

2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/01/2025

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.

RECEIVED
2025 JUL - 1 AM 10:01
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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
[REDACTED] 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 16, Miami, FL 33135

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CITY OF MIAMI

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
N/A	

Interests 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

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district 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.

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CITY OF MIAMI

Signature of Filer

Francis Xavier Suarez

Digitally signed: 07/01/2025

Filed with COE: 07/01/2025

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Mayor Francis Suarez

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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CITY OF MIAMI



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	Mayoral
LAST NAME	FIRST NAME	MI	OFFICE HELD

[REDACTED]	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] -- ASSETS		[PART B] -- LIABILITIES											
DESCRIPTION	VALUE	Please list below the name and address of every person, 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 issuing company; or accrued income taxes on net unrealized appreciation.											
PRIMARY HOME [REDACTED] Miami, FL	\$2,167,293.00	<table border="1"><thead><tr><th>Name/Address of Creditors</th><th>Amount Owed</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Name/Address of Creditors	Amount Owed								
Name/Address of Creditors	Amount Owed												
INVESTMENT PROPERTY 1671 SW 32nd Ave. Miami, FL	\$645,573.00												
INVESTMENT PROPERTY 3201 W Flager St Unit 102	\$215,000.00												
INVESTMENT PROPERTY 120 SW 37th Ave. Apt 506	\$274,400.00												
INVESTMENT PROPERTY 120 SW 37th Ave. Apt 305	\$276,300.00												
INVESTMENT PROPERTY 3401 SW 11 #1B	\$197,900.00												
HOUSEHOLD GOODS/PERSONAL EFFECTS 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 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: \$75,000		OFFICE OF THE CITY CLERK CITY OF MIAMI 2025 JUL - 1 AM 10:02 RECEIVED											

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 was \$5,318,517.91

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

Francis X. Suarez

Signature of the Person Reporting

07/01/25

Date

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

1st day of July, 2025, by:

Francis X. Suarez, Mayor

(Name of person signing and his/her title (public officer, trustee or personal representative))

WITNESS my hand and official seal.

Todd B. Hannon

Signature of Notary Public

Todd B. Hannon

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

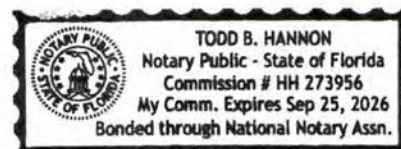
☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

NOTARY PUBLIC
SEAL OF OFFICE:



**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

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CITY OF MIAMI

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/29/2024

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 .

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2024 JUL -1 AM 9:19
OFFICE OF THE CITY CLERK
CITY OF MIAMI

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/29/2024

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
Urbini/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			

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/29/2024

Real Property

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

Location/Description

[REDACTED] 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

City National Bank Mortgage

25 West Flagler Street, Miami, FL 33130

MILO Credit Mortgage

545 NW 26th Street, Suite 200, Miami, FL 33127

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/29/2024

Interests 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

Training

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

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CITY OF MIAMI

Mayor Francis Suarez

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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CITY OF MIAMI



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 AMERICAN 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 person, 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 issuing company; or accrued income taxes on net unrealized appreciation.																	
PRIMARY HOME	\$2,167,293.00																		
██████████ Miami,																			
INVESTMENT PROPERTY	\$645,573.00																		
1671 SW 32 Ave. Miami, FL		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center;">Name/Address of Creditors</th><th style="text-align: center;">Amount Owed</th></tr></thead><tbody><tr><td>CITY NATIONAL BANK MORTGAGE</td><td>\$177,015.86</td></tr><tr><td>MILO CREDIT</td><td>\$225,120.00</td></tr><tr><td>AMERICAN EXPRESS</td><td>\$6,876.88</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Name/Address of Creditors	Amount Owed	CITY NATIONAL BANK MORTGAGE	\$177,015.86	MILO CREDIT	\$225,120.00	AMERICAN EXPRESS	\$6,876.88								
Name/Address of Creditors	Amount Owed																		
CITY NATIONAL BANK MORTGAGE	\$177,015.86																		
MILO CREDIT	\$225,120.00																		
AMERICAN EXPRESS	\$6,876.88																		
INVESTMENT PROPERTY	\$276,300.00																		
120 SW 37 Ave. Miami, FL																			
CITY NATIONAL BANK	\$503,815.68																		
WELLS FARGO	\$59,975.57																		
STRIKE	\$260,749.98																		
<p style="text-align: center;">HOUSEHOLD GOODS/PERSONAL EFFECTS</p> <p>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 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> <p style="text-align: center; font-size: 1.2em;">\$75,000.00</p>																			

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 12/31/2023 was \$4,451,994.49

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.



Signature of the Person Reporting

6/27/2024

Date

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

27 day of June, 2024, by:

Francis 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

☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

NOTARY PUBLIC
SEAL OF OFFICE:

**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 Unit 102 Miami, FL 33135	\$215,000
INVESTMENT PROPERTY 120 SW 37 th Avenue Unit 305 Miami, FL 33134	\$274,400
INVESTMENT PROPERTY 3401 SW 11 th Street Unit 1B Miami, FL 33135	\$197,900
BOAT	\$235,000

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JUL 11 PM 9:20
CITY OF MIAMI

Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: <u>Suarez Francis Xavier</u>			NAME OF AGENCY: <u>City of Miami</u>	
MAILING ADDRESS: <u>31500 Pan American Dr</u>			OFFICE OR POSITION HELD: <u>Mayor</u>	
CITY: <u>Miami</u>	ZIP: <u>33133</u>	COUNTY: <u>Miami-Dade</u>	FOR QUARTER ENDING (CHECK ONE) <u>19</u> <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input checked="" type="checkbox"/> DECEMBER	
			YEAR <u>2024</u>	

PART A — STATEMENT OF GIFTS

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

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
9/8/24	Miami Dolphins 4 tickets	\$8,750	Anthony Valenzuela	10762 SW 143rd Ave Miami, FL 33186

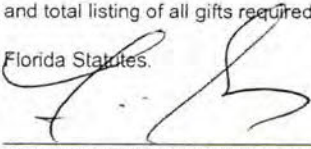
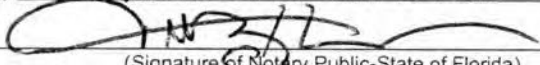
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

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.

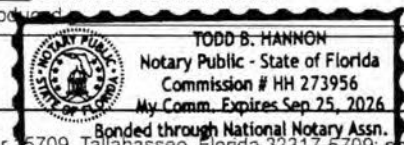
☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depone on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>20th</u> day of <u>December</u> , 20 <u>24</u> by <u>Francis X. Suarez</u>  (Signature of Notary Public-State of Florida) <u>Todd B. Hannon</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced
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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 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

STATEMENT OF
FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
SUAREZ - FRANCIS - XAVIERMAILING ADDRESS :
OFFICE OF THE MAYOR

3500 PAN AMERICAN DRIVE

CITY : MIAMI ZIP : FL COUNTY : MIAMI-DADE

NAME OF AGENCY :
OFFICE OF THE MAYOR - CITY OF MIAMINAME OF OFFICE OR POSITION HELD OR SOUGHT :
MAYOR OF THE CITY OF MIAMICHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERECEIVED
2023 JUL -3 AM 10:45
OFFICE OF THE CITY CLERK
CITY OF MIAMI**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
QUINN EMMANUEL LLP	2601 S. Bayshore Dr, Suite 1550, Miami, FL 33133	OF COUNSEL (ATTORNEY)
DAGROSSA CAPITAL PARTNERS	2333 Ponce de Leon Two Bay Corner Suite, Miami, FL 33134	SENIOR OPERATING PARTNER
EMERGE AMERICAS	2222 Ponce De Leon 3rd Floor, Miami, FL 33134	MEMBER OF THE BOARD

PART B -- SECONDARY SOURCES OF INCOME

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

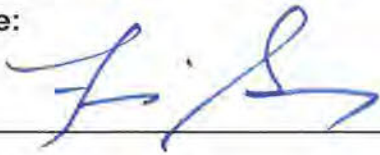
PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

MIAMI, FL 33133

1671 SW 32 AVENUE, MIAMI, FL 33145

120 SW 37 AVENUE, MIAMI, FL 33134

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
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		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
N/A		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.		
<input checked="" type="checkbox"/> I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>		
<u>SIGNATURE OF FILER:</u> Signature:  Date Signed: <u>JULY 3, 2023</u>		<u>CPA or ATTORNEY SIGNATURE ONLY</u> 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: _____
<u>FILING INSTRUCTIONS:</u> 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. <u>Do not email your form to the Commission on Ethics, it will be returned.</u> 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. <u>Do not file by both mail and email. Choose only one filing method.</u> 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

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CITY OF MIAMI



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 AMERICAN 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 person, 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 issuing company; or accrued income taxes on net unrealized appreciation.																			
PRIMARY HOME ██████████, ██████████	\$1,710,302.00	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name/Address of Creditors</th> <th style="width: 50%;">Amount Owed</th> </tr> </thead> <tbody> <tr> <td>AMERICAN EXPRESS</td> <td style="text-align: right;">\$28,546.52</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> </div> <div style="width: 50%; text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2023 JUL -3 AM 10:46 OFFICE OF THE CITY CLERK CITY OF MIAMI </div> </div> </div>		Name/Address of Creditors	Amount Owed	AMERICAN EXPRESS	\$28,546.52														
Name/Address of Creditors	Amount Owed																				
AMERICAN EXPRESS	\$28,546.52																				
INVESTMENT PROPERTY 1671 SW 32 Ave. Miami, FL	\$489,328.00																				
INVESTMENT PROPERTY 120 SW 37 Ave. Miami, FL	\$263,100.00																				
CITY NATIONAL BANK	\$229,237.77																				
WELLS FARGO	\$195,077.03																				
STRIKE	\$71,321.89	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name/Address of Creditors</th> <th style="width: 50%;">Amount Owed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> </div> <div style="width: 50%; text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2023 JUL -3 AM 10:46 OFFICE OF THE CITY CLERK CITY OF MIAMI </div> </div> </div>		Name/Address of Creditors	Amount Owed																
Name/Address of Creditors	Amount Owed																				
HOUSEHOLD GOODS/PERSONAL EFFECTS 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 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: <div style="text-align: right;">\$75,000.00</div>																					

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 12/31/2022 was \$3,454,820.17

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

[Signature]

Signature of the Person Reporting

7/3/23

Date

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

3rd

day of

July

, 2023, by:

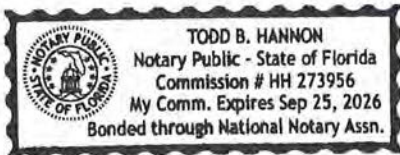
Francis X. Suarez, Mayor

(Name of person signing and his/her title (public officer, trustee or personal representative))

WITNESS my hand and official seal.

[Signature]

Signature of Notary Public



Todd B. Hannon

(Name of Notary Typed, Stamped or Printed)

Notary Public, State of Florida

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

NOTARY PUBLIC
SEAL OF OFFICE:



Personally known to me, or



Produced identification: _____

(Type of Identification Produced)

**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)

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

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CITY OF MIAMI

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME – FIRST NAME – MIDDLE NAME: SUAREZ-FRANCIS-XAVIER			NAME OF AGENCY: OFFICE OF MAYOR	
MAILING ADDRESS: 3500 PAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR	
CITY: MIAMI	ZIP: 33133	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2023	

PART A — STATEMENT OF GIFTS

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

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	\$3500.00	SOUTH FLORIDA MOTORSPORTS, LLC	347 DON SHULA DRIVE MIAMI, FL 33056

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

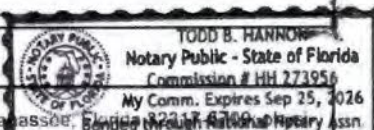
☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>30th</u> day of <u>September</u> 20 <u>23</u> by <u>Francis X. Suarez</u>  (Signature of Notary Public-State of Florida) <u>Todd B. Hannon</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced
---	--

PART D — FILING INSTRUCTIONS

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

STATEMENT OF
FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SUAREZ - FRANCIS - XAVIER

MAILING ADDRESS :

OFFICE OF THE MAYOR

3500 PAN AMERICAN DRIVE

CITY :

MIAMI

ZIP :

33133

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

OFFICE OF THE MAYOR

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

DISCLOSURE PERIOD:

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Quinn Emanuel LLP	2601 South Bayshore Dr, Miami, FL 33133	Attorney - Counsel
Greenspoon Marder LLP	600 Brickell Ave, Miami, FL 33131	Attorney - Counsel
DaGrossa Capital	2333 Ponce de Leon Two Bay Corner Suite	Senior Operating Partner
	Miami, FL 33134	

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

[REDACTED], Miami, FL 33133

1671 SW 32 Avenue, Miami, FL 33145

120 SW 37 Avenue, Miami, FL 33134

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

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
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
City National Bank	25 West Flagler Street, Miami, FL 33130

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
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		

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OFFICE OF THE CLERK
CITY OF MIAMI

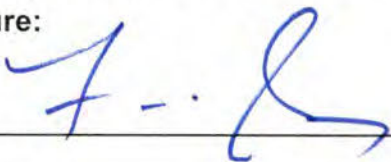
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature:



Date Signed:

June 20, 2022

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

**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

OFFICE OF THE CITY CLERK
CITY OF MIAMI

2022 JUN 28 PM 4:39

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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 American 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 person, 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 issuing company; or accrued income taxes on net unrealized appreciation.	
PRIMARY HOME	\$1,475,000.00		
INVESTMENT PROPERTY	\$550,000.00		
INVESTMENT PROPERTY	\$153,190.00		
CITY NATIONAL BANK	\$757,811.99	Name/Address of Creditors	Amount Owed
		City National Bank/ 25 West Flagler Street, Miami, FL 33130	\$1,145,762.35
WELLS FARGO	\$82,317.48	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
<div style="text-align: center;">HOUSEHOLD GOODS/PERSONALEFFECTS</div> 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 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: \$ _____			

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CITY OF MIAMI

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

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

Francis X. Suarez

Signature of the Person Reporting

6/28/2022

Date

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

28th day of June, 2022, by:

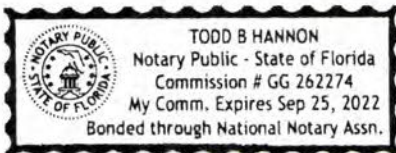
Francis X. Suarez, Mayor

(Name of person signing and his/her title (public officer, trustee or personal representative))

WITNESS my hand and official seal.

Todd B. Hannon

Signature of Notary Public



Todd B. Hannon

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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

NOTARY PUBLIC
SEAL OF OFFICE:

Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: SUAREZ - FRANCIS - XAVIER			NAME OF AGENCY: OFFICE OF MAYOR	
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: MAYOR	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2022	

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

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

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

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this
27th day of June, 20 22

by Francis X. Suarez
N. Swan
(Signature of Notary Public-State of Florida)

Nicole Ewan

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

Personally Known ☒ OR Produced Identification ☐
Type of Identification Produced

Notary Public - State of Florida
Commission # CC 977684

My Comm. Expires Jun 19, 2024
Bonded through National Notary Assn.

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: SUAREZ - FRANCIS - XAVIER			NAME OF AGENCY: OFFICE OF MAYOR	
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: MAYOR	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2022	

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)	\$20,000.00	Sean Wolfington	200 Crandon Blvd Key Biscayne, FL 33149

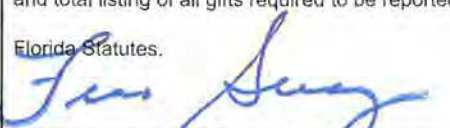
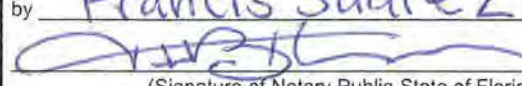
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

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.

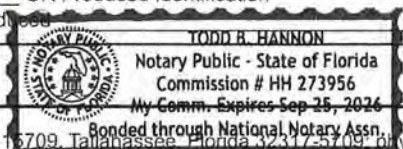
☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depone on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>29th</u> day of <u>September</u> , 20 <u>22</u> by <u>Francis Suarez</u>  (Signature of Notary Public-State of Florida) <u>Todd B. Hannon</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced _____
---	---

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 13709, 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

STATEMENT OF
FINANCIAL INTERESTS

2020

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SUAREZ FRANCIS XAVIER

MAILING ADDRESS :

OFFICE OF THE MAYOR

3500 PAN AMERICAN DRIVE

CITY :

ZIP :

COUNTY :

MIAMI

33133

MIAMI-DADE

NAME OF AGENCY :

OFFICE OF MAYOR - THE CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR OF THE CITY OF MIAMI

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

RECEIVED
2021 JUN 30 PM 2:54
OFFICE OF THE CITY CLERK
CITY OF MIAMI*** THIS SECTION MUST BE COMPLETED ***

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Greenspoon Marder LLP	600 Brickell Ave, Ste 3600, 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

██████████ Miami, FL 33133

1671 SW 32 Avenue, Miami, FL 33145

120 SW 37 Avenue, Miami, FL 33134

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
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
City National Bank	25 West Flagler Street, Miami, FL 33130

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

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

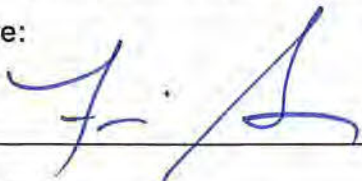
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature:



Date Signed:

June 30, 2021

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

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

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

RECEIVED
2021 JUN 30 PM 3:05
OFFICE OF THE CITY CLERK
CITY OF MIAMI



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 AMERICAN 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 person, 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 issuing company; or accrued income taxes on net unrealized appreciation.	
PRIMARY HOME	\$1,475,000.00		
INVESTMENT PROPERTY	\$550,000.00		
INVESTMENT PROPERTY	\$153,190.00		
CITY NATIONAL BANK	\$68,704.28	Name/Address of Creditors	Amount Owed
		City National Bank/ 25 West Flagler Street, Miami, FL 33130	\$1,135,868.62
WELLS FARGO	\$73,061.60	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/PERSONALEFFECTS 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 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: <div style="text-align: right; font-size: 1.5em; font-weight: bold;">\$</div>			

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 12/31/2020 was \$ 628,296.08

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

Signature of the Person Reporting

6/30/2021

Date

RECEIVED
2021 JUN 30 PM 3:05
OFFICE OF THE CITY CLERK
CITY OF MIAMI

State of Florida

County of MIAMI-DADE

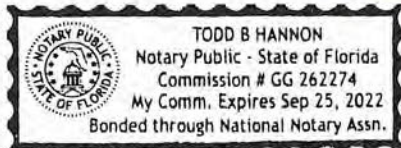
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, on this the

30TH day of JUNE, 2021, by:

FRANCIS X. SANCHEZ, MAYOR,
(Name of person signing and his/her title (public officer, trustee or personal representative))
CITY OF MIAMI

WITNESS my hand and official seal.

Signature of Notary Public



Todd B. Hannon

(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: SUAREZ-FRANCIS-XAVIER			NAME OF AGENCY: OFFICE OF MAYOR	
MAILING ADDRESS: 3500 PAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR	
CITY: MIAMI	ZIP: 33133	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2021	

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
5/28/2021	OVERNIGHT GUEST ROOM	\$450.00	DANIEL MUGNAI	108 THIRD LN KEY LARGO, FL 33047
5/29/2021	OVERNIGHT GUEST ROOM	\$450.00	DANIEL MUGNAI	108 THIRD LN KEY LARGO, FL 33047

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

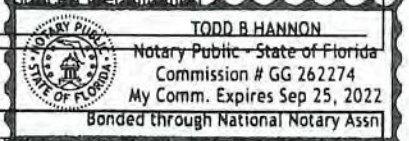
I, the person whose name appears at the beginning of this form, do
depose on oath or affirmation and say that the information disclosed
herein and on any attachments made by me constitutes a true accurate,
and total listing of all gifts required to be reported by Section 112.3148,
Florida Statutes.

Francis X. Suarez
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this
30th day of September, 20 21
by Francis X. Suarez
Todd B. Hannon
(Signature of Notary Public-State of Florida)
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 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: <u>SUAREZ - FRANCIS - XAVIER</u>			NAME OF AGENCY: <u>OFFICE OF MAYOR</u>	
MAILING ADDRESS: <u>3500 PAN AMERICAN DRIVE</u>			OFFICE OR POSITION HELD: <u>MAYOR</u>	
CITY: <u>MIAMI</u>	ZIP: <u>33133</u>	COUNTY: <u>MIAMI-DADE</u>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <u>2021</u>	

PART A — STATEMENT OF GIFTS

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

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
9/4/2021	OVERNIGHT GUEST ROOM	\$450.00	DANIEL MUGNAI	108 THIRD LANE KEY LARGO, FL 33034
9/5/2021	OVERNIGHT GUEST ROOM	\$450.00	DANIEL MUGNAI	108 THIRD LN KEY LARGO, FL 33034

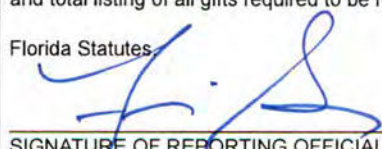
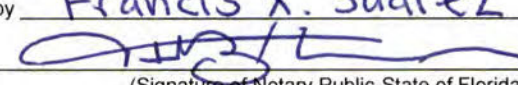

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>9th</u> day of <u>November</u> , 20 <u>21</u> by <u>Francis X. Suarez</u>  (Signature of Notary Public-State of Florida) <u>Todd B. Hannon</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Required Identification Type of Identification Produced 
	TODD B HANNON Notary Public - State of Florida Commission # GG 262274 My Comm. Expires Sep 25, 2022 Bonded through National Notary Assn.

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 1

STATEMENT OF
FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

RECEIVED
2020 JUN 29 AM 9:17
OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SUAREZ FRANCIS XAVIER

MAILING ADDRESS :

Office of the Mayor

3500 Pan American Drive

CITY :

Miami

ZIP :

33131

COUNTY :

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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

	Miami, FL 33133
1671 SW 32 Avenue, Miami, FL 33145	
120 SW 37 Avenue, Miami, FL 33134	

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
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
City National Bank	25 West Flagler Street, Miami, FL 33130

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

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

PART G — TRAINING

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

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Date Signed:

6/26/2020

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

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

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

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2020 JUN 29 AM 9:17
OFFICE OF THE CITY CLERK
CITY OF MIAMI



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 AMERICAN 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 person, 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 issuing company; or accrued income taxes on net unrealized appreciation.	
Primary Home	\$1,475,000.00		
Investment Property	\$550,000.00		
Investment Property	\$153,190.00		
City National Bank	\$41,128.48	Name/Address of Creditors	Amount Owed
Wells Fargo	\$77,215.45	City National Bank/25 West Flagler Street, Miami, FL 33130	\$1,151,548.36
		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/PERSONAL EFFECTS 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 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: \$			

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 \$ 582,775.71

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

Signature of the Person Reporting

06/26/2020

Date

State of Florida

County of MIAMI-DADE

Sworn to (or affirmed) and subscribed before me on this the 26th day of June, 20 20,
by:

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

Todd B. Hannon

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

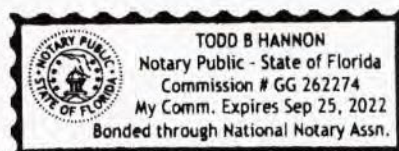
RECEIVED
2020 JUN 29 AM 9:17
OFFICE OF THE CITY CLERK
CITY OF MIAMI

☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

NOTARY PUBLIC
SEAL OF OFFICE:



Form 9

QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: <u>SUAREZ - FRANCIS - XAVIER</u>			NAME OF AGENCY: <u>OFFICE OF Mayor</u>	
MAILING ADDRESS: <u>3500 PAN AMERICAN DRIVE</u>			OFFICE OR POSITION HELD: <u>Mayor of Miami</u>	
CITY: <u>MIAMI</u>	ZIP: <u>33131</u>	COUNTY: <u>MIAMI-DADE</u>	FOR QUARTER ENDING (CHECK ONE): <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <u>2020</u>	

PART A — STATEMENT OF GIFTS

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

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
<u>3/8/2020</u>	<u>HAMILTON TICKETS (2)</u>	<u>\$398.00</u>	<u>ADRIENNE ARSHT CONTO</u>	<u>1300 BISCAYNE BLVD MIAMI, FL 33132</u>

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☒ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

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

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this

31st day of March, 20 20

by Francis Xavier Suarez

(Signature of Notary Public-State of Florida)

Todd B. Hannon

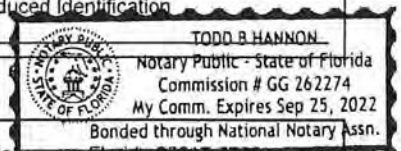
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification

Type of Identification Produced

PART D — FILING INSTRUCTIONS

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



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 <vriles@arshtcenter.org>
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

RECEIVED
2020 MAR 31 PM 3:38
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>SUAREZ - FRANCIS - XAVIER</u>			NAME OF AGENCY: <u>OFFICE of Mayor</u>	
MAILING ADDRESS: <u>3500 Pan American Dr.</u>			OFFICE OR POSITION HELD: <u>MAYOR of Miami</u>	
CITY: <u>MIAMI</u>	ZIP: <u>33131</u>	COUNTY: <u>MIAMI-DADE</u>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <u>2020</u>	

PART A — STATEMENT OF GIFTS

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

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
<u>2/2/2020</u>	<u>SUPER BOWL TICKET</u>	<u>\$5,000.-</u>	<u>EUGENE FRENKEL</u>	<u>801 BRICKMAN AVE SUITE 500 MIAMI, FL 33131</u>

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

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

Florida Statutes.

[Signature]
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this
30th day of March, 20 20
by Francis Xavier Suarez
Nicole N. Ewan
(Signature of Notary Public, State of Florida)
Nicole N. Ewan
Notary Public State of Florida
My Commission FF 975750
Expires 06/19/2020
(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 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: <u>SUAREZ - FRANCIS - XAVIER</u>			NAME OF AGENCY: <u>OFFICE OF Mayor</u>	
MAILING ADDRESS: <u>3500 PAN AMERICAN DRIVE</u>			OFFICE OR POSITION HELD: <u>MAYOR</u>	
CITY: <u>MIAMI</u>	ZIP: <u>FL 33131</u>	COUNTY: <u>MIAMI-DADE</u>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 20 <u>20</u>	

PART A — STATEMENT OF GIFTS

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

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
1/23/2020	SUPER BOWL LIV GIFT BAG	\$125.00	SUPER BOWL HOST COMMITTEE	100 SE 2ND ST. UNIT 2310 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

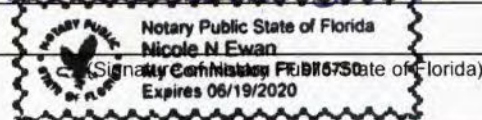
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.

Florida Statutes.

[Signature]
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this
30th day of MARCH, 2020

by Francis Xavier Suarez



(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 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.)

LIVE IT MIAMI

MIAMI SUPER BOWL HOST COMMITTEE

100 SE 2ND ST, Suite 2310, Miami FL, 33131

Email: info@miasbliv.com

www.miasbliv.com

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CITY OF MIAMI

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 Sunberg

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

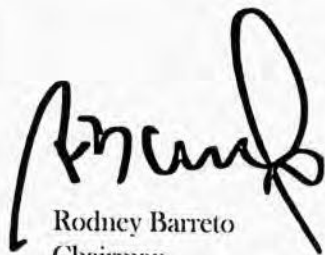
~~INCOMPLETE~~
Dear ~~Commissioner Schwarz~~,

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.

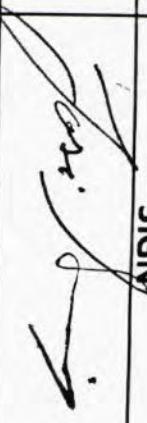

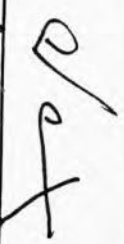

As our valued partner, we want you to join in our Super Bowl week celebrations. Please find in this "access package" your credential(s) which should be worn at all times for access to each event. Enclosed is a list of the events and details for each.

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	Last Name	Print	SIGN	Date Received
City of Miami	Joe	Carollo	JOSE SUAREZ		1/23/20
City of Miami	Keon	Hardemon			
City of Miami	Francis	Suarez	Francis Suarez	Francis Suarez	1/23/2020
City of Miami	Ken	Russell	Rebecca Whiteley		1/23/20
City of Miami	Alex	De la Portilla	ALEX BARRERA		1/23/20
City of Miami	Manolo	Reyes	Esteban Jeneiro		1/23/20
City of Miami	Jeremy	Schwarz	Jeremy Schwarz		1/23/2020

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2020 MAR 30 AM 9:20
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: <u>SUAREZ - FRANCIS - XAVIER</u>			NAME OF AGENCY: <u>OFFICE OF MAYOR</u>	
MAILING ADDRESS: <u>3500 PAN AMERICAN DRIVE</u>			OFFICE OR POSITION HELD: <u>MAYOR</u>	
CITY: <u>MIAMI</u>	ZIP: <u>33131</u>	COUNTY: <u>MIAMI-DADE</u>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 20 <u>20</u>	

PART A — STATEMENT OF GIFTS

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

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
<u>1/2/2020</u>	<u>JACK STACK BBQ</u>	<u>\$2,338.62</u>	<u>QUINTON LUCAS</u>	<u>414 EAST 12TH STREET 29TH FLOOR KANSAS CITY MO, 64106-2705</u>

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☒ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

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Florida Statutes.

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this
30th day of March, 2020

by Francis Xavier Suarez

Nicole N. Ewan

(Signature of Notary Public, State of Florida)

Notary Public State of Florida

Nicole N. Ewan

(Print, Type, or Stamp Commission Number of Notary Public)
Personally Known or Not Personally Known
Type of Identification Provided 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.)

**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

RECEIVED
2020 MAR 30 AM 9:21
OFFICE OF THE CITY CLERK
CITY OF MIAMI



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
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	
3	KSQP0311	32oz - Cheesy Potato Bake	

Total Quantity: 40

RECEIVED
2020 MAR 30 AM 9:21
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: SUAREZ - FRANCIS - XAVIER			NAME OF AGENCY: OFFICE OF THE MAYOR	
MAILING ADDRESS: 3500 SAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR	
CITY: MIAMI	ZIP: 33131	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2020	

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
2/27/2020	ATRAKHE	\$ 8,312.28 [= 7,670.52]	GLOBAL CENTER ON ADAPTATION	GLOBAL CENTER ON ADAPTATION
2/27/2020	HOTEL	\$ 1,104.66 [= 1,020.00]	ADAPTATION	WILHELMINK 149C
				3072 HP ROTTENBOM
				THE NETHERLANDS

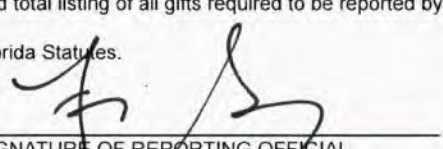
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>30th</u> day of <u>March</u> , 20 <u>20</u> by <u>Francis Xavier Suarez</u> <u>Nicole N. Ewan</u> (Signature of Notary Public - State of Florida) <u>Nicole N. Ewan</u> Notary Public State of Florida Commission FF 975750 Expires 08/18/2020 Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced _____
---	---

PART D — FILING INSTRUCTIONS

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

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7,670.52 EUR = 8,312.38
USD

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?

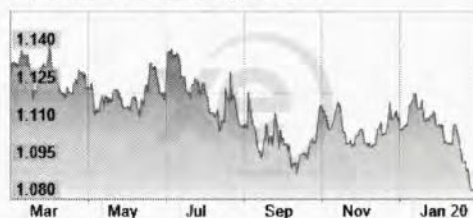
Try XE Money Transfer now. Fast. Secure. No fees*

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

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



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- Accurate rates for businesses
- Simple integration
- Flexible packages



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XE Market Analysis

North American Edition

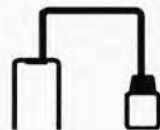
The dollar and most other currencies have been stable in quiet early-week trading so far. This came with the main Chinese equity indices posting 2%-plus gains after China's Finance Minister said on Sunday that Beijing would roll out targeted and phased tax and fee cuts and with the PBoC lowering one 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 €.

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

	USD	EUR	GBP	INR	AUD
	1.00000	0.92278	0.76845	71.3515	1.48836
	1.08368	1.00000	0.83275	77.3221	1.61290
	1.30132	1.20084	1.00000	92.8514	1.93684
	0.01402	0.01293	0.01077	1.00000	0.02086
	0.67188	0.62000	0.51631	47.9397	1.00000

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

CHF - Swiss Franc

Language

English

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INTERCONTINENTAL
PARIS LE GRAND

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

~~EUR~~ 1,020.00 → USD \$ 1,044.66 (Euro To Dollar: 1:1.083)

*Selon l'article L.441-6 du Code de Commerce, tout retard de paiement entraînera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. 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, Décret n°2012-1115 du 02-10-2012

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
Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

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
	NET EUR	VAT EUR	GROSS EUR	Total EUR	2,040.00
VAT 10%	1,854.55	185.45			0.00
Total	1,854.55	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:

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"Selon l'article L.441-6 du Code de Commerce, tout retard de paiement entraînera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. 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, Décret n°2012-1115 du 02-10-2012"

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
 Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
 Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

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Reservation number: S9OE96

Passenger	Ticket number	Route	Extra Information
SUAREZ/FRANCIS XAVIER MR	074-3771989444	MIA-CDG-MIA	Electronic ticket

Flights:

From	To	Dep date	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
Paris - Charles De Gaulle (CDG) Terminal 2E	Miami - Miami Intl (MIA) Florida	29- 02- 2020	10:00 - 14:00	Air France	AF 090	0	Business (I)	2PC		Ticketed

(+1 arrival next day)



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Visa information

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Baggage Allowance:

Baggage allowance may differ per airline. For details please contact your travel consultant or the airline website for details.

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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Changes after ticket issue are not free of charge.

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Intercontinental flights: 3 hours.


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This ticket is subject to the Warsaw convention.

Please refer to the website of the respective airline(s) for their General Conditions of Carriage for Passengers and Baggage and other liability limitations.

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Kind regards,

VCK Travel B.V.

Phone: +31 70 3705575

Fax: +31 70 3705556

E-mail: tem@vcktravel.nl

Website: www.vcktravel.nl

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2512 GN DEN HAAG

The Netherlands

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Schwarz, Jeremy

From: Lammers, S. (Sunny) - SKI <sunny.lammers@gca.org>
Sent: Monday, February 17, 2020 11:43 AM
To: Schwarz, Jeremy
Cc: Girling, M.L. (Mike) - BSK
Subject: FW: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S9OE96
Attachments: ATT00001.gif; ATT00002.png; ATT00003.png; ATT00004.png; ATT00005.png; ATT00006.png; ATT00007.png; cytric_iCalendar1.ics; cytric_iCalendar2.ics

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 Jeremy,

Please find herewith information about the costs of the ticket for Mayor Suarez.

Best regards,
Sunny

Verzonden met BlackBerry

Work([https://urldefense.com/v3/__http://www.blackberry.com__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTIMAGF1KNA\\$](https://urldefense.com/v3/__http://www.blackberry.com__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTIMAGF1KNA$)) _____

Van: info@gca.org

Verzonden: 10 feb. 2020 12:47

Aan: "Lammers, S. (Sunny) - SKI" <sunny.lammers@gca.org>

Onderwerp: FW: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S9OE96

Van: ama-MXP-3W <cytric@cytric.net>

Verzonden: maandag 10 februari 2020 12:46

Aan: info@gca.org

Onderwerp: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S9OE96

Francis Xavier Suarez

10FEB20

Confirmation for Francis Xavier Suarez

Approval:

[cid:2F7265732F7468656D65732F64656661756C742F696D672F656D61696C2F77616974696E672E706E67]

The trip request is waiting for approval.

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

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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)

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

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Itinerary

[Air Transport]

[AF]

Wednesday, 26February2020 to Paris

Francis Xavier Suarez ()

AF 99 Business Class, Airline Reference: S9OE96

[[Online Check-In]]<[https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/IciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTINs2nLzKw\\$>](https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/IciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__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

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[Air Transport]

[AF]

Saturday, 29February2020 to Miami

Francis Xavier Suarez ()

AF 90 Business Class, Airline Reference: S9OE96

[[Online Check-

In]]<[10:00](https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTINs2nLzKw$></p></div><div data-bbox=)

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 0min, 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

Payment Information

[[Corporate Logo]]

[Flight Booking]

Ticket #

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 use this link:

[https://urldefense.com/v3/__https://bags.amadeus.com/Display.aspx?a=AF__!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxA RgsCqtjXleEYVax8d4CC8E__ZpuTeeMQOPcTINj7RH9pQ\\$](https://urldefense.com/v3/__https://bags.amadeus.com/Display.aspx?a=AF__!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxA RgsCqtjXleEYVax8d4CC8E__ZpuTeeMQOPcTINj7RH9pQ$)

Fare per traveller in EUR: 7.670,52

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Fare for all travellers in EUR:

7.670,52

Total fare for all travellers for all Air segments in EUR:

7.670,52

Total Cost of the complete Trip in EUR:

7.670,52

Traveller: Francis Xavier Suarez

Payment:

AF 99, AF 90: Payment by Invoice

Ticket Information

[Flight Booking]

Ticketing Date:

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AF 99, AF 90: Ticket(s) will be issued on Tuesday, 11February2020 23:59

Ticket Options:

AF 99, AF 90: e-Ticket, Not ticketed.

For Check-In for Flight:

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General Information

APIS & TSA

Passport Data: AF 99, AF 90: TSA Data: Passport Primary Holder, Francis Xavier Suarez, 06OCT77 Unspecified

Passport Data: AF 99, AF 90: TSA Data: Passport Primary Holder, Francis Xavier Suarez, 06OCT77 Unspecified

Events:

22FEB20 - 01MAR20 SIA International Agricultural Show, Paris Porte de Versailles (VIPARIS), Paris
23FEB20 - 26FEB20 Salon Fromage The Cheese and Dairy Products Show, Paris Porte de Versailles (VIPARIS), Paris
24FEB20 - 03MAR20 Women Paris Fashion Week (Ready to Wear - Pr?t a Porter), Urban Area Paris, Paris
28FEB20 - 02MAR20 PREMIERE CLASSE Fashion Accessories Show, Jardin des Tuileries, Paris
28FEB20 - 02MAR20 TRANOI Paris Femme Women's Fashion Show, Palais de la Bourse & Carrousel du Louvre, Paris

Ordered by:

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

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

EUR 1,020.00 ⇒ USD \$1,104.66 (Euro to Dollar: 1:1.083)

"Suivant l'article L.441-6 du Code de Commerce, tout retard de paiement entrainera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. 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. Décret n°2012-1115 du 02-10-2012"

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

Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand

Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

**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

[illegible]

V.A.T paid on debit

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

Signature:

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2020 MAR 30 PM 12:47
OFFICE OF THE CITY CLERK
CITY OF MIAMI

¹⁰ Suivant l'article L.441-8 du Code du Commerce, tout retard de paiement entraînera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. L'indemnité forfaitaire pour frais de recouvrement dans les transactions commerciales prévues par l'article L.441-8 du Code de Commerce est fixée à 40 euros. Décret n°2012-1115 du 02-10-2012

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2 rue Scribe, 75009 Paris, France

Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

Form 9

QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: SUAREZ - FRANCIS - XAVIER			NAME OF AGENCY: OFFICE of Mayor	
MAILING ADDRESS: 3500 PAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR OF MIAMI	
CITY: MIAMI	ZIP: 33131	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2022	

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
2/3/2020	COCONUT GROVE ARTS FESTIVAL PASSOS	ESTIMATED \$180.00	MONTY TRINOR PRESIDENT	3390 MARY ST. COCONUT GROVE
			COCONUT GROVE ARTS FESTIVAL	SUITE 128 COCONUT GROVE
				FLORIDA 33133

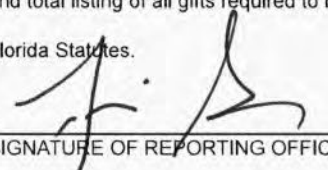
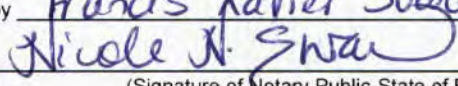
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF Miami-Dade Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this 30th day of March , 20 20 by Francis Xavier Suarez  (Signature of Notary Public-State of Florida) Nicole N. Ewan (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> My Commission FF 975750 Type of Identification Produced _____ Expires 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.)



3390 Mary Street, Suite 128 • Coconut Grove, Florida 33133
Phone: 305.447.0401 • Fax: 305.447.1499

cgaf.com


February 3, 2020

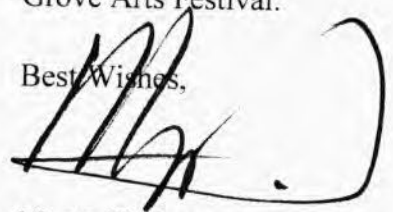
Dear Friend of the Festival:

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.

Best Wishes,


Monty Trainer
President
Coconut Grove Arts Festival
O- 305-447-0401
F- 305-447-1499
Email- Monty@cgaf.com

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CITY OF MIAMI

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

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CITY OF MIAMI

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: SUAREZ - FRANCIS - XAVIER			NAME OF AGENCY: OFFICE OF MAYOR	
MAILING ADDRESS: 3500 PAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR OF MIAMI	
CITY: MIAMI	ZIP: 33131	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2020	

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
2/4/2020	PROTOCOL GIFTS (SEE ATTACHED)	ESTIMATED \$190.00	MAYOR OF PUERTO RICOS	150 CALLE 8 6A AVENIDA
			HON. HUGO RONS SANCENO	PUERTO RICOS GUATEMALA

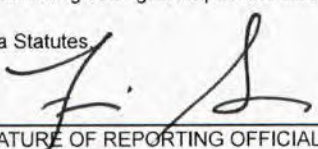
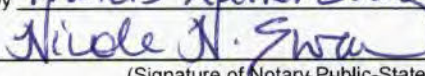
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

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 the receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF Miami-Dade Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this 30th day of March , 20 20 by Francis Xavier Suarez  (Signature of Notary Public State of Florida) Nicole N. Ewan Notary Public State of Florida (Print, Type, or Stamp Commissioned Name of Notary Public) FF 975750 Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> Type of Identification Produced Notary Seal
---	--

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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CITY OF MIAMI

**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

RECEIVED

2020 MAR 30 AM 9:20

OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME-FIRST NAME-MIDDLE NAME: SUAREZ - FRANCIS - XAVIER	NAME OF AGENCY: OFFICE OF Mayor
STREET ADDRESS: 3500 PAN AMERICAN DRIVE	OFFICE OR POSITION HELD: MAYOR
CITY: Miami ZIP: 33131 COUNTY: MIAMI-DADE	FOR QUARTER ENDING (Check One): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPT. <input type="checkbox"/> DEC. YEAR: 2020

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
2/2/2020	SUPERBOWL TICKET	\$5,000 —	EUGENE FRANKEL	801 BRICKMAN AVE SUITE 500 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: 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

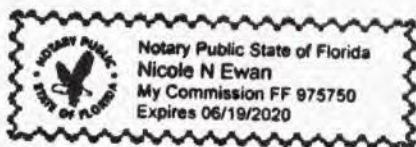
Sworn to (or affirmed) and subscribed before me this 30th day of March, 20 20.

by Francis Xavier Suarez
(Name of Person Making Gift Disclosure)

Nicole N. Ewan
(Signature of Notary Public, State of Florida)

Nicole N. Ewan
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me or ☐ Produced Identification
Type of Identification Produced: _____



**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

RECEIVED

2020 MAR 30 AM 9:19

OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME-FIRST NAME-MIDDLE NAME: <u>SUAREZ-FRANCIS-XAVIER</u>	NAME OF AGENCY: <u>OFFICE OF Mayor</u>
STREE ADDRESS: <u>3500 PFW AMERICAN DRIVE</u>	OFFICE OR POSITION HELD: <u>MAYOR</u>
CITY: <u>Miami</u> ZIP: <u>33131</u> COUNTY: <u>Miami-Dade</u>	FOR QUARTER ENDING (Check One): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPT. <input type="checkbox"/> DEC. YEAR: 20 <u>20</u>

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
1/23/2020	SUPERBOWL LIV GIFT BAG	\$125.00	SUPERBOWL HOST COMMITTEE	100 SE 2ND ST. UNIT 2310 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: 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.

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[Signature]
Signature of Person Making Gift Disclosure

STATE OF FLORIDA
COUNTY OF Miami-Dade

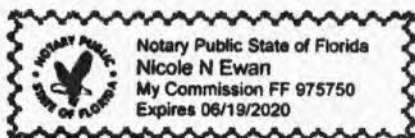
Sworn to (or affirmed) and subscribed before me this
30th day of March, 20 20

by Francis Xavier Suarez
(Name of Person Making Gift Disclosure)

Nicole N. Ewan
(Signature of Notary Public, State of Florida)

Nicole N. Ewan
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me *or* ☐ Produced Identification
Type of Identification Produced: _____





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
Trust

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

~~INCORRECT~~

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.


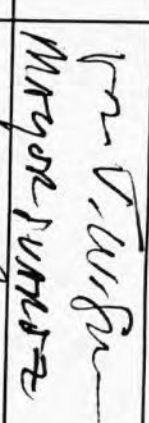



As our valued partner, we want you to join in our Super Bowl week celebrations. Please find in this "access package" your credential(s) which should be worn at all times for access to each event. Enclosed is a list of the events and details for each.

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

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2020 MAR 30 AM 10:51
OFFICE OF THE CITY CLERK
CITY OF MIAMI

County	First Name	Last Name	Print	SIGN	Date Received
City of Miami	Joe	Carollo	JOSE SUAREZ		1/23/20
City of Miami	Keon	Hardemon			
City of Miami	Francis	Suarez	Francis Suarez		1/23/2020
City of Miami	Ken	Russell	Rebecca Whitely		1/23/20
City of Miami	Alex	De la Portilla	ALEX BARRERA		1/23/20
City of Miami	Manolo	Reyes	Esteban Jeneiro		1/23/20
City of Miami	Jeremy	Schwarz	Jeremy F		1/23/2020

RECEIVED
2020 MAR 30 AM 9:19
OFFICE OF THE CITY CLERK
CITY OF MIAMI

**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

RECEIVED

2020 MAR 30 AM 9:20

OFFICE

CITY CLERK

LAST NAME-FIRST NAME-MIDDLE NAME: SUAREZ-FRANCIS-XAVIER	NAME OF AGENCY: OFFICE OF MAYOR
STREET ADDRESS: 3500 Pan American Drive	OFFICE OR POSITION HELD: MAYOR
CITY: Miami ZIP: 33131 COUNTY: Miami-Dade	FOR QUARTER ENDING (Check One): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPT. <input type="checkbox"/> 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
1/2/2020	JACK STACK BBQ	\$2,338.62	QUINTAN LUCAS	414 EAST 12TH STREET 20TH FLOOR KANSAS CITY MO, 64106-2705

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: 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.

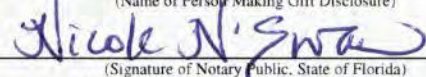
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true, accurate, and total listing of all gifts required to be reported by Section 2-11.1 (e)(4) of the Code of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


Signature of Person Making Gift Disclosure

STATE OF FLORIDA
COUNTY OF Miami-Dade

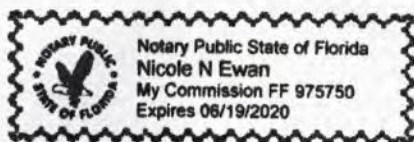
Sworn to (or affirmed) and subscribed before me this 30th day of March, 2020.

by Francis Xavier Suarez
(Name of Person Making Gift Disclosure)


(Signature of Notary Public, State of Florida)

Nicole N. Ewan
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me or ☐ Produced Identification
Type of Identification Produced: _____



**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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Packing Slip #55551
1 blocks
multiple



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
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	
3	KSQP0311	32oz - Cheesy Potato Bake	

Total Quantity: 40

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**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

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LAST NAME-FIRST NAME-MIDDLE NAME: SUAREZ-FRANCIS-XAVIER	NAME OF AGENCY: OFFICE OF Mayor
STREET ADDRESS: 3500 PAN AMERICAN DRIVE	OFFICE OR POSITION HELD: MAYOR
CITY: Miami ZIP: 33131 COUNTY: Miami - Dade	FOR QUARTER ENDING (Check One): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPT. <input type="checkbox"/> 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	AIRFARE	\$8,312.28	GLOBAL CENTER	WILHELMINARADE 149C
		\$7,670.52	ON ADAPTATION	3072 AP ROTTERDAM
2/27/2020	HOTEL	\$1,104.66	GLOBAL CENTER	THE NETHERLANDS
		\$1,020.00	ON ADAPTATION	

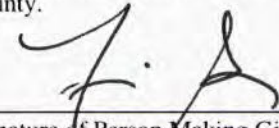
CHECK HERE IF CONTINUED ON SEPARATE SHEET. ☐

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: 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

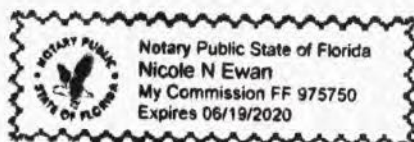
Sworn to (or affirmed) and subscribed before me this 30th day of March, 20 20,

by Francis Xavier Suarez,
(Name of Person Making Gift Disclosure)

Nicole N. Ewan
(Signature of Notary Public, State of Florida)

Nicole N. Ewan
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me or ☐ Produced Identification
Type of Identification Produced: _____



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7,670.52 EUR = 8,312.38
USD

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?

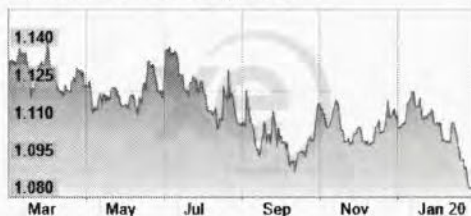
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SIGN UP

*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

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



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XE Market Analysis

North American Edition

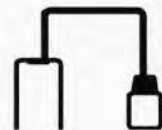
The dollar and most other currencies have been stable in quiet early-week trading so far. This came with the main Chinese equity indices posting 2%-plus gains after China's Finance Minister said on Sunday that Beijing would roll out targeted and phased tax and fee cuts and with the PBoC lowering one 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

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- 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 €.

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

	USD	EUR	GBP	INR	AUD
	1.00000	0.92278	0.76845	71.3515	1.48836
	1.08368	1.00000	0.83275	77.3221	1.61290
	1.30132	1.20084	1.00000	92.8514	1.93684
	0.01402	0.01293	0.01077	1.00000	0.02086
	0.67188	0.62000	0.51631	47.9397	1.00000

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

CHF - Swiss Franc

Language

English

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INTERCONTINENTAL
PARIS LE GRAND

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

~~EUR~~ 1,020.00 → USD \$ 1,044.66 (Euro To Dollar: 1:1.083)

*Selon l'article L.441-6 du Code de Commerce, tout retard de paiement entraînera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. 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, Décret n°2012-1115 du 02-10-2012"

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
Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

**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

[illegible]

V.A.T paid on debit

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

Signature:

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¹⁰ Suivant l'article L.441-6 du Code de Commerce, tout retard de paiement entrainera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. 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. Décret n°2012-1115 du 02-10-2012¹⁰

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2 rue Scribe, 75009 Paris, France
Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

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Reservation number: S9OE96

Passenger	Ticket number	Route	Extra Information
SUAREZ/FRANCIS XAVIER MR	074-3771989444	MIA-CDG-MIA	Electronic ticket

Flights:

From	To	Dep date	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
Paris - Charles De Gaulle (CDG) Terminal 2E	Miami - Miami Intl (MIA) Florida	29- 02- 2020	10:00 - 14:00	Air France	AF 090	0	Business (I)	2PC		Ticketed

(+1 arrival next day)



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For changes or cancellations of this itinerary you can contact VCK Travel. Outside office hours or during weekends and public holidays, your call will be automatically diverted to our 24x7 Travel Assistance.

Visa information

Please check possible visa requirements on the [3W website on Rijksportaal](#)

Baggage Allowance:

Baggage allowance may differ per airline. For details please contact your travel consultant or the airline website for details.

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>.

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Changes after ticket issue are not free of charge.

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Intercontinental flights: 3 hours.


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Please refer to the website of the respective airline(s) for their General Conditions of Carriage for Passengers and Baggage and other liability limitations.

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Kind regards,

VCK Travel B.V.

Phone: +31 70 3705575

Fax: +31 70 3705556

E-mail: tem@vcktravel.nl

Website: www.vcktravel.nl

Laan 20

2512 GN DEN HAAG

The Netherlands

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Schwarz, Jeremy

From: Lammers, S. (Sunny) - SKI <sunny.lammers@gca.org>
Sent: Monday, February 17, 2020 11:43 AM
To: Schwarz, Jeremy
Cc: Girling, M.L. (Mike) - BSK
Subject: FW: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S9OE96
Attachments: ATT00001.gif; ATT00002.png; ATT00003.png; ATT00004.png; ATT00005.png; ATT00006.png; ATT00007.png; cytric_iCalendar1.ics; cytric_iCalendar2.ics

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 Jeremy,

Please find herewith information about the costs of the ticket for Mayor Suarez.

Best regards,
Sunny

Verzonden met BlackBerry

Work([https://urldefense.com/v3/__http://www.blackberry.com__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAx8d4CC8E__ZpuTeeMQOPcTIMAGF1KNA\\$](https://urldefense.com/v3/__http://www.blackberry.com__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAx8d4CC8E__ZpuTeeMQOPcTIMAGF1KNA$)) _____

Van: info@gca.org

Verzonden: 10 feb. 2020 12:47

Aan: "Lammers, S. (Sunny) - SKI" <sunny.lammers@gca.org>

Onderwerp: FW: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S9OE96

Van: ama-MXP-3W <cytric@cytric.net>

Verzonden: maandag 10 februari 2020 12:46

Aan: info@gca.org

Onderwerp: Booking Confirmation - Francis Xavier Suarez - 26FEB20 - CDG, MIA - S9OE96

Francis Xavier Suarez

10FEB20

Confirmation for Francis Xavier Suarez

Approval:

[cid:2F7265732F7468656D65732F64656661756C742F696D672F656D61696C2F77616974696E672E706E67]

The trip request is waiting for approval.

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

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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)

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

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Itinerary

[Air Transport]

[AF]

Wednesday, 26February2020 to Paris

Francis Xavier Suarez ()

AF 99 Business Class, Airline Reference: S9OE96

[[Online Check-In]]<[https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/IciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTINs2nLzKw\\$>](https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/IciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__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

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

[Air Transport]

[AF]

Saturday, 29February2020 to Miami

Francis Xavier Suarez ()

AF 90 Business Class, Airline Reference: S9OE96

[[Online Check-

In]]<[https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTINs2nLzKw\\$>](https://urldefense.com/v3/__https://www.airfrance.de/DE/en/local/core/engine/echeckin/lciFormAction.do__;!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxARgsCqtjXleEYVAX8d4CC8E__ZpuTeeMQOPcTINs2nLzKw$>)

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 0min, 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

Payment Information

[[Corporate Logo]]

[Flight Booking]

Ticket #

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 use this link:

[https://urldefense.com/v3/__https://bags.amadeus.com/Display.aspx?a=AF__!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxA RgsCqtjXleEYVax8d4CC8E__ZpuTeeMQOPcTINj7RH9pQ\\$](https://urldefense.com/v3/__https://bags.amadeus.com/Display.aspx?a=AF__!!Ei5NnPD8gA!wTFuTekALskek9zAFYDxA RgsCqtjXleEYVax8d4CC8E__ZpuTeeMQOPcTINj7RH9pQ$)

Fare per traveller in EUR: 7.670,52

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Fare for all travellers in EUR:

7.670,52

Total fare for all travellers for all Air segments in EUR:

7.670,52

Total Cost of the complete Trip in EUR:

7.670,52

Traveller: Francis Xavier Suarez

Payment:

AF 99, AF 90: Payment by Invoice

Ticket Information

[Flight Booking]

Ticketing Date:

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

AF 99, AF 90: Ticket(s) will be issued on Tuesday, 11February2020 23:59

Ticket Options:

AF 99, AF 90: e-Ticket, Not ticketed.

For Check-In for Flight:

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2020 MAR 30 PM 12:46
OFFICE OF THE CITY CLERK
CITY OF MIAMI

General Information

APIS & TSA

Passport Data: AF 99, AF 90: TSA Data: Passport Primary Holder, Francis Xavier Suarez, 06OCT77 Unspecified

Passport Data: AF 99, AF 90: TSA Data: Passport Primary Holder, Francis Xavier Suarez, 06OCT77 Unspecified

Events:

22FEB20 - 01MAR20 SIA International Agricultural Show, Paris Porte de Versailles (VIPARIS), Paris
23FEB20 - 26FEB20 Salon Fromage The Cheese and Dairy Products Show, Paris Porte de Versailles (VIPARIS), Paris
24FEB20 - 03MAR20 Women Paris Fashion Week (Ready to Wear - Pr?t a Porter), Urban Area Paris, Paris
28FEB20 - 02MAR20 PREMIERE CLASSE Fashion Accessories Show, Jardin des Tuileries, Paris
28FEB20 - 02MAR20 TRANOI Paris Femme Women's Fashion Show, Palais de la Bourse & Carrousel du Louvre, Paris

Ordered by:

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

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

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

EUR 1,020.00 ⇒ USD \$1,104.66 (Euro to Dollar: 1:1.083)

"Suivant l'article L.441-6 du Code de Commerce, tout retard de paiement entrainera une pénalité égale au taux d'intérêt appliqué par la BCE à son opération de refinancement la plus récente majorée de 10 points de pourcentage, sans qu'aucun rappel, ni mise en demeure ne soit nécessaire. Pas d'escompte pour paiement anticipé. 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. Décret n°2012-1115 du 02-10-2012"

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

Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand

Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

**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

[illegible]

V.A.T paid on debit

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

Signature:

RECEIVED
2020 MAR 30 PM 12:47
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

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

Tel: +33 (0)1 40 07 32 32 - Fax: +33(0)1 42 66 12 51 - legrand@ihg.com - www.intercontinental.com/parislegrand
Cet hôtel appartient à la Société des Hôtels Intercontinental France SAS, 388 702 391 R.C.S. Paris.

**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

RECEIVED

2020 MAR 30 PM 12:47

LAST NAME-FIRST NAME-MIDDLE NAME: SUAREZ - FRANCIS - XAVIER	NAME OF AGENCY: OFFICE OF THE CITY CLERK CITY OF MIAMI OFFICE OF MAYOR
STREET ADDRESS: 3500 PAW AMERICAN DRIVE	OFFICE OR POSITION HELD: MAYOR
CITY: MIAMI ZIP: 33131 COUNTY: MIAMI - DADE	FOR QUARTER ENDING (Check One): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPT. <input type="checkbox"/> DEC. YEAR: 20 2020

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 FESTIVAL PASSES	\$ EST. 180.00	MONTY TRAINER	3390 MARY ST. SUITE 128
			PRESIDENT COCONUT GROVE	COCONUT GROVE, FL
			ARTS FESTIVAL	33133

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: 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,

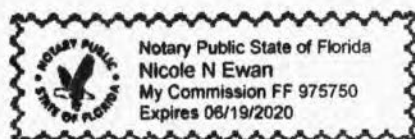
by Francis Xavier Suarez,
(Name of Person Making Gift Disclosure)


(Signature of Notary Public, State of Florida)

Nicole N. Ewan
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me or ☐ Produced Identification
Type of Identification Produced: _____

COE 02/2010





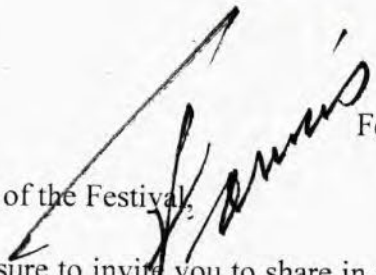
RECEIVED

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


February 3, 2020

Dear Friend of the Festival,

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.

Best Wishes,


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

RECEIVED
2020 MAR 30 PM 12:47
OFFICE OF THE CITY CLERK
CITY OF MIAMI

**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

RECEIVED

2020 MAR 30 PM 12:48

LAST NAME-FIRST NAME-MIDDLE NAME: SUAREZ - FRANCIS - XAVIER	NAME OF AGENCY: OFFICE OF THE Mayor
STREET ADDRESS: 3500 PAN AMERICAN DRIVE	OFFICE OR POSITION HELD: Mayor
CITY: Miami ZIP: 33131 COUNTY: MIAMI-DADE	FOR QUARTER ENDING (Check One): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPT. <input type="checkbox"/> DEC. YEAR: 2020

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
2/4/2020	PROTOCOL GIFTS	EST. \$190.00	MAYOR OF PUERTO BARRIOS	15a CALLE 8 6a AVENIDA
			GUATEMALA HUGO	PUERTO BARRIOS GUATEMALA
			RENE SANCHEZ	

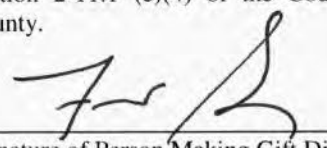
CHECK HERE IF CONTINUED ON SEPARATE SHEET. ☐

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: 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

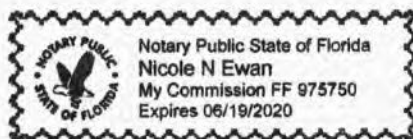
Sworn to (or affirmed) and subscribed before me this 30th day of March, 20 20

by Francis Xavier Suarez
(Name of Person Making Gift Disclosure)

Nicole N. Ewan
(Signature of Notary Public, State of Florida)

Nicole N. Ewan
(Print, Type, or Stamp Commissioned Name of Notary Public)

☒ Personally known to me or ☐ Produced Identification
Type of Identification Produced: _____



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
OFFICE OF THE CITY CLERK
CITY OF MIAMI

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Suarez Francis Xavier

MAILING ADDRESS :

Office of the Mayor

3500 Pan American Drive

CITY :

Miami

ZIP :

33133

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor

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 APPOINTEERECEIVED
2019 JUN 26 PM 4:25
OFFICE OF THE CITY CLERK
CITY OF MIAMI**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

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

☒ DECEMBER 31, 2018 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Carlton Fields Jordan Burt	100 SE 2nd St #4200, Miami, FL	Attorney - Of Counsel
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

██████████ Miami, FL 33133

1671 SW 32 Avenue, Miami, FL 33145

120 SW 37 Avenue, Miami, FL 33134

FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Money	Savings Account at US Century Bank
Money	City National Bank

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

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

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

RECEIVED
2019 JUN 26 PM 4:25
OFFICE OF THE CITY CLERK
CITY OF MIAMI

PART G — TRAINING

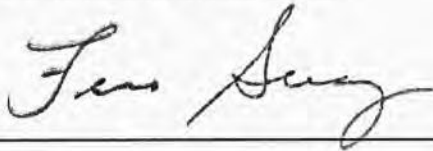
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING

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

SIGNATURE OF FILER:

Signature:



Date Signed:

06/26/2019

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Mayor Francis X. Suarez

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

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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 American 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 person, 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 issuing company; or accrued income taxes on net unrealized appreciation.	
Primary Home	\$1,475,000.00		
Investment Property	\$550,000.00		
Investment Property	\$153,190.00		
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
		Xavier Suarez/145 SE 25th Rd. Miami, FL 33129	\$40,000.00
HOUSEHOLD GOODS/PERSONAL EFFECTS 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 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: \$			

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 06/26/19 was \$ 411,703.78

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

[Signature]
Signature of the Person Reporting

06/26/19
Date

State of Florida

County of Miami-Dade

Sworn to (or affirmed) and subscribed before me on this the 26 day of June, 20 19
by:

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]
Signature of Notary Public

Todd B. Hannon
(Name of Notary Typed, Stamped or Printed)
Notary Public, State of Florida

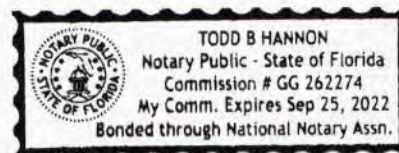
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CITY OF MIAMI

☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

NOTARY PUBLIC
SEAL OF OFFICE:



Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: Suarez Francis			NAME OF AGENCY: City of Miami	
MAILING ADDRESS: fsuarez@miamigov.com			OFFICE OR POSITION HELD: Mayor	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER YEAR 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 a reportable gift.**

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
01/10/19	Travel Expenses for 2. Commercial Mission Trip to Zaragoza, Spain	\$6,846.48	Consejería de Cultura y Patrimonio de Gobierno de Aragón. EGEDA	Edificio Ranillas Avda. Ranillas, 5 D 50071 Zaragoza (Zaragoza) Spain

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET


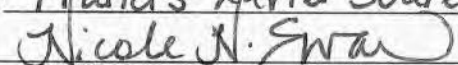
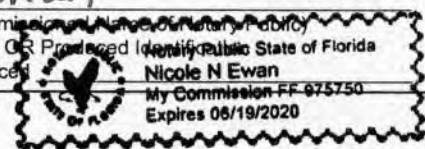
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CITY OF MIAMI

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>27th</u> day of <u>June</u> , 20 <u>19</u> by <u>Francis Xavier Suarez</u>  (Signature of Notary Public-State of Florida) <u>Nicole N. Ewan</u> (Print, Type, or Stamp Commission and Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> State of Florida Type of Identification Produced 
---	--

PART D — FILING INSTRUCTIONS

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

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

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MAYOR'S COMMERCIAL MISSION TO SPAIN

January 10, 2019
Zaragoza & Madrid, Spain

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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

SATURDAY, JANUARY 12th, 2019 - ZARAGOZA

2019 JUN 27 PM 3:33
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CITY OF MIAMI

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9:00am-10:40am **BREAKFAST**
Location: Hotel Palafox

10:40am-11:00am **DEPART TO PRESIDENCIA DEL GOV DE ARAGON**
Location: Edificio Pignatelli
Address: Paseo María Agustín, 36 50071 Zaragoza

11:00am-12:00pm **MEETING W MINISTER (CONCEJERA) MARIA TERESA PEREZ ESTEBAN**
Location: Presidencia del Gobierno de Aragon

12:30am-2:30pm **VISIT TO ARAGON FACILITIES**
Location: Presidencia del Gobierno de Aragon
Address: Paseo María Agustín, 36 50071 Zaragoza

2:30pm-4:30pm **INSTITUTIONAL LUNCH W PRESIDENT OF FRANCISCO JAVIER LAMBÁN MONTAÑÉS & MINISTER (CONCEJERA) MARIA TERESA PEREZ ESTEBAN**
Location: Restaurant Quema
Address: Paseo Maria Agustin, 20, 50004 Zaragoza, Spain
Attendees: Minister of Culture & Sports of Spain José Guirao Cabrera. President CEJA (Premios) & Club Atlético de Madrid Enrique Cerezo

4:30pm-4:45pm **DEPART TO HOTEL PALAFOX**
Address: Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

4:45pm-8:15pm **WORK CALL TIME**
Location: Hotel Palafox
Address: Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

8:15pm-8:45pm **DEPART TO PREMIOS JOSE MARIA FORQUÉ**
Location: Palacio de Congresos de Zaragoza
Address: Plaza Lucas Miret Rodriguez, 1, 50018 Zaragoza, Spain

8:45pm-10:00pm **PREMIOS JOSE MARIA FORQUÉ PRE-AWARD RECEPTION**
Location: Palacio de Congresos de Zaragoza
Address: Plaza Lucas Miret Rodriguez, 1, 50018 Zaragoza, Spain

10:00pm-11:30pm **START OF PREMIOS FORQUÉ AWARDS GALA**
Location: Palacio de Congresos de Zaragoza
Address: Plaza Lucas Miret Rodriguez, 1, 50018 Zaragoza, Spain

11:30am-12:00am **DEPART TO HOTEL PALAFOX**
Address: Calle Marqués Casa Jiménez, s/n, 50004 Zaragoza

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

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CITY OF MIAMI

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 W THE
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 -

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Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

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CITY CLERK
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME: SUAREZ - FRANCIS - XAVIER			NAME OF AGENCY: CITY OF MIAMI	
MAILING ADDRESS: [REDACTED]			OFFICE OR POSITION HELD: MAYOR OF MIAMI	
CITY: MIAMI	ZIP: 33133	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input checked="" type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 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 a reportable 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 (EVA)	GCA	WILHELM KAD 149 C
	(APPROX. \$10,236.13)		"	3072 AP ROTTERDAM
5/19-20/19	AIRPORT SERVICES	\$6047.98	"	NETHERLANDS
	(APPROX. \$6749.54)		"	"

☒ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

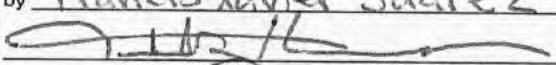
☒ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

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

Florida Statutes.

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF **MIAMI-DADE**
Sworn to (or affirmed) and subscribed before me this **26th** day of **JUNE**, 20 **19**
by **Francis Xavier Suarez**

(Signature of Notary Public-State of Florida)
Todd B. Hannon
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☒ OR ☐ Notary Public - State of Florida
Type of Identification Produced ☒ Notary Public - State of Florida
Commission # **GC 262274**
My Comm. Expires Sep 25, 2022
Bonded through National Notary Assn.

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.)

June 25, 2019

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
USD 5/19/19	US Dollar	1.1166361810	0.8955468370
USD 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

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GLOBAL
CENTER ON
ADAPTATION

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CITY OF MIAMI

Declaration for Expenses and Costs

Visit Mayor of Miami, Francis Suarez

19 May - 22 May 2019

Date	Description	Amount paid
Flight tickets		
Mayor Francis Suarez		€ 9,261.77
5/19/2019	MIA - JFK - Business Class	
5/19/2019	JFK - AMS - Business Class	
5/20/2019	AMS - TXL (Berlin) - Business Class	
5/22/2019	TXL - AMS - Business Class	
5/22/2019	AMS - ATL - Business Class	
5/22/2019	ATL - MIA - Business Class	
Mr. Lamprou		€ 5,054.80
5/19/2019	MIA - JFK - Economy Class	
5/19/2019	JFK - AMS - Economy Class	
5/20/2019	AMS - TXL (Berlin) - Economy Class	
5/22/2019	TXL - AMS - Economy Class	
5/22/2019	AMS - ATL - Economy Class	
5/22/2019	ATL - MIA - Business Class	
Mr. Schwarz		€ 4,907.80
5/19/2019	MIA - JFK - Economy Class	
5/19/2019	JFK - AMS - Economy Class	
5/20/2019	AMS - TXL (Berlin) - Economy Class	
5/22/2019	TXL - AMS - Economy Class	
5/22/2019	AMS - ATL - Economy Class	
5/22/2019	ATL - MIA - Business Class	
Transport - Luxury Airport Services		
5/20/2019	Arrival Mr. Suarez	€ 710.00
5/20/2019	Two meeter & greeter VIP	€ 50.00
5/20/2019	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
5/20/2019	Departure Mr Suarez	€ 710.00
5/20/2019	Two meeter & greeter VIP	€ 50.00
5/22/2019	Transfer Mr. Suarez	€ 965.00
	VAT 9%	€ 248.63
	VAT 21%	€ 521.85
Accommodation - Hotel Room Mate		
5/20/2019	Junior Suite Mr Suarez	€ 132.45
5/20/2019	Room Mr. Schwarz	€ 69.78
5/20/2019	Room Mr. Lamprou	€ 55.30

Leisure Activity		
5/20/2019	Boat tour in Amsterdam	€ 580.25
Total expenses		€ 26,110.13

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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



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2019 JUN 26 PM 2:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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	Ministerie / Directie / Afdeling	IenM DGMI-DI
Korte omschrijving reis (bestemming, doel)	berlijn	Kostendrager	IenM DGMI-DI/HGIS GCA IenM DGMI-DI
Schatting Daggeldvergoeding (EUR)	202.88	Soort reiziger	Externen / Uitzendkrachten / Expert
Reiskosten (EUR)	9261.77	Soort reis	Duty trip (Dienstreis)
Hotelkosten (EUR)	0	Online boeken of declaratie achteraf	1. Online boeken
Maximum voorschotbedrag	120	Reden	Werkbezoek
Totaal Geschatte Kosten (EUR)	9464.65	Omschrijving & motivering *	gca meeting
Date: 19-5-2019 Dept: 12:15 Arr: 15:24 From: MIA (Usa) to: JFK (Usa) By: flightNumber: 1274 Class: Business Date: 19-5-2019 Dept: 16:09 Arr: 05:55 From: JFK (Usa) to: AMS (Netherlands) By: flightNumber: 046 Class: Business Date: 20-5-2019 Dept: 20:45 Arr: 22:00 From: AMS (Netherlands) to: TXL (Germany) By: flightNumber: 1835 Class: Business Date: 22-5-2019 Dept: 06:00 Arr: 07:20 From: TXL (Germany) to: AMS (Netherlands) By: flightNumber: 1818 Class: Business Date: 22-5-2019 Dept: 08:35 Arr: 11:55 From: AMS (Netherlands) to: ATL (Usa) By: flightNumber: 071 Class: Business Date: 22-5-2019 Dept: 14:00 Arr: 15:55 From: ATL (Usa) to: MIA (Usa) By: flightNumber: 1224 Class: Business			
Goedkoopste tarief	Niet beschikbaar	Reiziger(s)	Francis Xavier / (CC:IenM DGMI-DI - REF) Francis
Gekozen tarief	9261.77 EUR		
Gemiste besparingen	Niet beschikbaar		
Etravel Policy	NOK		
Deadline voor goedkeuring:	Akkoord voor vluchten binnen 24 uur. Boeking hotel en trein is ter kennisgeving en vraagt geen akkoord		
Commentaar:			

RECEIVED

2019 JUN 26 PM 2:50

OFFICE OF THE CITY CLERK
CITY OF MIAMI



Ministerie van Infrastructuur en Milieu
IBI-F&I
Postbus 20906
2500EX 's-Gravenhage
Nederland

Luxury Airport Services
Swammerdamstraat 3
1171XJ Badhoevedorp

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

VATIN: NL858499046B01
COC Amsterdam: 70888388

IBAN: NL29RABO0328766968
BIC: RABONL2U

INVOICE

Invoice number : 19700122
Invoice date : 28 May 2019
Due date : 11 June 2019
Reference : 5200001137/3

RECEIVED
2019 JUN 26 PM 2:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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 excl. VAT	€	5,277.50
VAT 0.0%	€	0.00
9.0%	€	248.63
21.0%	€	521.85

Total amount due € 6,047.98

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

RECEIVED

2019 JUN 26 PM 2: 50

Mr FRANCIS SUAREZ
Netherlands

OFFICE OF THE CITY CLERK
CITY OF MIAMI

Room No. : 401
Arrival : 20/05/19
Departure : 21/05/19
Reservation No. : 10078537
Cashier No. : 1802
Folio No. : 21319
Date : 21/05/19

Invoice

Name : Mr FRANCIS SUAREZ
Group Code :
Company : GLOBAL CENTER ON ADAPTATION

NIF

CIF

Date	Description	Debit EUR	Credits EUR
20/05/19	Accommodation	125.00	
20/05/19	City Tax 6.5%	7.45	
21/05/19	Master Card		132.45
Total		132.45	132.45
Balance			0.00 EUR

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

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 # XXXXXXXXXX
Credit Card Expiry : XX/XX
Transaction Amount 132.45

RoomMate
HOTELS

Email | bruno@room-matehotels.com
Room Mate Rotterdam B.V. - VAT no. NL857913219B01 - KvK
IBAN Number NL08ABNA0254370500 Bank - ABN Amro N.V. - BIC: ABNANL2A
Registered office: Udok, 6 - 1013MM Amsterdam - The Netherlands

Hotel Telephone | 0031 (10) 89 14 900
Reservations Dpt. | 0031 108 914 907
www.room-matehotels.com



Ministerie van Infrastructuur en Milieu

RECEIVED
2019 JUN 26 PM 2:50
OFFICE OF THE CHIEF CLERK

Declaratieformulier voor externen

Achternaam en voorletters: **SCHESKE, L.B.O.M.**

Adres: **VESPUCCISTRAAT 134-3, 1056 SV AMSTERDAM**

Postcode en woonplaats:

IBAN nummer: **NL 20 TRIO 0379 5213 93**

Ten laste van dienstonderdeel: **DGMJ / GCA**

Naam contactpersoon (opdrachtgever) bij ministerie: **Jim Bos**

Specificatie declaratie

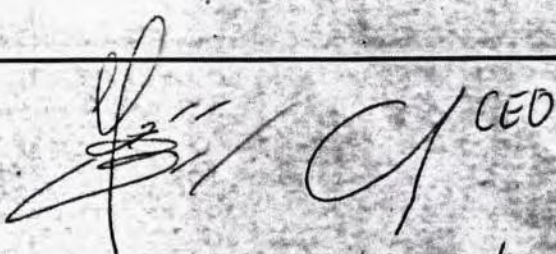
Datum	Omschrijving	Bedrag
20/5/19	Boat Tour Mayor Suarez	€ 375
20/5/19	Private guide for Boat Tour	€ 150
20/5/19	Dinner GCA Staff	€ 50
20/5/19	Coffee for Mayor Suarez @ 2de Kamer	€ 5,25
		€
		€
		€
		€
Totale kosten		€ 580,25

Ondertekening declarant

Plaats: **Rotterdam**

Datum: **23.5.2019**

Handtekening: 

 CEO
prestatieverklaarder
Jim Bos

Middelenbestedingsnummer / regelnummer (positie):

52.000.000.109.2

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

Ministerie van Infrastructuur en Milieu
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 - Mayor Suarez - 90+min	
	[The Full Monty] 10 Spots	EUR 375
Subtotal		EUR 375
Total		EUR 375
Amount Paid		€375.00

RECEIVED
2019 JUN 26 PM 2:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI

Dam Good Tours

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

INVOICE

INVOICE #1905291
DATE: 29 May 2019

To:

For:
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!

RECEIVED
2019 JUN 26 PM 2:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI

RECEIVED
2019 JUN 26 PM 2:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI

RECEIVED

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

INFORMATION - GILT NICHT ALS RECHNUNG

Rechnungs.-Nr. /

Datum : 05.06.19

Gast : Corporate Traveler 199/219

Zimmer Nr. : 9044

Anreise : 20.05.19

Abreise : 07.06.19

Seite : 3 von 10

Benutzer ID : P021-CWESSLER

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

RECEIVED

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

INFORMATION - GILT NICHT ALS RECHNUNG

Rechnungs.-Nr. /

Datum : 05.06.19

Gast : Corporate Traveler 199/219

Zimmer Nr. : 9044

Anreise : 20.05.19

Abreise : 07.06.19

Seite : 7 von 10

Benutzer ID : P021-CWESSLER

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

RECEIVED

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

INFORMATION - GILT NICHT ALS RECHNUNG

Rechnungs.-Nr. /

Datum : 05.06.19

Gast : Corporate Traveler 199/219

Zimmer Nr. : 9044

Anreise : 20.05.19

Abreise : 07.06.19

Seite : 9 von 10

Benutzer ID : P021-CWESSLER

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)

RECEIVED

LAST NAME - FIRST NAME - MIDDLE NAME: SUAREZ-FRANCK-XAVIER			NAME OF AGENCY: OFFICE OF MAYOR	
MAILING ADDRESS: 3500 PAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR	
CITY: Miami	ZIP: 33133	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 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 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	INTERNATIONAL ROUNDTRIP AIRFARE	US \$11,404.53 (R\$45,618.30)	FORUM DAS AMERICAS	AVENIDA BRIGADEIRO FARIA LIMA 1461
8/12/19	HOTEL COST SAO PAULO	US \$1,075.25 (R\$4301.22)	"	15 ANDAR - CJITO 152
8/14/19	HOTEL COST RIO DE JANEIRO	US \$749.23 (R\$2996.90)	"	SAO PAULO, SP BRASIL
8/14/19	HOTEL COST BRASILIA	US \$150.00 (R\$600.00)	"	"

☒ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

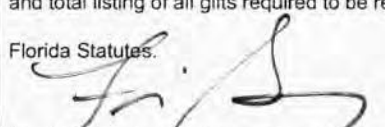
If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☒ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

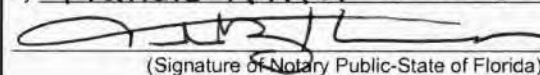
I, the person whose name appears at the beginning of this form, do
depose on oath or affirmation and say that the information disclosed
herein and on any attachments made by me constitutes a true accurate,
and total listing of all gifts required to be reported by Section 112.3148,

Florida Statutes.


SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me this
27th day of November, 20 19

by Francis Xavier Suarez


(Signature of Notary Public-State of Florida)

Todd B. Hannon

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

Personally Known ☒ Or Production of Identification ☐

Type of Identification Produced

 My Comm. Expires Sep 25, 2022

Bonded through National Notary Assn.

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.)

[illegible]

November 25, 2019

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

RECEIVED
2019 NOV 27 PM 12:46
CITY OF MIAMI CLERK
CITY OF MIAMI

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

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

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

Emergência: 55 11 94149-6282

Fax.....: 55-11-25393915

ABAV: 1762

Iata.....: 96340005

Cadastur...: 26.026374.10.0001-3

Home Page: www.totumviagens.com.br

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

Fl.: 1/3

No.Fatura/ Duplicata	Valor Fatura/ Duplicata [R\$]	Data de Emissão	Data de Vencimento	Para uso da Inst. Financeira
FT00050269	36.489,50	01/08/2019	09/08/2019	
Multa de R\$ 1.824,47 após 09/08/2019				
Encargos p/dia de R\$ 12,04 após 09/08/2019.				
Sacado.....: 01115 - FÓRUM DAS AMÉRICAS A/C.: Contato: TATIANA COHEN Endereço.....: Av. Brig. Faria Lima, 1485 19º andar Bairro.....: Jardim Paulistano Cidade: SAO PAULO Estado: SP Cep:01452-002 Fone(s).....: 11 4440.2396 Fax.....: Cobrança.....: Av. Brig. Faria Lima, 1485 19º andar Bairro.....: Jardim Paulistano Cidade: SAO PAULO Estado: SP Cep:01452-002 CNPJ.....:50.653.567/0001-35 Inscrição Estadual: Praça de pagamento: SAO PAULO				
Impresso em: 01/08/2019 15:55:55				
EXTENSO	Trinta e Seis Mil, Quatrocentos e Oitenta e Nove Reais e Cinquenta Centavos *****			
RECONHECEMOS A EXATIDÃO DESTA DUPLICATA DE SERVIÇOS TURÍSTICOS NA IMPORTÂNCIA ACIMA QUE PAGAREMOS A TOTUM VIAGENS E TURISMO LTDA, OU A SUA ORDEM NA PRAÇA E VENCIMENTOS INDICADOS.				

Aceite: _____ Data: ____/____/____

Após 5 dias do vencimento, fatura sujeita a protesto.

Nº Requisição	Passageiro	Tipo	Emissão	Bilhete/VC/OS	Saída/Período	Rota/Produto		
Nota Débito	Reserva/SR	Valor Original	Câmbio	Valor	Extras	Tx.Emb.	Tx.Serviço	Desconto
Cód.Integração	Observação							Total

Fornecedor: HOTEL UNIQUE - C.N.P.J.:03.109.168/0001-28

		SUAREZ/FRANCIS MR	30/07/19	VC00098744	12/08/19 a 14/08/19	Hospedagem Diárias:002		
ND00207527	00262954	3.740,00 [R\$] 1.000000	3.740,00	561,00	0,00	0,00	0,00	4.301,00
		BROADWAY SUITE						
		RATES, OTHERS AND TAXES TO COMPANY						
		GUARANTED BY CREDIT CARD						
		HERTELL/HANS	31/07/19	VC00098746	12/08/19 a 14/08/19	Hospedagem Diárias:002		
ND00207528	00262955	3.740,00 [R\$] 1.000000	3.740,00	561,00	0,00	0,00	0,00	4.301,00
		PREMIUM ROOM						
		RATES, OTHERS AND TAXES TO COMPANY						
		GUARANTED BY CREDIT CARD						
		HERTELL/HANS HELMUT	31/07/19	VC00098745	12/08/19 a 14/08/19	Hospedagem Diárias:002		
ND00207528	00262955	3.740,00 [R\$] 1.000000	3.740,00	561,00	0,00	0,00	0,00	4.301,00
		PREMIUM ROOM						
		RATES, OTHERS AND TAXES TO COMPANY						
		GUARANTED BY CREDIT CARD						

2019 NOV 27 PM 12:46
CITY OF MIAMI
RECEIVED

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

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

Emergência: 55 11 94149-8282

Fax.....: 55-11-25393915

ABAV: 1762

Iata.....: 96340005

Cadastur...: 26.026374.10.0001-3

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

Fl.: 3/3

Fatura: FT00050269

Nº Requisição		Passageiro		Tipo Emissão Bilhete/VC/OS Saída/Período				Rota/Produto		Total	
Nota Débito	Reserva/SR	Valor Original	Câmbio	Valor	Extras	Tx.Emb.	Tx.Serviço	Desconto			
Cód.Integração		Observação									
***** Continuação da página anterior											
		HERTELL/HANS HELMUT		01/08/19	VC00098786	14/08/19	a 16/08/19	Hospedagem Diárias:002			
ND00207526	00263055	2.606,00 [R\$]	1,000000	2.606,00	390,90	0,00	0,00	0,00		2.996,90	
		OCEAN VIEW STANDARD DELUXE									
		RATES AND TAXES TO COMPANY									
		GUARANTEED NO-SHOW									
*** Total do Fornecedor				13.030,00	1.954,50	0,00	0,00	0,00		14.984,50	
***** TOTAL DA FATURA				31.730,00	4.759,50	0,00	0,00	0,00		36.489,50	

RECEIVED

2019 NOV 27 PM 12:46

OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Fone..... 55-11-25393919

Emergência: 55 11 94149-6282

Fax..... 55-11-25393915

ABAV: 1762

Iata..... 96340005

Cadastur.: 26.026374.10.0001-3

Home Page: www.totumviagens.com.br

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

Fl.: 1/2

No.Fatura/ Duplicata	Valor Fatura/ Duplicata [R\$]	Data de Emissão	Data de Vencimento	Para uso da Inst. Financeira
FT00050249	202.998,83	30/07/2019	05/08/2019	
Multa de R\$ 10.149,94 após 05/08/2019				
Encargos p/dia de R\$ 66,98 após 05/08/2019.				
Sacado.....: 01115 - FÓRUM DAS AMÉRICAS				
A/C.: Contato: TATIANA COHEN				
Endereço.....: Av. Brig. Faria Lima, 1485 19º andar				
Bairro.....: Jardim Paulistano		Cidade: SAO PAULO	Estado: SP	Cep: 01452-002
Fone(s).....: 11 4440.2396		Fax.....:		
Cobrança.....: Av. Brig. Faria Lima, 1485 19º andar				
Bairro.....: Jardim Paulistano		Cidade: SAO PAULO	Estado: SP	Cep: 01452-002
CNPJ.....: 50.653.567/0001-35		Inscrição Estadual:		
Praça de pagamento: SAO PAULO				
Impresso em: 30/07/2019 14:04:37				
EXTENSO	Duzentos e Dois Mil, Novecentos e Noventa e Oito Reais e Oitenta e Tres Centavos *****			
RECONHECEMOS A EXATIDÃO DESTA DUPLICATA DE SERVIÇOS TURÍSTICOS NA IMPORTÂNCIA ACIMA QUE PAGAREMOS A TOTUM VIAGENS E TURISMO LTDA, OU A SUA ORDEM NA PRAÇA E VENCIMENTOS INDICADOS.				

Aceite: _____ Data: ____/____/____

Após 5 dias do vencimento, fatura sujeita a protesto.

Nº Requisição	Passageiro	Tipo	Emissão	Bilhete/VC/OS	Saída/Período	Rota/Produto	Total
Nota Débito	Reserva/SR	Valor Original	Câmbio	Valor	Extras	Tx.Emb. Tx.Serviço	Desconto
Cód.Integração	Observação						

Fornecedor: AMERICAN AIRLINES - C.N.P.J.:36.212.637/0001-99

	LAMPROU/ALEXANDER	[ADT]	29/07/19	9590415332	11/08/19-16/08/19	MIA/GRU//GIG/MIA	
ND00207328	00262882	4.917,00 [US\$]	3,774100	18.557,25	0,00	1.968,38	0,00
							20.525,63

	SUAREZ/FRANCIS	[ADT]	29/07/19	9590415342	11/08/19-16/08/19	MIA/GRU//GIG/MIA	
ND00207328	00262882	11.299,00 [US\$]	3,774100	42.643,56	0,00	2.974,74	0,00
							45.618,30

	HELMUT HERTELL/HANS	[ADT]	29/07/19	9590415343	11/08/19-16/08/19	MIA/GRU//GIG/MIA	
ND00207328	00262882	11.299,00 [US\$]	3,774100	42.643,56	0,00	2.974,74	0,00
							45.618,30

RECEIVED
2019 NOV 27 PM 12:46
CITY OF MIAMI

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

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

Emergência: 55 11 94149-6282

Fax.....: 55-11-25393915

ABAV: 1762

Iata.....: 96340005

Cadastur.: 26.026374.10.0001-3

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

Fl.: 2/2

Fatura: FT00050249

Nº Requisição		Passageiro		Tipo Emissão Bilhete/VC/OS Saída/Período				Rota/Produto		Total
Nota Débito	Reserva/SR	Valor Original	Câmbio	Valor	Extras	Tx.Emb.	Tx.Serviço	Desconto		
Cód.Integração Observação										
***** Continuação da página anterior										
HERTELL/HANS				[ADT]	29/07/19	9590415344	11/08/19-16/08/19	MIA/GRU//GIG/MIA		
ND00207328	00262882	11.299,00 [US\$]	3,774100	42.643,56	0,00	2.974,74	0,00	0,00		45.618,30
SCHWARZ JR/JEREMIAH				[ADT]	29/07/19	9590415348	11/08/19-16/08/19	MIA/GRU//GIG/MIA		
ND00207328	00262882	11.299,00 [US\$]	3,774100	42.643,56	0,00	2.974,74	0,00	0,00		45.618,30
*** Total do Fornecedor				:	189.131,49	0,00	13.867,34	0,00	0,00	202.998,83
***** TOTAL DA FATURA					189.131,49	0,00	13.867,34	0,00	0,00	202.998,83

RECEIVED

2019 NOV 27 PM 12:46

OFFICE OF THE CITY CLERK
CITY OF MIAMI

FORUM^{das}
AMERICAS

To
Jeremy Schwarz
Chief of Staff
Mayor of Miami

October 30, 2019.

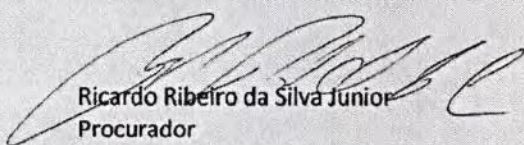
Dear Jeremy,

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



ICON G TAXI AEREO LTDA

PRACA SENADOR SALGADO FILHO S.N. S.N

CENTRO

RIO DE JANEIRO - RJ CEP: 20021340

CNPJ: 00.278.017/0002-96 Inscrição Estadual: 79704580

Telefone: 5511 4228-0000

Tipo do CTe

Normal

Tipo de Serviço

TRANSPORTE DE PESSOAS

CFOP - Natureza da Prestação

5.52 - PREST. SERVIÇO TRANSPORTE A ESTABELECIMENTO INDUSTRIAL

Início da Prestação

RIO DE JANEIRO - RJ

Percurso do Veículo

Término da Prestação

ARACAJU - SE

Tomador/ Usuário de Serviço: GENPOWER PARTICIPACOES S.A

Endereço: AV DAS AMERICAS, 7935 -

- BARRA DA TIJUCA

Município: RIO DE JANEIRO - RJ CEP: 22791-081

País:

CNPJ/CPF: 13.204.164/0001-82 Inscrição Estadual

Telefone: (21) 9811-9931

Informações da Prestação do Serviço

Quantidade	Descrição do serviço prestado
1,0000	FRETAMENTO DE AERONAVE

Componentes do Valor da Prestação de Serviço

Nome	Valor	Nome	Valor	Nome	Valor	Valor Total do Serviço
						94.000,00
						Valor a Receber
						94.000,00

Informações Relativas ao Imposto

Situação Tributária	Base de Cálculo	Aliq. ICMS	Valor ICMS	% Red. Bc. Calc.
00 - Quilts	0,00	0,00	0,00	100,00

Observações

uf de voo: 00255301 aeronave: pr alfa absp // abci // abar // abgi // absp dados para depósito: banco safra (422), agencia 0115, conta corrente 16036-2 / não desc
mos. prest aer/vme caracterizta cessao mod lei 8.212/91, art 31, pará 3o, pret issqn não aplice (serv transp intermunicipal/riems/sp art. 1o, ii); convenio rcm
8 no. 120/96 (suspensao adin no 1600-8 de 08-08/2003 - atf), impostos aproximados: -federais: R\$ 611,00 -estaduais: R\$ 0,00 -municipais: R\$ 0,00 -

Seguro da Viagem

Responsável	Número da Seguradora	Número da Apólice

Informações específicas do Modal Rodoviário

Tempo de Autorização de Fretamento	Número de Registro Estadual	Placa do Veículo	RENAVAM do Veículo	CNPJ/CPF

Uso Exclusivo do Emissor do CTe

Reservado ao Fisco

DECLARO QUE RECEBI OS VOLUMES DESTE CONECTIVO EM PERFEITO ESTADO PELO QUE DOU POR CUMPRIDO O PRESENTE CONTRATO DE TRANSPORTE

Nome

Término da Prestação - Data / Hora

CT-E OS

Nro: 217

R.G.

Início da Prestação - Data / Hora

Série: 2

Assinatura / Carimbo

RECEIVED
2019 NOV 27 PM 12:46
FRETAMENTO CITY DE EMK
CITY OF MIAMI

CONTRATO DE FRETAMENTO - ASA FIXA - ID 255301



São Paulo, 13 de Agosto de 2019.

A (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	Ano: 2010
Data e Hora	De	Para	Tempo Estimado			
16/08/2019 08:30	SBRJ-SANTOS DUMONT	SBAR-ARACAJU - SANTA 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 Portaria 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 extras, inclusive com terceiros, necessários à operacionalização do mesmo. Poderão ser cobrados valores adicionais na hipótese de alteração 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 culpa 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 tal 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 muitas aplicadas à FRETADORA 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 cliente 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 aplicável, 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.

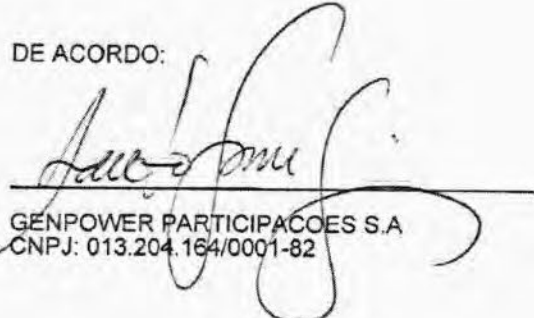
Cancelamentos formalizados em prazo inferior a 12 horas à primeira decolagem. Cobrança de 100% do valor contratado.

* 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 de 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 irrevogável e irretroatável, 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 PARTICIPAÇÕES S.A.
CNPJ: 013.204.164/0001-82

ICON G TAXI AEREO LTDA
CNPJ: 000.278.017/0001-05

TESTEMUNHAS:

NOME:

RG:

NOME:

RG:

ATENÇÃO

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

BAGAGEM NÃO PERMITIDA



MATERIAIS MAGNÉTICOS
(QUE POSSAM INTERFERIR NOS
EQUIPAMENTOS DA AERONAVE)



LÍQUIDOS INFLAMÁVEIS
USADOS COMO COMBUSTÍVEL



SÓLIDOS INFLAMÁVEIS
(PÓLVORA E ARTIGOS DE
FACA, DYNAMITE)



SUBSTÂNCIAS DE
COMBUSTÃO ESPONTÂNEA



SUBSTÂNCIAS INFLAMÁVEIS
(TODAS QUE SE AJAM EM CONTATO
COM O AR)



DOCUMENTOS, AÇÕES, VALORES
(SÃO APROPRIADOS PARA BAGAGEM
DE MÃO)



MATERIAIS OXIDANTES



SUBSTÂNCIAS VENENOSAS,
TÓXICAS OU INFECCIOSAS



MATERIAIS RADIOATIVOS



MATERIAIS CORROSIVOS



AMPOLAS E OUTROS RECIPIENTES
(CONTENDO AGENTES BIOLÓGICOS)



GASES
(VENENOSOS, INFLAMÁVEIS, OXIDANTES)



MATERIAIS EXPLOSIVOS
(MUNICÕES, FOGOS DE
ARTIFÍCIOS, ETC.)



ARMAS DE QUALQUER GÊNERO*
(INCLUSIVE TIPO BRANCO, SEM
AUTORIZAÇÃO)



MATERIAIS CORTANTES
(DE QUALQUER ESPÉCIE)



PÉS DE CABRA OU BARRAS
METÁLICAS



DISPOSITIVOS DE ALARME

BAGAGEM SUJEITA A APROVAÇÃO



ANIMAIS VIVOS
(A EMPRESA AEREA DEVERÁ SER
PREVIANENTE CONSULTADA)



ARTIGOS FRÁGEIS E PERECÍVEIS
(ACEITOS SE ESTIVEREM EMBALADOS
ADEQUADAMENTE)

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

6
SISBB - SISTEMA DE INFORMACOES BANCO DO BRASIL
23/08/2019 - AUTCATENDIMENTO - 12.12.28
5973005973 SEGUNDA VIA 0002

COMPROVANTE DE TRANSFERENCIA
COMPROVANTE DE

TED - TRANSFERENCIA ELETRONICA DISPONIVEL
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: 0113-5 - PLATAFORMA
CONTA: 16.264-1
FAVORECIDO: ICON G TAXI AEREO LTDA
CPF/CNPJ: 00.278.017/0001-05
VALOR: R\$ 94.000,00
DEBITO EM: 13/08/2019

=====

DOCUMENTO: 081302
AUTENTICACAO SISBB: 4.55F.80C.4EA.A2D.740

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

LAST NAME – FIRST NAME – MIDDLE NAME: SUAREZ – FRANCIS – XAVIER			NAME OF AGENCY: OFFICE of Mayor	
MAILING ADDRESS: 3500 PAN AMERICAN DRIVE			OFFICE OR POSITION HELD: MAYOR	
CITY: MIAMI	ZIP: 33133	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input checked="" type="checkbox"/> DECEMBER	
			YEAR 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 a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
10/20/19	AIRFARE / LODGING INCIDENTALS	\$1915.44	AMERICAN FLOOD COALITION	1342 FLORIDA AVE NW, WASH. DC 20009

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

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

Florida Statutes.

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF **MIAMI-DADE**
Sworn to (or affirmed) and subscribed before me this
20th day of **December**, 20**19**

by **Francis Xavier Suarez**

[Signature]
(Signature of Notary Public-State of Florida)

Todd B. Hannon
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ Type of Identification Provided ☒
TODD B HANNON
 Notary Public - State of Florida
 Commission # GG 262274
 My Comm. Expires Sep 25, 2022
 Bonded through National Notary Assn.

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.)



November 11, 2019

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

RECEIVED
2019 DEC 20 PM 3:24
CITY OF MIAMI

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

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Suarez Francis XavierMAILING ADDRESS :
Office of the Mayor

3500 Pan American Drive

CITY : ZIP : COUNTY :
Miami 33133 Miami-DadeNAME OF AGENCY :
City of MiamiNAME OF OFFICE OR POSITION HELD OR SOUGHT :
Mayor

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 APPOINTEERECEIVED
2018 JUN 29 PM 4:02
OFFICE OF THE CITY CLERK
CITY OF MIAMI**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

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

☒ DECEMBER 31, 2017 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Gray Robinson, P.A.	333 SE 2nd Ave #3200, Miami, FL 33131	Attorney - Of Counsel
Carlton Fields Jorden Burt, P.A.	100 SE 2nd St #4200, 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]

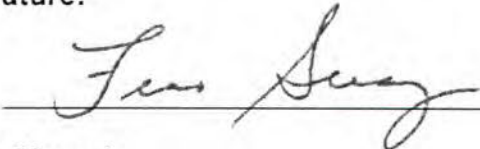
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

1671 SW 32 Place, Miami, FL 33145
120 SW 37 Avenue, Apt. 506, Miami, FL 33134FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
Money	Savings Account at US Century bank	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Chase Bank, NA	PO Box 24696, Columbus, OH 43224	
Seterus, Inc.	PO Box 2008, Grand Rapids, MI 49501	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. <div style="text-align: center;"> <input checked="" type="checkbox"/> I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. </div>		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>		
<u>SIGNATURE OF FILER:</u> Signature:  Date Signed: June 28, 2017		<u>CPA or ATTORNEY SIGNATURE ONLY</u> 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: _____
<u>FILING INSTRUCTIONS:</u> 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. <u>Do not email your form to the Commission on Ethics, it will be returned.</u> 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. <u>Do not file by both mail and email. Choose only one filing method.</u> 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.		

Mayor Francis X. Suarez

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

RECEIVED
2018 JUN 29 PM 4:02
OFFICE OF THE CITY CLERK
CITY OF MIAMI

**EXHIBIT H**

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

1671 SW 32 Place	Miami	33143	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)

[PART A] -- ASSETS		[PART B] -- LIABILITIES	
DESCRIPTION	VALUE	Please list below the name and address of every person, 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 issuing company; or accrued income taxes on net unrealized appreciation.	
Primary Home	Approximately \$320,575		
Investment Property	Approximately \$162,968		
Savings Account	Approximately \$214,750		
Checking Account	Approximately \$23,795	Name/Address of Creditors	Amount Owed
		Chase Bank, NA PO Box 24696, Columbus, OH 43224	\$360,000
		Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501	\$134,247
HOUSEHOLD GOODS/PERSONAL EFFECTS 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 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: \$ 722,088			

RECEIVED
2018 JUL -2 PM 3:49
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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 \$ 227,841

[PART D] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.


Signature of the Person Reporting

June 28, 2018
Date

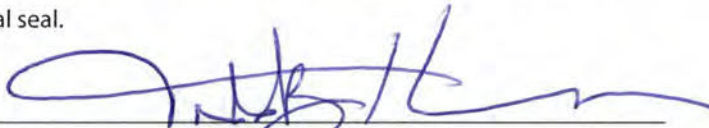
State of Florida

County of Miami-Dade

Sworn to (or affirmed) and subscribed before me on this the 28th day of June, 20 18,
by:

Francis Suarez, Mayor
(Name of person signing and his/her title (public officer, trustee or personal representative))

WITNESS my hand and official seal.

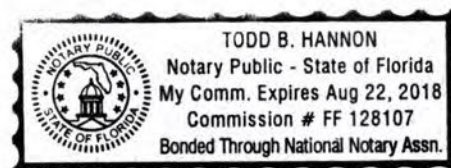

Signature of Notary Public

Todd B. Hannon
(Name of Notary Typed, Stamped or Printed)
Notary Public, State of Florida

RECEIVED
2018 JUL -2 PM 3:50
OFFICE OF THE CITY CLERK
CITY OF MIAMI

- ☒ Personally known to me, or
☐ Produced identification: _____
(Type of Identification Produced)

NOTARY PUBLIC
SEAL OF OFFICE:



Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

RECEIVED
2018 MAR 29 PM 4:10
OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME: Suarez - Francis - Xavier			NAME OF AGENCY: City of Miami
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: Mayor
CITY: Miami	ZIP: 33143	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input checked="" type="checkbox"/> 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

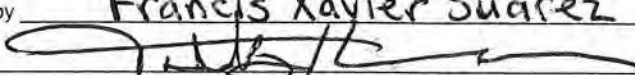
If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ 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
depose on oath or affirmation and say that the information disclosed
herein and on any attachments made by me constitutes a true accurate,
and total listing of all gifts required to be reported by Section 112.3148,
Florida Statutes.

SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me this
29th day of March, 20 18
by Francis Xavier Suarez

(Signature of Notary Public-State of Florida)

Todd B. Hannon
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☒ ☐ Not Personally Known
Type of Identification Produced Notary Public - State of Florida
My Comm. Expires Aug 22, 2018
Commission # FF 128107
Bonded Through National Notary Assn

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: Suarez -- Francis -- Xavier			NAME OF AGENCY: City of Miami	
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: Mayor	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2018	

RECEIVED
2018 DEC 31 AM 11:45
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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
July 22nd - July 25th	Plane Tickets, Lodging, and Tuition	Approx. \$1,854.00	Bloomberg Philanthropies	25 East 78th Street, New York, NY 10075
September 22nd	University of Miami Football Tickets	Approx. \$550	Florida International University Center for Leadership	11200 SW 8th Street, MARC 326, Miami, FL 33199
Sept. 29th - Oct. 3rd	Plane Tickets, Lodging, and Fee Registration	Approx. \$4,799.50	Association Industrial Portuguesa	Praça das Indústrias 1300-307 Lisboa, Portugal

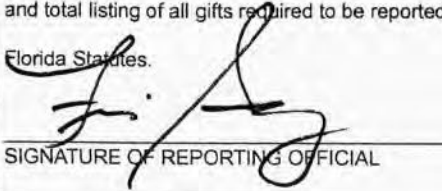
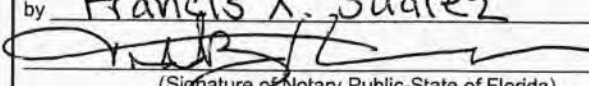
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>31st</u> day of <u>December</u> , 20 <u>18</u> by <u>Francis X. Suarez</u>  (Signature of Notary Public-State of Florida) <u>Todd B. Hannon</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR <input type="checkbox"/> Notary Public - State of Florida Type of Identification Produced <u>Commission # GG-262274</u> My Comm. Expires Sep 25, 2022 Bonded through National Notary Assn.
---	--

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 1**STATEMENT OF
FINANCIAL INTERESTS****2016**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Suarez Francis Xavier

MAILING ADDRESS :

1671 SW 32 Place

CITY :

Miami

ZIP :

33145-1835

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

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 APPOINTEEProcessed By: NEWAN
Processed Date: 7-12-17
Scanned By: NEWAN
Scanned Date: 7-12-17RECEIVED
2017 JUN 22 AM 10:33
OFFICE OF THE CITY CLERK
CITY OF MIAMI****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

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

☒ DECEMBER 31, 2016 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

1671 SW 32 Place, Miami, FL 33145
120 SW 37 Avenue, Apt. 506, Miami, FL 33134**FILING INSTRUCTIONS** for when
and where to file this form are
located at the bottom of page 2.**INSTRUCTIONS** on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Money	Savings Account at US Century Bank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Bank, NA	PO Box 24696, Columbus, OH 43224
Seterus, Inc.	PO Box 2008, Grand Rapids, MI 49501

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

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

PART G — TRAINING

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

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

June 22, 2017

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

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.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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, 2016.

Commissioner Francis X. Suarez

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

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2017 JUN 22 AM 10:33

OFFICE OF THE CITY CLERK
CITY OF MIAMI

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

2017 JUL -3 AM 10:57

RECEIVED



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	Commissioner
LAST NAME	FIRST NAME	MI	OFFICE 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)

[PART A] -- ASSETS		[PART B] -- LIABILITIES	
DESCRIPTION	VALUE	Please list below the name and address of every person, 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 issuing company; or accrued income taxes on net unrealized appreciation.	
Primary Home	Approximately \$320,607		
Investment Property	Approximately \$181,075		
Savings Account	Approximately \$238,500		
Checking Account	Approximately \$11,345	Name/Address of Creditors	Amount Owed
		Chase Bank, NA PO Box 24696, OH 43224	\$360,000
		Seterus, Inc PO Box 2008, Grand Rapids, MI 49501	\$137,512
HOUSEHOLD GOODS/PERSONAL EFFECTS 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 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: \$ 751,527			

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] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

[Signature]
Signature of the Person Reporting

June 30, 2017

Date

State of Florida

County of Miami-Dade

Sworn to (or affirmed) and subscribed before me on this the 30th day of June, 20 17,
by:

Francis X. Suarez, Commissioner

(Name of person signing and his/her title (public officer, trustee or personal representative))

WITNESS my hand and official seal.

[Signature]

Signature of Notary Public

Todd B. Hannon

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

2017 JUN 30 PM 1:10
OFFICE OF THE
NOTARY PUBLIC
STATE OF FLORIDA

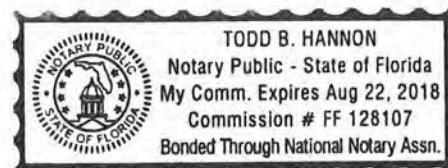
NOTARY PUBLIC
SEAL OF OFFICE:

☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

Processed By: N. Ewan
Processed Date: 7-12-17
Scanned By: N. Ewan
Scanned Date: 7-12-17



Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: Suarez, Francis Xavier			NAME OF AGENCY: City of Miami	
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: Commissioner	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2017	

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

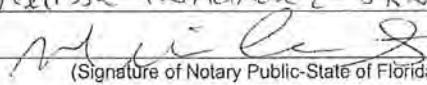
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

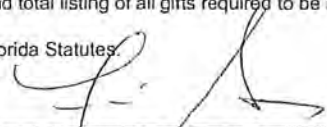
PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>10th</u> day of <u>March</u> , 20 <u>17</u> by <u>Melissa Fernandez-Stiers</u>  (Signature of Notary Public-State of Florida)
	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/> Type of Identification Produced _____ Notary Public State of Florida Melissa Fernandez-Stiers My Commission FF 234588 Expires 05/26/2019

SIGNATURE OF REPORTING OFFICIAL 

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 1

STATEMENT OF
FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Suarez, Francis XavierMAILING ADDRESS :
1671SW 32 Place

CITY : Miami ZIP : 33145 COUNTY : Miami-Dade

NAME OF AGENCY :
City of MiamiNAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner

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 APPOINTEEProcessed By: N. Ewan
Processed Date: 12-19-16
Scanned By: N. Ewan
Scanned Date: 12-19-16RECEIVED
2016 JUN 28 PM 2:18
OFFICE OF THE CITY CLERK
CITY OF MIAMI**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

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

☒ DECEMBER 31, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Alvarez & Barbara, P.A.	1750 Coral Way, Fl. 2, Miami, FL 33145	Lawyer - 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Alvarez & Barbara, P.A.	Wells Fargo Bank, NA	333 SE 2 Ave, Miami, FL 33131	Banking/Lending
Alvarez & Barbara, P.A.	Florida Prudential Realty	825 Arthur Godfrey Rd	Realty Company
		Miami Beach, FL 33140	

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")1671 SW 32 Place, Miami, FL 33145
120 SW 37 Ave., Apt. 506, Miami, FL 33134FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Money	Savings Account at US Century Bank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Bank, NA	PO Box 24696, Columbus, OH 43224
Seterus, Inc.	PO Box 2008, Grand Rapids, MI 49501

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

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

PART G — TRAINING

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

☒ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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

SIGNATURE OF FILER:

Signature: _____

Date Signed: _____

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

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.

WHERE TO FILE:

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.

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, 2015.

Commissioner Francis X. Suarez

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
- Southeast Overton Park West CRA
- Midtown CRA
- Miami Sports and Exhibition Authority
- Metropolitan Planning Organization (MPO)
- Miami-Dade County League of Cities
- Florida League of Cities

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CITY OF MIAMI



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	Commissioner
LAST NAME	FIRST NAME	MI	OFFICE 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)

[PART A] -- ASSETS		[PART B] -- LIABILITIES	
DESCRIPTION	VALUE	<div style="font-size: small;">Please list below the name and address of every person, 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 issuing company; or accrued income taxes on net unrealized appreciation.</div>	
Primary Home	Approximate \$239,959		
Investment Property	Approximate \$144,860		
Savings Account	Approximate \$214,000		
Checking Account	Approximate \$2,600	Name/Address of Creditors	Amount Owed
		Chase Bank, NA PO Box 24696, OH 43224	\$360,000
		Seterus, Inc. PO Box 2008, Grand Rapids, MI 49501	\$141,256
<div style="font-size: small;">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 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:</div> <div style="font-size: large; font-weight: bold;">\$</div>			

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2016 JUN 28 PM 2:16
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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, 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] -- AFFIDAVIT

The information disclosed herein and on any attachments hereto is true and correct to my knowledge.

[Signature]
Signature of the Person Reporting

6/28/2016
Date

State of Florida

County of Miami-Dade

Sworn to (or affirmed) and subscribed before me on this the 28th day of June, 20 16,
by:

Francis X. Suarez, Commissioner
(Name of person signing and his/her title (public officer, trustee or personal representative))

WITNESS my hand and official seal.

[Signature]


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

☒ Personally known to me, or

☐ Produced identification: _____

(Type of Identification Produced)

RECEIVED
2016 JUN 28 PM 2:16
OFFICE OF THE CITY CLERK
CITY OF MIAMI

NOTARY PUBLIC
SEAL OF OFFICE:

Processed By: N. Ewan
Processed Date: 12-19-16
Scanned By: N. Ewan
Scanned Date: 12-19-16

Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: Suarez, Francis Xavier			NAME OF AGENCY: City of Miami	
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: Commissioner	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2016	

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
January 5, 2016	Johnnie Walker Blue Label personalized bottle	\$180	Brenda Maribel Betancourt	1436 SW 6th Street Miami, FL 33135
			Miguel Soliman	

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET


RECEIVED
2016 JAN 28 PM 12:18
OFFICE OF THE CITY CLERK
CITY OF MIAMI

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>28th</u> day of <u>January</u> , 20 <u>16</u> by <u>Melissa Fernandez-Stiers</u> (Signature of Notary Public-State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <u>X</u> OR Produced Identification Type of Identification Produced <u>My Commission FF 234588</u> Expires <u>05/26/2019</u>
---	--

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: Suarez, Francis Xavier			NAME OF AGENCY: City of Miami	
MAILING ADDRESS: 3500 Pan American Drive			OFFICE OR POSITION HELD: Commissioner	
CITY: Miami	ZIP: 33133	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input checked="" type="checkbox"/> DECEMBER	
			YEAR 2016	

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 33146

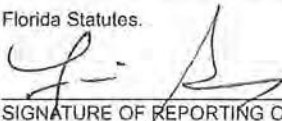
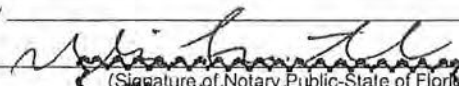
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

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 depone on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.  SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>23</u> day of <u>December</u> , 20 <u>16</u> by _____  (Signature of Notary Public, State of Florida) Notary Public State of Florida Melissa Fernandez-Stiers My Commission FF-234588 (Print, Type, or Stamp Commission Number of Notary Public) Personally Known <input checked="" type="checkbox"/> Not Personally Known <input type="checkbox"/> Not Personally Known <input type="checkbox"/> Type of Identification Produced _____
---	--

PART D — FILING INSTRUCTIONS

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