOR MAILING ADDRESS: OFFICE OR POSITION HELD: 3500 Pan American Drive MAYOR COUNTY: FOR QUARTER ENDING (CHECK ONE): YEAR □MARCH ZJUNE □SEPTEMBER □ DECEMBER 2022 Miami 33133 Miami-Dade 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
March 15, 2022	Miami Heat Tickets (2)	\$10,000 x 2tkt = \$20,000	Sean Wolfington	200 Crandon Blvd Key Biscayne, FL 33149
				R 8
				RE FICE

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

TAICIS	OATH
I, the person whose name appears at the beginning of this form, do	STATE OF FLORIDA COUNTY OF MIRMI - Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this
herein and on any attachments made by me constitutes a true accurate,	27th day of June 2022
and total listing of all gifts required to be reported by Section 112.3148,	by Francis X. Suarez
Florida Statutes.	N. Swar
100	Nicole EWAN
SIGNATURE OF REPORTING OFFICIAL	
	(Print, Type, or Stamp Commissioned Name of Notary Public)
	Personally Known OR Poduced Identification NICOLE EWAN Type of Identification Produced Notary Public - State of Florida
	Type of Identification Produced 1976 Notary Public - State of Plonds
PART D — FILIN	G INSTRUCTIONS My Comm. Expires Jun 19, 2024 Bonded through National Notary Assn

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) LAST NAME -- FIRST NAME -- MIDDLE NAME: NAME OF AGENCY: SUAREZ - FRANCIS - XAVIER OFFICE OF MAYOR MAILING ADDRESS: OFFICE OR POSITION HELD: 3500 Pan American Drive MAYOR ZIP: COUNTY: FOR QUARTER ENDING (CHECK ONE): YEAR 2022 □MARCH □JUNE SEPTEMBER □ DECEMBER 33133 Miami Miami-Dade

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
May 17, 2022 Miami Heat Ticket (1) \$20,000.	\$20,000.00	Sean Wolfington 200 Crandon E Biscayne, FI		
				PETOE PETOE
				D 29
				事 3

☐ 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	STATE OF FLORIDA COUNTY OF Mami - Dade Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this
herein and on any attachments made by me constitutes a true accurate,	29th day of September 20 22
and total listing of all gifts required to be reported by Section 112.3148, Elorida Statutes. SIGNATURE OF REPORTING OFFICIAL	(Signature of Notary Public-State of Florida) Todd 8. Hannon
	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known OR Produced Identification Type of Identification Produced Identification TODD B. HANNON Notary Public - State of Florida

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709. Tallahassee Ponda 32317-5709 of vsical 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.)

3

EXHIBIT B

FORM 1	STATEM	IENT OF	2020	
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTEREST	S FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIL				
	ANCIS XAVIER) FF 12	
MAILING ADDRESS :	11000			
OFFICE OF THE MAYOR		RECTIVED 2021 JUN 30 PM 2 OFFICE OF THE MAN		
3500 PAN AMERICAN DRIVE			F P	
CITY:	ZIP: COUNTY:		PM 2:	
MIAMI	33133 MIAMI-DAD	E	2	
NAME OF AGENCY :			54	
OFFICE OF MAYOR - THE C	ITY OF MIAMI			
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:			
MAYOR OF THE CITY OF MI	AMI			
CHECK ONLY IF CANDIDAT	TE OR NEW EMPLOYEE OR	APPOINTEE		
	**** THIS SECTION MUS	ST BE COMPLETE	:D ****	
DISCLOSURE PERIOD:	IIIIS SECTION INCO	DE COMIT LETE		
	YOUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR E	NDING DECEMBER 31, 2020.	
	IG REPORTABLE INTERESTS:			
			TE DOLLAR VALUES, WHICH REQUIRES	
	ails). CHECK THE ONE YOU ARE I		ALLY BASED ON PERCENTAGE VALUES	
	(PERCENTAGE) THRESHOLDS		LAR VALUE THRESHOLDS	
West of the second second				
PART A PRIMARY SOURCES O	F INCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See in	structions]	
NAME OF SOURCE OF INCOME	The state of the s	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Greenspoon Marder LLP	600 Brickell Ave, Ste 360			
Greenspoort Marder LLP	600 Brickell Ave, Ste 300	00, Miami, FL 33131	Attorney - Of Counsel	
PART B SECONDARY SOURCE	S OF INCOME	NAME OF THE OWNER		
[Major customers, client	s, and other sources of income to busines	sses owned by the reporting	person - See instructions]	
(If you have nothing to	o 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	
BUSINESS ENTITY	OF BOSINESS INCOME	OF SOUNCE	ACTIVITION SOUNCE	
N/A				
	de			
DADT C. DEAL DECEMBER "	a buildheas succed by the	on Con Instruction 1		
	 d, buildings owned by the reporting persore report, write "none" or "n/a") 	on - See instructions	You are not limited to the space on the lines on this form. Attach additional	
	FL 33133		sheets, if necessary.	
			FILING INSTRUCTIONS for when	
1671 SW 32 Avenue, Miami,	FL 33145		and where to file this form are located at the bottom of page 2.	
120 SW 37 Avenue, Miami, F	L 33134			
			INSTRUCTIONS on who must file this form and how to fill it out	
			begin on page 3.	

	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES
Florida Prepaid Savings Account		
		•
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no	one" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR	
City National Bank 25 West Flagler Street, Miami, FL 33130		30
		0 10
(If you have nothing to report, write "non-	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	N/A	PH
PRINCIPAL BUSINESS ACTIVITY		2
POSITION HELD WITH ENTITY		2
I OWN MORE THAN A 5% INTEREST IN THE BUSINES:	S	3
NATURE OF MY OWNERSHIP INTEREST		
PART G — TRAINING For elected municipal officer agency created under Part III, Chapter 163 required to	complete annual ethics training pursuant to sect	on 112.3142, F.S.
✓ I CERTIFY THAT IF ANY OF PARTS A THROUGH G AR	I HAVE COMPLETED THE REQ RE CONTINUED ON A SEPARATE SHE	
	RE CONTINUED ON A SEPARATE SHE	
SIGNATURE OF FILE Signature:	ER: CPA or ATT If a certified public accin good standing with the she must complete the life. Form 1 in accordance	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorned the Florida Bar prepared this form for you, he or following statement:
IF ANY OF PARTS A THROUGH G AR	ER: CPA or ATT If a certified public acc in good standing with the she must complete the light process. Form 1 in accordance instructions to the form disclosure herein is true.	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorner the Florida Bar prepared this form for you, he or following statement:
SIGNATURE OF FILE Signature:	ER: CPA or ATT If a certified public acc in good standing with the she must complete the life. Form 1 in accordance instructions to the form.	ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement:

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

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

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, 2020.

FRANCIS X. SUAREZ MAYOR

STATEMENT OF FINANCIAL INTERESTS (CONTINUED)

Additional BOARDS to be included with my 2020 Statements of Financial Interests:

Transportation Planning Organization

Mayor's Council on Global Competitiveness

Miami Technology Council

Miami -Dade County League of Cities Florida League of Cities

United States Conference of Mayors Executive Committee

United Nations Global Commission on Climate Adaptation

Global Center on Climate Adaptation Board







CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

SUAREZ	FRANCIS	X.	MAYOR	
LAST NAME	FIRST NAME	MI	OFF	ICE HELD
3500 PAN AMERI	CAN DRIVE	MIAMI	33133	MIAMI-DADE
MAILING.	ADDRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASSETS		[PART B] LIABILITIES		
DESCRIPTION	VALUE	Please list below the name and address of every per whether individual or corporation, to whom you over liability exceeding \$5,000, and the total amount indebtedness. "Liability" is defined as any monetary or obligation owed by you to another person, included the card retail installment accounts; taxes or indebtedness on a life insurance policy owed to include the card of the		
PRIMARY HOME	\$1,475,000.00			
INVESTMENT PROPERTY	\$550,000.00			
INVESTMENT PROPERTY	\$153,190.00	issuing company; or accrued income taxes on unrealized appreciation.		
CITY NATIONAL BANK	\$68,704.28	Name/Address of Creditors	Amount Owed	
		City National Bank/ 25 West Flagler	\$1,135,868.62	
WELLS FARGO \$73,061.60	\$73,061.60	Street, Miami, FL 33130		
		Centennial Bank/ 121 Alhambra Plaza #1515, Coral Gables, FL 33134	\$429,835.70	
		Mr. Cooper/ PO BOX 650783, Dallas, TX 75265-0783	\$125,965.48	
HOUSEHOLD GOODS/PE Household goods and personal in a lump sum if their aggregat Examples of household goods into, any of the following (if n purposes): jewelry; stamp numismatic properties; art object and furnishings; clothing; othe vehicles for personal use. The assets as described above is:	effects may be reported e value exceeds \$5,000. clude, but are not limited ot held for investment collections; guns and ts; household equipment r household items; and		2021 JUN 30 PM	

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

ly net worth as of	12/31/2020	was	\$628,296.08	
[PART D] AF	FFIDAVIT			
he information di	sclosed herein and on	any attachments hereto	is true and correct to my l	knowledge.
4	_		6/30/202	21 =
Signa	ature of the Person Re	porting	<u> </u>	Date The Hill R
2000				30
State of Florida	111111-	DANE		PA S
County of	4 4 44 4 - 1	les all do de		
			-	
worn to (or affirm	ned) and subscribed b	pefore me by means of [physical presence or [] online notarization, on this t
worn to (or affirm	ned) and subscribed b	pefore me by means of [21] online notarization, on this t
worn to (or affirm	ned) and subscribed by	pefore me by means of [physical presence or [, 20, by:] online notarization, on this t
30 TH day	ANCIS	X. Sum	, ₂₀ 21, _{by:}	ryor,
30 TH day	ANCIS	pefore me by means of [, ₂₀ 21, _{by:}	ryor,
30 TM day	ANCIS	X. Sum	, ₂₀ 21, _{by:}	ryor,
30 TM day	of TUNE	X. Sum	, ₂₀ 21, _{by:}	ryor,
30 TM day (Name of pers	son signing and his/her	X. Sum	, 20 21, by:	ryor,
(Name of pers	of Julian of Julian of Julian of Julian of Julian of Son signing and his/her of and official seal.	title (public officer, trustee	, 20 21, by:	ryor,
(Name of person WITNESS my hand	son signing and his/her d and official seal. HANNON State of Florida # GG 262274 ires Sep 25, 2022	title (public officer, trustee	, 20 2/, by: or personal representative ry Public	ryor,

NOTARY PUBLIC SEAL OF OFFICE:

V	Personally known to me, or	
	Produced identification:	
		(Type of Identification Produced)

CHECK HERE IF CONTINUI	PART A— f which you believe to exceed the gift and state the month these facts, other than the goon the reverse side of the first for any calendar quarter DESCRIPTION OF GIFT WIGHT GUST	STATEM ed \$100, accetary value of iff description orm, you are reduring while MONEY	FFICE O OR QUAR IMARCH EENT OF cepted by y of the gift, on, are unk a not requir	R POSITION HELD: RTER ENDING (CHECK OF LIVE O	r for which this statement is person making the gift, and the nould so state on the form. As we or certain other gifts. You
MAILING ADDRESS: 3 500 PAW AMOREIC CITY: ZIP: MI AMI 33/ Please list below each gift, the value of being filed. You are required to describ date(s) the gift was received. If any of the explained more fully in the instructions are not required to file this statement. DATE RECEIVED 5/23/2021 CHECK HERE IF CONTINUE PART If any receipt for a gift listed above we have a significant to the continue of the con	COUNTY: 33 MIAMI-D PART A— f which you believe to exceed the gift and state the month these facts, other than the ground the reverse side of the fint for any calendar quarter DESCRIPTION OF GIFT WIGHT GUST	STATEM ed \$100, acceetary value of corm, you are or during while MON!	OR QUAR IMARCH EENT OF cepted by y of the gift, on, are unk e not requir ich you di	R POSITION HELD: RTER ENDING (CHECK O LUJUNE DSEPTEMBER OU during the calendar quarte the name and address of the p nown or not applicable, you st red to disclose gifts from relatir d not receive a reportable gi NAME OF PERSON	r for which this statement is person making the gift, and the nould so state on the form. As wes or certain other gifts. You lift. ADDRESS OF PERSON
Please list below each gift, the value of being filed. You are required to describ date(s) the gift was received. If any of the explained more fully in the instructions are not required to file this statement. DATE RECEIVED 5 28 2021 CHECK HERE IF CONTINUE PART If any receipt for a gift listed above were as a significant of the control of t	PART A— f which you believe to exceed the gift and state the monthese facts, other than the gron the reverse side of the first for any calendar quarter DESCRIPTION OF GIFT WIGHT GUST	STATEM ed \$100, acceetary value of orm, you are or during which was a second or during which was a seco	IENT OF cepted by y of the gift, on, are unk e not requir ich you di	GIFTS TOU during the calendar quarte the name and address of the prown or not applicable, you stred to disclose gifts from relating the not receive a reportable gift of NAME OF PERSON	r for which this statement is person making the gift, and the nould so state on the form. As wes or certain other gifts. You lift. ADDRESS OF PERSON
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Deing filed. You are required to describ date(s) the gift was received. If any of the explained more fully in the instructions are not required to file this statement. DATE RECEIVED 5 28 2021 CHECK HERE IF CONTINUE PART If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt for a gift listed above we see the gift was received. If any receipt was received.	the gift and state the mon these facts, other than the g on the reverse side of the for the for any calendar quarter DESCRIPTION OF GIFT WIGHT GUST	etary value of gift description orm, you are r during whit MONI VA	of the gift, on, are unk e not requir ich you di ETARY	the name and address of the prown or not applicable, you stred to disclose gifts from relating not receive a reportable given NAME OF PERSON	person making the gift, and the nould so state on the form. As wes or certain other gifts. You lift. ADDRESS OF PERSON
RECEIVED 5 28 2021 OVER 1 29 2021 OVER ROOT CHECK HERE IF CONTINUE PART If any receipt for a gift listed above we	OF GIFT WIGHT GUUST WIGHT GUEST	VA			
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CHECK HERE IF CONTINUI PART If any receipt for a gift listed above w		\$450.00 DAN		DANIEL MUGNAI	108 THIRDLN KEY LARGO FL 33087
PART If any receipt for a gift listed above w		\$450	0. 00	MUGNAI	KSY LARGE, FL
If any receipt for a gift listed above v			V DERS	ON MAKING THE GIFT	OFFICE OFF
☐ CHECK HERE IF A RECEIP	was provided to you by the n of any differences betwee	person maken the inform	king the gi	ft, you are required to attach	a copy of that receipt to this
	PA	ART C —	OATH		R.
the person whose name appears at the depose on oath or affirmation and say the depose of the depose	the beginning of this form, do that the information disclose by me constitutes a true acc	o ST CC SN Uurate,	TATE OF FOUNTY OF WORN to (or physical 30 for Founty Trint, Type, ersonally K	affirmed) and subscribed beforesence or online notarized by day of Septem (Signature of Notary Public or Stamp Commissioned Nan	ore me by means of cation, this 20 21 CC Z -State of Florida) ne of Notary Public)
This form, when duly signed and notar	PART D —				Notary Public - State of Floring Commission # GG 262274 My Comm. Expires Sep 25, 20 Bonded through National Notary As

CE FORM 9 - EFF. 1/2016 (Refer to Rule 34-7.010(1)(g), F.A.C.)

Form 9	QUARTERLY (GIFT	GIFT DISC S OVER \$1		
	ANCIS - XAVIER	NAME OF	AGENCY: OFFICE O	x Mayor
MAILING ADDRESS:	MORICAN DRIVE	OFFICE C	OFFICE OF POSITION HELD:	YOK
MIBMI	ZIP: COUNTY: 33133 MIAMI-DA	FOR QUA	RTER ENDING (CHECK O	NE): YEAR
	PART A —	STATEMENT O	GIFTS	
being filed. You are require date(s) the gift was receive explained more fully in the	the value of which you believe to exceed d to describe the gift and state the mone ed. If any of these facts, other than the gift instructions on the reverse side of the for is statement for any calendar quarter of	tary value of the gift, t description, are unl rm, you are not requ	the name and address of the p known or not applicable, you sh red to disclose gifts from relative	erson making the gift, and the ould so state on the form. As yes or certain other gifts, You
DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
9/4/2021	OVERNIGHT GUEST ROOM	\$450.00	DANIEZ MUGNAI	KEY LARGO, FL
9/5/2021	RUOM GUEST	\$450.00	DANIEZ MUGNAI	Key LARGO, FL
				0 2
				PECE PICE
☐ CHECK HERE IF	CONTINUED ON SEPARATE SHEE	Т		17 V- CF
	PART B — RECEIPT PROV	IDED BY PERS	ON MAKING THE GIFT	PER A
form. You may attach an	ted above was provided to you by the p explanation of any differences between A RECEIPT IS ATTACHED TO THIS	the information dis		a copy of that receipt to this
	PA	RT C — OATH		
depose on oath or affirmati	appears at the beginning of this form, do ion and say that the information disclosed ents made by me constitutes a true accu	STATE OF COUNTY	FLORIDA F Mam - Dade r affirmed) and subscribed before presence or online notarized and of November 1	ere me by means of ation, this

PART D — FILIN	G INSTRUCTIONS Commission # GG 262274 My Comm. Expires Sep 25, 2022 Bonded through National Notary Assn.
SIGNATURE OF REPORTING OFFICIÁL	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known Type of Identification Produced ToDD B HANNON Notary Public - State of Florida
	(Signature of Notary Public-State of Florida) Todd B. Hannon
Florida Statutes	Dy Francis A. Sugice
and total listing of all gifts required to be reported by Section 112.3148,	by Francis X. Sugrez
herein and on any attachments made by me constitutes a true accurate,	physical presence or online notarization, this day of November, 20 21
depose on oath or affirmation and say that the information disclosed	COUNTY OF Mami - Dade. Sworn to (or affirmed) and subscribed before me by means of
I, the person whose name appears at the beginning of this form, do	STATE OF FLORIDA

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.)

EXHIBIT B

FORM 1 2019 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME XAVIER SUAREZ FRANCIS MAILING ADDRESS: Office of the Mayor 3500 Pan American Drive CITY : ZIP : COUNTY Miami 33131 Miami-Dade NAME OF AGENCY : The City of Miami NAME OF OFFICE OR POSITION HELD OR SOUGHT: Mayor CHECK ONLY IF CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019. MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES. (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME PRINCIPAL BUSINESS ACTIVITY **ADDRESS** Greenspoon Marder LLP 600 Brickell Ave, Suite 3600, Miami, FL Attorney - Of Counsel 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 MAJOR SOURCES NAME OF **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE N/A PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] You are not limited to the space on the (If you have nothing to report, write "none" or "n/a") lines on this form. Attach additional sheets, if necessary. Miami, FL 33133 FILING INSTRUCTIONS for when 1671 SW 32 Avenue, Miami, FL 33145 and where to file this form are located at the bottom of page 2. 120 SW 37 Avenue, Miami, FL 33134 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

	BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES
Florida Prepaid Savings Account		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor NAME OF CREDITOR	ne" or "n/a")	SS OF CREDITOR
City National Bank	25 West Flagler Street, Miami, FL	33130
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY	" or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY#
ADDRESS OF BUSINESS ENTITY	N/A	12 12 III
PRINCIPAL BUSINESS ACTIVITY		编 - 而
POSITION HELD WITH ENTITY		器 30
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		200
NATURE OF MY OWNERSHIP INTEREST		- T
PART G — TRAINING		
For elected municipal officers required to complete an I CERTIFY THAT I IF ANY OF PARTS A THROUGH G ARE	HAVE COMPLETED THE REC	UIRED TRAINING.
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE Signature:	HAVE COMPLETED THE RECEDENCE CONTINUED ON A SEPARATE SHEET. CPA or ATT If a certified public according good standing with the sheem ust complete the light. Form 1 in accordance	UIRED TRAINING. EET, PLEASE CHECK HERE ORNEY SIGNATURE ONLY ountant licensed under Chapter 473, or attorner the Florida Bar prepared this form for you, he or following statement:
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE	HAVE COMPLETED THE RECEIVED THE RECEIVED ON A SEPARATE SHEET. CPA or ATT If a certified public according good standing with the she must complete the light production of the form of the complete of the light production. Form 1 in accordance instructions to the form disclosure herein is true.	ORNEY SIGNATURE ONLY countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement: , prepared the County with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
I CERTIFY THAT I IF ANY OF PARTS A THROUGH G ARE SIGNATURE OF FILE Signature:	HAVE COMPLETED THE RECEDENCE CONTINUED ON A SEPARATE SHEET. CPA or ATT If a certified public according good standing with the she must complete the light properties. Form 1 in accordance instructions to the form	ORNEY SIGNATURE ONLY countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or following statement: , prepared the County with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the

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

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 1999, Tallahassee, The state of the complete state of the compl 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.

andidates 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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

FRANCIS X. SUAREZ MAYOR

STATEMENT OF FINANCIAL INTERESTS (CONTINUED)

Additional BOARDS to be included with my 2019 Statements of Financial Interests:

Transportation Planning Organization
Mayor's Council on Global Competitiveness
Miami-Dade County League of Cities
Florida League of Cities
United States Conference of Mayors
United Nations Global Commission on Climate Adaptation
Global Center on Climate Adaptation

RECEIVED

NECLEIVED

NETIGE OF THE CITY CLE



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

SUAREZ	FRANCIS	X	MA	AYOR
LAST NAME	FIRST NAME	MI	OFFIC	E HELD
3500 PAN AMER	RICAN DRIVE	MIAMI	33133	MIAMI-DADE
MAILING ADI	DRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

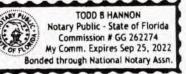
[PART A] A	ASSETS	[PART B] LIABI	LITIES	
DESCRIPTION	VALUE	Please list below the name and address of every person, whether individual or corporation, to whom you owe a		
Primary Home \$1,475,000.00 li ir o o o o o o o o o o o o o o o o o o		liability exceeding \$5,000, and the total amount of indebtedness. "Liability" is defined as any monetary debt or obligation owed by you to another person, including		
		or obligation owed by you to another person, including credit card retail installment accounts; taxes owed; indebtedness on a life insurance policy owed to the issuing company; or accrued income taxes on net		
Investment Property	\$153,190.00			
City National Bank	\$41, 128.48	Name/Address of Creditors	Amount Owed	
		City National Bank/25 West Flagler Street, Miami, FL 33130	\$1,151,548.36	
Wells Fargo	\$77,215.45	Centennial Bank/ 121 Alhambra Plaza #1515, Coral Gables, FL 33134	\$434,280.32	
		Mr. Cooper/ PO Box 650783 Dallas , TX 75265-0783	\$127,929.54	
HOUSEHOLD GOODS/PE Household goods and personal in a lump sum if their aggrega Examples of household goods in to, any of the following (if r purposes): jewelry; stamp numismatic properties; art object and furnishings; clothing; other vehicles for personal use. The assets as described above is:	effects may be reported to value exceeds \$5,000. Include, but are not limited not held for investment collections; guns and cts; household equipmenter household items; and		PERCENT OF THE OWN OF IT	
\$			'	

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

My net worth as of	12/31/2019	was \$ 58	2,775.71	
[PART D] AFFIDA	AVIT			
The information disclose	d herein and on any attach	ments hereto is true ar	nd correct to my knowledge	
_ F:/	>		06/26	/2020
/ Signature o	of the Person Reporting		D	ate
State of Florida				
County of Min	ni - DAAT			
		a. 4h		
Sworn to (or affirmed) a by:	and subscribed before me	on this the 26	day of June	20 20
Franc	is X. Sua	cez, Ma	yor	
(Name of person signature) WITNESS my hand and	ning and his/her title (public	officer, trustee or persor	nal representative)	RECEIVED 2020 JUN 29 AM 9: 17 PFF105BPT路倒MCLERK
WITNESS THY DATIG and	official seal.	0/1		JUN THE CO
(Sign	ature of Notary Public		EN BEN
				影。
	Toda	dB. Hanr	Nac	日製「
	(Name of N	otary Typed, Stamped or y Public, State of Florida	r Printed)	
Personally known		20029202174		NOTARY PUBLIC SEAL OF OFFICE:
Produced identific				
-		of Identification Produced)		



Form 9	Q	UARTERL' (GIFT		T DISC ER \$1		
AST NAME - FIRST	NAME - MIDDLE N	IAME:		NAME OF	AGENCY:	
	MNCIS - XM	VIER			co of May	57L
SOO THU AU	DECEMBER DI	LIVE		MAY	R POSITION HELD:	h /
MIOMI		COUNTY: ULAMI-IDA	HAE		RTER ENDING (CHECK DJUNE DSEPTEMBER	ONE): YEAR
	•	PART A —	STATE	MENT OF	GIFTS	
eing filed. You are require ate(s) the gift was receive oplained more fully in the	ed to describe the gift ed. If any of these fact instructions on the re	and state the mone s, other than the git verse side of the fo	tary valu ft descrip rm, you	ie of the gift, otion, are unk are not requir	the name and address of the nown or not applicable, you	er for which this statement is person making the gift, and the should so state on the form. As tives or certain other gifts. You gift.
DATE RECEIVED	DESCR	RIPTION GIFT	MC	NETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
3/8/2020	HAMILTON	WTICKOTS	\$39	8.00	ADRIGUNE CONT	1300 BISCAYNEBLU SIL MIMI, FL 331
						2020 M
						ECE)
						碧雪田
CHECK HERE IF	CONTINUED ON S	EPARATE SHEE	T			CLE 3
	PART B — R	ECEIPT PROV	IDED	BY PERSO	ON MAKING THE GIFT	
orm. You may attach an	ted above was provice explanation of any di	ACHED TO THIS	the info	rmation disc	t, you are required to attact losed on this form and the	n a copy of that receipt to this information on the receipt.
the person whose name apose on oath or affirmation and on any attachments	on and say that the in	formation disclosed	L	Sworn to (or	LORIDA Mami - Dac affirmed) and subscribed be presence or online notari day of March	fore me by means of zation, this
nd total listing of all gifts reported Statutes.	equired to be reported	by Section 112.31	48,	by Fran	icis Xavier S	uarez
7-18			4		(Signature of Notary Public	
GNATURE OF REPORT	NG OFFICIAL	-			odd 6. Hann or Stamp Commissioned Na	me of Notary Public)
					nown OR Produced	TODO R HANNON

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Talla and Fark and the Commission on Ethics, P.O. Drawer 15709, Talla and Fark and Talla and Talla

Schwarz, Jeremy

From:

Valerie Riles <vriles@arshtcenter.org>

Sent:

Tuesday, March 31, 2020 4:08 PM

To:

Carswell, Keith

Cc:

Schwarz, Jeremy

Subject:

RE: Hamilton tickets for City of Miami Mayor

CAUTION: This is an email from an external source. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Keith,

The tickets were valued at \$199 each. The tickets were gifted by the Adrienne Arsht Center.

If you have any further questions, please let me know.

Regards, Valerie

From: Carswell, Keith <KCarswell@miamigov.com>

Sent: Tuesday, March 31, 2020 9:38 AM To: Valerie Riles To: Valerie Riles

Cc: Schwarz, Jeremy <JSchwarz@miamigov.com>
Subject: Hamilton tickets for City of Miami Mayor

Valerie:

Good morning.

For reporting purposes, who gifted the tickets to the Mayor and what was the value for each ticket?

Thanks in advance for your assistance.

Sincerely, Keith

OFFICE OF THE CITY CLERK

 From:
 Klancke, Caroline

 To:
 Hannon, Todd

 Subject:
 Form 9: Received on May 1, 2020

 Date:
 Tuesday, June 9, 2020 3:49:34 PM

Attachments: Suarez Francis Xavier.pdf

CAUTION: This is an email from an external source. Do not click links or open attachments

unless you recognize the sender and know the content is safe.

Dear Todd,

As we discussed, our records reflect that the Commission on Ethics did receive the CE Form 9 filed on behalf of the Honorable Francis Suarez and post marked May 1, 2020, wherein he disclosed the receipt of tickets as set forth in the attached. If you have any additional questions, please do not hesitate to ask.

Caroline M. Klancke
Senior Attorney
Florida Commission on Ethics
P. O. Drawer 15709
Tallahassee, FL 32317-5709
(850) 488-7864
(850) 488-3077 (fax)
klancke.caroline@leg.state.fl.us
www.ethics.state.fl.us

Please note: Florida has broad public records laws. Many written communications to or from the Florida Commission on Ethics may be considered public records, which must be made available to anyone upon request. Your e-mail communications may therefore be subject to public disclosure.

Form 9	QUAI	RTERLY GII (GIFTS O			
	NAME - MIDDLE NAME:		OFF	AGENCY: LCE OF MAYO	re
MAILING ADDRESS	MORKONDR.			POSITION HELD:	ful
MI AM	33131 MI	HMI-DABE	FOR QUA	RTER ENDING (CHECK C	
	P	ART A — STAT	EMENT OF	GIFTS	
being filed. You are required date(s) the gift was receive explained more fully in the	red to describe the gift and sta yed. If any of these facts, other e instructions on the reverse	ate the monetary val er than the gift descri side of the form, you dar quarter during	ue of the gift, ption, are unl are not requi	known or not applicable, you s	person making the gift, and the hould so state on the form. As ives or certain other gifts. You jift. ADDRESS OF PERSON
RECEIVED	SUP SE BOW	± -	VALUE	EUGSUS	801 Belcusze
2/2/2020	TICKET	- 17	, mo. –	FRENKEL	SUITE 500
					Minni, FL 33131
					202 OFF
☐ CHECK HERE IF	CONTINUED ON SEPA	RATE SHEET			D MA
	PART B — RECE	IPT PROVIDED	BY PERS	ON MAKING THE GIFT	R 30
form. You may attach a		ices between the in	formation dis	ift, you are required to attach closed on this form and the i	a copy of that reseipt to this information on the receipt
		300000000000000000000000000000000000000	— OATH		
depose on oath or affirma	e appears at the beginning of ation and say that the informat ments made by me constitute	tion disclosed		10.00	zation, this
and total listing of all gifts	required to be reported by Se	ection 112.3148,	by Fro	(Signature of Notary 2011)	Sugre 2 State of Honday Notary Public State of Flo
SIGNATURE OF REPOR	TING OFFICIAL		Personally I	or Stamp Commissioned Ref Known OR Produced	Nicole N Ewan

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.)

Form 9	QUARTERL) (GIFT	GIFT DISC S OVER \$1		
	NAME - MIDDLE NAME:		AGENCY:	_
MAILING ADDRESS	monicas DRIVE	OFFICE O	R POSITION HELD:	
MIAMI	ZIP: COUNTY: FL 33131 MIAMIL		RTER ENDING (CHECK ON DEJUNE SEPTEMBER	
	PART A —	STATEMENT OF	GIFTS	
being filed. You are require date(s) the gift was receive explained more fully in the	the value of which you believe to exceed to describe the gift and state the mone ed. If any of these facts, other than the gift instructions on the reverse side of the for his statement for any calendar quarter	tary value of the gift, t description, are unk rm, you are not requi during which you d	the name and address of the po known or not applicable, you sho red to disclose gifts from relative id not receive a reportable gift	erson making the gift, and the ould so state on the form. As es or certain other gifts. You t.
DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
1/23/2020	SUPER BOWL LIV	\$125.00	HOST CHAMITLE	100 SE 2ND ST UNIT 2310
				MIMMI, FL 33131
☐ CHECK HERE IF	CONTINUED ON SEPARATE SHEE	T .		20201
	PART B - RECEIPT PROV	IDED BY PERS	ON MAKING THE GIFT	MAR CEPS
form. You may attach ar	sted above was provided to you by the particle of any differences between A RECEIPT IS ATTACHED TO THIS	the information dis		
depose on oath or affirma	e appears at the beginning of this form, do tion and say that the information disclosed nents made by me constitutes a true accurrequired to be reported by Section 112.31	county of Sworn to (o Sworn to (o Mphysical 3) 148.	FLORIDA or affirmed) and subscribed beforesence or online notarization on the control of the co	ation, this . 20 20 prida State of Florida) e of Notary Public)

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.)



MIAMI SUPER BOWL HOST COMMITTEE

100 SE 2ND ST, Suite 2310, Miami FL, 33131 Email: info@miasbliv.com

www.miasbliv.com

OZO MAR 30 AM IO: 5

Chairman

Rodney Barreto Barreto Group

Board Members

Bill Talbert Greater Miami Convention & Visitor's Bureau

Bruce Jay Colan Holland & Knight

Tom Garfinkel Miami Dolphins & Hard Rock Stadium

Nat Moore Miami Dolphins

Matt Allen Related Group

Jose Mas Mas Tec

Jessica Goldman Srebnick Goldman Properties

Jim Allen Hard Rock International

Eric Silagy Florida Power & Light

Stacy Ritter Greater Fort Lauderdale Convention Visitor's Bureau

Verdenia C. Baker Palm Beach County

Brian May Floridian Partners

Albert E. Dotson Bilzin Sumberg

Oscar Feldenkreis Perry Ellis International

Tony Coley Truist

Robert L. Garner Global Medical Response, Inc.

Dr. Paula Hopkins Pepsico Beverages Company

Executive Director

Ray Martinez Miami Super Bowl Host Committee Jeremy Schwarz Commissioner, City of Miami Miami Riverside Center 444 SW 2nd Ave Miami FL, 33130

Dear Commissioner Schwarz

On behalf of the Miami Super Bowl Host Committee and our Board of Directors, I want to thank you for your continued involvement and support in helping bring Super Bowl LIV to Miami. It is because of the support of the city of Miami and that of Miami-Dade, Broward and Palm Beach counties, that we have been chosen to host a record breaking 11th Super Bowl - Super Bowl LIV where Miami will be showcased on the world stage.

As our valued partner, we want you to join in our Super Bowl week celebrations. Please find in this "access package" your credential(s) which should be worn at all times for access to each event. Enclosed is a list of the events and details for each.

I look forward to celebrating with you during Super Bowl week as we show the world how we #LIVEITMIAMI

Sincerely,

Rodney Barreto Chairman

Miami Super Bowl Host Committee

County	First Name	lact Name	7	
	THE LAST MAILE	FOST INGILIE	Print	SIGN Date Received
City of Miami	Joe	Carollo	José Sunzes	The 1/2
City of Miami	Keon	Hardemon		
City of Miami	Francis	Suarez	Thinks Junes	Mrson Mush
City of Miami	Ken	Russell	Reserve Wileful	ell M
City of Miami	Alex	De la Portilla	De la Portilla ALEX BARRERA	Vat 1/23/20
City of Miami	Manolo	Reyes	Estebrar Jenemo	1/23/70
City of Miami	Jeremy	Schwarz	V. Wonn &	1/21/2020
				3.

CE OF THE CITY CLERK

02:2 MA 05 MAN 05:20

RECEIVED

Form 9	QUAF	RTERLY GI (GIFTS O			
LAST NAME FIRST	NAME MIDDLE NAME:		NAME OF A		7 (34)
SUMAND - FR	mcis - XAVIE	R	OFFIC	JOF MAY	or
MAILING ADDRESS:			OFFICE OF	F OF MAY	
3500 PAN A	MORICAN DRI	VE		102	
CITY:	ZIP: COUN			TER ENDING (CHECK	
Miami	33131 Mu	MI-DADE	□MARCH	☑JUNE ☐SEPTEMBER	DECEMBER 20_1
	P	ART A — STAT	EMENT OF	GIFTS	
peing filed. You are requidate(s) the gift was received application of the period of t	red. If any of these facts, other	ate the monetary va er than the gift descr side of the form, you	lue of the gift, the iption, are unknower are are not require	ne name and address of the lown or not applicable, you sed to disclose gifts from related	person making the gift, and the should so state on the form. As lives or certain other gifts. You
DATE RECEIVED	DESCRIPTION OF GIFT	ON M	ONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
1/2/2020	TAZK STAZ BBQ.	+2	,338.62	QUINTON	414EAST 12TH STREET
					29TH FLOOR
					KANSAS CIT-
					MO, 64106-2
					100, 84108-2
☐ CHECK HERE II	CONTINUED ON SEPA	RATE SHEET			
	PART B — RECE	EIPT PROVIDED	BY PERSO	ON MAKING THE GIFT	202 OFF
form. You may attach a		you by the person nces between the in	making the giful formation discl	t, you are required to attact	h a copy of that receipt to this
			— OATH		-
, the person whose nam	e appears at the beginning of	this form, do	STATE OF FI	MiaMi-Da	de \$ 2
depose on oath or affirmation	ation and say that the informa	ation disclosed	Sworn to (or	affirmed) and subscribed be	fore me by means of
erein and on any attach	ments made by me constitute	es a true accurate.		presence or online notar	ization, this
			6		0
and total listing of all gifts	required to be reported by S	ection 112,3148,	by	ronus Xavie	er Suarez
Florida Statutes			111	cole N. 2n	The same
-/-,	X			LAABABBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	a State of Elocida
1	THE OFFICE			Notary Public S	State of Florida
SIGNATURE OF REPOR	RTING OFFICIAL		(Print, Type,	State Ceminiscionnis No	mer criticiary Public)
			Personally K	DENTE SOUR	anabatification &

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.)

Jack Stack Barbecue

Ship To: Mayor Francis Suarez & Staff

3500 Pan American Dr.

Miami, FL 33133-5504 USA

Ship From: JACK STACK BBQ - WORLD CLASS, LLC

c/o Smart Warehousing Shipping Dept.

16500 E Truman

Independence, MO 64050 USA

Order: Web PO #: 2000201100B

Order #:

Warehouse Order #: 55552 01/02/2020



Qty	SKU	Description	Category
1	KBRA1001	7oz - KC All Purpose Rub	
1	KBRM2002	7oz - KC Meat & Poultry Rub	
1	KBRS3003	5.75oz - KC Steak Rub	
3	KBSS1001	18oz - KC Original BBQ Sauce	
2	KBSS1015	18oz - KC Spicy BBQ Sauce	
1	KBSS1021	18oz - KC Hot BBQ Sauce	

Total Quantity: 9

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2020 MAR 30 AM 9: 21

OFFICE OF THE CITY CLERI

Jack Stack Barbecue

Ship To:

Mayor Francis Suarez & Staff

3500 Pan American Dr,

Miami, FL 33133-5504

Ship From:

JACK STACK BBQ - WORLD CLASS, LLC

USA

c/o Smart Warehousing Shipping Dept.

16500 E Truman

Independence, MO 64050 USA

Order:

Web PO #: 2000201100A

Order #:

Warehouse Order #: 55551

01/02/2020



Qty	SKU	Description	Category
5	KMBE0321	Beef Burnt Ends - 1 lb.	
4	KMCP0221	Crown Prime Beef Short Ribs - 3 Bones	
4	KMPP0233	BBQ Pulled Pork - 1 lb.	
5	KMPR0117	Slab of Pork Ribs (Unsauced)	
3	KMSB0212	Sliced Beef Brisket - 28oz.	
5	KSDS0001	Moms Carrot Cake	
5	KSDS0011	Triple Chocolate Brownie	
3	KSQB0011	32oz - Hickory Pit Beans	
3	KSQC0211	30oz - Cheesy Corn Bake	1/Acres delines and the second
3	KSQP0311	32oz - Cheesy Potato Bake	

Total Quantity: 40

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2020 MAR 30 AM 9: 2

OFFICE OFF THE CITY CLERK

Form 9		Y GIFT DISCI		
	NAME MIDDLE NAME: HOCIS- XAVIER	NAME OF A	GENCY:	1895L
MAILING ADDRESS	MORICON DRIVE	OFFICE OR MAY	POSITION HELD:	•
CITY: MIAMI	33131 MIMI-D		TEB ENDING (CHECK O	
	PART A —	STATEMENT OF	GIFTS	
being filed. You are requir date(s) the gift was receiv explained more fully in the	t, the value of which you believe to excee sed to describe the gift and state the mone yed. If any of these facts, other than the gi e instructions on the reverse side of the fo his statement for any calendar quarter	etary value of the gift, th ift description, are unkno orm, you are not require	e name and address of the p own or not applicable, you sh d to disclose gifts from relativ	person making the gift, and the mould so state on the form. As wes or certain other gifts. You
DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
2/27/2020	ATRIFICE	\$ 8,312.28 \$7,670.52	GLOBER ON	ONADATION
2/27/202	HOTEL	\$1,104.66	ADAPTOTION)	MILHELMINKADE 149C
, ,				3072 AP ROTTORDOWN
				THE NOTHOREA
☐ CHECK HERE IF	CONTINUED ON SEPARATE SHE	ET		
	PART B — RECEIPT PRO	VIDED BY PERSO	N MAKING THE GIFT	2020 FF10
form. You may attach a	isted above was provided to you by the n explanation of any differences betwee	en the information discloses	you are required to attach osed on this form and the in	formation on the receipt.
I, the person whose name	e appears at the beginning of this form, do	STATE OF FL		CLERK CLERK
	ntion and say that the information disclose	Sworn to (or a physical p	iffirmed) and subscribed beforesence or online notarized ay of	ore me by means of
and total listing of all gifts Florida Statutes.	required to be reported by Section 112.3	148, by Fra	ole N. Swan	Suarez
SIGNATURE OF REPOR	TING OFFICIAL	Personally Kn	r Stamp Commissioned Nam	Notary Public State of Florid Nicole N Ewan N Many Commission FF 975750

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.)

The World's Trusted Currency Authority

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2020 MAR 30 PM 12: 45

OFFICE OF THE CITY CLERK
CITY OF MIAMI

7,670.52 EUR = 8,312.38

Euro to US Dollar Conversion

2020-02-17 16:56 UTC

All figures are live mid-market rates, which are not available to consumers and are for informational purposes only.

Want to send money from EUR to USD?

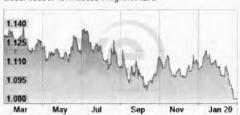
Try XE Money Transfer now. Fast, Secure. No fees*

SIGN UP

*Charges may occasionally be applied by a third party bank when transferring the funds to XE Money Transfer or before the funds arrive in the recipient account.

EUR to USD Chart

18 Feb 2019 00:00 UTC - 17 Feb 2020 16:55 UTC **EUR/USD** close:**1.08367** low:**1.08331** high:**1.14275**



EUR to USD Stats

	Last 30 days	Last 90 days
High	1.10968	1.12208
Low	1.08331	1.08331
Average	1.09983	1.10693
Volatility	0.21%	0.23%

Convert Euro to US Dollar

EUR	USD	
1 EUR	1.08368 USD	
5 EUR	5.41839 USD	
10 EUR	10.8368 USD	
25 EUR	27.0920 USD	
50 EUR	54.1839 USD	

Convert US Dollar to Euro

USD	EUR
1 USD	0.922782 EUR
5 USD	4.61391 EUR
10 USD	9.22782 EUR
25 USD	23.0696 EUR
50 USD	46.1391 EUR

100 EUR	108.368 USD	
500 EUR	541.839 USD	
1000 EUR	1,083.68 USD	
5000 EUR	5,418.39 USD	
10000 EUR	10,836.79 USD	
50000 EUR	54,183.95 USD	

50000 USD	46,139.12 EUR
10000 USD	9,227.82 EUR
5000 USD	4,613.91 EUR
1000 USD	922.782 EUR
500 USD	461.391 EUR
100 USD	92.2782 EUR



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- · Set your desired mid-market rate
- · Receive free alerts by email

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XE Market Analysis

North American Edition

The dollar and most other currencies have been stable in quiet early-week trading so far. This came with the main Chinese equity indices posting 2%-plus gains after China's Finance Minister said on Sunday that Beijing would roll out targeted and phased tax and fee cuts and with the PBoC lowering one of its interest rates and making another liquidity injection. Other stock markets in Asia were mixed, while European ... Read More

2020-02-17 12:46 UTC

XE Currency Tools

- · Historical Currency Rates
- Travel Expenses Calculator
- · Currency Email Updates
- · Currency Converter Widget

XE Currency Apps





EUR - Euro

Our currency rankings show that the most popular Euro exchange rate is the USD to EUR rate. The currency code for Euros is EUR, and the currency symbol is ϵ .

USD - US Dollar

Our currency rankings show that the most popular United States Dollar exchange rate is the USD to EUR rate. The currency code for Dollars is USD, and the currency symbol is \$.

Popular Euro (EUR) Currency Pairings

- 7,670.52 EUR to USD
- 7,670.52 EUR to CAD
- · 7,670.52 EUR to AUD
- · 7,670.52 EUR to TND

- · 7,670.52 EUR to GBP
- 7,670.52 EUR to CHF
- · 7,670.52 EUR to INR
- · 7,670.52 EUR to AED

XE Live Exchange Rates



2020-02-17 16:56 UTC

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Currency Profiles

GBP - British Pound

INR - Indian Rupee

AUD - Australian Dollar

(*) CAD - Canadian Dollar

SGD - Singapore Dollar

O CHF - Swiss Franc

Language

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English

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OFFICE OF THE CITY CLERK CITY OF MIAMI

Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

COPIE DE FACTURE CERTIFIEE CONFORME

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

Adults Nb

: 9029

: 0

Page Nb

: 1 sur 2

Cashier

: BROCHAM,F

5* InterContinental Paris Le Grand, 05.03.20

Date	Description	NET	VAT	Debit EUR	Credit EUR
	Diaz De La Portilla, Alejandro Room # 2114	0.00	0.00		
26.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114 400.00 Split into 60.00 and 340.00.				
	Sub Total	309.09	30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub Total	309.09	30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub Total	309.09	30.91	340.00	0.00
	Guest Total	309.09	30.91	1,020.00	0.00
	Suarez, Francis Room # 2110	0.00	0.00		
26.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Room #2110				
	Sub Total	309.09	30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Room #2110				
	Sub Total	309.09	30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Room #2110				
	Sub Total	309.09	30.91	340.00	0.00
	Guest Total	309.09	30.91	1,020.00	0.00

EUR 1,020, 50 200 (SS) 8 1,104,66 (EVRO TS MOLATE: 1:1,083)
"Suivant l'article L,44-6 du Code du Commerce, tout retard de paiement entraînera une pénalité egale au taux d'averêt appliqué par la BCE à son opération de refinancement la plus résente majore points de pourbantage, sans qu'aucun rappet, in mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipe. L'indemnité forfaitaire pour trais de recouvrement dans les transactions

InterContinental Paris Le Grand, Société en Nom Collectif B 339 196 685 R.C.S. Paris TVA: FR24 339 196 685 2 rue Scribe, 75009 Paris, France

commerciales prevues par l'article L.441-6 du Code de Commerce est fixée à 40 euros, Decret n°2012-1115 du 02-10-2012'



Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

Page Nb

Cashier

COPIE DE FACTURE CERTIFIEE CONFORME

: BROCHAM,F

: 2 sur 2

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

: 9029

Adults Nb

: 0

5* InterContinental Paris Le Grand, 05.03.20

Date	Description			NET	VAT	Debit EUR	Credit EUR
	NET EUR	VAT EUR	GROSS EUR	Total EUR		2,040.00	0.00
VAT 10%	1,854.55 1,854.55	185.45 185.45	2.040.00	Balance E	UR	2,040.00	

V.A.T paid on debit

Looking forward to welcoming you to the InterContinental Paris Le Grand.

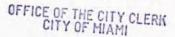
Signature:

2020 MAR 30 PM 12: 45

"Suivant l'article L. 441-6 du Code du Commerce, tout retard de paiement entraînera une pénalité egale au taux d'intérêt, appliqué par la BCE a son opération de refinancement la plus récente majore de 10 points de pourcentage, sans qu'aucun rappet, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipe. L'indemnité forfaitaire pour frais de recouvrement dans les transactions commerciales prévues par l'article L.441-6 du Code de Commerce est fixée à 40 euros. Decret n°2012-1115 du 02-10-2012"

RECEIVED

2020 MAR 30 PM 12: 45



Ticket number | Route

SUAREZ/FRANCIS XAVIER MR 074-3771989444 MIA-CDG-MIA Electronic ticket

Reservation number: S90E96

Passenger

Paris -

Charles De

Gaulle (CDG)

Terminal 2E



				and address of the						
Flights:										
From	To		Dep/arr time	Carrier	Flight nr.	Stops	Class	Seat	Baggage	Status
Miami - Miami Intl (MIA) Florida	Paris - Charles De Gaulle (CDG) Terminal 2E	26- 02- 2020	16:30 - 07:15(+1)	Air France	AF 099	0	Business (I)		2PC	Ticketed

(+1 arrival next day)

10:00 -

14:00

29-

02-

2020



Miami -

(MIA)

Florida

Miami Intl

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Ticketed

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Remarks:

Travellers to/via the U.S.A. without a visa need to register at least 72 hours before departure at https://esta.cbp.dhs.gov/esta.

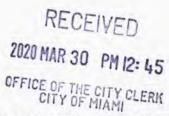
General Information:

Please check names (according to passport), schedule (flight/hotel/carrental) and fare.

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Kind regards,

VCK Travel B.V.

Phone: +31 70 3705575

Fax: +31 70 3705556

E-mail: tem@vcktravel.nl

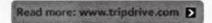
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RECEIVED
2020 MAR 30 PM 12: 45
OFFICE OF THE CITY CLERK

Schwarz, Jeremy

The trip request is waiting for approval.

	5 (5) 5 (4				
From:	Lammers, S. (Sunny) - SKI <sunny.lammers@gca.org></sunny.lammers@gca.org>				
Sent:	Monday, February 17, 2020 11:43 AM				
To:	Schwarz, Jeremy				
Cc:	Girling, M.L. (Mike) - BSK	CDC A	414 6	00506	
Subject: Attachments:	FW: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - ATT00001.gif; ATT00002.png; ATT00003.png; ATT00004.png; ATT00006.png; ATT00007.png; cytric_iCalendar1.ics; cytric_iCa	ATT000C	5.png		
CAUTION: This is an ema sender and know the cor	il from an external source. Do not click links or open attachments unle ntent is safe.	ss you r	ecogn	iize the	
Dear Jeremy,					
Please find herewith info	ormation about the costs of the ticket for Mayor Suarez.				
Best regards,					
Sunny					
YVAx8d4CC8EZpuTeeN Van: info@gca.org Verzonden: 10 feb. 2020 Aan: "Lammers, S. (Sunn	.com/v3/http://www.blackberry.com;!!Ei5NnPD8gA!wTFuTekALs MQOPcTIMAGF1KNA\$)				jXlel
		OFFICE OF THE CIT	2020 MAR 30 PM	RECEIV	
Van: ama-MXP-3W <cytr< td=""><td></td><td>TE</td><td></td><td>=</td><td></td></cytr<>		TE		=	
Verzonden: maandag 10	februari 2020 12:46	₹∃	=	m	
Aan: info@gca.org Onderwerp: Booking Cor	nfirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S90E96	TY CLERK	12:46	0	
Francis Xavier Suarez					
10FEB20					
Confirmation for Francis	Xavier Suarez				
Approval:					
[cid:2F7265732F7468656	5D65732F64656661756C742F696D672F656D61696C2F77616974696E	572E70(5E67]		

Approval Deadline: Tuesday, 11FEB20 12:46 (CET)

Segment #

Type

Travel Date

Destination

Time Periods

Requested Service

Status

Total

1

[Flight]

26FEB20

Miami(MIA) - Paris(PAR)

16:30 - 07:15 (+6)

AF 99

Business Class

Confirmed

7.670,52

2

[Flight]

29FEB20

Paris(PAR) - Miami(MIA)

DZO MAR 30 PM I2: I

10:00 - 14:00 (-6) AF 90 **Business Class** Confirmed Included in segment #1 Total Cost of the complete Trip in EUR: 7.670,52 Itinerary [Air Transport] [AF] Wednesday, 26February2020 to Paris Francis Xavier Suarez () AF 99 Business Class, Airline Reference: S90E96 [[Online Check-In]]<https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei 5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXIeEYVAx8d4CC8E ZpuTeeMQOPcTINs2nLzKw\$ > 16:30 Miami FL, US (MIA), Miami International (MIA) 07:15 on Thursday, 27February2020, Paris, FR (PAR), Charles de Gaulle Airport (CDG), Terminal 2E Status: Confirmed, Status of the Seat Request: No specific seat reservation was made. Specific seat reservations may be

possible at time of Check-In.

Baggage: Cabin Baggage up to 18 kg, 2 Checked Bags up to 32 kg

Ancillary Services: Meal, Lounge Access, Business Class Miles Accrual, Snack, Beverage, Sky Priority

Flight Duration: 8h 45min, Time Difference: +6, Miles: 4586, CO2 Emissions: 1080 kg

Special Remark: The User has expressly confirmed the intent to complete this booking.

Booking Code: S9OE96, Booking Date: 10FEB20 External Booking Reference: ACS-533048

[Air Transport]

[AF]

Saturday, 29February2020 to Miami

Francis Xavier Suarez ()

AF 90 Business Class, Airline Reference: S90E96

[[Online Check-

In]]<https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei 5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAx8d4CC8E_ZpuTeeMQOPcTlNs2nLzKw\$ >

10:00

Paris, FR (PAR), Charles de Gaulle Airport (CDG), Terminal 2E

14:00

Miami FL, US (MIA), Miami International (MIA)

Status: Confirmed, Status of the Seat Request: No specific seat reservation was made. Specific seat reservations may be possible at time of Check-In.

Baggage: Cabin Baggage up to 18 kg, 2 Checked Bags up to 32 kg

Ancillary Services: Meal, Lounge Access, Business Class Miles Accrual, Snack, Beverage, Sky Priority

Flight Duration: 10h Omin, Time Difference: -6, Miles: 4586, CO2 Emissions: 1080 kg

Special Remark: The User has expressly confirmed the intent to complete this booking.

RECEIVED
2020 MAR 30 PM 12: 46
OFFICE OF THE SIAM CLERK

Booking Code: S9OE96, Booking Date: 10FEB20 External Booking Reference: ACS-533048

Payment Information	R 2020 M
[[Corporate Logo]]	ECE AR 30
[Flight Booking]	RECEIVED 2020 MAR 30 PM 12: 46 OFFICE OFF THE SITY CLERK
Ticket #	46
Airline and Flight Number	
Service Class	
Fare	
1	
AF 99	
Business	
BUSINESS	
AF 90	
Business	
BUSINESS	
Changes allowed without fee in the same booking class. Refundable without fee.	
Additional fees for baggage may apply according to the rules of the airline. For more information https://urldefense.com/v3/https://bags.amadeus.com/Display.aspx?a=AF;!!Ei5NnPD8gA!vRgsCqtjXleEYVAx8d4CC8EZpuTeeMQOPcTINj7RH9pQ\$	

5

Fare per traveller in EUR: 7.670,52

Fare for all travellers in EUR:	
7.670,52	
Total fare for all travellers for all Air segments in EUR:	
7.670,52	RI 2020 MJ OFFICE OFFICE
	RECEIVED 2020 MAR 30 PM 12: 46 0FFICE OF THE CITY CLERK
	PM 12:
Total Cost of the complete Trip in EUR:	ERK E
7.670,52	
Traveller: Francis Xavier Suarez	
Doumant	
Payment:	
AF 99, AF 90: Payment by Invoice	
Ticket Information	
[Flight Booking]	
Ticketing Date:	

7

28FEB20 - 02MAR20 TRANOI Paris Femme Women's Fashion Show, Palais de la Bourse & Carrousel du Louvre, Paris

28FEB20 - 02MAR20 PREMIERE CLASSE Fashion Accessories Show, Jardin des Tuileries, Paris

Ordered by:

Francis Xavier Suarez, eMail: info@gca.org<mailto:info@gca.org>

RECEIVED
2020 MAR 30 PM 12: 46
0FFICE OF THE CITY CLERK

Contacts:

VCK Travel - 3W- 1A - AMSNO3801, Address: Postbus 58417, 1040 HK, Amsterdam, Netherlands, Telephone: +31 70 3705575, eMail: tem@vcktravel.nl<mailto:tem@vcktravel.nl>

We thank you for this booking!

Important: The information enclosed here may change without notice. All times are local times. Please observe the visa and immigration regulations of your destination and/or transit country as well as information on health and vaccination rules. Only you are responsible for compliance. If your travel plans change, please cancel any bookings not needed anymore as early as possible. Any comparison prices provided here may change because of currency fluctuations.

[cytric Enterprise]

Dit bericht kan informatie bevatten die niet voor u is bestemd. Indien u niet de geadresseerde bent of dit bericht abusievelijk aan u is toegezonden, wordt u verzocht dat aan de afzender te melden en het bericht te verwijderen. De Staat aanvaardt geen aansprakelijkheid voor schade, van welke aard ook, die verband houdt met risico's verbonden aan het elektronisch verzenden van berichten.

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2020 MAR 30 PM 12: 46

OFFICE OF THE CITY CLERK CITY OF MIAMI

Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

COPIE DE FACTURE CERTIFIEE CONFORME

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

: 9029

Adults Nb

: 0

Page Nb

: 1 sur 2

Cashier

: BROCHAM,F

5* InterContinental Paris Le Grand, 05.03.20

Date	Description	NE	T VAT	Debit EUR	Credit EUR
	Diaz De La Portilla, Alejandro Room # 21	14 0.0	0.00		
26.02.20	Accomodation - Pkg	309.0	9 30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114 400.00 Split into 60.00 340.00.	and			
	Sub T	otal 309.0	9 30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.0	9 30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub T	otal 309.0	9 30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.0	9 30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub T	otal 309.0	9 30.91	340.00	0.00
	Guest T	otal 309.0	9 30.91	1,020.00	0.00
	Suarez, Francis Room # 2110	0.0	0.00		
26.02.20	Accomodation - Pkg	309.0	9 30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Rou #2110	om			
	Sub T	otal 309.0	9 30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.0	9 30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Routed #2110	om			
	Sub T	otal 309.0	9 30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.0	9 30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Rou #2110	om			
	Sub T	otal 309.0	9 30.91	340.00	0.00
	Guest T	otal 309.0	9 30.91	1,020.00	0.00

EUIL | 020.5 = S USD \$ 1,104.66 (EUIC) To Norum: 1:1.083)

Suivant l'article L.441-3 du Code du Commerce, toul retaird de palement entraînera une pénalité egale au taux d'intérêt, appliqué par la BCE à son opération de refinancement la plus recente majoré de 10 points de pourcentage, sans du aucun rappel, in mise en dameure na avit némessaire. Pas d'accompté pour partie de 10 points de pourcentage, sans du aucun rappel, in mise en dameure na avit némessaire. Pas d'accompté pour la compte de 10 points de pourcentage. points de pourcentage, sans qu'aucun rappet, ni mise en dameure ne soit nécessaire. Pas d'escompte pour paiement antici, commerciales prévues par l'article L.441-6 du Code de Commerce est fixée à 40 euros. Decret n°2012-1115 du 02-10-2012



Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

COPIE DE FACTURE CERTIFIEE CONFORME

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

: 9029

Adults Nb

: 0

Page Nb

: 2 sur 2

Cashier

: BROCHAM,F

5* InterContinental Paris Le Grand, 05.03.20

Date	Description			NET	VAT	Debit EUR	Credit EUR
VAT 10%	NET EUR 1,854,55	VAT EUR 185.45	GROSS EUR	Total EUR		2,040.00	0.00
Total	1,854.55	185.45	2,040.00	Balance E	UR	2,040.00	

V.A.T paid on debit

Looking forward to welcoming you to the InterContinental Paris Le Grand.

Signature:

[&]quot;Suivant l'article L.,441-6 du Code du Commerce, tout retard de paiement entraînera une pénalité egale au taux d'intérêt, appliqué par la BCE à son opération de refinancement la plus récente majore de 10 points de pourcentage, sans qu'aucun rappel, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipe. L'indemnité forfaitaire pour frais de recouvrement dans les transactions commerciales prevues par l'article L.,441-6 du Code de Commerce est fixée à 40 euros. Décret n°2012-1115 du 02-10-2012"

Form 9	(QUARTERLY (GIFT	GIFT DIS		
LAST NAME - FIRST		NAME: -XAVIER		FLUE of MA	yor
MAILING ADDRESS:	+morrow	DUVE	MA	PROSITION HELD M	itui
MIAMI	33131	MIMI-DA		ARTER ENDING (CHECK C	
		PART A —	STATEMENT O	F GIFTS	
being filed. You are requir date(s) the gift was receiv explained more fully in the	ed to describe the g red. If any of these fa e instructions on the	ift and state the mone acts, other than the gif reverse side of the for	tary value of the gift t description, are ur rm, you are not requ	you during the calendar quarte the name and address of the sknown or not applicable, you slifted to disclose gifts from relatified did not receive a reportable g	person making the gift, and the hould so state on the form. As ves or certain other gifts. You
DATE RECEIVED		CRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
2/3/2020	COCONV	TIVM 185505	\$ 180.00	PRESIDENT	CUCONUT GROVE
				ALTS FESTIVAL	,
					FLOKION 33133
☐ CHECK HERE IF	CONTINUED ON	I SEPARATE SHEE	ET .		ZO20 OFFIC
	PART B —	RECEIPT PROV	IDED BY PERS	SON MAKING THE GIFT	S = 70
If any receipt for a gift li form, You may attach an	n explanation of any	differences between	the information di	gift, you are required to attach sclosed on this form and the ir	a copy of that Geipt to this information on the receipt
			RT C — OATH	FLORIDA	× ~
I, the person whose name depose on oath or affirmatherein and on any attachmand total listing of all gifts Florida Statutes.	nents made by me or required to be repor	e information disclosed	Sworn to (physica	or affirmed) and subscribed before a firmed and subscribed before all presence or an online notarized and of March	ore me by means of zation, this 2020
Florida Statutes. SIGNATURE OF REPOR	TING OFFICIAL	_	Personally	e, or Stamp Commissioned Na	he of taty R

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.)





Dear Friend of the Festival A February 3, 2020

It's my pleasure to invite you to share in all of the excitement that awaits you at this year's 57th annual Coconut Grove Arts Festival, February 15-17.

Our event is so appreciative of the invaluable support we receive from members of our cultural community. The Arts Festival's primary mission highlights the importance of art in one's life. For this reason, I encourage you to ask your friends and supporters to purchase additional tickets to this year's Arts Festival. By doing so they'll be helping to fund scholarships that create opportunities for Miami-Dade County's talented students to continue their art education.

Enclosed you'll find complimentary passes to our hospitality area on a day of your choice. Please note that each enclosed pass is good for three days. Most importantly, I am requesting that you provide me with your email address because the Arts Festival plans to go paperless in the near future. Send your email address to me at monty@cgaf.com and I'll put you on our VIP list which keeps you updated on our Gallery Openings and many other special events during the year.

Once again, I thank you and look forward to seeing you in a few weeks at the annual Coconut

Grove Arts Festival.

Monty Trainer

President

Coconut Grove Arts Festival

O-305-447-0401

F- 305-447-1499

Email- Monty@cgaf.com

RECEIVED
RECEIVED

Coconut Grove Arts Festival 2020

Estimated Value of Passes:

5 Hospitality Passes: Est. \$20.00 each; estimated subtotal \$100.00

8 Regular Passes: Est. \$10.00 each; estimated subtotal \$80.00

Estimated Total: \$180.00

RECEIVED

Form 9		Y GIFT DISC		
	NAME - MIDDLE NAME:	NAME OF A		
MAILING ADDRESS	HOLLOW DRIVE		R POSITION HELD:	
MIMI	ZIP: COUNTY: 33/31 MIAMI-D		RTER ENDING (CHECK ON MJUNE DSEPTEMBER	
	PART A —	STATEMENT OF	GIFTS	
being filed. You are require date(s) the gift was receive explained more fully in the	the value of which you believe to exceed to describe the gift and state the moned. If any of these facts, other than the general instructions on the reverse side of the fais statement for any calendar quarter DESCRIPTION OF GIFT	etary value of the gift, t jift description, are unkr orm, you are not require	he name and address of the po- nown or not applicable, you sho ed to disclose gifts from relative	erson making the gift, and the ould so state on the form. As es or certain other gifts. You
2/4/2020	PROTOCOL GIFTS (SEE ATTACHED)	#190.00	MAYOR OF PURENTO BALLISE	150 CALLE 8
	is the process of		HON. HUGO RONE SANCENO	PURETO RAPRIOS GUATEMALA
☐ CHECK HERE IF	CONTINUED ON SEPARATE SHE	EET		RECI 2020 MAR 30 0FFICE OF TI-
form. You may attach ar	PART B — RECEIPT PRO sted above was provided to you by the n explanation of any differences between	person making the git en the information disc	ft, you are required to attach	a copy of the receipt to this formation on the receipt.
	P	ART C — OATH		
depose on oath or affirmatherein and on any attachr	e appears at the beginning of this form, dition and say that the information disclosionents made by me constitutes a true accrequired to be reported by Section 112.3	COUNTY OF Sworm to (or Sworm to (or Physical 304). B148. by Grand (Print, Type, Personally K	affirmed) and subscribed beforesence or online notarized by the SVA (Signature of Notary Public or Stamp Commissioned and other other other or Stamp Commissioned and other other other other other or Stamp Commissioned and other	state of Florida Notary Public State of Florida Nicole N Ewan Prof Mo (20) nRttslish FF 975750 Rentification (06/19/2020

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.)

Mayor of Puerto Barrios Guatemala Gifts

Estimated Value of Gifts:

Two wooden plaques: estimated \$20.00 each; subtotal \$40.00

Four mugs/large coffee cups: estimated \$10.00 each; subtotal \$40.00

Two Baseball Caps: estimated \$10.00 each; subtotal \$20.00

Two Large Model Boats: estimated \$25.00 each; subtotal \$50.00

Four Large T-Shirts: estimated \$10.00 each; subtotal \$40.00

Estimated Total: \$190.00

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2020 MAR 30 PM 12: 48
0FFICE OF THE CHTY CLER

MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE

RECEIVED 2020 MAR 30 AM 9: 20

PARTITION TO THE PARTITION OF THE PARTIT	Γ NAME-MIDDLE NAME	7-	NAME OF A	GENCY.	U	FFICE OF THE CITY OF CITY OF MIAMI
SULLET C					1	CITTUT MIAMI
SUAKEZ - F	LANCIS—XAVIE	~		ct d		JOR
STREE ADDRESS:	morcan De		OFFICE OR		1 a supplier to	
2300 KMN 1	morcan He	INE		you		
CITY: Milmi			A STATE OF THE PARTY OF THE PAR		OING (Check	
ZIP: 33131			☐ MARC			JUNE
COUNTY: MI	hai-DADE		☐ SEPT.		□ DEC.	YEAR: 20 20
xcess of \$100, acce nd state the monetar vere received. If any	pted by you during the cry value of the gift, the not of these facts are unknown any calendar quarted	alendar quart ame and add own or not ap r during wh	er for which ress of the p plicable, sta	this stater erson mak te this on t not receiv	nent is being ing the gift, he form. Yo	filed. Describe the gift and the dates the gifts u are not required to
RECEIVED	OF GIFT		LUE		THE GIFT	MAKING THE GIFT
2/2/2020	TICKET	15,00	o —	FRE	NEEL	801 BRICUSU A
, ,						MIMMI, FL 33/31
orm. You may attac	vided to you by the person an explanation of any occipt, CHECK HERE	differences be	PT IS ATT	ACHED	disclosed o	n this form and the
f the calendar quarte should be disclosed f County Commissi	G INSTRUCTION er that follows the quarte i by the end of the next of oners, 111 NW 1 st St., S clerks	er for which t quarter, i.e., J	his form app une 30. Cou	olies. For e	xample, if a nel file with	gift is received in Marc the Clerk of the Board
f the calendar quarte should be disclosed	er that follows the quarted by the end of the next coners, 111 NW 1 st St., Scherks.	er for which t quarter, i.e., J	his form app une 30. Cou	olies. For e	xample, if a nel file with	gift is received in March the Clerk of the Board

MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE

RECEIVED 2020 MAR 30 AM 9: 19

LAST NAME-FIRS	T NAME-MIDDLE NAME:		NAME OF	AGENCY	Y:	CITY OF	MIAMI
SUMPEZ-F	RANCES-XAVIER		046	160	F MANI	n	, according
STREE ADDRESS:	MACO MAISI		OFFICE OF		1 -1 /-		
3500 PAN A	HUDEICAN DRIVE	-	MA	MON	4		
CITY: Mitmi			-		NDING (Check	One):	,
ZIP: 33131	A		☐ MARC	CH			JUNE
COUNTY: MIA	m1-0115		☐ SEPT.		□ DEC.	YEAR	R: 20 20
excess of \$100, acce and state the moneta were received. If any	pted by you during the cary value of the gift, the nay of these facts are unknown any calendar quarter	lendar quart ime and add wn or not ap	ter for which lress of the population of the pop	h this star person m ate this or	tement is being aking the gift, a n the form. You	filed. Describ and the dates are not req	be the gift the gifts
DATE	DESCRIPTION	MON	ETARY	NAMI	E OF PERSON	ADDRESS O	
RECEIVED	OF GIFT	VA	LUE	MAKI	NG THE GIFT	MAKING T	HE GIFT
1/23/2020	SUPERMELLIN	\$12	5.00		T COMMITTE		2310
						MIAM	
information on the re PART C: FILIN of the calendar quart	vided to you by the perso h an explanation of any deceipt. CHECK HERE IS INSTRUCTIONS or that follows the quarter d by the end of the next quoners, 111 NW 1st St., Succeeds.	F A RECE	ed and notar	rized form plies. Fo	n must be filed r example, if a	no later than	the last day
PART D: OATH	I.						
I, the person whose this form, do depose that the information attachments made by and total listing of a Section 2-11.1 (e)(name appears at the beging on oath or affirmation of disclosed herein and you me constitutes a true, all gifts required to be repaired to the Code of Mia Making Gift Disclosure	and say on any accurate, oorted by	Swor	nty of to (or a day of _	ffirmed) and su March Cis Xavi Name of Person Makin Le Notary Publication of Stamp Commission	er Suar g Gift Disclosure) w. State of Florida	
***				sonally kr	nown to me $or \square$ fication Produc	Produced Iden	



MIAMI SUPER BOWL HOST COMMITTEE

100 SE 2ND ST, Suite 2310, Miami FL, 33131 Email: info@miasbliv.com www.miasbliv.com

Chairman

Rodney Barreto Barreto Group

Board Members

Bill Talbert Greater Miami Convention & Visitor's Bureau

Bruce Jay Colan Holland & Knight

Tom Garfinkel Miami Dolphins & Hard Rock Stadium

Nat Moore Miami Dolphins

Matt Allen Related Group

Jose Mas Mas Tec

Jessica Goldman Srebnick Goldman Properties

Jim Allen Hard Rock International

Eric Silagy Florida Power & Light

Stacy Ritter Greater Fort Lauderdale Convention Visitor's Bureau

Verdenia C. Baker Palm Beach County

Brian May Floridian Partners

Albert E. Dotson Bilzin Sumberg

Oscar Feldenkreis Perry Ellis International

Tony Coley Truist

Robert L. Garner Global Medical Response, Inc.

Dr. Paula Hopkins Pepsico Beverages Company

Executive Director

Ray Martinez Miami Super Bowl Host Committee Jeremy Schwarz Commissioner, City of Miami Miami Riverside Center 444 SW 2nd Ave Miami FL, 33130

Dear Commissioner Schwar

RECEIVED

2020 MAR 30 AM IO: 51

OFFICE OF THE CITY CLERK

On behalf of the Miami Super Bowl Host Committee and our Board of Directors, I want to thank you for your continued involvement and support in helping bring Super Bowl LIV to Miami. It is because of the support of the city of Miami and that of Miami-Dade, Broward and Palm Beach counties, that we have been chosen to host a record breaking 11th Super Bowl - Super Bowl LIV where Miami will be showcased on the world stage.

As our valued partner, we want you to join in our Super Bowl week celebrations. Please find in this "access package" your credential(s) which should be worn at all times for access to each event. Enclosed is a list of the events and details for each.

I look forward to celebrating with you during Super Bowl week as we show the world how we #LIVEITMIAMI

Sincerely,

Rodney Barreto

Chairman

Miami Super Bowl Host Committee

Joe Carollo Keon Hardemon Francis Suarez Alex De la Portilla Manolo Reyes Jeremy Schwarz	County	First Name Last Name	Last Name	Drint		
Keon Hardemon Francis Suarez Ken Russell Alex De la Portilla Manolo Reyes Schwarz		Joe	Carollo	José Sanzes	SIGN Day	Date Received
i Francis Suarez Ken Russell Alex De la Portilla Manolo Reyes Jeremy Schwarz	City of Miami	Keon	Hardemon			
Alex De la Portilla L Manolo Reyes Jeremy Schwarz	City of Miami	Francis	Suarez	Thinks June 2	Mrse Just	123/2020
Alex De la Portilla Manolo Reyes Jeremy Schwarz	City of Miami	Ken	Russell	Reserve Wileful	1 MC	1/26/1
Manolo Reyes Jeremy Schwarz	City of Miami	Alex	De la Portilla	ALEX BARRERS	0/at 11	23/20
Jeremy Schwarz VM	City of Miami	Manolo	Reyes	Estebris Jeneins		/23/70
	City of Miami	Jeremy	Schwarz	V. Worn &	2/1	0120/201

LY OF MIAMI CLERK WYB30 VW 8:18 BECEINED

MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE

2020 11 7 30 AM 9: 20

LAST NAME-FIRST	NAME-MIDDLE NAME		NAME OF	AGENCY		1 6年	FHIA	MI
SUARCZ-FRA	WEIS - XAVIER	_	OFAC	E OF	MARGE	5R		
STREE ADDRESS:			OFFICE OF					
3500 PAN AM	ORICAN DRIVE		MA	YOR				
CITY: M. em.					DING (Check	One):		,
ZIP: 33131			☐ MARC				1	JUNE
COUNTY: MA	UI - DATOZ		☐ SEPT.		□ DEC.		YEAR	: 20 20
excess of \$100, accept and state the monetary were received. If any	MENT OF GIFTS ted by you during the car value of the gift, the no of these facts are unknown any calendar quarter	alendar quar ame and add own or not ar	ter for which lress of the population of the pop	h this state person ma ate this on	ement is being king the gift, the form. Yo	g filed. D and the d u are no	escrib lates tl	e the gif he gifts
DATE	DESCRIPTION		ETARY		OF PERSON		SS OF	PERSO
RECEIVED	OF GIFT		LUE	Control of the Control	NG THE GIFT			HE GIFT
				^		dist	-4	
1/2/2020	JACK STACK	\$2,33	8.62	Quin	MET	414	The same of the same of	רששון
	DDO	-			-45			000
								SCIF
						Mo,	0-11	06.2
of the calendar quarter it should be disclosed of County Commissio respective municipal c		er for which quarter, i.e.,	this form ap June 30. Co	plies. For unty perso	example, if a nnel file with	gift is re the Cler	ceived k of th	l in Marc he Board
PART D: OATH.								
this form, do depose that the information attachments made by and total listing of all	ame appears at the beg on oath or affirmation disclosed herein and me constitutes a true, gifts required to be re of the Code of Mia	n and say l on any accurate, ported by	COU	Hanto (or af day of _ Stance Nico	firmed) and si	ubscribed , 20 <u>20</u> ing Gift Disclo olic. State of F	Buansure)	rez
~3	SY No. Notare Dublic Com.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			own to me or Elication Produc		d Ident	tification

Jack Stack Barbecue

Ship To: Mayor Francis Suarez & Staff

3500 Pan American Dr,

Miami, FL 33133-5504 USA

Ship From: JACK STACK BBQ - WORLD CLASS, LLC

c/o Smart Warehousing Shipping Dept.

16500 E Truman

Independence, MO 64050 USA

Order: Web PO #: 2000201100B

Order #:

Warehouse Order #: 55552

01/02/2020



Qty	SKU	Description	Category
1	KBRA1001	7oz - KC All Purpose Rub	
1	KBRM2002	7oz - KC Meat & Poultry Rub	
1	KBRS3003	5.75oz - KC Steak Rub	
3	KBSS1001	18oz - KC Original BBQ Sauce	
2	KBSS1015	18oz - KC Spicy BBQ Sauce	
1	KBSS1021	18oz - KC Hot BBQ Sauce	

Total Quantity: 9

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2020 MAR 30 AM 9: 20

OFFICE OF THE CITY CLERI

Jack Stack Barbecue

Ship To: Mayor Francis Suarez & Staff

3500 Pan American Dr,

Miami, FL 33133-5504 USA

Ship From: JACK STACK BBQ - WORLD CLASS, LLC

c/o Smart Warehousing Shipping Dept.

16500 E Truman

Independence, MO 64050 USA

Order: Web PO #: 2000201100A

Order #:

Warehouse Order #: 55551 01/02/2020



Qty	SKU	Description	Category
;	KMBE0321	Beef Burnt Ends - 1 lb.	
4	KMCP0221	Crown Prime Beef Short Ribs - 3 Bones	
4	KMPP0233	BBQ Pulled Pork - 1 lb.	
5	KMPR0117	Slab of Pork Ribs (Unsauced)	
3	KMSB0212	Sliced Beef Brisket - 28oz.	
5	KSDS0001	Moms Carrot Cake	
5	KSDS0011	Triple Chocolate Brownie	
3	KSQB0011	32oz - Hickory Pit Beans	
3	KSQC0211	30oz - Cheesy Corn Bake	
3	KSQP0311	32oz - Cheesy Potato Bake	

Total Quantity: 40

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0FFICE OF THE CITY CLERK

MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE

RECEIVED 2020 MAR 30 PM 12: 45

SUALEZ-FRANCIS - XAVIOL	OFFICE O	of Mayor	TY OF LUTY CLER
STREE ADDRESS: S500 POW AMERICAN DRIVE	MAY O		
CITY: MINUI	FOR QUARTE	ER ENDING (Check O	
ZIP: 33131	☐ MARCH		JUNE
COUNTY: MIGHI - DAGE	☐ SEPT.	□ DEC.	YEAR: 20 20

PART A: STATEMENT OF GIFTS. List below each gift, or series of gifts, from one person or entity in excess of \$100, accepted by you during the calendar quarter for which this statement is being filed. Describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the dates the gifts were received. If any of these facts are unknown or not applicable, state this on the form. 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
2/27/2020	AIRFORE	18,312,28 Le 7,670.52	GLOBAL CONTOR	WILHELMINARADE 14 W 3072 AP POTUSKDAT
2/27/2020	HOTEL	61,020.007	GLOBAL CENTER	
7 1/1000	110182	61,020.83	107V AD OFTATION	

CHECK HERE IF CONTINUED ON SEPARATE SHEET. \square

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: FILING INSTRUCTIONS. The signed and notarized form must be filed no later than the last day of the calendar quarter that follows the quarter for which this form applies. For example, if a gift is received in March, it should be disclosed by the end of the next quarter, *i.e.*, June 30. County personnel file with the Clerk of the Board of County Commissioners, 111 NW 1st St., Suite 17-10, Miami, FL 33128. Municipal personnel file with their respective municipal clerks.

PART D: 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 2-11.1 (e)(4) of the Code of Miami-Dade County.

Signature of Person Making Gift Disclosure

STATE OF FLORIDA COUNTY OF Miami-Dade

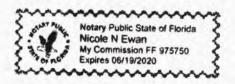
Sworn to (or affirmed) and subscribed before me this 30th day of March, 20 20

by Francis Xavier Svarez
(Name of Person Making Gift Diselecture)

(Signature of Notary Public, State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known to me *or* □ Produced Identification Type of Identification Produced:



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OFFICE OF THE CITY CLERK
CITY OF MIAMI

7,670.52 EUR = 8,312.38

Euro to US Dollar Conversion

2020-02-17 16:56 UTC

All figures are live mid-market rates, which are not available to consumers and are for informational purposes only.

Want to send money from EUR to USD?

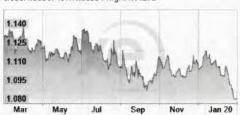
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SIGN UP

*Charges may occasionally be applied by a third party bank when transferring the funds to XE Money Transfer or before the funds arrive in the recipient account.

EUR to USD Chart

18 Feb 2019 00:00 UTC - 17 Feb 2020 16:55 UTC **EUR/USD** close:**1.08367** low:**1.08331** high:**1.14275**



EUR to USD Stats

	Last 30 days	Last 90 days
High	1.10968	1.12208
Low	1.08331	1.08331
Average	1.09983	1.10693
Volatility	0.21%	0.23%

Convert Euro to US Dollar

EUR	USD	
1 EUR	1.08368 USD	
5 EUR	5.41839 USD	
10 EUR	10.8368 USD	
25 EUR	27.0920 USD	
50 EUR	54.1839 USD	

Convert US Dollar to Euro

USD	EUR
1 USD	0.922782 EUR
5 USD	4.61391 EUR
10 USD	9.22782 EUR
25 USD	23.0696 EUR
50 USD	46.1391 EUR

100 EUR	108.368 USD	
500 EUR	541.839 USD	
1000 EUR	1,083.68 USD	
5000 EUR	5,418.39 USD	
10000 EUR	10,836.79 USD	
50000 EUR	54,183.95 USD	

50000 USD	46,139.12 EUR
10000 USD	9,227.82 EUR
5000 USD	4,613.91 EUR
1000 USD	922.782 EUR
500 USD	461.391 EUR
100 USD	92.2782 EUR



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- · Flexible packages



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- · Set your desired mid-market rate
- · Receive free alerts by email

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XE Market Analysis

North American Edition

The dollar and most other currencies have been stable in quiet early-week trading so far. This came with the main Chinese equity indices posting 2%-plus gains after China's Finance Minister said on Sunday that Beijing would roll out targeted and phased tax and fee cuts and with the PBoC lowering one of its interest rates and making another liquidity injection. Other stock markets in Asia were mixed, while European ... Read More

2020-02-17 12:46 UTC

XE Currency Tools

- · Historical Currency Rates
- Travel Expenses Calculator
- · Currency Email Updates
- · Currency Converter Widget

XE Currency Apps





EUR - Euro

Our currency rankings show that the most popular Euro exchange rate is the USD to EUR rate. The currency code for Euros is EUR, and the currency symbol is ϵ .

USD - US Dollar

Our currency rankings show that the most popular United States Dollar exchange rate is the USD to EUR rate. The currency code for Dollars is USD, and the currency symbol is \$.

Popular Euro (EUR) Currency Pairings

- 7,670.52 EUR to USD
- 7,670.52 EUR to CAD
- · 7,670.52 EUR to AUD
- · 7,670.52 EUR to TND

- · 7,670.52 EUR to GBP
- 7,670.52 EUR to CHF
- · 7,670.52 EUR to INR
- · 7,670.52 EUR to AED

XE Live Exchange Rates



2020-02-17 16:56 UTC

All figures are live mid-market rates, which are not available to consumers and are for informational purposes only. To see the rates we quote for money transfer, please select Live Money Transfer Rates.

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Currency Profiles

GBP - British Pound

INR - Indian Rupee

AUD - Australian Dollar

(*) CAD - Canadian Dollar

SGD - Singapore Dollar

O CHF - Swiss Franc

Language

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OFFICE OF THE CITY CLERK CITY OF MIAMI

Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

COPIE DE FACTURE CERTIFIEE CONFORME

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

Adults Nb

: 9029

: 0

Page Nb

: 1 sur 2

Cashier

: BROCHAM,F

5* InterContinental Paris Le Grand, 05.03.20

Date	Description	NET	VAT	Debit EUR	Credit EUR
	Diaz De La Portilla, Alejandro Room # 2114	0.00	0.00		
26.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114 400.00 Split into 60.00 and 340.00.				
	Sub Total	309.09	30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub Total	309.09	30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub Total	309.09	30.91	340.00	0.00
	Guest Total	309.09	30.91	1,020.00	0.00
	Suarez, Francis Room # 2110	0.00	0.00		
26.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Room #2110				
	Sub Total	309.09	30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Room #2110				
	Sub Total	309.09	30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Room #2110				
	Sub Total	309.09	30.91	340.00	0.00
	Guest Total	309.09	30.91	1,020.00	0.00

EUR 1,020, 50 200 (SS) 8 1,104,66 (EVRO TS MOLATE: 1:1,083)
"Suivant l'article L,44-6 du Code du Commerce, tout retard de paiement entraînera une pénalité egale au taux d'averêt appliqué par la BCE à son opération de refinancement la plus résente majore points de pourbantage, sans qu'aucun rappet, in mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipe. L'indemnité forfaitaire pour trais de recouvrement dans les transactions

InterContinental Paris Le Grand, Société en Nom Collectif B 339 196 685 R.C.S. Paris TVA: FR24 339 196 685 2 rue Scribe, 75009 Paris, France

commerciales prevues par l'article L.441-6 du Code de Commerce est fixée à 40 euros, Decret n°2012-1115 du 02-10-2012'



Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

Page Nb

Cashier

COPIE DE FACTURE CERTIFIEE CONFORME

: BROCHAM,F

: 2 sur 2

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

: 9029

Adults Nb

: 0

5* InterContinental Paris Le Grand, 05.03.20

Date	Description			NET	VAT	Debit EUR	Credit EUR
	NET EUR	VAT EUR	GROSS EUR	Total EUR		2,040.00	0.00
VAT 10%	1,854.55 1,854.55	185.45 185.45	2.040.00	Balance EUR		2,040.00	

V.A.T paid on debit

Looking forward to welcoming you to the InterContinental Paris Le Grand.

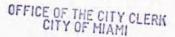
Signature:

2020 MAR 30 PM 12: 45

"Suivant l'article L. 441-6 du Code du Commerce, tout retard de paiement entraînera une pénalité egale au taux d'intérêt, appliqué par la BCE a son opération de refinancement la plus récente majore de 10 points de pourcentage, sans qu'aucun rappet, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipe. L'indemnité forfaitaire pour frais de recouvrement dans les transactions commerciales prévues par l'article L.441-6 du Code de Commerce est fixée à 40 euros. Decret n°2012-1115 du 02-10-2012"

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2020 MAR 30 PM 12: 45



Ticket number | Route

SUAREZ/FRANCIS XAVIER MR 074-3771989444 MIA-CDG-MIA Electronic ticket

Reservation number: S90E96

Passenger

Paris -

Charles De

Gaulle (CDG)

Terminal 2E



				and the same of th							
Flights:	lights:										
From	To		Dep/arr time	Carrier	Flight nr.	Stops	Class	Seat	Baggage	Status	
Miami - Miami Intl (MIA) Florida	Paris - Charles De Gaulle (CDG) Terminal 2E	26- 02- 2020	16:30 - 07:15(+1)	Air France	AF 099	0	Business (I)		2PC	Ticketed	

(+1 arrival next day)

10:00 -

14:00

29-

02-

2020



Miami -

(MIA)

Florida

Miami Intl

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Air

France

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AF 090

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Extra Information

Business

(I)



2PC



Ticketed

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Remarks:

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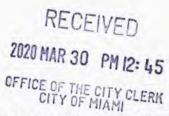
General Information:

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Kind regards,

VCK Travel B.V.

Phone: +31 70 3705575

Fax: +31 70 3705556

E-mail: tem@vcktravel.nl

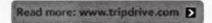
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OFFICE OF THE CITY CLERK

Schwarz, Jeremy

The trip request is waiting for approval.

	5 (5) 5 (4				
From:	Lammers, S. (Sunny) - SKI <sunny.lammers@gca.org></sunny.lammers@gca.org>				
Sent:	Monday, February 17, 2020 11:43 AM				
To:	Schwarz, Jeremy				
Cc:	Girling, M.L. (Mike) - BSK	CDC A	414 6	00506	
Subject: Attachments:	FW: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - ATT00001.gif; ATT00002.png; ATT00003.png; ATT00004.png; ATT00006.png; ATT00007.png; cytric_iCalendar1.ics; cytric_iCa	ATT000C	5.png		
CAUTION: This is an ema sender and know the cor	il from an external source. Do not click links or open attachments unle ntent is safe.	ss you r	ecogn	iize the	
Dear Jeremy,					
Please find herewith info	ormation about the costs of the ticket for Mayor Suarez.				
Best regards,					
Sunny					
YVAx8d4CC8EZpuTeeN Van: info@gca.org Verzonden: 10 feb. 2020 Aan: "Lammers, S. (Sunn	.com/v3/http://www.blackberry.com;!!Ei5NnPD8gA!wTFuTekALs MQOPcTIMAGF1KNA\$)				jXlel
		OFFICE OF THE CIT	2020 MAR 30 PM	RECEIV	
Van: ama-MXP-3W <cytr< td=""><td></td><td>TE</td><td></td><td>=</td><td></td></cytr<>		TE		=	
Verzonden: maandag 10	februari 2020 12:46	₹∃	=	m	
Aan: info@gca.org Onderwerp: Booking Cor	nfirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S90E96	TY CLERK	12:46	0	
Francis Xavier Suarez					
10FEB20					
Confirmation for Francis	Xavier Suarez				
Approval:					
[cid:2F7265732F7468656	5D65732F64656661756C742F696D672F656D61696C2F77616974696E	572E70(5E67]		

Approval Deadline: Tuesday, 11FEB20 12:46 (CET)

Segment #

Type

Travel Date

Destination

Time Periods

Requested Service

Status

Total

1

[Flight]

26FEB20

Miami(MIA) - Paris(PAR)

16:30 - 07:15 (+6)

AF 99

Business Class

Confirmed

7.670,52

2

[Flight]

29FEB20

Paris(PAR) - Miami(MIA)

DZO MAR 30 PM I2: I

10:00 - 14:00 (-6) AF 90 **Business Class** Confirmed Included in segment #1 Total Cost of the complete Trip in EUR: 7.670,52 Itinerary [Air Transport] [AF] Wednesday, 26February2020 to Paris Francis Xavier Suarez () AF 99 Business Class, Airline Reference: S90E96 [[Online Check-In]]<https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei 5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXIeEYVAx8d4CC8E ZpuTeeMQOPcTINs2nLzKw\$ > 16:30 Miami FL, US (MIA), Miami International (MIA) 07:15 on Thursday, 27February2020, Paris, FR (PAR), Charles de Gaulle Airport (CDG), Terminal 2E Status: Confirmed, Status of the Seat Request: No specific seat reservation was made. Specific seat reservations may be

possible at time of Check-In.

Baggage: Cabin Baggage up to 18 kg, 2 Checked Bags up to 32 kg

Ancillary Services: Meal, Lounge Access, Business Class Miles Accrual, Snack, Beverage, Sky Priority

Flight Duration: 8h 45min, Time Difference: +6, Miles: 4586, CO2 Emissions: 1080 kg

Special Remark: The User has expressly confirmed the intent to complete this booking.

Booking Code: S9OE96, Booking Date: 10FEB20 External Booking Reference: ACS-533048

[Air Transport]

[AF]

Saturday, 29February2020 to Miami

Francis Xavier Suarez ()

AF 90 Business Class, Airline Reference: S90E96

[[Online Check-

In]]<https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei 5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAx8d4CC8E_ZpuTeeMQOPcTlNs2nLzKw\$ >

10:00

Paris, FR (PAR), Charles de Gaulle Airport (CDG), Terminal 2E

14:00

Miami FL, US (MIA), Miami International (MIA)

Status: Confirmed, Status of the Seat Request: No specific seat reservation was made. Specific seat reservations may be possible at time of Check-In.

Baggage: Cabin Baggage up to 18 kg, 2 Checked Bags up to 32 kg

Ancillary Services: Meal, Lounge Access, Business Class Miles Accrual, Snack, Beverage, Sky Priority

Flight Duration: 10h Omin, Time Difference: -6, Miles: 4586, CO2 Emissions: 1080 kg

Special Remark: The User has expressly confirmed the intent to complete this booking.

RECEIVED
2020 MAR 30 PM 12: 46
OFFICE OF THE SIAM CLERK

Booking Code: S9OE96, Booking Date: 10FEB20 External Booking Reference: ACS-533048

Payment Information	R 2020 M
[[Corporate Logo]]	ECE AR 30
[Flight Booking]	RECEIVED 2020 MAR 30 PM 12: 46 OFFICE OFF THE SITY CLERK
Ticket #	46
Airline and Flight Number	
Service Class	
Fare	
1	
AF 99	
Business	
BUSINESS	
AF 90	
Business	
BUSINESS	
Changes allowed without fee in the same booking class. Refundable without fee.	
Additional fees for baggage may apply according to the rules of the airline. For more information https://urldefense.com/v3/https://bags.amadeus.com/Display.aspx?a=AF;!!Ei5NnPD8gA!vRgsCqtjXleEYVAx8d4CC8EZpuTeeMQOPcTINj7RH9pQ\$	

5

Fare per traveller in EUR: 7.670,52

Fare for all travellers in EUR:	
7.670,52	
Total fare for all travellers for all Air segments in EUR:	
7.670,52	RI 2020 MJ OFFICE
	RECEIVED 2020 MAR 30 PM 12: 46 0FFICE OF THE CITY CLERK
	PM 12:
Total Cost of the complete Trip in EUR:	ERN ERN
7.670,52	
Traveller: Francis Xavier Suarez	
Payment:	
AF 99, AF 90: Payment by Invoice	
Ticket Information	
[Flight Booking]	
Ticketing Date:	

7

28FEB20 - 02MAR20 TRANOI Paris Femme Women's Fashion Show, Palais de la Bourse & Carrousel du Louvre, Paris

28FEB20 - 02MAR20 PREMIERE CLASSE Fashion Accessories Show, Jardin des Tuileries, Paris

Ordered by:

Francis Xavier Suarez, eMail: info@gca.org<mailto:info@gca.org>

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2020 MAR 30 PM 12: 46
0FFICE OF THE CITY CLERK

Contacts:

VCK Travel - 3W- 1A - AMSNO3801, Address: Postbus 58417, 1040 HK, Amsterdam, Netherlands, Telephone: +31 70 3705575, eMail: tem@vcktravel.nl<mailto:tem@vcktravel.nl>

We thank you for this booking!

Important: The information enclosed here may change without notice. All times are local times. Please observe the visa and immigration regulations of your destination and/or transit country as well as information on health and vaccination rules. Only you are responsible for compliance. If your travel plans change, please cancel any bookings not needed anymore as early as possible. Any comparison prices provided here may change because of currency fluctuations.

[cytric Enterprise]

Dit bericht kan informatie bevatten die niet voor u is bestemd. Indien u niet de geadresseerde bent of dit bericht abusievelijk aan u is toegezonden, wordt u verzocht dat aan de afzender te melden en het bericht te verwijderen. De Staat aanvaardt geen aansprakelijkheid voor schade, van welke aard ook, die verband houdt met risico's verbonden aan het elektronisch verzenden van berichten.

This message may contain information that is not intended for you. If you are not the addressee or if this message was sent to you by mistake, you are requested to inform the sender and delete the message. The State accepts no liability for damage of any kind resulting from the risks inherent in the electronic transmission of messages.



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OFFICE OF THE CITY CLERK CITY OF MIAMI

Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

COPIE DE FACTURE CERTIFIEE CONFORME

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

: 9029

Adults Nb

: 0

Page Nb

: 1 sur 2

Cashier

: BROCHAM,F

5* InterContinental Paris Le Grand, 05.03.20

Date	Description	NET	Γ VAT	Debit EUR	Credit EUR
	Diaz De La Portilla, Alejandro Room # 21	14 0.00	0.00		
26.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114 400.00 Split into 60.00 a 340.00.	and			
	Sub T	otal 309.09	30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg, Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub T	otal 309.09	30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Diaz De La Portilla Alejandro Of Room #2114				
	Sub T	otal 309.09	30.91	340.00	0.00
	Guest T	otal 309.09	30.91	1,020.00	0.00
	Suarez, Francis Room # 2110	0.00	0.00		
26.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Roo #2110	m			
	Sub T	otal 309.09	30.91	340.00	0.00
27.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Roo #2110	om			
	Sub T	otal 309.09	30.91	340.00	0.00
28.02.20	Accomodation - Pkg	309.09	30.91	340.00	
	[NA Pkg. Trx] Routed From Suarez Francis Of Roo #2110	om			
	Sub T	otal 309.09	30.91	340.00	0.00
	Guest T	otal 309.09	30.91	1,020,00	0.00

EUIL | 020.5 = S USD \$ 1,104.66 (EUIC) To Norum: 1:1.083)

Suivant l'article L.441-3 du Code du Commerce, toul retaird de palement entraînera une pénalité egale au taux d'intérêt, appliqué par la BCE à son opération de refinancement la plus recente majoré de 10 points de pourcentage, sans du aucun rappel, in mise en dameure na avit némessaire. Pas d'accompté pour partie de 10 points de pourcentage, sans du aucun rappel, in mise en dameure na avit némessaire. Pas d'accompté pour la compte de 10 points de pourcentage. points de pourcentage, sans qu'aucun rappel, ni mise en dameure ne soit nécessaire. Pas d'escompte pour paiement antici commerciales prévues par l'article L.441-6 du Code de Commerce est fixée à 40 euros. Decret n°2012-1115 du 02-10-2012



Ministrie Infrastructuur en Waterstaat t.a.v Global Center on Adaptation Postbus 20906 MB number 5200001137/4 Den Haag 2500

GCA Board meeting, Master Account

COPIE DE FACTURE CERTIFIEE CONFORME

Arrival date

: 25.02.20

Departure date : 06.03.20

Room Nb

: 9029

Adults Nb

: 0

Page Nb

: 2 sur 2

Cashier

: BROCHAM,F

5* InterContinental Paris Le Grand, 05.03.20

Date	Description			NET	VAT	Debit EUR	Credit EUR
VAT 10%			GROSS EUR	Total EUR		2,040.00	0.00
Total	1,854.55 1,854.55	185,45 185,45	2,040.00	Balance EUR		2,040.00	

V.A.T paid on debit

Looking forward to welcoming you to the InterContinental Paris Le Grand.

Signature:

[&]quot;Suivant l'article L.,441-6 du Code du Commerce, tout retard de paiement entraînera une pénalité egale au taux d'intérêt, appliqué par la BCE à son opération de refinancement la plus récente majore de 10 points de pourcentage, sans qu'aucun rappel, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipe. L'indemnité forfaitaire pour frais de recouvrement dans les transactions commerciales prevues par l'article L.,441-6 du Code de Commerce est fixée à 40 euros. Décret n°2012-1115 du 02-10-2012"

MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE 2020 MAR 30 PM 12: 47

RECEIVED

LAST NAME-FIRST NAME-MIDDLE NAME: SUALEZ - FLANCIS - XAVIER	OFFICE OF THE CITY CLERK CITY OF MIAMI OFFICE OF POSITION HELD: MAYOR		
STREE ADDRESS: 3500 PAN AMERICAN DLIVE			
CITY: MIAMI ZIP: 33131 COUNTY: MIAMI - DAGE	FOR QUARTER ENDING (Check One): MARCH SEPT. DEC. YEAR: 20 20 2		

PART A: STATEMENT OF GIFTS. List below each gift, or series of gifts, from one person or entity in excess of \$100, accepted by you during the calendar quarter for which this statement is being filed. Describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the dates the gifts were received. If any of these facts are unknown or not applicable, state this on the form. 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
2/3/2020 ARTS FE	ARTS PESTIVAL	\$ 180.00	MONTY	3390 MARY ST. SUITE 128
	17,2503		PRESIDENT COCONYTGROVE	GROVE, FL
			ARTS FESTIVAL	33133

CHECK HERE IF CONTINUED ON SEPARATE SHEET. \square

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: FILING INSTRUCTIONS. The signed and notarized form must be filed no later than the last day of the calendar quarter that follows the quarter for which this form applies. For example, if a gift is received in March, it should be disclosed by the end of the next quarter, i.e., June 30. County personnel file with the Clerk of the Board of County Commissioners, 111 NW 1st St., Suite 17-10, Miami, FL 33128. Municipal personnel file with their respective municipal clerks.

PART D: OATH.

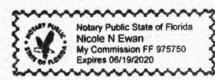
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true, accurate, and total listing of all gifts required to be reported by Section 2-11.1 (e)(4) of the Code of Miami-Dade County.

Signature of Person Making Gift Disclosure

STATE OF FLORIDA COUNTY OF Miami-Dade Sworn to (or affirmed) and subscribed before me this 30th day of March, 2020

Print, Type, or Stamp Commissioned Name of Notary Public)

 □ Personally known to me or □ Produced Identification Type of Identification Produced:





RECEIVED

2020 MAR 30 PM 12: 47

OFFICE OF THE CITY CLERK CITY OF MIAMI 3390 Mary Street, Suite 128 • Coconut Grove, Florida 33133 Phone: 305.447.0401 • Fax: 305.447.1499

cgaf.com

O February 3, 2020

Dear Friend of the Festiva

It's my pleasure to invite you to share in all of the excitement that awaits you at this year's 57th annual Coconut Grove Arts Festival, February 15-17.

Our event is so appreciative of the invaluable support we receive from members of our cultural community. The Arts Festival's primary mission highlights the importance of art in one's life. For this reason, I encourage you to ask your friends and supporters to purchase additional tickets to this year's Arts Festival. By doing so they'll be helping to fund scholarships that create opportunities for Miami-Dade County's talented students to continue their art education.

Enclosed you'll find complimentary passes to our hospitality area on a day of your choice. Please note that each enclosed pass is good for three days. Most importantly, I am requesting that you provide me with your email address because the Arts Festival plans to go paperless in the near future. Send your email address to me at monty@cgaf.com and I'll put you on our VIP list which keeps you updated on our Gallery Openings and many other special events during the year.

Once again, I thank you and look forward to seeing you in a few weeks at the annual Coconut

Grove Arts Festival.

Monty Trainer

President

Coconut Grove Arts Festival

O- 305-447-0401

F-305-447-1499

Email- Monty@cgaf.com

Coconut Grove Arts Festival 2020

Estimated Value of Passes:

5 Hospitality Passes: Est. \$20.00 each; estimated subtotal \$100.00

8 Regular Passes: Est. \$10.00 each; estimated subtotal \$80.00

Estimated Total: \$180.00

MIAMI-DADE COUNTY QUARTERLY GIFT DISCLOSURE 2020 MAR 30 PM 12: 48

RECEIVED

LAST NAME-FIRST	NAME-MIDDLE NAME	: NA	ME OF A	GENCY: CI	TY OF MIAML	
SUAREZ-FRANCIS-XAVIER		R C	OFFICE OF THE MAYOR			
STREE ADDRESS:		OFF	ICE OR	POSITION HELD:	0	
3503 PHU A	MERICAN DE	NE /	MAY	YOR_		
CITY: Mimu		FC	DR QUAR	TER ENDING (Check	One):	
ZIP: 33131			MARCH	ł	JUNE JUNE	
COUNTY: MIA	m-DARE		SEPT.	□ DEC.	YEAR: 20 20	
PART A: STAT excess of \$100, acce	EMENT OF GIFTS pted by you during the cry value of the gift, the n	alendar quarter fo	r which	this statement is being	g filed. Describe the gift	
were received. If any	of these facts are unknown any calendar quarte	wn or not applica	able, state	e this on the form. Yo	u are not required to	
DATE	DESCRIPTION	MONETAL	RY	NAME OF PERSON	ADDRESS OF PERSON	
RECEIVED	OF GIFT	VALUE		MAKING THE GIFT	MAKING THE GIFT	
2/4/2020	PROTOCOL GIFTS	EST. \$19	0.0	MAYOR OF PUBLIC BARRIE	150 CALLES	
				GUMENUMA	GUATEMALA	
				ROWE SAKE ONE	0	
CHECK HERE IF CO	ONTINUED ON SEPARA	TE SHEET.				
form. You may attactinformation on the re PART C: FILIN of the calendar quartity should be disclosed	vided to you by the person an explanation of any exceipt. CHECK HERE IG INSTRUCTION or that follows the quarted by the end of the next oners, 111 NW 1st St., Scelerks.	IF A RECEIPT S. The signed and are for which this from the signed and the signed are for which this from the signed are signed. June	en the in IS ATTA ad notarize form appl 30. Cour	formation disclosed of ACHED TO THIS F zed form must be filed lies. For example, if a not personnel file with	on this form and the ORM. I no later than the last day gift is received in March the Clerk of the Board	
PART D: OATH	I.					
I, the person whose this form, do depose that the information attachments made be and total listing of a Section 2-11.1 (e)(-County.	name appears at the bege on oath or affirmation disclosed herein and y me constitutes a true, Il gifts required to be re 4) of the Code of Mi	n and say I on any accurate, ported by	Sworn 30th by F	to (or affirmed) and s day of March (Name of Person Maki (Signature of Notaty Put (Print, Type, or Stamp Commission	ubscribed before me this, 20_20, USUALEZ Ing Gift Disclosure) William Disclosure (Control of the Control of	
	*****			onally known to me or I f Identification Produ	Produced Identification ced:	

Mayor of Puerto Barrios Guatemala Gifts

Estimated Value of Gifts:

Two wooden plaques: estimated \$20.00 each; subtotal \$40.00

Four mugs/large coffee cups: estimated \$10.00 each; subtotal \$40.00

Two Baseball Caps: estimated \$10.00 each; subtotal \$20.00

Two Large Model Boats: estimated \$25.00 each; subtotal \$50.00

Four Large T-Shirts: estimated \$10.00 each; subtotal \$40.00

Estimated Total: \$190.00

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2020 MAR 30 PM 12: 148
0FFICERY OF MIAN CLERK

EXHIBIT B

FORM 1	FORM 1 STATEMENT OF		2018	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE C	ONLY:
LAST NAME FIRST NAME MIDDLI Suarez Francis Xavier MAILING ADDRESS : Office of the Mayor	ENAME:		2019 JUN 26 PM 4: 25	ZU.
3500 Pan American Drive			79 N 2	RECEIVED
CITY:	ZIP: COUNTY:		26 TY OF	
	3133 Miami-Dade	9	RE P	m
NAME OF AGENCY: City of Miami			PM 4: 2	0
NAME OF OFFICE OR POSITION HEL Mayor	O OR SOUGHT :		ERIX	
You are not limited to the space on the lin				
CHECK ONLY IF CANDIDATE	OR INEW EMPLOTEE OR	AFFOINTEL		
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20	ASE STATE BELOW WHETHER T	HIS STATEMENT IS FOR	R THE PRECEDING TAX YEAR END HAN THE CALENDAR YEAR:	DING
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	ORTABLE INTERESTS: IG REPORTING THRESHOLDS TH RATIVE THRESHOLDS, WHICH	ARE USUALLY BASED O	LLAR VALUES, WHICH REQUIRES N PERCENTAGE VALUES (see ins	FEWER
	ERCENTAGE) THRESHOLDS		LAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to tr ort, write "none" or "n/a")	ne reporting person - See in	structions	
NAME OF SOURCE OF INCOME	7.5.7	RCE'S RESS	DESCRIPTION OF THE SOU PRINCIPAL BUSINESS ACT	
Carlton Fields Jordan Burt	100 SE 2nd St #4200	, Miami, FL	Attorney - Of Counsel	
Greenspoon Marder LLP	600 Brickell Ave Suite	e 3600, Miami, FL	Attorney - Of Counsel	
			*	
PART B — SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep NAME OF	d other sources of income to business	ses owned by the reporting p	person - See instructions] PRINCIPAL BUSIN	NESS
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOL	
N/A				
PART C REAL PROPERTY [Land, but (If you have nothing to repo	ildings owned by the reporting person rt, write "none" or "n/a")	- See instructions]	FILING INSTRUCTIONS for	r when
Miam	i, FL 33133		located at the bottom of p	age 2.
1671 SW 32 Avenue, Miami	, FL 33145		INSTRUCTIONS on who m this form and how to fill it begin on page 3.	
120 SW 37 Avenue, Miami,	FL 33134			

(If you have nothing to report, write "no	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Money	Savings Account at US Century Bank
Money	City National Bank
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no	ne" or "n/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR
City National Bank	25 West Flagler Street, Miami, FL 33130
Seterus, Inc.	PO BOX 2008, Grand Rapids, MI 49501
(If you have nothing to report, write "none	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	2019 0F
PRINCIPAL BUSINESS ACTIVITY	5 L D
POSITION HELD WITH ENTITY	STAN E
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	0= 0 [T]
NATURE OF MY OWNERSHIP INTEREST	30 0
	HAVE COMPLETED THE REQUIRED TRAINING STATES CHECK HERE
SIGNATURE OF FILI	
Signature: Jen Signed:	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: 1,, 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:
06/26/2019	of the state of th

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

STATEMENT OF FINANCIAL INTERESTS (CONT'D)

Additional **INTANGIBLE PERSONAL PROPERTY** to be included with my 2018 Statements of Financial Interests:

· Florida Prepaid Savings Account

Additional LIABILITIES to be included with my 2018 Statements of Financial Interests:

- Mr. Cooper | PO BOX 650783 Dallas, TX 75265-0783
- Xavier Suarez | 145 SE 25th Rd. Miami, FL 33129

Additional BOARDS to be included with my 2018 Statements of Financial Interests:

- Transportation Planning Organization (TPO)
- Mayor's International Council
- Miami-Dade County League of Cities
- Florida League of Cities
- · U.S. Conference of Mayors
- Global Commission on Adaptation

2019 JUN 26 PM 4: 25

OFFICE OF THE CITY CLERK
CITY OF MIAM!



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

Suarez Francis		X	Ma	Mayor	
LAST NAME	FIRST NAME	MI	OFFICE HELD		
3500 Pan Ame	rican Drive	Miami	33133	Miami-Dade	
MAILING ADDRESS		CITY	ZIP CODE	COUNTY	

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASSETS		[PART B] LIABILITIES			
DESCRIPTION			the name and address of every person,		
Primary Home \$1,475,000.00 Investment Property \$550,000.00		whether individual or corporation, to whom you owe a liability exceeding \$5,000, and the total amount of indebtedness. "Liability" is defined as any monetary debt or obligation owed by you to another person, including credit card retail installment accounts; taxes owed indebtedness on a life insurance policy owed to the listing company, or account income taxes on and			
					Investment Property
City National Bank	\$15,792.19	Name/Address of Creditors	Amount Owed		
City National Bank/25 West Flagler Street, Miami, FL 33130	\$1,170,641.22				
		Centennial Bank/121 Alhambra Plaza #1515, Coral Gables, FL 33134	\$440,000		
		Mr. Cooper/PO Box 650783 Dallas, TX 75265-0783	\$131,637.19		
in a lump sum if their aggreg	al effects may be reported ate value exceeds \$5,000.	Xavier Suarez/145 SE 25th Rd. Miami, FL 33129	\$40,000.00		
Examples of household goods it to, any of the following (if purposes): jewelry; stamp	not held for investment collections; guns and		20) OFF.		
numismatic properties; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my assets as described above is:			S NON S		
\$			MAN B PM		

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

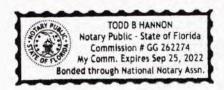
My net worth as of [PART D] -- AFFIDAVIT The information disclosed herein and on any attachments hereto is true and correct to my knowledge. Signature of the Person Reporting State of Florida county of Miami - Dade Sworn to (or affirmed) and subscribed before me on this the 26 day of June , 20 19 (Name of person signing and his/her title (public officer, trustee or personal representative, WITNESS my hand and official seal. Signature of Notary Public (Name of Notary Typed, Stamped or Printed) Notary Public, State of Florida

NOTARY PUBLIC SEAL OF OFFICE:

Personally known to me, or

Produced identification:

(Type of Identification Produced)



Form 9 QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100) LAST NAME -- FIRST NAME -- MIDDLE NAME: NAME OF AGENCY: Suarez Francis City of Miami MAILING ADDRESS: OFFICE OR POSITION HELD: fsuarez@miamigov.com Mayor CITY: ZIP: COUNTY: FOR QUARTER ENDING (CHECK ONE): YEAR MARCH DJUNE DSEPTEMBER DECEMBER Miami 33133 Miami-Dade 2019

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

avel Expenses for 2. Commercial Mission Trip to Zaragoza, Spain	\$6,846.48	Consejeria de Cultura y Patrimonio de Gobierno de Aragon. EGEDA	Edifico Ranillas Avda. Ranillas, 5 D
		de Gooleino de Alagon, EGEDA	50071 Zaragoza (Zaragoza) Spain
			2019
			27 27
			HANGE OF THE PARTY
	INUED ON SEPARATE SHEET	INUED ON SEPARATE SHEET	INUED 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	STATE OF FLORIDA COUNTY OF MICHAEL - Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this 27+h day of June 2019
herein and on any attachments made by me constitutes a true accurate,	by Francis Xavier Suarez
and total listing of all gifts required to be reported by Section 112.3148,	Nicole N. Swan
Florida Statutes.	(Signature of Notacy Public-State of Florida)
Fin Aug	Nicole N. Ewan
SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commission National Type of Identification Produced Identification Produced Nicole N Ewan
PART D — FILIN	My Commission FF 975750 Expires 06/19/2020

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.)

Mayor Francis Suarez

Breakdown of Monetary Value

Flight: \$ 2,663.45 Exact

Meals: \$284.79 Approximation based of City of Miami Per Diem rates

Hotel: \$ 950 Approximation based on rates at the time

Gloria Suarez

Flight: \$ 2,663.45 Exact

Meals: \$284.79 Approximation based of City of Miami Per Diem rates

RECEIVED
2019 JUN 27 PM 3: 3:

MAYOR'S COMMERCIAL MISSION TO SPAIN

January 10, 2019 Zaragoza & Madrid, Spain 2019 JUN 27 PM 3: 3

THURSDAY, JANUARY 10th, 2019 - MIAMI

9:55pm

WHEELS UP MIAMI

Location:

Miami International Airport

FRIDAY, JANUARY 11th, 2019 - MADRID - ZARAGOZA

12:05pm-1:30pm

WHEELS DOWN MADRID

Location:

Adolfo Suarez Barajas. Airport

Address:

Av de la Hispanidad, s/n, 28042 Madrid, Spain

1:30pm-2:15pm

DEPART TO AVE TRAIN STATION

Address:

Madrid-Puerta de Atocha Madrid Spain

2:15pm-2:30pm

BOARDING AVE TRAIN

2:30pm-4:00pm

DEPART TO CITY OF ZARAGOZA IN AVE TRAIN

Address:

Calle Rioja, 33 50011 - Zaragoza

4:00pm-4:30pm

DEPART TO HOTEL PALAFOX

Address:

Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

4:30pm-8:15pm

WORK CALL TIME

Location:

Hotel Palafox

Address:

Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

8:15pm-8:30pm

DEPART TO WELCOME DINNER

Address:

Calle Fuenclara, 3-5, 50003 Zaragoza, Spain

8:30pm-9:30pm

DINNER W PREMIOS FORQUÉ REPS & ZARAGOZA CHAMBER

OF COMMERCE & ARAGON GOV REPS

Location:

Restaurant Donde Carol

Address:

Calle Fuenclara, 3-5, 50003 Zaragoza, Spain

Confirmed:

Minister-Counsellor of Education, Culture, and Sport

of the Gov of Aragon Ms Maria Teresa Pérez Esteban

9:30pm-9:45pm

DEPART TO HOTEL PALAFOX

Address:

Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

		12th, 2019 - ZARAGOZA	OFFICE OF THE
9:00am-10:40am	BREAKFAS	ST .	SE ON
	Location:	Hotel Palafox	7 OF
10:40am-11:00am	DEPART T	O PRESIDENCIA DEL GOV DE ARAGON	HIAN
	Location:	Edificio Pignatelli	MY CL
	Address:	Paseo María Agustín, 36 50071 Zaragoza	JUN 27 PM 3: 33 EDF THE CITY CLERK CITY OF MIAMI
11:00am-12:00pm	MEETING	W MINISTER (CONCEJERA) MARIA TERES	
	ESTEBAN		
	Location:	Presidencia del Gobierno de Aragon	
12:30am-2:30pm	VISIT TO A	ARAGON FACILITIES	
	Location:	Presidencia del Gobierno de Aragon	
	Address:	Paseo María Agustín, 36 50071 Zaragoza	
2:30pm-4:30pm	JAVIER LA	ONAL LUNCH W PRESIDENT OF FRANCIS MBÁN MONTAÑÉS & MINISTER (CONCE) RESA PEREZ ESTEBAN	
	Location:	Restaurant Quema	
	Address:	Paseo Maria Agustin, 20, 50004 Zaragoza, Sp	
	Attendees:	Minister of Culture & Sports of Spain José G Cabrera. President CEJA (Premios) & Club A Madrid Enrique Cerezo	
4:30pm-4:45pm	DEPARTT	O HOTEL PALAFOX	
1.50pm 1.15pm	Address:	Calle Marqués Casa Jiménez, s/n, 50004 Zar	agoza
4:45pm-8:15pm	WORK CAI	LLTIME	
	Location:	Hotel Palafox	
	Address:	Calle Marqués Casa Jiménez, s/n, 50004 Zar	agoza
8:15pm-8:45pm	DEPART TO	O PREMIOS JOSE MARIA FORQUÉ	
onopin onopin	Location:	Palacio de Congresos de Zaragoza	
	Address:	Plaza Lucas Miret Rodriguez, 1, 50018 Zarag	goza, Spain
8:45pm-10:00pm	PREMIOSI	OSE MARIA FORQUÉ PRE-AWARD RECEP	TION
0.40pm-10.00pm	Location:	Palacio de Congresos de Zaragoza	HOIN
	Address:	Plaza Lucas Miret Rodriguez, 1, 50018 Zaras	goza, Spain
10:00pm-11:30pm	START OF	PREMIOS FORQUÉ AWARDS GALA	
pin zzioopin	Location:	Palacio de Congresos de Zaragoza	
	Address:	Plaza Lucas Miret Rodriguez, 1, 50018 Zarag	goza, Spain

Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

DEPART TO HOTEL PALAFOX

Address:

11:30am-12:00am

SUNDAY, JANUARY 13th, 2019 - ZARAGOZA

9:30am-10:00am DEPART: CATHEDRAL-BASILICA OUR LADY OF THE PILLAR

Address: Plaza del Pilar, s/n, 50003 Zaragoza

Distance: 1.8 miles
Drive Time: 30 minutes

10:00am-11:30am HIGH MASS AT BASILICA OF OUR LADY OF THE PILLAR

Address: Plaza del Pilar, s/n, 50003 Zaragoza

Attire: Sunday's best

11:30am-12:00pm DEPART TO PRIVATE LUNCH

12:00pm-1:00pm PRIVATE LUNCH

1:00pm-4:45pm WORK CALL TIME 2:45H

Location: Hotel Palafox

Address: Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

4:45pm-5:15pm DEPART TO TRAIN STATION

Address: Calle Rioja, 33 50011 - Zaragoza

5:15pm-5:30pm ARRIVE AT TRAIN STATION

5:30pm-5:45pm BOARDING TRAIN

5:45pm-7:00pm DEPART TO CITY OF MADRID IN TRAIN

Location: Avenida de América Metro
Address: 31 Calle de Pedro Valdivia, 28006, Madrid

7:00pm-7:30pm DEPART TO HOTEL BAECELO TORRE DE MADRID

Address: Plaza de España, 18 28008 Madrid España

7:30pm-8:30pm CALL WORK TIME

Address: Plaza de España, 18 28008 Madrid España

8:30pm-9:00pm MEETING WITH VILLAREAL C.F

Location: Hotel Barceló Torre De Madrid Lobby

Address: Plaza de España, 18 28008 Madrid España

Attending: Vice President: Jose Manuel Llaneza

Country Manager - USA: Yolanda Ossa

Director of International Areas: Juan Antón de Salas

9:00pm-10:00pm PRIVATE DINNER

10:00pm-10:30pm DEPART TO HOTEL BARCELO TORRE DE MADRID

Address: Plaza de España, 18 28008 Madrid España

MONDAY, JANUARY 14th, 2019 - MADRID

8:00am-9:00am

BREAKFAST

Location:

Hotel Barceló Torre De Madrid

Address:

Plaza de España, 18 28008 Madrid España

9:00am-9:30am

DEPART TO CITY OF MADRID CITY HALL

Address:

Pza Cibeles, 1. 28014 Madrid

9:30am-10:00am

MEETING W MAYOR OF MADRID MANUELA CARMENA

Location:

City of Hall

Room:

Mayor's Office

Address:

Pza Cibeles, 1. 28014 Madrid

9:30am-10:00am

DEPART TO CEOE HQ

Address:

Diego de leon, 50. 28006

10:00am-10:30am

PRIVATE MEETING WITH PRESIDENT OF THE CEOE

ANTONIO GARAMENDI LENCADA & VP/VPs

Address:

Diego de leon, 50. 28006

10:30am-12:00pm

BUSINESS OPPORTUNITIES IN MIAMI A GLOBAL CITY WITHE

CONFEDERATION OF EMPLOYERS AND INDUSTRIES OF

SPAIN

Location:

HQ of the CEOE

Address:

Diego de leon, 50. 28006

Confirmed:

Chairman President CEOE: Antonio Garamendi

Lencada. Guest from US-Spain Council, Business

Forum of Madrid

Note: Mayor and Commissioner to speak

12:30pm-1:00pm

DEPART TO AIRPORT

Address:

Av de la Hispanidad, s/n, 28042 Madrid, Spain

3:25pm-7:10pm

WHEELS UP MADRID SPAIN

Location:

Adolfo Suarez Barajas Airport

7:10 pm

WHEELS DOWN MIAMI, USA

END OF MISSION -

Form 9	QUARTERLY (GIFT:	GIFT DISC S OVER \$10	CLOSURE RE	GENED 6 PM 2:49	
LAST NAME FIRST NAM		NAME OF	AGENCY:	6 Du	
SUAREZ - FRA	HICLS-XAVIER	CITHA	+ Mitims	17 2:49	
MAILING ADDRESS:		OFFICE O	R POSITION HELD! YOF	MIAMICLERN	
	OFFICE OR POSITION HELD! OF MIAM CLERK				
CITY: MLANU 331	ZIP: COUNTY: 33 MIAMINDA	FOR QUAR	RTER ENDING (CHECK OF DEPTEMBER	DNE): YEA : ☐ DECEMBER 20	
	PART A — S	STATEMENT OF	GIFTS		
being filed. You are required to date(s) the gift was received. I explained more fully in the ins are not required to file this s	e value of which you believe to exceed to describe the gift and state the monet of any of these facts, other than the gift tructions on the reverse side of the for statement for any calendar quarter of	tary value of the gift, It description, are unking, you are not requir during which you die	the name and address of the nown or not applicable, you s ed to disclose gifts from relat dot receive a reportable of	person making the gift, and the should so state on the form. As tives or certain other gifts. You gift.	
DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT	
5/19/19	AIRFARE	9261.77	GCA	WILHELMKAD 149 C	
	(\$ 10,2	36.13)	h	3072 AP ROTELDAM	
5/19-20/19	ALEPORT SERVICES	€6047.98	e.	WETHERLAND.	
	CAGRES (467)	19.54)	L1	14	
CHECK HERE IF CO	NTINUED ON SEPARATE SHEE	T		20	
	PART B — RECEIPT PROV	DED BY PERSO	ON MAKING THE GIFT	RE	
form. You may attach an exp	above was provided to you by the polanation of any differences between RECEIPT IS ATTACHED TO THIS	the information disc	ft, you are required to attach closed on this form and the i	n a copy of that receipt to this information on the receipt	
, the person whose name app	ears at the beginning of this form, do	STATE OF F	LORIDA	-	
nerein and on any attachment and total listing of all gifts requ	and say that the information disclosed s made by me constitutes a true accur gired to be reported by Section 112.314	Sworn to (or 26 The by FCa	ncis Kayler S	fore me this 20 L	
Florida Statutes:	OFFICIAL	(Print, Type, Personally K	(Signature of Notary Public of Stamp Commissioned National Nationa		

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.)

Florida Commission on Ethics P.O. Drawer 15709 Tallahassee, FL 32317-5709

Dear Sir or Madam:

During the dates May 19, 2019 to May 21, 2019, Mayor Francis Suarez, Jeremiah Schwarz, and Alexander Lamprou traveled to Rotterdam and Berlin for the Global Commission on Climate Adaptation meeting sponsored by the Global Center on Adaptation. The costs of airfare, accommodation, airport services, and meals were covered by the Global Center on Adaptation, based in the Netherlands. These costs are listed on this form and all of the receipts are enclosed in this packet. All of these costs were in European Union Dollars (€ = Euros).

In order to accurately approximate the value of these costs, I have included the Euro (€) to US Dollar (\$) exchange rate during those dates. According to XE Currency Exchange Converter (https://www.xe.com/currencyconverter/convert/?Amount=1&From=EUR&To=USD), the exchange rates for those dates were the following:

Currency code	Currency name	Units per EUR	EUR per Unit
<u>USD</u> 5/19/19	US Dollar	1.1166361810	0.8955468370
<u>USD</u> 5/20/19	US Dollar	1.1170949262	0.8951790726
USD 5/21/19	US Dollar	1.1160012716	0.8960563267

Using the rough average of 1.116636 for calculating the USD value of the costs in EURO, I have provided approximate values for the costs incurred from this trip. They are provided adjacent to and below the Euro amount. Please contact me immediately if you have any questions.

Sincerely,

Jeremiah Schwarz

Chief of Staff

Mayor of Miami

3500 Pan American Drive

Miami, FL 33130

305.250.5302

jschwarz@miamigov.com

RECEIVED

1019 JUN 26 PM 2: 4-0

NAME OF PERSON MAKING GIFT ADDRESS OF PERSON MAKING GIFT GLOSPAL CONTINE ON ADAPTATION (GCA GCA GCA GC# GCA (\$ 10,396.13) **MONETARY VALUE** (\$647.55) = 498.00 (\$555.76) 69261.77 e 132.45 *6749.54 < 580. (+ 147,81. A IRPORT SIGNIEST Accomosystem Accomodation MENLS/TOUR **DESCRIPTION OF GIFT** AIRFARE DATE RECEIVED 5/19-20/19 67 5/20/19 10 67 161 201 20

3072 AP ROTTURDAM NE

3

=

149C

WICHOLNKAD

RECEIVED 2019 JUN 26 PM 2: 4 OFFICE OF THE CITY CLERK

OFFICE OF THE CITY CLERK

2019 JUN 26 PM 2: 4" RECEIVED

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OFFICE OF THE CITY CLERK 2019 JUN 26 PM 2: 49

PART A --- STATEMENT OF GIFTS

2



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OFFICE OF THE CITY CLERK

Declaration for Expenses and Costs

Visit Mayor of Miami, Francis Suarez 19 May - 22 May 2019

Date	Description	Amo	unt paid
Date	Flight tickets	AIIIO	unt paru
Mayor Francis Suarez		€	9,261.77
	MIA - JFK - Business Class		-
	JFK - AMS - Business Class		
	AMS - TXL (Berlin) - Business Class		
	TXL - AMS - Business Class		
CARLOW MEDICAL CONTRACTOR	AMS - ATL - Business Class		
	ATL - MIA - Business Class		
Mr. Lamprou		€	5,054.80
	MIA - JFK - Economy Class		
	JFK - AMS - Economy Class		
	AMS - TXL (Berlin) - Economy Class		
	TXL - AMS - Economy Class		
	AMS - ATL - Economy Class		
	ATL - MIA - Business Class		
Mr. Schwarz	A THE LOUNG B	€	4,907.80
Secretary and the second second	MIA - JFK - Economy Class		3.655,000
	JFK - AMS - Economy Class		
	AMS - TXL (Berlin) - Economy Class		
	TXL - AMS - Economy Class		
	AMS - ATL - Economy Class		
	ATL - MIA - Business Class		
	Transport - Luxury Airport Services	- PA	
5/20/2019	Arrival Mr. Suarez	€	710.00
	Two meeter & greeter VIP	€	50.00
	Limo service s-class	€	1,530.00
5/20/2019	Limo service v-class	€	1,232.50
5/20/2019	Dinner for drivers	€	30.00
	Departure Mr Suarez	€	710.00
	Two meeter & greeter VIP	€	50.00
	Transfer Mr. Suarez	€	965.00
	VAT 9%	€	248.63
	VAT 21%	€	521.85
	Accommodation - Hotel Room Mate	S-84,88-31	SAT SA
5/20/2019	Junior Suite Mr Suarez	€	132.45
	Room Mr. Schwarz	€	69.78
	Room Mr. Lamprou	€	55.30

Leisure Activity	The second of the second	
5/20/2019 Boat tour in Amsterdam	€	580.25
Total expenses	€ .	26,110.13

2019 JUN 26 PM 2: 49
OFFICE OF THE CITY CLERK

Moreno, B.E. (Brigitte) - BSK

Van:

Mikkers, J. (Joke) - BSK

Verzonden:

maandag 13 mei 2019 15:08

Aan:

Lammers, S. (Sunny) - SKI; Pronk-Kuskan, K. (Kimberly) - BSK

Onderwerp:

FW: Reisreservatie 494297 : berlijn (19/05/2019) - Francis Xavier Suarez

Van: noreply@mobilexpense.com <noreply@mobilexpense.com>

Verzonden: maandag 13 mei 2019 15:07

Aan: Mikkers, J. (Joke) - BSK < joke.mikkers@gca.org>

Onderwerp: Reisreservatie 494297: berlijn (19/05/2019) - Francis Xavier Suarez



Geachte, Francis Xavier Suarez

Gelieve deze goedgekeurde reisaanvraag te behandelen en de reservatie aan de reiziger te bevestigen،

Let wel de vermelde tijden zijn slechts indicatief.

Gebruik het volgende ordernummer in alle communicatie alsook voor facturatie: 494297

Totaal Bedrag:

Commentaar van de goedkeurder:

Reisaanvraag 494297

Korte omschrijving reis (bestemming,

doel)

berlijn

Ministerie / Directie /

Afdeling

IenM DGMI-DI/HGIS

Kostendrager

Soort reiziger

GCA IenM DGMI-DI

Uitzendkrachten /

IenM DGMI-DI

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2019 JUN 26 PM 2: 50
DEPICE PY OF MIXMI

Schatting Daggeldvergoeding (EUR) 202.88

Reiskosten (EUR) 9261.77

0 Hotelkosten (EUR)

Maximum voorschotbedrag 120

Totaal Geschatte Kosten (EUR) 9464.65 Soort reis

Online boeken of

Duty trip (Dienstreis)

declaratie achteraf

1. Online boeken Werkbezoek

Externen /

Expert

Reden Omschrijving & motivering *

gca meeting

Date: 19-5-2019 Dept: 12:15 Arr: 15:24 From: MIA (Usa) to: JFK (Usa) By: flightNumer: 1274 Class: Business

Date: 19-5-2019 Dept: 16:09 Arr: 05:55 From: JFK (Usa) to: AMS (Netherlands) By: flightNumer: 046 Class: Business

Date: 20-5-2019 Dept: 20:45 Arr: 22:00 From: AMS (Netherlands) to: TXL (Germany) By: flightNumer: 1835 Class: Business Date: 22-5-2019 Dept: 06:00 Arr: 07:20 From: TXL (Germany) to: AMS (Netherlands) By: flightNumer: 1818 Class: Business

Date: 22-5-2019 Dept: 08:35 Arr: 11:55 From: AMS (Netherlands) to: ATL (Usa) By: flightNumer: 071 Class: Business

Date: 22-5-2019 Dept: 14:00 Arr: 15:55 From: ATL (Usa) to: MIA (Usa) By: flightNumer: 1224 Class: Business

Niet beschikbaar

Goedkoopste tarief

9261.77 EUR

Gekozen tarief

Niet beschikbaar

Gemiste besparingen

NOK

Etravel Policy

Deadline voor goedkeuring:

Akkoord voor vluchten binnen 24 uur. Boeking hotel en trein is ter

kennisgeving en vraagt geen akkoord

Commentaar:

Reiziger(s)

Francis Xavier / (CC:IenM DGMI-DI - REF:)

Francis

Deze e-mail werd u door de MobileXpense-applicatie bezorgd, gelieve deze e-mail niet te beantwoorden.

RECEIVED

2019 JUN 26 PM 2: 50

OFFICE OF THE CITY CLERK



Ministerie van Infrastructuur en Milieu

IBI-F&I Postbus 20906 2500EX 's-Gravenhage Nederland Swammerdamstraat 3 1171XJ Badhoevedorp

Luxury Airport Services

Tel. +31 85 130 25 54 info@luxuryairportservices.com www.luxuryairportservices.com

VATIN: NL858499046B01 COC Amsterdam: 70888388

IBAN: NL29RABO0328766968

BIC: RABONL2U



 Invoice number
 : 19700122

 Invoice date
 : 28 May 2019

 Due date
 : 11 June 2019

 Reference
 : 5200001137/3

Description	Qty		Price	VAT	Total amount	
May 20 arrival Mr. Suarez+2 DL046	1	€	710.00	21%	€	710.00
May 20 two meeter & greeter at VIP arrival	1	€	50.00	21%	€	50.00
May 20 limo service s-class 03:45-21:45	18	€	85.00	9%	€	1,530.00
May 20 limo service v-class 04:30-21:30	17	€	72.50	9%	€	1,232.50
May 20 dinner for drivers (longer than 10hrs)	2	€	15.00	0%	€	30.00
May 20 departure Mr. Suarez+2 KL1835	1	€	710.00	21%	€	710.00
May 20 two meeter & greeter VIP departure	1	€	50.00	21%	€	50.00
May 22 transfer Mr. Suarez+2 KL1818-DL071	1	€	965.00	21%	€	965.00

Total amount de	ue €	6,047.98
21.0	0% €	521.85
9.0	0% €	248.63
VAT 0.0	0% €	0.00
Total excl. V	/AT €	5,277.50

We kindly request you to transfer the above mentioned amount within 14 days,

to our bank account NL29RABO0328766968 (BIC/SWIFT: RABONL2U),

mentioning the following reference: 19700122



2019 JUN 26 PM 2: 50

Mr FRANCIS SUAREZ Netherlands

OFFICE OF THE CITY CLERK CITY OF MIAM!

Room No. : 401

Arrival : 20/05/19 Departure : 21/05/19

Reservation No. : 10078537

Cashier No. : 1802 : 21319

Folio No.

: 21/05/19 Date

Invoice

Name : Mr FRANCIS SUAREZ

Group Code

Company : GLOBAL CENTER ON ADAPTATION

NIF CIF

Description		Debit EUR	Credits EUR
Accommodation		125.00	
City Tax 6.5%		7.45	
Master Card			132.45
	Total	132.45	132.45
	Accommodation City Tax 6.5%	Accommodation City Tax 6.5% Master Card	Accommodation 125.00 City Tax 6.5% 7.45 Master Card

Balance 0.00 EUR

Base Imp. Impuestos Net .: Taxes: Tax 6 % 0.00 0.00 **EUR** Tax 9% 114.68 10.32 **EUR** EUR Tax 21 % 0.00 0.00 EUR Tax 0 % 0.00 0.00 **EUR** City Tax 7.45 0

Guest Signature:

Have a Room Mate day!

Visitanos en Nueva York, Miami, Mexico DF, Florencia, Madrid, Barcelona, Málaga, Granada, Salamanca, Istanbul, Milan....

Transaction ID 6208870

Approval Code 013762

Approval Amount 132.45 Credit Card #

Credit Card Expiry: XX/XX

Transaction Amount 132.45

Email | bruno@room-matehotels.com

Room Mate Rotterdam B.V. - VAT no. NLB57913219B01 - KvK

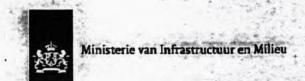
IBAN Number NL08ABNA0254370500 Bank - ABN Amro N.V. - BIC. ABNANL2A

Registrered office: Udak, 6 - 1013MM Amsterdam - The Netherlands

Hotel Telephone | 0031 (10) 89 14 900

Reservations Dpt. | 0031 108 914 907

www.room-matehotels.com



Declaratieformulier voor externen

Achternaam en voorletters: SCHESVE, L.B.O.M.

Adres: YESPUCCISTRAAT 134-3, 105654 AMSTERDAM

Postcode en woonplaats:

IBAN nummer: NL 20 TRIO 0379 5213 93

Ten laste van dienstonderdeel: DGMJ /GCA

Naam contactpersoon (opdrachtgever) bij ministerie: 7 im BOS

Specificatie declaratie

Datum	Omschrijving	Bedrag	and the same
20/5/19	Boat Tour Mayor Swarez	€ 375	
A CONTRACTOR OF THE PARTY OF TH	Di Garila Cal Book Tox	· 150	Tank Maria
20/5/19	Private guide for Boat Tou	€ 50	4.35
20/5/19	Dinner GCA Staff		2
2015/19	Coffee for Major Sware 2 @	20e Kamer €	
		(
And the second second			
1. 15.	N. T. S. D. S. L. Market		
	T	otale kosten € 580	0.25

Ondertekening declarant

Plaats

Rotterdam

Datum

23.5. 2019

Handtekening

prestatieverblaarder Jim Bos

Middelenbestedingnummer / regelnummer (positie):

52.000.000 119.2

Formulier, incl. bonnen (op A4 geplakt), verzenden naar:

Ministerie van Infrastructuur en Milleu SSO/Servicedesk Financiën & Inkoop Postbus 20906 2500 EX Den Haag



Those Dam Boat Guys

Prinsengracht 44-1 1015DW Amsterdam Netherlands

Name	Description	Price
Trip	_Private Parts (20 May 2019 17:30:00). 17:30 - Mayo	r Suarez - 90+min
-	[The Full Monty] 10 Spots	EUR 375
Subtotal		EUR 375
Total		EUR 375
Amount Paid		€375.00

MECHIVED

RECEIVED

Dam Good Tours

INVOICE

KVK: 58989153 Alexanderkade 11b 1018CK Amsterdam +316 42 87 25 50

INVOKE #1905291 DATE: 29 MAY 2019

To:

Fox: Voice work

DESCRIPTION	TOTAL Hours		AMOUNT	
Private Baoat Tour	2		119.5	
		Total	119.5 euro	
		VAT (21%)	31.5 euro	
Travel Expenses			150 euro	
		TOTAL (INCL. VAT)	150 euro	

Make all checks payable to Sillyfish Tours G B SILLEVIS – NL29 INGB 0657 4468 74 Total due in 30 days.

THANK YOU FOR YOUR BUSINESS

OFFICE OF THE CITY CLERK

Kopie Kaar thouder

SPANJER EN VAN THIST

LELIEGRACHT GO 1015 DJ AMSTERDAM

ferminal: AL006418 Merchant: 20821771 Periode: 9140 Periode: 9140 leansactie. 00052568 Contactlore betaling Maestro (Abintibilitati SUEB) Kamit: xxxxxxxxxxxxxxxxxx Kaartne . UI

BETALING

20/05/2019 19:04

Auth. code: 161346

Totaal:

50.00 EUR

AKKANDA

SPANJER+VAN TWIST Leliegracht 60, 1015 DJ Amsterdam Tel.+31(0)20-639 01 09

DATU	20/05/20	119 MAA
TAFE	_#	21
1 X	GINGER ALE	€2.80
1 X	GEMBERTHEE	€3.00
1 X	THEE	€2.20
1 X	BITTERBALLEN	€5.50
1 X	EMPANADA	€6.50
1 X	QUESADILLAS	€10.00
1 X	QUESADILLA	€10.00
1 X	VEGGIE BB	€8.50
	BTW 9%	€4.00
	TOTAAL	€48.50

Bedankt en tot ziens! www.spanjerenvantwist.nl

CONTANT

NR.000181 REG 01 SPANJER

TIJD 19:05

€48.50

Restaurantbedrijf

Bon 0110495957 Naam Dave Locatie Statenlokaal

Datum 20-05-19 Tijd 14:18

Art.	Bedrag
2 Cappuccino Koffie	3,70 1,55
Totaal	5,25
Electr. betalen EURO 5,25	5,25

Exc1 BTW Inc1 5,25 9% 4.82 0,43

Eet smakelijk Bedankt en tot ziens!

OFFICE OF THE CITY CLERK

2019 JUN 26 PM 2: 50

OFFICE OF THE CITY CLERK

Corporate Traveler 5 PARAGON DR MONTVALE NJ 07645 1791 U.S.A

Zimmer Nr. : 9044

Anreise : 20.05.19

Abreise : 07.06.19

Seite

: 3 von 10

Benutzer ID: P021-CWESSLER

Rechnungs.-Nr. /

Datum : 05.06.19

Gast : Corparate Traveler 199/219

INFORMATION - GILT NICHT ALS RECHNUNG

Datum	Beschreibung		Belastung	Entlastung
	Lamprou, Alexander Room # 301			
20.05.19	Logis 7%		208.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		208.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	438.00	0.00
	Coger, Tamara Room # 318			
19.05.19	Logis 7%		208.00	
19.05.19	Frühstück 19%		11.00	
20.05.19	Logis 7%		208.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		208.00	
21.05.19	Frühstück 19%		11.00	
22.05.19	Logis 7%		208.00	
22.05.19	Frühstück 19%		11.00	
		Guest Total	876.00	0.00
	Klein, Richard Room # 323			
20.05.19	Logis 7%		208.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		208.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	438.00	0.00

2019 JUN 26 PM 2: 50

OFFICE OF THE CITY CLERK CITY OF MIAMI

Corporate Traveler 5 PARAGON DR MONTVALE NJ 07645 1791 U.S.A

Zimmer Nr. : 9044

Anreise : 20.05.19

Abreise : 07.06.19

Seite : 7 von 10

Benutzer ID: P021-CWESSLER

Rechnungs.-Nr. /

Datum : 05.06.19

Gast : Corparate Traveler 199/219

INFORMATION - GILT NICHT ALS RECHNUNG

Datum	Beschreibung		Belastung	Entlastung
21.05.19	Frühstück 19%		11.00	
22.05.19	Logis 7%		208.00	
22.05.19	Frühstück 19%		11.00	
		Guest Total	657.00	0.00
	Fuller, Patricia Room # 555			
20.05.19	Logis 7%		238.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		238.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	498.00	0.00
	Kabat, Pavel Room # 557			
20.05.19	Logis 7%		238.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		238.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	498.00	0.00
	Schwarz, Jeremy Room # 559			
20.05.19	Logis 7%		208.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		208.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	438.00	0.00

2019 JUN 26 PM 2: 50

OFFICE OF THE CITY CLERK CITY OF MIAMI

Corporate Traveler 5 PARAGON DR MONTVALE NJ 07645 1791 U.S.A

Zimmer Nr. : 9044

Anreise : 20.05.19

Abreise : 07.06.19

Seite

: 9 von 10

Benutzer ID: P021-CWESSLER

Rechnungs.-Nr. /

Datum : 05.06.19

Gast : Corparate Traveler 199/219

INFORMATION - GILT NICHT ALS RECHNUNG

Datum	Beschreibung		Belastung	Entlastung
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		208.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	657.00	0.00
	Jensen, Peter Damgaard Room # 753			
20.05.19	Logis 7%		238.00	
20.05.19	Frühstück 19%		11.00	
		Guest Total	249.00	0.00
	Steer, Andrew Room # 757			
20.05.19	Logis 7%		238.00	
20.05.19	Frühstück 19%		11.00	
		Guest Total	249.00	0.00
	Suarez, Francis Room # 758			
20.05.19	Logis 7%		238.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		238.00	
21.05.19	Frühstück 19%		11.00	
		Guest Total	498.00	0.00
	Jetnil-Kijiner, Kathy Room # 761			
20.05.19	Logis 7%		238.00	
20.05.19	Frühstück 19%		11.00	
21.05.19	Logis 7%		238.00	

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

P	100	200	. 1	
- 1	-1	34	W	-1
	1-3-	-	ж.	

		(GIFTS O	VER \$100)	
	FLINCK -		NAME OF AGENCY: 215 NOV 27 OFFICE OF MAYOR	PH 12: 45
MAILING ADDRE	SS: S Amorican	DANE	OFFICE OR POSITION HELD:	MIAM CLEME
MIMMI	33133	COUNTY: MIMI-DADE	FOR QUARTER ENDING (CHECK ONE): MARCH DJUNE SEPTEMBER DECEMBE	BER 20

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
8/11/19	FOUNDTRIP AIRFARE	US \$ 11,404.53 (R\$ 45,618.30)	FORUM DAS AMERICAS	FARIA-LIMA 1461
8/12/19	HOTOZ COST	US\$1,075.25 R\$4301.4	ti	ISANDAR- CJITO 152
8/14/19	HOTEL COST RIODE TANEIRO	US\$ 749.28 P\$ 2996.90)	h	BRASIL
8/14/19	HOTEL COST BLASILIA (US\$ 150.00)	u	14

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

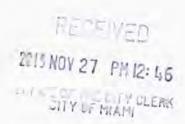
	Type of Identification Produced Notary Public - State of Florida Commission # 66 262274 My Comm. Expires Sep 25, 2022 Bonded through National Notary Assn.
SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commission of Notary Fubric) Personally Known V Of Resided Identification B HANNON
Florida Statutes.	(Signature of Notary Public-State of Florida)
and total listing of all gifts required to be reported by Section 112.3148,	by Francis Xavier Suarez
herein and on any attachments made by me constitutes a true accurate,	
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this ay of November, 20 19
I, the person whose name appears at the beginning of this form, do	STATE OF FLORIDA COUNTY OF Miami - Dade

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.)

		monetal fame (17)	business the same (4) transcolor cracking the Alice Alice And Carless of Leison Maying the Alice	Ladicas of Leison Maying the One
8/12/19	ALLEARE	ns \$ 2,750 m	Forum DAS/AMCREAS	FORUM DAS/AMORIES FARTA CIMA 1461
				SAOPANLO-SP-BRASIL
8/16/19	DOMESTIC AIRCARD	£ 17.66.67	Gen Power SA	Annual SVG + CINEUR
				BARRA DATIJUCA RIO DE TANGIRO, ROS
				POSTALCODE: ZZZZZS-081
2: 45 CLEMK				
PM I				
2019 NOV 27				

November 25, 2019

Florida Commission on Ethics P.O. Drawer 15709 Tallahassee, FL 32317-5709



Dear Sir or Madam:

During the dates of August 11th to August 16th 2019, Mayor Francis Suarez, Jeremiah Schwarz, and Alexander Lamprou traveled to the Federative Republic of Brazil under the auspices of the Forum Das Americas, a Brazilian charity, to meet government officials, and for a guided tour of the plant facilities of GenPower Participacoes S.A. The costs of airfare, accommodations, and meals were covered by Forum Das Americas, which are attached. The cost of domestic flights to tour the plant facilities of GenPower Participacoes S.A., which were covered by GenPower Participacoes S.A., which has provided the costs and receipts.

In order to accurately approximate the value of these costs, I have included the Brazilian Real (R\$) to US Dollar (\$) exchange rate during those dates. According to Bloomberg Market Watch (https://www.bloomberg.com/quote USDBRL:CUR) the approximate exchange rates for the time period that we traveled to Brazil were the following:

August 11, 2019: 3.942 Brazilian Real to 1.00 US Dollar August 12, 2019: 3.985 Brazilian Real to 1.00 US Dollar August 13, 2019: 3.967 Brazilian Real to 1.00 US Dollar August 14, 2019: 4.051 Brazilian Real to 1.00 US Dollar August 15, 2019: 3.992 Brazilian Real to 1.00 US Dollar August 16, 2019: 4.005 Brazilian Real to 1.00 US Dollar

Using the rough average of 4.0 Brazilian Real to 1.00 US Dollar for calculating the approximate value in US Dollars, I have provided approximate values for the costs incurred from this trip. They are provided below the original Brazilian Real amount in their approximate amount in US Dollars.

On the matter of domestic flights within the Federative Republic of Brazil, I have taken the total cost of the respective roundtrip domestic flights and divided that total by the number of passengers on the flight. In the case of the cost of domestic flights covered by Forum das Americas, there were ten passengers in total. In the case of the cost of the domestic flights covered by GenPower Participacoes S.A., there were six passengers total. This total does not include pilots or staff.

Please contact me immediately if you have any questions.

Sincerely,

Jeremiah Schwarz Chief of Staff Mayor of Miami

3500 Pan American Drive

Miami, FL 33133 305.250.5302

jschwarz@miamigov.com

TOTUM VIAGENS E TURISMO LTDA

TOTUM VIAGENS E TURISMO LTDA



CNPJ...... 10.422.593/0001-38

Inscr.Mun.: 3.824.730-5

Av.Fagundes Filho, 77 cj. 51

Av.Fagundes Filho, // cj. 5.

CEP: 04304-010, SAO PAULO, SP, Brasil

Emergência: 55 11 94149-6282

Cadasi

Fax.........55-11-25393915 ABAV: 1762 lata........96340005 Cadastur... 26.026374.10.0001-3

Home Page: www.totumviagens.com.br E-Mail _____totumviagens@totumviagens.com.br

		E-Mail totumvia	igens@totumviage	ens.com.br			Fl.: 1	/3
	No.Fatura Duplicata FT0005026	Duplicata [R		Vencin	nento	da Inst. Financ	eira	
		a de R\$ 12,04 após 09/08		1 00,000	447.00	ulta de R\$ 1.824,	47 após 09	9/08/2019
	The Street Walter	01115 - FÓRUM DAS AI	No. of Contract					
	Endereço Bairro Fone(s) Cobrança Bairro	Av. Brig. Faria Lima, 1485 Jardim Paulistano	5 19° andar Cidad Fax 5 19° andar Cidad	e: SAO PAUL	0	Estado: SP	Cep:014	
		50.653.567/0001-35 amento: SAO PAULO	Inscri	ção Estadual:		Impre	esso em: 01/08	3/2019 15:5
	EXTENSO Tr	inta e Seis Mil, Quatrocer	ntos e Oitenta e	Nove Reais e	Cinquenta Centavo	os * * * * * * * * * * * * * * * * * * *		
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	TOTUM VIAGE	ENS E TURISMO LTDA, OU					,	
Após 5 dias d	o vencimento, fatura suje				Da	ata:/		
		r Original Câmbio	Tipo Emissão Valor		S Saida/Período .Emb. Tx.Serviço	Rota/Produto Desc	conto	Total
ornecedor:		P.J.:03.109.168/0001-28					211222	
ND00207527	SUAREZ/FRA 00262954 3.7 BROADWAY SUITE RATES, OTHERS AND GUARANTED BY CRED	40,00 [R\$] 1,000000 TAXES TO COMPANY	30/07/19 3.740,00	VC00098744 561,00	12/08/19 a 14/08/1 0,00 0,00	9 Hospedagem [0,00	4.301,00
	HERTELL/HA	NS	31/07/19	VC00098746	12/08/19 a 14/08/1	9 Hospedagem [Diárias:002	
ND00207528	00262955 3.74 PREMIUM ROOM RATES, OTHERS AND GUARANTED BY CRED		3.740,00	561,00	0,00 0,00		0,00	4.301,00
ND00207528	HERTELL/HAI 00262955 3.74 PREMIUM ROOM RATES, OTHERS AND GUARANTED BY CRED	10.00 [R\$] 1.000000 TAXES TO COMPANY	31/07/19 3.740,00	VC00098745 561,00	12/08/19 a 14/08/1 0,00 0,00	9 Hospedagem D	0,00	
						LY BE MANY	NOV 27 PM 12:	GEARES EL

TOTUM VIAGENS E TURISMO LTDA

TOTUM VIAGENS E TURISMO LTDA



CNPJ...... 10.422.593/0001-38

Av Fagundes Filho, 77 cj. 51 CEP: 04304-010, SAO PAULO, SP, Brasil

Fone......... 55-11-25393919

Emergência: 55 11 94149-6282

Inscr Mun. 3.824.730-5

Fax........55-11-25393915 ABAV 1762 lata.......96340005 Cadastur... 26.026374.10.0001-3

Home Page: www.totumviagens.com.br E-Mail...... totumviagens@totumviagens.com.br

Fl.: 2/3

Fatura: FT00050269

		Original Câmbio	Tipo Emissã Valor	io Bilhete/VC/ Extras T	OS Saida/F x.Emb. Tx		Rota/Produto Desconto	Tota
Cont	inuação da página anterio	r						
ND00207528	LAMPROU/ALE 00262955 3.740 PREMIUM ROOM RATES, OTHERS AND TA	0,00 [R\$] 1,000000 AXES TO COMPANY	31/07/15 3.740,00	9 VC0009874 561,00	8 12/08/19 0,00	a 14/08/19 0.00	Hospedagem Diarias:00: 0,00	4.301,00
	SCHWARZ JR/J	JEREMIAH	31/07/19	9 VC0009874	7 12/08/19	a 14/08/19	Hospedagem Diárias:002	1
ND00207528	00262955 3,740 PREMIUM ROOM RATES, OTHERS AND TA GUARANTED BY CREDIT		3.740,00	561,00	0,00	0,00	0,00	4.301,00
	ornecedor		18.700,00	2.805,00	0.00	0,00	0,00	21.505,00
rnecedor:	JANEIRO HOTEL LEBLO	C 2 - 100 (C 100 C COC)						
D00207526	HERTELL/HANS 00263055 2.606, OCEAN VIEW STANDARD RATES AND TAXES TO C GUARANTED NO-SHOW	.00 [R\$] 1,000000 DELUXE	01/08/19 2.606,00	VC00098784 390,90	14/08/19 0,00	a 16/08/19 0,00	Hospedagem Diarias:002 0,00	2.996,90
D00207526	LAMPROU/ALEX 00263055 2.606.	XANDER .00 [R\$] 1,000000	01/08/19 2.606,00	VC00098785 390,90	14/08/19	a 16/08/19 0.00	Hospedagem Diárias:002	2.996,90
	OCEAN VIEW STANDARD RATES AND TAXES TO CO GUARANTED NO-SHOW	DELUXE	2.000,00	550,50	0,00	0,00	0,00	2,990,90
	SCHWARZ JR/JE	EREMIAH WILLIAM	01/08/19	VC00098787	14/08/19	a 16/08/19	Hospedagem Diárias:002	
000207526	00263055 2.606, OCEAN VIEW STANDARD RATES AND TAXES TO CO GUARANTED NO-SHOW		2.606,00	390,90	0,00	0,00	0,00	2.996,90
000207526	OCEAN FRONT SUITE	00 [R\$] 1,000000	01/08/19 2.606,00	VC00098788 390,90	14/08/19 : 0,00	a 16/08/19 0,00	Hospedagem Diárias:002 0,00	2.996,90
	SCHWARZ JR/JE 00263055 2.606,0 OCEAN VIEW STANDARD RATES AND TAXES TO CO GUARANTED NO-SHOW SUAREZ/FRANC 00263055 2.606,0	00 [R\$] 1,000000 DELUXE OMPANY DIS XAVIER 00 [R\$] 1,000000	2.606,00	390,90 VC00098788	14/08/19	0,00 a 16/08/19	0,00 Hospedagem Diárias	

TOTUM VIAGENS E TURISMO LTDA

TOTUM VIAGENS E TURISMO LTDA



CNPJ....... 10.422.593/0001-38 Inscr.Mun.: 3.824.730-5

Av Fagundes Filho, 77 cj. 51

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E-Mail......totumviagens@totumviagens.com.br

Fl.: 3/3

Fatura: FT00050269

P Requisição Passageiro Nota Débito Reserva/SR Valor Original Câmbio Cód.Integração Observação		Tipo Emiss Valor	TIPO ETIISSAO BIITELE VOTOO GAIGAT CITOGO			Rota/Produto Desconto	Tota	
ND00207526	00263055 OCEAN VIEW	TELL/HANS HELMUT 2.606,00 [R\$] 1,000000 STANDARD DELUXE AXES TO COMPANY	01/08. 2.606,00	/19 VC000987 390,90	86 14/08/1 0.00	9 a 16/08/19 0,00	Hospedagem Diárias:002 0,00	2.996,90
*** Total do Fo	ornecedor		13.030,00	1,954,50	0,00	0,00	0.00	14.984,50
······································	L DA FATURA		31.730,00	4.759,50	0.00	0,00	0,00	36.489,50





To Mr. Jeremy Schwartz Chief of Staff City of Miami

São Paulo, November 18, 2019.

Dear Jeremy,

We would like to inform that the one-night stay in Brasilia, on August 14, per Mayor Suarez's trip to Brazil and meeting with President Bolsonaro, has been covered by Forum da Americas as previously informed.

Just as a reference, the one-night stay at the B Hotel in Brasilia is rated at R\$ 600 Brazilian Reais (approximately USD 130.00).

Many thanks.

Yours sincerely,

Ricardo Ribeiro da Silva Junior

Procurador

Fórum das Américas

TOTUM VIAGENS E TURISMO LTDA

TOTUM VIAGENS E TURISMO LTDA



CNPJ...... 10.422.593/0001-38

Inscr.Mun.: 3.824.730-5

Av Fagundes Filho, 77 cj. 51

CEP: 04304-010, SAO PAULO, SP, Brasil

Emergencia: 55 11 94149-6282

Fone...... 55-11-25393919

Fax.......... 55-11-25393915 ABAV: 1762 lata....... 96340005 Cadastur 26 026374.10 0001-3

Home Page: www.totumviagens.com.br E-Mail......totumviagens@totumviagens.com.br

Fl.: 1/2

	F	No.Fatura/ Duplicata T00050249	Valor Fatura/ Duplicata [R\$] 202.998,83		Vend	a de imento 3/2019	Para uso	da Inst. Finar	nceira	
	En	cargos p/dia de	R\$ 66,98 após 05/08/2	019.			Mul	ta de R\$ 10.149	9,94 apó	s 05/08/201
	En Ba Fo Co Ba	A/C. dereço	440.2396 Brig. Faria Lima, 1485	OHEN 19° andar Cidad Fax 19° andar Cidad	le: SAO PAU : e: SAO PAU ção Estadua	JLO		Estado: SP Estado: SP	Сер	01452-002
	EX	TENSO Duzen	tos e Dois Mil, Novecer	ntos e Novent	a e Oito Rea		nta e Tres Ce	entavos * * * * *		******
Após 5 dias c	1		A EXATIDÃO DESTA DU E TURISMO LTDA, OU A Aceite: protesto.	SUA ORDEM N	A PRAÇA E	/ENCIMEN	TOS INDICAD		L PAGAI	IEMOS A
TOTAL TIME	Reserva/SF ção Observaç		ginal Câmbio	lipo Emissão Valor			a/Período 「x.Serviço	Rota/Produt De:	o sconto	Tota
ornecedor:		AIRLINES - C.I	N.P.J.:36.212.637/0001	-99 ADT] 29/07/19	050044522	2 44/00	19-16/08/19	MIA/GRU//GIO	2444	
ND00207328				8.557,25		1.968,38	0,00	WIA/GRU//GIC	0,00	20.525,6
ND00207328		UAREZ/FRANCIS 11,299,00 (t	Carrier and a second	ADT] 29/07/19 2.643,56		2 11/08/ 2.974,74	19-16/08/19 0,00	MIA/GRU//GIO	6/MIA 0,00	45.618,3

TOTUM VIAGENS E TURISMO LTDA

TOTUM VIAGENS E TURISMO LTDA



CNPJ.....: 10.422.593/0001-38 Av Fagundes Filho, 77 cj. 51

Inscr.Mun.: 3.824.730-5

CEP: 04304-010, SAO PAULO, SP, Brasil

Emergéncia: 55 11 94149-6282

Fone...... 55-11-25393919

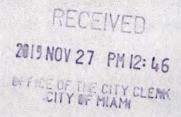
Fax......... 55-11-25393915 ABAV: 1762 lata......: 96340005 Cadastur.: 26.026374.10.0001-3

Home Page: www.totumviagens.com.br E-Mail.......totumviagens@totumviagens.com.br

Fl.: 2/2

Fatura: FT00050249

Nº Requisição Passageiro			Tipo Emissão Bilhete/VC/OS Saída/Período			Rota/Produto	1 2 1	
Nota Débito Cód Integraç	Reserva/SR ção Observaçã		Valor	Extras	Tx.Emb.	Tx.Serviço	Desconto	Tota
****** Cont	inuação da pá	gina anterior						
	HE	ERTELL/HANS	[ADT] 29/07/19	959041	5344 11/0	8/19-16/08/19	MIA/GRU//GIG/MIA	
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To Jeremy Schwarz Chief of Staff Mayor of Miami

October 30, 2019.

Dear Jeremy,

We would like to inform that the domestic/internal flights used by Mayor Suarez and his staff during his last trip to Brazil, were supported under the patronage of Forum das Americas (FAM), a non-for-profit Brazilian think-tank.

- 1. CGH-SDU
- 2. SDU-BSB
- 3. BSB-CGH-SDU

We could estimate the total costs of around R\$ 110,000.00 or US\$ 27,500 all supported by Forum das Americas.

Sincerely,

Ricardo Ribeiro da Silva Junior

Procurador

Fórum das Américas

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Assinatura / Carimbo

R,G

Termino da Prestação - Data / Hora

Início da Prestação - Data / Hora Série: 2

CT-E OS Nroi 217

CONTRATO DE FRETAMENTO - ASA FIXA - ID 255301

São Paulo, 13 de Agosto de 2019.



À (Ao)
AFRETADOR: GENPOWER PARTICIPACOES S.A
CNPJ: 013.204.164/0001-82
AV DAS AMERICAS, 7935 - BLOCO 2 SALA 247 - BARRA DA TIJUCA

Prezado(a) senhor(a) MARCUS, obrigado por escolher a ICON AVIATION.

A ICON G TAXI AEREO LTDA, doravante denominada FRETADORA, vem, por meio deste instrumento, CONFIRMAR a prestação dos serviços de Fretamento, conforme abaixo:

Modelo, PHENOM	Fabricante: EMBRAER	Passageiro: 7	Matricula: PR ALU Ario: 2010
Data e Hora	De	Para	Tempo Estimado
16/08/2019 08:30	SBRJ-SANTOS DUMONT	SBAR-ARACAJU - ŞANTA MARIA	002:28
16/08/2019 15:30	SBAR-ARACAJU - SANTA MARIA	SBRJ-SANTOS DUMONT	002:28

Valor Total: R\$94.000,00

INFORMAÇÕES TRIPULANTES

1º Piloto em Comando: MARCOS JOSE CARNEIRO - 645572 2º Piloto em Comando: DANIEL FRANCISCO - 114481

INFORMAÇÕES DE PAGAMENTO

O pagamento deverá ser efetuado, A VISTA, até o dia 16/08/2019, por meio de DEPÓSITO BANCÁRIO, a ser pago exclusivamente pelo AFRETADOR, destinatário da nota fiscal, na conta bancária abaixo indicada: ICON G TAXI AEREO LTDA - CNPJ: 000.278.017/0001-05
BANCO SAFRA - AGENCIA: 0115 - CONTA CORRENTE: 16264-1

Na hipótese de o pagamento ser realizado por terceiro que não o AFRETADOR, este último se obriga a indicar à FRETADORA, por escrito, até a efetiva data de pagamento, os dados da pessoa física ou jurídica que o fará por sua conta e ordem. A nota fiscal será emitida, em qualquer hipótese, em nome do AFRETADOR, contratante dos serviços de Fretamento.

A hipótese de não recebimento da cobrança do valor do fretamento em até 02 (dois) dias antes da data de vencimento, não implica em alteração da data de vencimento, devendo o AFRETADOR realizar o pagamento por meio de depósito bancário na data e conta indicadas acima.

INFORMAÇÕES IMPORTANTES

É obrigatório o fornecimento da lista de passageiros pelo AFRETADOR à FRETADORA, nos termos da Lei nº 7.565, de 19 de Dezembro de 1986 e Port aria DAC18/DGAC de 12 de Janeiro de 2000.

TERMOS E CONDIÇÕES GERAIS

Caso a quilometragem de voo exceda o planejado, o valor respectivo será cobrado após a realização do mesmo. Eventuais quilômetros excedentes serão acrescidos após a realização do voo, bem como quaisquer custos extres, inclusive com terceiros, necessários à operacionalização do mesmo. Poderão ser cobrados valores adicionais na hipótese de aiteração do percurso, bem como na eventual contratação de serviços adicionais não previstos na proposta firmada entre as Partes. Os dados utilizados para realização do faturamento serão os mesmos informados neste instrumento.

A assinatura deste contrato pelo AFRETADOR representa sua autorização para realização do faturamento pela FRETADORA. O faturamento dar-se-á após a realização do voo. Eventuais custos decorrentes da reemissão da nota a pedido do AFRETADOR serão repassados ao mesmo. Não caberá à FRETADORA qualquer responsabilidade em decorrência de atrasos involuntários nos voos devido às condições meteorológicas desfavoráveis, ou, por determinações das autoridades aeronáuticas de origem, destino ou escala da aeronave.

Na hipótese de voos internacionais, a cada voo solicitado, a FRETADORA informará ao AFRETADOR sobre a possibilidade ou não de sua realização considerando-se a legislação específica e aplicável em cada país, bem como o prazo necessário para a obtenção das respectivas autorizações. A eventual impossibilidade de realização do voo solicitado em decorrência de impedimento legal, ou a sua não realização na data solicitada em decorrência da necessidade de se aguardar a expedição de eventual autorização pelas autoridades competentes, não ensejará a aplicação de qualquer penalidade à FRETADORA e não implicará em violação ao presente instrumento.

O AFRETADOR obriga-se a respeitar e fazer com que sejam respeitadas todas e quaisquer regras e orientações legais aplicáveis a esse tipo de prestação de serviços, desde o início do embarque até o desembarque, incluindo, mas não se limitando às normas definidas pelo Código Brasileiro de Aeronáutica - Lei nº 7.565, de 19 de dezembro de 1985 e demais normas exaradas pelas autoridades competentes e aplicáveis à prestação de serviços objeto deste instrumento.

O AFRETADOR obriga-se a indenizar a FRETADORA por todo e qualquer dano causado à Aeronave, seus equipamentos e/ou a terceiros, decorrentes de sua cuipa e/ou dolo ou de seus passageiros. O AFRETADOR tem ciência e concorda expressamente que o volume de bagagens transportadas ficará condicionado às dimensões do bagageiro da Aeronave contratada. O excesso de bagagens além dos limites não será transportado, sendo certo que a responsabilidade de seu despacho ficará por conta do AFRETADOR. A FRETADORA não se responsabiliza pelas despesas pessoais dos passageiros, nem tampouco por eventuais prejuízos que estes ou o próprio AFRETADOR venham a sofrer, caso a Aeronave tenha necessidade de efetuar algum pouso não previsto por questões de segurança de voo, meteorológicas ou ainda, por determinação de autoridades competentes.

O AFRETADOR declara ter ciência de que deverá informar, no momento da solicitação de cada voo, os dados completos de cada passageiro, incluindo números dos documentos, nacionalidade e local de embarque. Nos termos da Resolução nº 130, de 08 de dezembro de 2009, todos os passageiros em voos nacionais deverão portar, no momento do embarque e durante o voo, documento oficial com foto, em via original ou cópia autenticada, exceção feita às crianças que não possuem RG ou menores de 12 anos, cujos responsáveis deverão estar de posse da cópia autenticada ou original da Certidão do Registro de Nascimento.

No caso de viagens internacionais, todos os passageiros deverão apresentar passaporte válido ou outro documento de viagem válido, nos termos do artigo 1º do Decreto 5.798/2006. A jornada dos tripulantes observará o disposto na Lei 13.475/2017. No caso de atrasos, alterações na programação de voo, ou qualquer outra condição operacional que venha a exceder o limite de jornada permitido por essa lei, será verificada a necessidade de intervalo. Interrupção ou mesmo disponibilização de outra tripulação para atendimento, sendo tais custos daí decorrentes repassados ao AFRETADOR, com o que, desde já o mesmo concorda.

A FRETADORA não se responsabiliza por quaisquer e eventuais restrições no espaço aéreo brasileiro, ou internacional, impostas pelas autoridades competentes. As decolagens e pousos em determinados Aeroportos, incluindo, mas não se limitando, à Congonhas, estão condicionados à obtenção de SLOTs (disponibilidade e autorização para pouso e decolagem a ser emitida pelo Ministério da Aeronáutica). Assim, eventuais atrasos dos passageiros em referidos aeroportos poderão implicar na inviabilização da operação em taí aeroporto, bem como na permanência da Aeronave em solo ou deslocamento da mesma para outro Aeroporto.

Nessas hipóteses, os custos relativos às adequações de local de pouso e/ou decolagem, bem como escalas de abastecimento e/ou multas aplicadas à FRETADOR por este motivo serão repassados ao AFRETADOR. É vedada a captação de imagens dentro das dependências da FRETADORA sem a autorização prévia e expressa desta última, sejam tais imagens para fins promocionais, comerciais ou institucionais.

Do mesmo modo, é vedada a captação de imagens das aeronaves da frota e seus respectivos prefixos, ou de clientes, terceirizados e/ou colaboradores da FRETADORA nos hangares desta última, salvo mediante autorização prévia e expressa da FRETADORA. Na hipótese de necessidade de transporte dos passageiros indicados nos itens (i) e (ii) abaixo, o AFRETADOR obriga-se a transmitir tal informação às FRETADORAS no momento da confirmação do voo, juntamente com a devida autorização médica por escrito, e desde já se declara ciente da obrigatoriedade de respeitar as normas legais inerentes a este tipo de transporte que serão informadas pelas FRETADORAS: (i) portadores de doenças agudas (cardiorrespiratórias, AVC, entre outras), cirurgias, lesões provocadas por acidentes ou condições crônicas; e (ii) gestantes em período gestacional superior a 28 semanas.

Nas hipóteses de necessidade de transporte de animais de estimação, o AFRETADOR obriga-se a informar as FRETADORAS sobre tal necessidade, no momento da confirmação do voo, obrigando-se a cumprir as normas legais aplicáveis ao caso. Somente será admitido o transporte de passageiro armado, de armas de fogo ou de munição se obedecidas e respeitadas toda a legislação aplicávei, incluindo, mas não se limitando ao disposto na Resolução ANAC 461/2018, obrigando-se o AFRETADOR a informar às FRETADORAS com 72 (setenta e duas horas de antecedência), ou no momento da confirmação do voo, o que ocorrer primeiro.

O não cumprimento, pelo AFRETADOR, das determinações legais aplicáveis às hipóteses de transporte indicadas acima poderão ocasionar a rescisão do presente instrumento, assim como consequente impossibilidade de realização do voo.

HIPÓTESES DE CANCELAMENTO

Cancelamentos formalizados entre 48 e 24 horas de antecedência à primeira decolagem.

Cobrança de 50% do valor contratado.

Cancelamentos formalizados entre 24 e 12 horas de antecedência à primeira decolagem.

Cobrança de 75% do valor contratado.

Cancelamentos formalizados em prazo inferior a 12 horas à primeira decolagem.

Cobrança de 100% do valor contratado.

* A formalização da solicitação de cancelamento deverá ser realizada através do e-mail: fretamento@iconaviation.com.br

A hipótese de não quitação do valor do fretamento nas datas e prazos previstos neste instrumento será considerada, para todos os fins, como solicitação de cancelamento, com a cobrança da 100% do valor contratado. Não são aceitas solicitações de alteração de datas para realização dos voos aqui descritos após a assinatura do presente documento, salvo se mediante solicitação prévia à FRETADORA devidamente aprovada por esta última. Não cabe nenhum ônus à FRETADORA na hipótese de impossibilidade de realização do voo na nova data e horários porventura solicitados pelo AFRETADOR. Este instrumento será regido pelas leis do Brasil, sendo irretratável e irrevogável, conforme Artigo 684 do Código Civil Brasileiro.

Na hipótese de existir neste instrumento a previsão de pagamento em datas e prazos posteriores a realização do voo, o atraso no pagamento de qualquer valor devido pelo AFRETADOR à FRETADORA, ensejará a aplicação automática, sobre o valor total devido, de multa de 2% (dois por cento), juros de mora de 1% (um por cento) ao mês, além de correção monetária apurada de acordo com o Índice Geral de Preços do Mercado da Fundação Getúlio Vargas ("IGPM/FGV"), ou, na sua extinção, por outro índice que venha a substituí-lo.

DE ACORDO:		
GENPOWER PARTICIPACOES S.A CNPJ: 013.204.164/0001-82	ICON G TAXI AEREO LTDA CNPJ: 000.278.017/0001-05	-
TESTEMUNHAS:		
NOME:	NOME:	-



ATENÇÃ

MATERIAIS E DBJETOS PERIGOSOS PODEM COMPROMETER A SUA SEGURANÇA E DE TODOS QUE ESTIVEREM A BORDO DA AERONAVE.

SOLIDOS INFLAMAVEIS

DOCUMENTOS, ACÕES, VALORES

MATERIAIS RADIOATIVOS

A

GASES INENENDSOS DIFL AMEVERSOS OMDANIES

MATERIAIS CORTANTES

BAGAGEM NÃO PERMITIDA



MATERIAIS MAGNETICOS FOLDRAMENTOS DA ASSONALY



SUBSTÂNCIAS DE COMBUSTÃO ESPONTÂNEA



MATERIAIS DXIDANTES



MATERIALS CORROSIVOS



MATERIAIS EXPLOSIVOS

MUNICOES, FOCUS DE

ARTIFICOS FTC



LIQUIDOS INFLAMAVEIS USADOS COMO COMBUSTIVEL



SUBSTÂNCIAS INFLAMAVEIS INDRAS QUE SEA JUM EM CONTACTO TOM AUULO



SUBSTÂNCIAS VENENOSAS, TOXICAS OU INFECCIOSAS



AMPOLAS E OUTROS RECIPIENTES (CONTENOS SOCIOSE)



ARMAS DE QUALQUER GÉNERO!





DISPOSITIVOS DE ALARME

BAGAGEM SUJEITA A APROVAÇÃO



PES DE CABRA DU BARRAS METALICAS

ANIMAIS VIVOS LA PADRELA AFRICA DEVERA LER PREVIAMENTE CONSILEZADA



ARTIGOS FRADEIS E PERECIVEIS ILLEITON SE ESTIVERESE EMBELADOS ADROCADACENTES.

OBJETOS QUE SÓ PODEM SER LEVADOS EM BAGAGEM DE MÃO



DOCUMENTOS, AÇÕES, VALORES



JOIAS E OBJETOS DE VALOR



ELETRÔNICOS E CELULAR

www.iconaviation.com.br



STSBB - SISTRMA DE INFORMAÇÕES BANGO DO BRASIL 23/08/2019 - AUTOATENDIMENTO - 12.12.25 5973005973 SEGUNDA VIA 0002

COMPROVANTE DE TRANSFERENCIA

COMPROVANTE DE

TED - TRANSFERENCIA ELETRONICA DISPONIVE

CLIENTE: MARCOS ANTONIO GRECCO

AGENCIA: 5973-0 CONTA: 5.462-3

FINALIDADE: 01 CREDITO EM CONTA

REMETENTE : MARCOS ANTONIO GRECCO BANCO: 422 - BANCO SAFRA S.A. AGENCIA: 0115-5 - PLATAFORMA

CCNTA: 16.264-1 FAVGRECIDO: ICON G TAXI AEREC LIDA

CPF/CNPJ: 00.278.017/0001-05

VALOR: R\$

94.000,00

DEBITO EM: 13/08/2019

DOCUMENTO: 081302

AUTENTICAÇÃO SISBB: 4.55F.90C.4EA.A20.740

Form 9		QUARTERLY	GIFT DISC	LOSURE	
		(GIFTS	OVER \$10	00)	
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		PART A — ST	ATEMENT OF	GIFTS	
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					THIS DEC 20
☐ CHECK HERE IF	CONTINUED	ON SEPARATE SHEET			M 图
	PART E	— RECEIPT PROVID	ED BY PERSO	ON MAKING THE GIFT	3: 24 CLER
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SIGNATURE OF REPOR	TING OFFICIAL		(Print, Type, Personally K	or Stamp Commissioned Nam	

PART D — FILING INSTRUCTIONS

Type of Identification Pro

TODD B HANNON

Notary Public - State of Florida

Commission # GG 262274

My Comm. Expires Sep 25, 2022

Bonded through National Notary Assn.

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.)



November 11, 2019

American Flood Coalition 1342 Florida Ave. NW Washington, DC 20009



To Whom It May Concern,

On behalf of the American Flood Coalition (AFC), a 501(c)(3) organization operating out of Washington, DC, I certify that our organization, during the course of preparing and executing the first inaugural Florida Mayors Summit (October 20-23, 2019), has made a gift of \$1,915.44 to Mayor Suarez. This gift may have included:

- The cost of travel to and from Washington, DC, where this event was held;
- Hotel accommodations for this trip;
- Ground transportation, including personal vehicle mileage and/or car services needed during this event; and
- Food and beverage during this trip and the event overall.

Prior to this event, all attendees were required to submit documentation regarding their authorization to accept this reimbursement in the form of AFC's "Declaration of Government Official's Ability to Attend Washington Summit Event and Accept Expense Reimbursement." Furthermore, no repayment of this gift is expected or implied in the form of cash or by future services of the recipient. Should any authorized party need further documentation regarding these gifts, they may verify any pertinent details by contacting AFC's Operations Team at billing@floodcoalition.org.

Thank you,

Melissa Roberts Executive Director

EXHIBIT B

FORM 1	S	TATEN	MENT OF		2017
Please print or type your name, mailing address, agency name, and position below:	FINA	NCIAL	INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE I Suarez Fra	NAME: ancis	Х	Cavier		RE 2018 JUN BFF AE ST
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3500 Pan American Drive			Total State		CEIV 29 F
	ZIP: 33133	COUNTY: Miami-I	Dade		CEIVED V29 PM 4: 02 FTHE CITY CLERK
NAME OF AGENCY : City of Miami					02
NAME OF OFFICE OR POSITION HELD Mayor	OR SOUGHT :				
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE O		ch additional she			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one): DECEMBER 31, 2017 MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARA for further details). CHECK THE ONE Y	FINANCIAL INTESE STATE BELO OR RTABLE INTESE REPORTING TO ATIVE THRESH OU ARE USING	ERESTS FOR TOWN WHETHER SPECIFICATION RESTS: HRESHOLDS TOLDS, WHICH (must check	THIS STATEMENT IS FOR FY TAX YEAR IF OTHER TO THAT ARE ABSOLUTE DOI I ARE USUALLY BASED O one):	AR, WHETH R THE PREC HAN THE C LLAR VALU IN PERCEN	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING CALENDAR YEAR: JES, WHICH REQUIRES FEWER ITAGE VALUES (see instructions
PART A PRIMARY SOURCES OF INCO (If you have nothing to report,	ME [Major source	es of income to i	the reporting person - See in	structions]	IE THRESHOLDS
OF INCOME			JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Gray Robinson, P.A), Miami, FL 33131		y - Of Counsel
Carlton Fields Jorden Burt, P.A.	100 SE 2nd	i St #4200, i	Miami, FL 33131	Attorne	y - Of Counsel
PART B SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report, NAME OF BUSINESS ENTITY N/A	other sources of in	"n/a") SOURCES	ADDRESS OF SOURCE	erson - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, building	ngs owned by the	reporting person	n - See instructions]		
(If you have nothing to report,	write "none" or "	'n/a")	1	and wh	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
1671 SW 32 Place, Miami, FL 33		2.1		INSTR	UCTIONS on who must file
120 SW 37 Avenue, Apt. 506, Mi	iami, FL 331	34			rm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [S (If you have nothing to report, write "no TYPE OF INTANGIBLE	ne" or "n/a")	nstructions] WHICH THE PROPERTY RELATES
Money	Savings Account at US Century ba	
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "not NAME OF CREDITOR Chase Bank, NA	ne" or "n/a")	SS OF CREDITOR
Seterus, Inc.	PO Box 2008, Grand Rapids, MI 4	
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none NAME OF BUSINESS ENTITY 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 an	BUSINESS ENTITY # 1 N/A	BUSINESS EN TY#2 RECEIVED PM 4:02 2. F.S.
IF ANY OF PARTS A THROUGH G ARI	CONTINUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	R: CPA or ATT	ORNEY SIGNATURE ONLY
Signature: Few Sung Date Signed: June 28, 2017	in good standing with the she must complete the I, Form 1 in accordance of the sheet standard in the sheet s	, prepared the CE with Section 112,3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

STATEMENT OF FINANCIAL INTERESTS (CONT'D)

Additional boards to be included with my 2017 Statements of Financial Interests:

- Omni Community Redevelopment Agency
- Southeast Overtown/ Park West Community Redevelopment Agency
- Midtown Community Redevelopment Agency
- Miami Sports and Exhibition Authority
- Transportation Planning Organization
- Mayor's International Council
- Miami-Dade County League of Cities
- Florida League of Cities







CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

Suarez	Francis	X	M	ayor
LAST NAME	FIRST NAME	MI	OFFIC	CE HELD
1671 SW 3	2 Place	Miami	33143	Miami-Dade
RESIDENCE A	ADDRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASS	ETS	[PART B] LIABILITIES					
DESCRIPTION	VALUE	Please list below the name and address of every per- whether individual or corporation, to whom you ov					
Primary Home	Approximately \$320,575	liability exceeding \$5,000, and the total amount indebtedness. "Liability" is defined as any monetary or obligation owed by you to another person, included					
Investment Property	ment Property \$162,968 credit card retail installment indebtedness on a life installment property	credit card retail installment accounts; taxes over indebtedness on a life insurance policy owed to issuing company; or accrued income taxes on					
Savings Account	Approximately \$214,750	unrealized appreciation.	come taxes on net				
Checking Account	Approximately	Name/Address of Creditors	Amount Owed				
Checking Account	\$23,795	Chase Back, NA PO Box 24696, Columbus, OH 43224	\$360,000				
		Seterus. Inc. PO Box 2008, Grand Rapids, MI 49501	\$134,247				
HOUSEHOLD GOODS/PERSO Household goods and personal effection a lump sum if their aggregate versamples of household goods include to, any of the following (if not purposes): jewelry; stamp collenumismatic properties; art objects; hand furnishings; clothing; other heyehicles for personal use. The aggressets as described above is: \$ 722,088	ects may be reported alue exceeds \$5,000. de, but are not limited held for investment ections; guns and lousehold equipment ousehold items; and		2018 JUL -2 PM 3: 49 OFFICE OF THE CITY CLERK				

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

My net worth as of	June 29, 2018	was \$ 2	27,841	
[PART D] AFFIL	DAVIT			
The information disclos	sed herein and on any attach	ments hereto is true	and correct to my know	ledge.
4	1			
ten	Dung		J	une 28, 2018
Signature	of the Person Reporting			Date
State of Florida				
County of Mian	ni-Dade			
Sworn to (or affirmed) and subscribed before me o	on this the 28th	_day of June	20 18,
by:		00		
- tran	CIS SUACEZ igning and his/her title (public	Mayor	ronal ronrosantatival	
		omcer, trustee or pers		0.21
WITNESS my hand an	d official seal.	1 1/		08
		1 Post	>	四 四 四
	Sign	ature of Notary Pub	lic	RECEIVED UL -2 PM 3: 50 OF THE CITY CLERK /
				PM A
		0 11		🖹 င် မှ 🗇
	Toda	B. Hann	DM	50 ERK
		otary Typed, Stamped y Public, State of Flori		
Darranally know	un to mo or			NOTARY PUBLIC SEAL OF OFFICE:
Personally know				
L Froduced identi		of Identification Produced)	•	



Form 9)		FT DISCLOSURE VER \$100)	2018 M	
LAST NAME FIR Suarez - FI	rst name middle rancis - Xav	NAME:	NAME OF AGENCY: City of Miami	AR 29	ECE
MAILING ADDRES	Ss: American D	rive	office or position Held: Mayor	THE PH	IVE
сіту: Miami	ZIP: 33143	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE) MARCH DJUNE DSEPTEMBER	DECEMBER	YEAR 2018

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
10/14/17	Football Tickets/Parking Pass	\$205.00	University of Miami	6200 San Amaro Drive, Coral Gables, FL 33146
11/11/17	Football Tickets/Parking Pass	\$590.00	University of Miami	6200 San Amaro Drive, Coral Gables, FL 33146
12/31/17	Hotel Room	\$636.50	Big Orange Host Committee/ InterContinental Miami	100 Chopin Plaza, Miami, FL 33131

☐ 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	STATE OF FLORIDA . COUNTY OF MIAMI - Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this day of March, 20 18
herein and on any attachments made by me constitutes a true accurate,	by Francis Xavier Sugrez
and total listing of all gifts required to be reported by Section 112.3148,	- 115 H
Florida Statutes	(Signature of Notary Public-State of Florida)
4.	Todd B. Hanners
SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commission Hannon Personally Known Type of Identification Produced: My Comm. Expires Aug 22, 2018
	Commission # FF 128107
PARI D — FILIN	G INSTRUCTIONS Bonded Through National Notary Assn

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.)

QUARTERLY GIFT DISCLOSURE 2018 DEC 31 (GIFTS OVER \$100) NAME OF AGENCY: OF Miami NAME OF MIAMI CLERK Form 9 LAST NAME - FIRST NAME - MIDDLE NAME: Suarez -- Francis -- Xavier MAILING ADDRESS: 3500 Pan American Drive CITY: ZIP: COUNTY: FOR QUARTER ENDING (CHECK ONE): YEAR □MARCH □JUNE SEPTEMBER □ DECEMBER Miami 33133 20 18 Miami-Dade

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.

anthropies 25 East 78th Street, New
York, NY 10075
al University dership 11200 SW 8th Street, MARC 326, Miami, FL 33199
ndustrial Praça das Indústrias 1300-307 Lisboa, Portugal
55

☐ 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	STATE OF FLORIDA COUNTY OF MIAMI - Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this 3 St day of December 20 18
herein and on any attachments made by me constitutes a true accurate,	by Francis X. Sugrez
and total listing of all gifts required to be reported by Section 112.3148,	
Florida Statities.	(Signature of Notary Public-State of Florida)
7:1	Todd B. Hannon
SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commissioned Name of Notary Public Personally Known OF Produced Identification Produced Notary Public - State of Florida Type of Identification Produced Commission # GG 262274
PART D — FILIN	G INSTRUCTIONS Wy Comm. Expires Sep 25, 2022 Bonded through National Notary Assn.

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 1 2016 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : Francis Xavier MAILING ADDRESS: 1671 SW 32 Place CITY: ZIP: COUNTY: Miami 33145-1835 Miami-Dade NAME OF AGENCY: City of Miami NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner By 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 **** 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** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: OR 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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY Alvarez & Barbara, P.A. 1750 Coral Way, Fl. 2, Miami, FL 33145 Attorney - Of Counsel Gray Robinson, P.A. 333 SE 2nd Ave #3200, Miami, FL 33131 Attorney - Of Counsel 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS OF BUSINESS' INCOME **BUSINESS ENTITY** OF SOURCE **ACTIVITY OF SOURCE** N/A PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] 1 1 3 FILING INSTRUCTIONS for when (If you have nothing to report, write "none" or "n/a") and where to file this form are located at the bottom of page 2. 1671 SW 32 Place, Miami, FL 33145 INSTRUCTIONS on who must file

120 SW 37 Avenue, Apt. 506, Miami, FL 33134

this form and how to fill it out

begin on page 3.

tocks, bonds, certificates of deposit, etc S ne" or "n/a")	See instructions]		
	TO WHICH THE PROPERTY RELATES		
Savings Account at US Centur	y Bank		
ns] ne" or "n/a")			
	DRESS OF CREDITOR		
PO Box 2008, Grand Rapids, I	WI 49501		
[Ownership or positions in certain types of "or "n/a") BUSINESS ENTITY # 1 N/A	BUSINESS ENTITY # 2		
	airi 🗧 🛪		
	2 2 11		
	\$ 72 III		
	5 3 5		
	±; 5 ∪		
HAVE COMPLETED THE R	EQUIRED TRAINING.		
If a certified public in good standing washe must complete I,	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:		
	BUSINESS ENTITY Savings Account at US Centur Savings Account at US Centur PO Box 24696, Columbus, OH PO Box 2008, Grand Rapids, I Covership or positions in certain types of or "n/a") BUSINESS ENTITY # 1 N/A BUSINESS ENTITY # 1 HAVE COMPLETED THE R CONTINUED ON A SEPARATE If a certified public in good standing with a complete in good standing with a comp		

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

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 373

Facsimiles will not be accepted.

2017 JUL -3 AM 10: 56

PECEIVER

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.

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.)

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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

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 <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.

Statement of Financial Interests (cont'd)

Additional boards to be included with my 2016 Statement of Financial Interests:

- City of Miami Charter Review and Reform Committee
- Omni Community Redevelopment Agency
- Southeast Overtown/ Park West Community Redevelopment Agency
- Midtown Community Redevelopment Agency
- Miami Sports and Exhibition Authority
- Metropolitan Planning Organization (MPO)
- Miami-Dade County League of Cities
- Florida League of Cities

2017 JUN 22 MILIO: 33

EFECTIONS DECYCLHENT
SOLL TOP -3 VW 10: 21





CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

Suarez	Francis	Х	Comn	nissioner
LAST NAME	FIRST NAME	MI	OFFICE HELD	
1671 SW 32	2 Place	Miami	33145	Miami-Dade
RESIDENCE A	DDRESS	CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

[PART A] ASSETS		[PART B] LIABILITIES			
DESCRIPTION	VALUE	indebtedness. "Liability" is defined as any monetary of or obligation owed by you to another person, included credit card retail installment accounts; taxes of indebtedness on a life insurance policy owed to			
Primary Home	Approximately \$320,607				
Investment Property	Approximately \$181,075				
Savings Account	Approximately \$238,500	issuing company; or accrued income taxes unrealized appreciation.			
Checking Account	Approximately	Name/Address of Creditors	Amount Owed		
Checking Account	\$11,345	1,345 Chase Bank, NA PO Box 24696, OH 43224	\$360,000		
		Seterus, Inc PO Box 2008, Grand Rapids, MI 49501	\$137,512		
HOUSEHOLD GOODS/PERSON Household goods and personal effection a lump sum if their aggregate value Examples of household goods include to, any of the following (if not household goods include to, any of the following (if not households): jewelry; stamp colleging in the colleging is jewelry; stamp colleging in the purposes): jewelry; stamp colleging is jewelry; stam	cts may be reported flue exceeds \$5,000. e, but are not limited field for investment ctions; guns and busehold equipment usehold items; and		2017 JUN 30 PM 1: 10		

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Net worth is the difference between total assets and total liabilities. Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31st of the preceding tax year.

My net worth as of	June 30, 2017	was	245,015	
[PART D] AFFIC	DAVIT			
The information disclos	ed herein and on any attach	ments hereto is tru	ue and correct to m	y knowledge.
Je.	1			June 30, 2017
Signature	of the Person Reporting		-	Date
State of Florida County of Mich	mi-Dade			
by: Franci	and subscribed before me of the subscribed before me of th	z, Com	nissioner	
WITNESS my hand and	Told	ature of Notary Po	ublic	2017 JUN 30 PN
		b. Hann otary Typed, Stamp of Public, State of Flo	ed or Printed)	DI II III
Personally know				NOTARY PUBL SEAL OF OFFICE
_		f Identification Produce	rd)	



TODD B. HANNON
Notary Public - State of Florida
My Comm. Expires Aug 22, 2018
Commission # FF 128107
Bonded Through National Notary Assn.

Form 9		QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)			
LAST NAME FIRST NAME MIDDLE NAME: Suarez, Francis Xavier			NAME OF AGENCY: City of Miami OFFICE OR POSITION HELD: Commissioner		
	MAILING ADDRESS: 3500 Pan American Drive				
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): MARCH DJUNE DSEPTEMBER DECEMBER		

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
Feb. 8, 2017	SAND in My Shoes Awards Dinner	\$325	Greater Miami Chamber of Commerce	1601 Biscayne Blvd Miami, FL 33132
				2013
	VELLE-1			

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	STATE OF FLORIDA COUNTY OF MIOMI - Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this
herein and on any attachments made by me constitutes a true accurate,	by Melissa Fernandez-Stas
and total listing of all gifts required to be reported by Section 112.3148.	12 15- Ce &
Florida Statutes	(Signature of Notary Public-State of Florida)
SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known OR Produced Identification Type of Identification Produced Notary Public State of Fior

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.)

My Commission FF 234588

Expires 05/26/2019

EXHIBIT B

FORM 1		STATE	EMENT OF		2015	
Please print or type your name, maddress, agency name, and positi	nailing ion below:		L INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME Suarez, Francis Xavier	MIDDLE N	AME :		li		
MAILING ADDRESS : 1671SW 32 Place				20	o	
				513		
CITY: Miami NAME OF AGENCY:		ZIP: COUNT 33145 Miami		1.EME	RECE 2016 JUN 28	
City of Miami				< '	20日2	
NAME OF OFFICE OR POSIT Commissioner	TION HELD OF	R SOUGHT :		d By:	CEIVE THE CITY THE CITY THE CITY	
You are not limited to the space	on the lines or			Processed By: Processed Date	VED PM 2: I	
CHECK ONLY IF CAND	DIDATE OR	☐ NEW EMPLOYEE	OR APPOINTEE	a a w	ER E	
for further details). CHECK T COMPARAT PART A PRIMARY SOURCE	THE ONE YOU TIVE (PERCE	U ARE USING (must ched ENTAGE) THRESHOLDS	ck one): S OR D DOL	LAR VAL	UES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions UE THRESHOLDS	
NAME OF SOURCE OF INCOME			OURCE'S ADDRESS	DE	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Alvarez & Barbara, P.A.		1750 Coral Way, Fl. 2, M	fiami, FL 33145		yer - Of Counsel	
PART B SECONDARY SOUR [Major customers, cl	ients, and other	r sources of income to busin	lesses owned by the reporting pe	erson - See	instructions	
NAME OF BUSINESS ENTITY	, NAM	rite "none" or "n/a") E OF MAJOR SOURCES F BUSINESS! INCOME	ADDRESS		PRINCIPAL BUSINESS	
Ivarez & Barbara, P.A.		rgo Bank, NA	OF SOURCE 333 SE 2 Ave, Miami, FL	22121	ACTIVITY OF SOURCE	
Ivarez & Barbara, P.A.		rudential Realty	825 Arthur Godfrey Rd	33131	Banking/Lending	
			Miami Beach, FL 33140		Realty Company	
PART C REAL PROPERTY [L (If you have nothing	and, buildings	owned by the reporting pers	ion - See instructions]	EII IN	INSTRUCTIONS (
671 SW 32 Place, Miami, FL		o none or may		and w	INSTRUCTIONS for when here to file this form are d at the bottom of page 2.	
20 SW 37 Ave., Apt. 506, Mi		34		INSTR	UCTIONS on who must file	
	1 1331	01		this fo	rm and how to fill it out on page 3.	
OC CORU V. CII						

TYPE OF INTANGIBLE	business entity to which the property relates		
Money	Savings Account at US Century Ban		
PART E — LIABILITIES [Major debts - See (If you have nothing to report, v	instructions] write "none" or "n/a")		
NAME OF CREDITOR		DDRESS OF CREDITOR	
Chase Bank, NA	PO Box 24696, Columbus, OH 4322	6 2	
Seterus, Inc.	PO Box 2008, Grand Rapids, MI 495	501 FFI 016	
(If you have nothing to report, wr NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	ESSES [Ownership or positions in certain types ite "none" or "n/a") BUSINESS ENTITY # 1 Alvarez & Barbara, P.A.	BUSINESS E TY #27 Alvarez & Barbara, P.A.	
PRINCIPAL BUSINESS ACTIVITY	N/A	7.	
THE ESCHILLOSTISTIST	1350.1	-6 5: O	
POSITION HELD WITH ENTITY	N/A		
POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BI	N/A USINESS N/A	R 8	
I OWN MORE THAN A 5% INTEREST IN THE BINATURE OF MY OWNERSHIP INTEREST PART G — TRAINING	USINESS N/A N/A	ERM	
NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers required to cor	USINESS N/A	2.3142, F.S. EQUIRED TRAINING.	

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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

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.)

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

Statement of Financial Interests (cont'd)

Additional boards to be included with my 2015 Statement of Financial Interests:

- City of Miami Charter Review and Reform Committee
- Omni CRA
- So9utheast Overtown Park West CRA
- Midtown CRA
- Miami Sports and Exhibition Authority
- Metropolitan Planning Organization (MPO)
- Miami-Dade County League of Cities
- Florida League of Cities

RECEIVED
2016 JUN 28 PM 2: 19
DEFICE OF THE CITY CLERK



CITY OF MIAMI PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

(IN COMPLIANCE WITH MIAMI CITY CODE SEC. 2-619)

Note: As an alternative to the requirements set forth in the above-cited Code Section, a copy of the reporting person's filed return for the current year's federal income tax return may be provided. [City Code Sec. 2-619(b)]

Suarez Francis		Х	Comn	nissioner
LAST NAME FIRST NAME		MI	OFFIC	CE HELD
1671 SW 32 Place		Miami	33145	Miami-Dade
RESIDENCE ADDRESS		CITY	ZIP CODE	COUNTY

ASSETS AND LIABILITIES IN EXCESS OF \$5,000 (AS OF DECEMBER 31 OF THE PRECEDING TAX YEAR)

Investment Property Approximate \$144,860 Savings Account Approximate \$214,000 Approximate \$214,000 Approximate \$214,000 Checking Account Approximate \$2,600 Ap	[PART A] ASSETS		[PART B] LIABILITIES		
Primary Home Approximate \$239,959 Investment Property Approximate \$144,860 Savings Account Approximate \$144,000 Approximate \$214,000 Checking Account Approximate \$2,600 Description of all assets which have a value in excess of \$5,000, including household goods. Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. Examples of household goods include, but are not limited to, any of the following (if not held for investment purposes): ewelry; stamp collections; guns and numismatic	DESCRIPTION	VALUE			
Approximate \$144,860 Savings Account Approximate \$214,000 Approximate \$214,000 Approximate \$214,000 Approximate \$214,000 Approximate \$2,600 Approximate \$2,600 Approximate \$2,600 Approximate \$2,600 Approximate \$2,600 Approximate \$2,600 Name/Address of Creditors Amount Owe Chase Bank, NA PO Box 24696, OH 43224 Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501 Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501 Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501 Seterus, Inc. Po Box 2008, Grand Rapids, MI 49501	Primary Home	and the second s	liability exceeding \$5,000, and the total amount o indebtedness. "Liability" is defined as any monetary deb		
Approximate \$214,000 Checking Account Approximate \$2,600 Approximate \$2,600 Chase Bank, NA PO Box 24696, OH 43224 Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501 Poscription of all assets which have a value in excess of \$5,000, including household goods. Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. Examples of household goods include, but are not limited to, any of the following (if not held for investment purposes): ewelry; stamp collections; guns and numismatic	Investment Property		credit card retail installment ac indebtedness on a life insurance	accounts; taxes owed; ce policy owed to the	
Checking Account \$2,600 Chase Bank, NA PO Box 24696, OH 43224 Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501 Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501 \$141,256 Description of all assets which have a value in excess of \$5,000, including household goods. Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. Examples of household goods include, but are not limited to, any of the following (if not held for investment purposes): lewelry; stamp collections; guns and numismatic	Savings Account				
Description of all assets which have a value in excess of \$5,000, including household goods. Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. Examples of household goods include, but are not limited to, any of the following (if not held for investment purposes):	II necking Account		Name/Address of Creditors	Amount Owed	
Description of all assets which have a value in excess of \$5,000, including household goods. Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. Examples of household goods include, but are not limited to, any of the following (if not held for investment purposes): jewelry; stamp collections; guns and numismatic				\$360,000	
\$5,000, including household goods. Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$5,000. Examples of household goods include, but are not limited to, any of the following (if not held for investment purposes): the welry; stamp collections; guns and numismatic				\$141,256	
furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my assets as described above is:	\$5,000, including household goo and personal effects may be repo their aggregate value exceeds household goods include, but are the following (if not held for in jewelry; stamp collections; gu properties; art objects; househofurnishings; clothing; other househofor personal use. The aggregate of	ds. Household goods rted in a lump sum if \$5,000. Examples of not limited to, any of exertment purposes): as and numismatic old equipment and old items; and vehicles		MIA.	

Note: You are not limited to the space on the lines in this form. Attach additional sheet(s) if necessary.

[PART C] -- NET WORTH

Processed By: ___ Processed Date: _ Scanned By: ___ Scanned Date: __

Net worth is the difference between total assets and total liabilities, not merely those listed in PART A (above). Please refer to Miami City Code Sec. 2-619(a-d) when determining this amount. Enter your net worth as of December 31 of the preceding tax year.

My net worth as of	6/28/2016	was	\$ \$100,163		_
[PART D] AFFID	AVIT				
7-	of the Person Reporting	ments hereto is	true and correct to my know	vledge. 2	.e
State of Florida					
County of Miam	i-bade				
by:	and subscribed before me o			, 20	14,
	X. Subrez, (aning and his/her title (public			-	
WITNESS my hand and	official seal.			2016	
	Mless		z tell	2016 JUN 28 UFFICE OF THE	RECEIVED
		Attific of Notal Notary Public Star Melissa Fernan My Commission F Expires 05/26/201	te of Florida dez-Stiers F 234588	2016 JUN 28 PM 2: 16 JEFICE OF THE CITY CLERK SITY OF MIAMI	IVED
		ntary Typed, Star y Public, State of	mped or Printed) f Florida		
Personally known	ato me or				Y PUBLIC F OFFICE:
Produced identifie					
— 13,1913257195103		f Identification Prod	duced)		

Page 2 of 2

Form 9	Q	UARTERLY (GIFTS	GIFT DISC			
LAST NAME FIRST N	AME MIDDLE N		NAME OF			
Sua	rez, Francis Xav	vier		City of Mia	mi	
MAILING ADDRESS:			OFFICE OF	OFFICE OR POSITION HELD:		
3500	Pan American I	Drive		Commissio	oner	
CITY:	ZIP:	COUNTY:		RTER ENDING (CHECK C		
Miami	33133	Miami-Dade	ØMARCH	□JUNE □SEPTEMBER	□ DECEMBER 20 <u>16</u>	
peing filed. You are required	to describe the gift	ou believe to exceed s	ry value of the gift, t	ou during the calendar quarte	er for which this statement is person making the gift, and the hould so state on the form. As	
explained more fully in the in are not required to file this	nstructions on the re s statement for any	everse side of the form	n, you are not require uring which you did	ed to disclose gifts from relati d not receive a reportable g	ves or certain other gifts. You ift.	
DATE RECEIVED		GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT	
January 5, 2016	and the second of the second o	ker Blue Label lized bottle	\$180	Brenda Maribel Betancourt	1436 SW 6th Street Miami, FL 33135	
				Miguel Soliman	2016 0FF1	
					RE JAN ERF	
					OEIVE BE PIN	
☐ CHECK HERE IF C	CONTINUED ON	SEPARATE SHEET			ED ED	
	PART B — I	RECEIPT PROVI	DED BY PERSO	ON MAKING THE GIFT	RK 8	
form. You may attach an e	explanation of any o		he information disc	ft, you are required to attach closed on this form and the in	a copy of that receipt to this normation on the receipt.	
		PAR	T C — OATH			
I, the person whose name a depose on oath or affirmatio herein and on any attachme	n and say that the i	nformation disclosed	28		ore me this	

I, the person whose name appears at the beginning of this form, do	STATE OF FLORIDA COUNTY OF Diami- Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this 28 day of January 20 10
herein and on any attachments made by me constitutes a true accurate,	by
and total listing of all gifts required to be reported by Section 112.3148,	Melis furtell
Florida Statutes.	(Signature of Notary Public-State of Florida)
1.	······
SIGNATURE OF REPORTING OFFICIAL	(Print, Type, or Stamp Commissioned Ane Melista Ferhaldez-Stiers Personally Known Of Pros. cedid (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2

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.)

Form 9 QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100) LAST NAME -- FIRST NAME -- MIDDLE NAME: NAME OF AGENCY: Suarez, Francis Xavier City of Miami MAILING ADDRESS: OFFICE OR POSITION HELD: 3500 Pan American Drive Commissioner ZIP: COUNTY: FOR QUARTER ENDING (CHECK ONE): YEAR MARCH DJUNE DSEPTEMBER DECEMBER 2016 Miami 33133 Miami-Dade

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
October 8, 2016	Football tickets to UM v. FSU game and parking	\$630	University of Miami	6200 San Amaro Drive 3rd Floor
				Coral Gables, FL 3314
				2016
CHECK HERE IF				当 号 =

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.

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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	STATE OF FLORIDA COUNTY OF Mi um: - Dade
depose on oath or affirmation and say that the information disclosed	Sworn to (or affirmed) and subscribed before me this day of December 20
herein and on any attachments made by me constitutes a true accurate,	by
and total listing of all gifts required to be reported by Section 112.3148,	Madagagagagagagagagagagagagagagagagagaga
Florida Statutes.	Signature of Notary Public State of Florida) Melissa Fernandez-Stiers My Commission FF 234588
SIGNATURE OF REPORTING OFFICIAL	(Print, Type) of Stand Commissionert Name of Notary Rublic) Personally Rosen And Produced Jennification 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.)