

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, Carlos Daniel Gobel

(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 Property Appraiser (OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X

[Signature]  
Signature of Candidate

305-595-8350  
Telephone Number

cdgobel@aol.com  
Email Address

7995 SW 110 ST

Miami

FL

33156

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109621918

\* 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):

CAHR-LOS DAH-NEE-UHL GO-BUHL

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12<sup>th</sup> day of June, 20 14.

Personally Known: \_\_\_\_\_ or

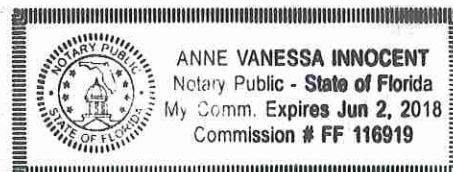
Produced Identification:

Type of Identification Produced:


FL Driver's License

Anne Vanessa Innocent  
Signature of Notary Public



Print, Type, or Stamp Commissioned Name of Notary Public



**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS F**



**CARLOS DANIEL  
GOBEL**  
7995 SW 110 ST  
MIAMI, FL 33156-3764  
DOB: 03-10-1978 SEX: M  
ISSUED: 04-12-2013 HGT: 5-11  
EXPIRES: 03-10-2021  
REST. A  
ENDORSE



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

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTEREST**

**2013**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
GOBEL, CARLOS DANIEL

MAILING ADDRESS:  
7995 SW 110 ST

CITY : MIAMI ZIP : 33156 COUNTY : MIAMI-DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
PROPERTY APPRAISER

CHECK IF THIS IS A FILING BY A CANDIDATE

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**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2013, or a more current date. [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 of MAY 31, 20 14 was \$ 4,300.

**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.

The aggregate value of my household goods and personal effects (described above) is \$ 42,500

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Primary Residence - 7995 SW 110 ST, Miami, FL 33156	\$500,000
Investment Property - 2280 SW 32 AVE #409, Miami, FL 33145	\$160,000
Florida Prepaid Plans	\$13,500
Ford Expedition	\$18,500

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo (Primary Residence) PO Box 105693 Atlanta GA 30348-5693	\$455,000
Wells Fargo (Investment Property) PO Box 105693 Atlanta GA 30348-5693	\$116,000
Power Financial Credit Union (Ford) 8228 Mills Drive Miami, FL 33183	\$11,500
U.S. Department of Education Aspire Resources Inc. PO Box 530308 Atlanta, GA 30353-0308	\$48,700

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GreenTree PO Box 660934 Dallas, TX 75266-0934	\$34,500



**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2013 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
GRE GROUP, INC	9415 SUNSET DR. #125 MIAMI, FL 33173	\$70,000
RENTAL INCOME	2280 SW 32 AVE #409, MIAMI, FL 33145	\$13,800
BROWARD COUNTY	115 S. Andrews Ave. Fort Lauderdale, FL 33301	\$5,220

**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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	GRE GROUP, INC		
ADDRESS OF BUSINESS ENTITY	9415 SUNSET DR #125 MIAMI, FL 33173		
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE APPRAISALS		
POSITION HELD WITH ENTITY	EXECUTIVE DIRECTOR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	OWNER		

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

**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.

*[Handwritten Signature]*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12<sup>th</sup> day of

June, 20 14 by Carlos Daniel Gobel  
Anne Vanessa Innocent

(Signature) \_\_\_\_\_  
 ANNE VANESSA INNOCENT  
 (Print, Type or Stamp Commissioned Notary Public)  
 My Comm. Expires Jun 2, 2018  
 Personally Known Commission Produced   
 Type of Identification Produced FL Driver License

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.**

