MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139,
www.miamibeachfl.gov

RECEIVED
2013 SEP -3 AM 10: 51
CITY CLERK'S OFFICE

CITY CLERK'S OFFICE
Tel: 305-673-7411, Fax: 305-673-7254
Email: RafaelGranado@miamibeachfl.gov

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. I (or Mayor) for the City of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at least one year before qualifying for City of Miami Beach elected office; that his/her legal residence is: 227 E. Rivo Alto Dr, Miami Beach, Miami-Dade County, Florida; that he/she is qualified under the ordinances (including Miami Beach City Code Chapter 38 governing "Elections") and Charter of said City to hold such office; and that he/she has paid the required qualification fee.

Elsa Urquiza
Candidate

Elsa Sa. Urquiza
Signature of Candidate

Sworn to and subscribed before me this 3rd day of September 2013.

Liliam R Hatfield
Authorized Officer

RAFAEL GRANADO
9/3/2013

Liliam R Hatfield
Signature of Notary

NOTARY SEAL

LILIAM R. HATFIELD
MY COMMISSION # EE 844865
EXPIRES: February 18, 2017
Bonded Thru Notary Public Underwriters

September 3, 2013
Date

F:\CLER\CLER\000_ELECTION\0000_2013 General Election\MISCELLANEOS WORD DOCS\CANDIDATE'S OATH.Docx

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

RECEIVED
2013 SEP -3 AM 10:51
CITY CLERK'S OFFICE

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Elsa Urquiza
(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 nonpartisan office of Commissioner (office), _____ (district #),

_____ (circuit #), Group I (group or seat #); I am a qualified elector of Dade County, Florida;

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.

X Elsa M. Urquiza — **Signature of Candidate**
(305-)494-9060 — **Telephone Number**
elsa4commissioner@att.net — **Email Address**

227 E. Rivo Alto Dr. — **Address**
Miami Beach — **City**
Florida — **State**
33139 — **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 108950691

* 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):

L-SAH UHR-KEY-SAH

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 3rd **day of** September, **20**13.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FIDL

Liliam R. Hatfield
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

LILIAM R. HATFIELD
MY COMMISSION # EE 844865
EXPIRES: February 18, 2017
Bonded Thru Notary Public Underwriters

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2012

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

FOR OFFICE USE ONLY:

RECEIVED
2013 SEP -3 AM 10: 51
CITY CLERK'S OFFICE

LAST NAME -- FIRST NAME -- MIDDLE NAME :
URQUIZA, Elsa, Maria

MAILING ADDRESS :
227 E. Rivo Alto Dr.

CITY : Miami Beach
ZIP : 33139
COUNTY : Dade

NAME OF AGENCY : City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner, Group I

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

CHECK ONLY IF ☑ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

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

☑ DECEMBER 31, 2012 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:_____

MANNER OF CALCULATING REPORTABLE INTERESTS:
THE LEGISLATURE ALLOWS FILERS 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:

☐ **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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Real estate rentals	See attachment (Part C)	apartment rental income
US OPM	Washington, D.C.	federal retirement pay

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, you must write "none" or "n/a")

SEE ATTACHMENT

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.

 (Continued on reverse side)

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Savings account	JP Morgan "Chase"

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	P.O. Box 961291, Ft. Worth, Texas 76161-0291

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

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

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

SIGNATURE (required): Elsa M. Urquiza

DATE SIGNED (required): 9/3/2013

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:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

ATTACHMENT

PART C

227 E. Rivo Alto Dr. Miami Beach, Fl 33139

821 Michigan Ave. Miami Beach, Fl 33139

830 Michigan Ave. Miami Beach, Fl 33139

901-911-917 6 Street, Miami Beach, Fl 33139

1010 9 Street, Miami Beach, Fl 33139

1029 S.W. 1 Ave., Miami, Fl 33130

1323 West Ave., Miami Beach, Fl 33139

1327 West Ave., Miami Beach, Fl 33139

1401 Meridian Ave., Miami Beach, Fl 33139

1612-1614 Meridian Ave., Miami Beach, Fl 33139

1676 James Ave., Miami Beach, Fl 33139

Form 9 QUARTERLY GIFT DISCLOSURE (GIFTS OVER $100)

LAST NAME -- FIRST NAME -- MIDDLE NAME: Urquiza - Elsa - M	NAME OF AGENCY: City Miami Beach
MAILING ADDRESS: 227 E. Rivo Alto Dr	OFFICE OR POSITION HELD: Candidate for Commissioner - Group I
CITY: MB ZIP: 33139 COUNTY: Dade	FOR QUARTER ENDING (CHECK ONE): ☐MARCH ☒JUNE ☐SEPTEMBER ☐ DECEMBER YEAR 2013

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
None				

☐ **CHECK HERE IF CONTINUED ON SEPARATE SHEET**

RECEIVED 2013 SEP -3 AM 10:5 CITY CLERK'S OFFICE

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** N/A

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.

Elsa M. Urquiza
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA
COUNTY OF Miami-Dade
Sworn to (or affirmed) and subscribed before me this 3rd day of September, 20 13
by Elsa Urquiza

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification PDV
Type of Identification Produced

LILIAM R. HATFIELD
MY COMMISSION # EE 844865
EXPIRES: February 18, 2017
Bonded Thru Notary Public Underwriters

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: 3600 Maclay Blvd. South, Suite 201, Tallahassee, Florida 32312. 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.)

(See reverse side for instructions) ☞