

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

JUN 15 2015

RECEIVED

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Xavier Louis Suarez
County Commissioner District 7
Miami-Dade County
Elected Constitutional Officer
Apt 1102
145 SE 25th Rd
Miami FL 33129-2500

PROCESSED

ID Code



ID No. 241635

Conf. Code

Suarez, Xavier Louis

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2014. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as December 31, 2014 was \$ 383,000 *
* Does not include KMA-RC Pension Fund est \$ 52,000

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ -0-

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1) Residence @ 145 SE 25 Road #1102 Miami FL 33129	500,000 Est
2) Condo @ 2625 Collins Ave #1103 Miami BEACH, FL 33140	350,000 Est
3) Condo @ 2555 Collins Ave # 1002 Miami Beach, FL 33140	550,000 Est
4) 2010 Audi Vehicle	20,000 Est
5) CD Savings Acct @ US Century BK, 3001 Ponce de Leon Blvd, Coral Gables, FL 33134	80,000 Est

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
1) Above GMAC Mortgage, Louisville, KY (2nd); Owen (1st)	320,000 Est
2) Above Bank of America (1st) Dallas, TX; US Century BK (2nd) Coral Gables	270,000 Est 30,000 Est
3) Above Owen Loan Servicing, Carol Stream, IL; Spec. loan Sves Littleton, CO	365,000 Est 30,000 Est
AMEX Revolving Credit	2,000 Est

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2014 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2014 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2014 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Law Office of Xavier Suarez	145 SE 25 Road # 1102, Miami, FL	150,000
Miami-Dade County	111 NW 1 st St, Miami, FL	30,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 5th day of

June, 20 15 by Xavier L. Suarez

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Notary Public)

Personally Known X OR Produced Identification _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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