

**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate



Handwritten signature

MR 211:51A

OFFICE USE ONLY

Candidate Oath

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

I, Saul Diaz,

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

am a candidate for the nonpartisan office of City of Sweetwater Commissioner, _____,
(Office) (District #)

_____, 6; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 109384639

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

S-AW-L d-EE-AE-2

Saul Diaz
Signature of Candidate

(305) 218-6440
Telephone Number

SaulDiaz2017@hotmail.com
Email Address

10615 SW 65th
Address

Sweetwater
City

FL
State

33174
ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

[Signature]
Signature of Notary Public

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

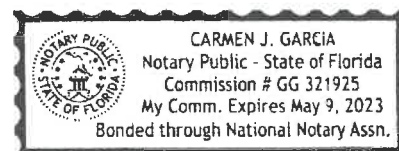
Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 16th day of March, 2023

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced: FDC





MR 11:51A

JS

**AFFIDAVIT OF CANDIDATE
CITY OF SWEETWATER, FLORIDA
STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF SWEETWATER**

Saul Diaz (herein after "Affiant"), being first duly sworn deposes and says:

1. My name is Saul Diaz.
2. I am offering myself as a candidate for the office of Commissioner of the City of Sweetwater, Florida in ☒ group 6 or ☐ the office of mayor.
3. I am a duly registered voter and elector and a qualified resident of the City of Sweetwater.
4. I have continuously resided in the City of Sweetwater for since [CLERK TO INSERT APPLICABLE DATE] (hereinafter the "Residency Date").
5. I currently reside at 10615 SW 6th, which is my legal address and have resided continually at said address from 1999 through the date hereof.
6. Prior to my current residence, I have resided at the following addresses:
301 NW 36th. (24 years ago)

7. Since the Residency Date my spouse has resided at the following addresses:
10615 SW 6th. Miami-Fl. 33174

8. I am a Citizen of the United States of America.
9. I do not currently hold any elected or appointed office that would require my resignation under § 99.012, Florida Statutes or I have resigned my position as provided in said statute.

Affiant:

Saul Diaz

STATE OF FLORIDA
COUNTY OF MIAMI-DADE



aul

MR 3/11:51AM

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, by
Saul Diaz who is

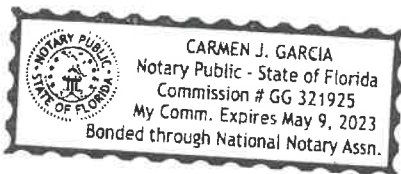
☒ Is personally known or

☒ Presented to me a valid identification: FDC

WITNESS my hand and official seal in the County and State last aforesaid this 16th day of March, 2023.


NOTARY PUBLIC,
State of Florida

My commission expires: May 9, 2023



LOYALTY OATH
FOR CANDIDATES FOR PUBLIC OFFICE
Sec. 876.05-876.10, 99.021, Florida Statutes

ENTERED
3/16/23

MR 11:51A

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Saul Diaz, a citizen of the State of Florida and of the United States of America... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

CANDIDATE OATH

I, Saul Diaz
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Commissioner, Group 6; that I am a qualified elector of Miami-Dade County, Florida; that I am qualified under the Constitution and the laws of Florida and the Charter of the City of Sweetwater to hold the office to which I desire to be nominated or elected; that I have taken the oath required by ss.876.05-876.10, Florida Statutes; that I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office I seek; and that I have resigned from any office from which I am required to resign pursuant to s.99.012, Florida Statutes.

Saul Diaz

10015 SW 65th (305) 218-6440 () -
Mailing Address Day Phone Fax Number

Sweetwater FL 33174 3-16-23
City State Zip Code Date Signed

Candidate's Voter Registration Number (located on the Voter Registration card) 109386639

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

S-AW-L d-EE-AE-Z

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

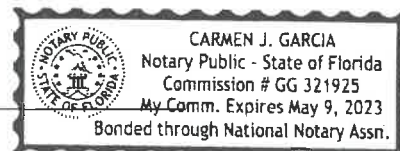
Sworn to (or affirmed) and subscribed before me this 16th day of March, 2023.

Personally known ☒ or

Produced Identification ☒

Type of Identification Produced: FDL

Carmen J. Garcia
Signature of Notary Public



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:

DIAZ Saul

MAILING ADDRESS:

10615 SW 6st.



MR 11:51A

CITY:

Sweetwater Fl.

ZIP:

33174

COUNTY:

Miami-Dade

NAME OF AGENCY:

City of Sweetwater

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner Grp. 6

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, 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 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
Air Plus + Appliances	10615 SW 6st	A/c Contractor
City of Sweetwater	500 SW 109 Ave	Commissioner

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")

10615 SW 6st, Sweetwater, Fl. 33174

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")

ENTERED
3/16/23

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Certificate of Deposit Chase Bank

① Car lease - ② Car financed GM + ③ Mercedes Benz

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

see 3rd pg attached

NAME OF CREDITOR

ADDRESS OF CREDITOR

GM Financial
Mercedes-Benz

P.O. Box 78143 - Phoenix AZ 85062-8143
Mercedes-Benz - P.O. Box 5209, Carol Stream IL 60197

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

N/A

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:

3-16-23

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

Part E-

Cadillac Financial Leasing

P.O. BOX 78143

Phoenix, AZ 85062-8143



MR 11:52

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)



The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

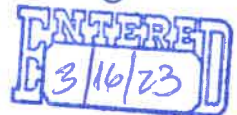
I, Saul Diaz, a candidate for the office of
please print your name
Commissioner Grp 6 in Sweetwater,
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x 
Signature

3-16-23
Date

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**



VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Saul Diaz, a candidate for the office of
please print your name
Commissioner Grp 6 in Sweetwater Miami-Dade
elective office sought county, municipality, or other jurisdiction

agree to abide by the **voluntary** Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the **voluntary** Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the **voluntary** Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is **voluntary**, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the **voluntary** nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the **voluntary** Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 
Signature

3-16-23
Date



Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
06/28/22

Saul Diaz SR
10615 SW 6Th St
Sweetwater FL 33174

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

109386639

Voting Location | Centro de Votación | Lokal Biwo Vot
Sweetwater Elementary School
10655 SW 4 St

Precinct No.
Núm. del Recinto
Nim. Biwo Vot
464

Date of Birth
Fecha de Nacimiento
Dat Nesans
11/4/1967

Registration Date
Fecha de Inscripción
Dat Enskripsyon
3/27/1991

Party Affiliation | Afiliación Partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

Christina White

Supervisor of Elections | Supervisora de Elecciones | Sinevizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
28

State Senate
Senado Estatal
Sena Eta
36

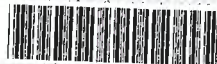
State House
Cámara Estatal
Lachannm Eta
116

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominotè
N/A

Municipality | Municipio | Minisipalite
SWEETWATER



CONCEALED WEAPON OR FIREARM LICENSE
STATE OF FLORIDA

LICENSE NUMBER
W 9102047



DIAZ, SAUL

BIRTH DATE

11/04/67

SEX

M

RACE

W

ISSUED

11/28/16

EXPIRES

04/19/24

The above named individual is licensed by the Department
of Agriculture & Consumer Services, Division of Licensing
in accordance with Section 790.04, Florida Statutes.

ADAM H. PUTNAM
COMMISSIONER

ENTERED
3/16/23

MR 11:52A

Florida DRIVER LICENSE
D200-780-67-404-0

SAUL DIAZ
10615 SW 6TH ST
MIAMI, FL 33174

DOB: 11/04/1967 SEX: M
EXP: 11/04/2027 HEIGHT: 5'-08"
EYES: BROWN HAIR: A

SAFE DRIVER
DOB: 09/04/2019
DOB: 09/04/2019
REPLACED: 11/30/2021

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

PAYMENT DATE

03/16/2023

COLLECTION STATION

License Department

RECEIVED FROM

SAUL DIAZ CAMPAIGN

ACCOUNT**DESCRIPTION**

MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE% CHECK 100

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174

**BATCH NO.**

2023-00001221

RECEIPT NO.

2023-00008232

CASHIER

Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Campaing Bond	Miscellaneous Refundable Bond MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE% CHECK 100	\$299.03														
	<table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$299.03</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$299.03</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$299.03</td></tr></table>	Total Cash	\$0.00	Total Check	\$299.03	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$299.03	Change	\$0.00	Total Received	\$299.03	
Total Cash	\$0.00															
Total Check	\$299.03															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$299.03															
Change	\$0.00															
Total Received	\$299.03															
Total Amount:		\$299.03														

PAYMENT DATE
03/16/2023
COLLECTION STATION
License Department
RECEIVED FROM
SAUL DIAZ CAMPAIGN
ACCOUNT

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174



BATCH NO.
2023-00001221
RECEIPT NO.
2023-00008233
CASHIER
Anna Martinez

DESCRIPTION
MISCELLANEOUS INCOME/ CITY QUALIFYING FEE/ CHECK 99

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Misc Income	Miscellaneous Income MISCELLANEOUS INCOME/ CITY QUALIFYING FEE/ CHECK 99	\$75.00														
	<table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$75.00</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$75.00</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$75.00</td></tr></table>	Total Cash	\$0.00	Total Check	\$75.00	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$75.00	Change	\$0.00	Total Received	\$75.00	
Total Cash	\$0.00															
Total Check	\$75.00															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$75.00															
Change	\$0.00															
Total Received	\$75.00															
Total Amount:		\$75.00														

Saul Diaz, Campaign Acct.
10015 SW 6st.
Miami FL 33174

63-8776/2870

99

DATE 3-16-23

PAY TO THE ORDER OF
City of Sweetwater
Seventy Five and 00/100

\$ 75.00

DOLLARS

Security Features
Details on Back



MEMO City Fee

015006907310099

MP

Saul Diaz campaign Acct
10015 SW 6st.
Miami FL 33174

63-8776/2870

100

DATE 3-16-23

PAY TO THE ORDER OF
City of Sweetwater
two hundred ninety nine and 00/100

\$ 299.00

DOLLARS

Security Features
Details on Back



MEMO State Assmt Fee

015006907310100

MP

RECEIVED FEB 02 2023

FEB 11:51 AM

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Saul Diaz

3. Address (include post office box or street, city, state, zip code)10615 SW 65th
Miami, FL 33174**4. Telephone**

(305) 218-6440

5. E-mail address

SaulDiaz2017@hotmail.com

6. Office sought (include district, circuit, group number)

Sweetwater Commissioner exp 6

7. If a candidate for a nonpartisan office, check if applicable:☐ My intent is to run as a Write-In candidate.**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer**10. Name of Treasurer or Deputy Treasurer**

Olga Diaz

11. Mailing Address

10615 SW 65th

12. Telephone

305 1510-1845

13. City Sweetwater

Miami

14. County

Dade

15. State

FL

16. Zip Code

33174

17. E-mail address

OLDiaz24@yahoo.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository**19. Name of Bank**

Wells Fargo Bank

20. Address

10781 W Flagler St.

21. City

Miami

22. County

Dade

23. State

FL

24. Zip Code

33174

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2-2-23

26. Signature of Candidate
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Olga Diaz, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

2-2-23

Date

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

FEB 11:52

RECEIVED FEB 02 2023

I, Saul Diaz,
candidate for the office of City of Sweetwater Commissioner ^{GRP 6}
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

2-2-23

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED FEB 15 2023

FEB 2:59PM

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☒ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

3. Address (include post office box or street, city, state, zip code)

4. Telephone

5. E-mail address

()

6. Office sought (include district, circuit, group number)

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

20. Address

Inter American Bank

9190 Coral Way

21. City

22. County

23. State

24. Zip Code

Miami

Miami-Dade

FL

33165

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.


25. Date

26. Signature of Candidate

2-15-23

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I,  Olga Diaz, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

2-15-23

X



Date

Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

ENTERED
3/7/23

(1) Saul Diaz
 Name
 (2) 10615 SW 6 St
 Address (number and street)
Miami FL 33174
 City, State, Zip Code

OFFICE USE ONLY

MRN 2:25P

☐ Check here if address has changed

(3) ID Number: Grp 6

(4) Check appropriate box(es):

☒ Candidate Office Sought:

City of Sweetwater Commissioner Group 6

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2023 To 02 / 28 / 2023 Report Type: M02-2023

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 00

Loans \$, 1 , 000 . 00

Total Monetary \$, , . 00

In-Kind \$, , . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 148 . 82

Transfers to Office Account \$, , . 00

Total Monetary \$, , . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 1,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 148 . 82

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

Olga Diaz
 (Type name)

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

Saul Diaz
 (Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

ENTERED
3/7/23

OK

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Saul Diaz

(2) I.D. Number _____ Group 6 MRN 2:25P

(3) Cover Period 3 / 1 / 23 through 3 / 28 / 23

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02 23 23 / / 1	33.3 Media 1430 SW 152 Pl. Miami, Fl. 33194	Palm Cards	Monetary		\$148.82
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

ENTERED
3/7/23
MAR 2 25 2023

(2) I.D. Number Group 6

2025

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Saul Diaz

I.D. Number

Group 6

Address (number and street)

10015 SW 60th

City, State, Zip Code

Miami FL 33174

☐ CHECK IF ADDRESS HAS CHANGED



MRN 2:25P

Candidate for:

☐ Mayor

☒ Commissioner, District Group 6

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 1102-2023 Cover Period 2/1/23 through 2/28/23

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Olga Diaz

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Saul Diaz

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE COUNTY

2:25

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]