

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

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ALBERT ARMADA
(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] 305-866-3930 ALBERTARMADACAMPAIGN
786-208-4983 @GMAIL.COM.
Signature of Candidate Telephone Number Email Address
7400 SW 75 TER MIAMI FL 33143
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108948420

* 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):

ALBERT ARMADA

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17th day of June

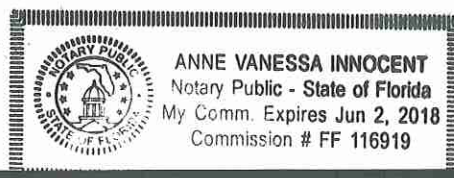
Personally Known: _____ or

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



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Florida *The Sun State*
CLASS E



ALBERTO JULIO
ARMADA
7400 SW 75 TER
MIAMI, FL 33143-4123
DOB: 04-12-1951 SEX: M
ISSUED: 04-18-2014 HGT: 5-10
EXPIRES: 04-12-2022
REST: A
ENDORSE:

Alberto Armada
ORIGIN: DENVER

SAFE DRIVER

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

OF FINANCIAL INTEREST

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 ARMADA ALBERT

MAILING ADDRESS:
 4011 W. FLAGLER ST., #206

MIAMI FL 33134

CITY: ZIP: COUNTY:

NAME OF AGENCY:
 MIAMI DADE COUNTY

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 June 16, 2014 was \$ 1,103,000.

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.

The aggregate value of my household goods and personal effects (described above) is \$ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Cash (bank accounts / Tellerbank)	\$ 170,000
7400 SW 75 TERR. MIAMI, FL	\$ 1,100,000
3585/87 SW 15 ST. MIAMI, FL (50%)	\$ 125,000
16950 BONEY, RD. SEBRIN, FL (50%)	\$ 200,000
LAS CANAS (303), PUERTO PLATA, DR	\$ 65,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA, PO BOX 5770, SIMI VALLEY, CA (1st M)	\$ 382,000
CITIBANK, PO BOX 490 110, ST. LOUIS, MO (2nd M)	\$ 159,000
GALLIE MAE, PO BOX 8500, WILKES-BARRE, PA	\$ 56,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
N/A		

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	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 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.

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17th day of

June, 20 14 by Albert Julio Armeda

Anne Vanessa Innocent
 (Signature of Notary Public, State of Florida)

ANNE VANESSA INNOCENT
 (Print, Type, or Stamp Commissioned Name of Notary Public, State of Florida)

Personally Known My Comm. Expires Jun 2, 2018
 OR Produced Identification Commission # FF 116919

Type of Identification Produced Florida Identification

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20

See separate instructions.

Your first name and initial: ALBERTO J Last name: ARMADA Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: LORETA Last name: ARMADA Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 7400 S.W. 75TH TERRACE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign MIAMI FL 33143-4123

Foreign country name Foreign province/state/county Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 2

No. of children on 6c who: lived with you, did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above

Add numbers on lines above: 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	0.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	77,853.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	-34,000.
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-9,722.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount: Cancelled Debt Income	21	14,090.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	48,221.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	5,500.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	5,500.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	42,721.

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Tax and Credits

38 Amount from line 37 (adjusted gross income)
39a Check [] You were born before January 2, 1949, [] Blind. Total boxes checked 39a []
[] Spouse was born before January 2, 1949, [] Blind.

Standard Deduction for-

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c []
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Add lines 44 and 45
47 Foreign tax credit. Attach Form 1116 if required
48 Credit for child and dependent care expenses. Attach Form 2441
49 Education credits from Form 8863, line 19
50 Retirement savings contributions credit. Attach Form 8880
51 Child tax credit. Attach Schedule 8812, if required.
52 Residential energy credits. Attach Form 5695
53 Other credits from Form: a [] 3800 b [] 8801 c []
54 Add lines 47 through 53. These are your total credits
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-

Other Taxes

56 Self-employment tax. Attach Schedule SE
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
59a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
60 Taxes from: a [] Form 8959 b [] Form 8960 c [] Instructions; enter code(s)
61 Add lines 55 through 60. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099
63 2013 estimated tax payments and amount applied from 2012 return
64a Earned income credit (EIC)
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Schedule 8812
66 American opportunity credit from Form 8863, line 8
67 Reserved
68 Amount paid with request for extension to file
69 Excess social security and tier 1 RRTA tax withheld
70 Credit for federal tax on fuels. Attach Form 4136
71 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d []
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here
b Routing number [X X X X X X X X X] c Type: [] Checking [] Savings
d Account number [X X X X X X X X X X X X X X X X]
75 Amount of line 73 you want applied to your 2014 estimated tax

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions
77 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date PTIN
Check [] if self-employed
Jorge L. Armada, EA, RTRP Jorge L. Armada, EA, RTRP 06/11/2014 P00971277
Firm's name JORGE ARMADA, P.A. Firm's EIN 65-0105171
Firm's address 4011 W FLAGLER STREET, SUITE 206 MIAMI FL 33134-1643 Phone no. (305) 541-5412

Table with columns for line numbers and amounts. Includes a vertical stamp: RECEIVED MIAMI-DADE COUNTY ELECTIONS DEPARTMENT 2014 JUN 17 AM 9:47

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

ALBERTO J & LORETA ARMADA

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)		1,200.	
2	Enter amount from Form 1040, line 38	2	42,721.	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead		4,272.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			0.
Taxes You Paid		5 State and local (check only one box):		
	a <input type="checkbox"/> Income taxes, or	5	720.	
	b <input checked="" type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6	5,401.	
7	Personal property taxes	7		
8	Other taxes. List type and amount	8		
9	Add lines 5 through 8	9		6,121.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098	29,602.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11		
	Note: Your mortgage interest deduction may be limited (see instructions).	12		
	12 Points not reported to you on Form 1098. See instructions for special rules	13		
	13 Mortgage insurance premiums (see instructions)	14		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	15		29,602.
	15 Add lines 10 through 14			
Gift to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	0.	
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19		
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)		
	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38	25		
	26 Multiply line 25 by 2% (.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount		
Total Itemized Deductions		29 Is Form 1040, line 38, over \$150,000?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			35,723.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

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**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013

Attachment
Sequence No. **09**

Name of proprietor: **ALBERTO J ARMADA**

Social security number (SSN): [REDACTED]

A Principal business or profession, including product or service (see instructions)
REAL ESTATE APPRAISER - ARMADA APPRAISAL COMPANY

B Enter code from instructions
▶ **531320**

C Business name. If no separate business name, leave blank.
ARMADA APPRAISAL COMPANY

D Employer ID number (EIN), (see instr.) [REDACTED]

E Business address (including suite or room no.) ▶ **7400 S.W. 75TH TERRACE**
City, town or post office, state, and ZIP code **MIAMI, FL 33143-4123**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses . . . Yes No

H If you started or acquired this business during 2013, check here . . .

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) . . . Yes No

J If "Yes," did you or will you file required Forms 1099? . . . Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	53,503.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	53,503.
4 Cost of goods sold (from line 42)	4	0.
5 Gross profit. Subtract line 4 from line 3	5	53,503.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	53,503.

Part II Expenses Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18		
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19		
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b		
12 Depreciation	12		b Other business property	21		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	22		
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	23		
15 Insurance (other than health)	15		23 Taxes and licenses	24		
16 Interest:			24 Travel, meals, and entertainment:	24a		
a Mortgage (paid to banks, etc.)	16a		a Travel	24b	0.	
b Other	16b		b Deductible meals and entertainment (see instructions)	25	0.	
17 Rental and professional services	17	500.	25 Utilities	26		
18 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	18		26 Wages (less employment credits)	27a		
19 Tentative profit or (loss). Subtract line 28 from line 7	19		27a Other expenses (from line 48)	27b		
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27b Reserved for future use	28	500.	
21 Net profit or (loss). Subtract line 30 from line 29	21			29	53,003.	
22 If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32.	22			30		
23 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.	23			31	53,003.	
	32a	<input type="checkbox"/>	All investment is at risk.	32b	<input type="checkbox"/>	Some investment is not at risk.

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Part II Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	0.
40 Add lines 35 through 39	40	0.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Part IV Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on line 27a	48	
---------------------------------------------------------------	----	--

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SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2013

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: **ALBERTO J ARMADA** Social security number (SSN): [REDACTED]

A Principal business or profession, including product or service (see instructions):
SPECIAL MAGISTRATE - MIAMI DADE COUNTY FINANCE

B Enter code from instructions: **531390**

C Business name. If no separate business name, leave blank.
MIAMI DADE COUNTY FINANCE

D Employer ID number (EIN), (see instr.): [REDACTED]

E Business address (including suite or room no.): **111 N.W. FIRST STREET, SUITE 2620**
City, town or post office, state, and ZIP code: **MIAMI, FL 33128-1980**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses. Yes No

H Did you start or acquire this business during 2013, check here

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	24,850.
2	Losses and allowances	2	
3	Subtract line 2 from line 1	3	24,850.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	24,850.
6	Gross income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Net business income. Add lines 5 and 6	7	24,850.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Used truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depreciation	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employer-sponsored benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest:			24	Travel, meals, and entertainment:	24a	
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	25	0.
17	Legal and professional services	17	0.	25	Utilities	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.	26	Wages (less employment credits)	27a	
29	Total net profit or (loss). Subtract line 28 from line 7	29	24,850.	27a	Other expenses (from line 48)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 if using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Reserved for future use		
31	Net profit or (loss). Subtract line 30 from line 29.	31	24,850.				

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32a All investment is at risk.
32b Some investment is not at risk.

Part I Cost of Goods Sold (see instructions)

32 Method(s) used to determine closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

33 Were there any changes in determining quantities, costs, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Decreases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Repairs and supplies	38
39 Other costs	39
40 Total (lines 35 through 39)	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part II Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Complete total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Did you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part III Other Expenses. List below business expenses not included on lines 8–26 or line 30.

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48 Other expenses. Enter here and on line 27a 48

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2013

Attachment Sequence No. **13**

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Department of the Treasury
Internal Revenue Service (99)

Your social security number

ALFONSO J & LORETA ARMADA

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No
B Did you or will you file required Forms 1099? Yes No

1 Local address of each property (street, city, state, ZIP code)
2 Collins Avenue, #610 Miami Beach FL 33139
3 5 S.W. 82nd Street, #218 Miami FL 33143
4 Collins Avenue, #601 Miami Beach FL 33139

Type of Property (see instructions)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days
		A	B	C
		365		
		365		
		365		

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Property:
1 Family Residence **3** Vacation/Short-Term Rental **5** Land **7** Self-Rental
2 Family Residence **4** Commercial **6** Royalties **8** Other (describe)

Description	Properties:		A	B	C
	3	4			
3	3		15,000.		6,000.
4	4				
5	5				
6	6				
7	7		4,117.	3,408.	4,117.
8	8				
9	9				
10	10				
11	11				
12	12		9,129.	4,900.	7,652.
13	13				
14	14				
15	15				
16	16		3,110.	1,443.	3,110.
17	17				
18	18		4,946.	2,000.	3,091.
19	19				
20	20		21,302.	11,751.	17,970.
21	21		-6,302.	-11,751.	-11,970.
22	22		(6,302.)	(11,751.)	(37.)
23a	23a			21,000.	
23b	23b				
23c	23c			21,681.	
23d	23d			10,037.	
23e	23e			51,023.	
24	24				
25	25				(18,090.)
26	26				-18,090.

Name on return. Do not enter name and social security number if shown on other side. Your social security number

J & LORETA ARMADA

The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

If you are reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year disallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If answered "Yes," see instructions before completing this section. Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include REHOUSE LLC, ROSET BOUTIQUE LLC, and APPRAISAL COMPANY.

Table for Passive Income and Loss vs Nonpassive Income and Loss. Columns include (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, and (j) Nonpassive income from Schedule K-1. Summary rows 30, 31, and 32.

Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number.

Table for Passive Income and Loss vs Nonpassive Income and Loss. Columns include (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, and (f) Other income from Schedule K-1. Summary rows 35, 36, and 37.

Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Summary row 39.

Summary

Summary row 40: Rental income or (loss) from Form 4835. Summary row 41: Total result -9,722.

Summary rows 42 and 43: (42) Net income or (loss) from farming and fishing activities. (43) Net income or (loss) from real estate professionals.

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Self-Employment Tax

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

2013

Attach to Form 1040 or Form 1040NR.

Attachment
 Sequence No. **17**

Self-employment income (as shown on Form 1040)

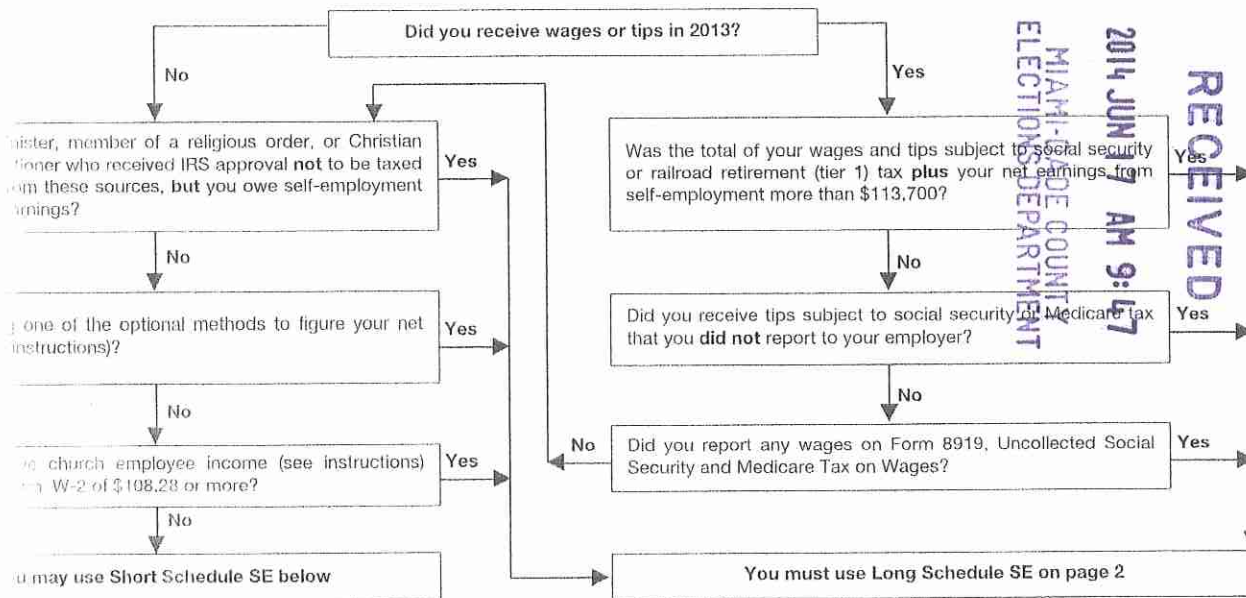
Social security number of person
 with self-employment income

ARMADA

Caution: To determine if you must file Schedule SE, see the instructions.

Short Schedule SE or Must I Use Long Schedule SE?

Flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



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Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

Profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), line 14, code A

Received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z

Profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. If you are a minister or member of religious orders, see instructions for types of income to report on Schedule SE. See instructions for other income to report

Enter the amounts from lines 1a, 1b, and 2

Enter the amount on line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not enter an amount on this schedule unless you have an amount on line 1b

Enter the amount on line 4 if it is less than \$400 due to Conservation Reserve Program payments on line 1b, or the amount on line 4, if not

Enter the amount on line 4

If the amount on line 4 is:

- More than \$400 and less than \$113,700, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54
- More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54

Enter the amount on line 5 for one-half of self-employment tax

Enter the amount on line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

1a	
1b	()
2	77,853.
3	77,853.
4	71,897.
5	11,000.
6	5,500.

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2013

Attachment Sequence No. **27**

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name of the taxpayer: **J & LORETA ARMADA** Identifying number: XXXXXXXXXX

Enter gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or other statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part II Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	03/26/2008	04/22/2013	195,000.	1,000.	230,000.	-34,000.
						0.

Enter the gain or (loss) from Form 4684, line 39 3
 Enter the gain from installment sales from Form 6252, line 26 or 37 4
 Enter the gain or (loss) from like-kind exchanges from Form 8824 5
 Enter the gain or (loss) from line 32, from other than casualty or theft. 6
 Enter the gain or (loss) from lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 -34,000.

Part III Long-Term Capital Gains (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Part IV Long-Term Capital Gains (except electing large partnerships) and S corporations. If line 7 is zero or a loss, enter the amount from line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses that were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.
 Enter the net section 1231 losses from prior years (see instructions) 8
 Enter the gain from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is not zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9

Part IV Long-Term Capital Gains and Losses (see instructions)

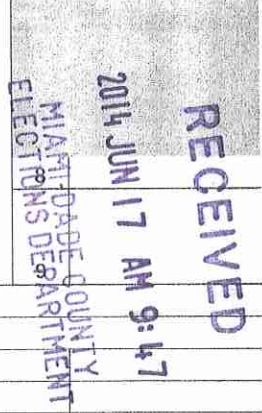
Enter the gains and losses not included on lines 11 through 16 (include property held 1 year or less):

--	--	--	--	--	--

Enter the gain or (loss) from line 7 11 (34,000.)
 Enter the gain or (loss) from line 7 or amount from line 8, if applicable 12
 Enter the gain or (loss) from line 31 13
 Enter the gain or (loss) from Form 4684, lines 31 and 38a 14
 Enter the gain or (loss) from installment sales from Form 6252, line 25 or 36 15
 Enter the gain or (loss) from like-kind exchanges from Form 8824 16
 Enter the gain or (loss) from lines 10 through 16 17 -34,000.

For individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b for individual returns, complete lines a and b below:

If line 11 includes a loss from Form 4684, line 35, column (b)(i), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a
 Enter the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b -34,000.



Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2013

Attachment Sequence No. **88**

Identifying number

Identifying number

LORETA ARMADA

Part II Passive Activity Loss

Instructions: Complete Worksheets 1, 2, and 3 before completing Part I.

Part II Allowance for Rental Real Estate Activities With Active Participation (For the definition of active participation, see the instructions for Rental Real Estate Activities in the instructions.)

1. Enter the amount of the loss with net income (enter the amount from Worksheet 1, column (a))

1a 0.

2. Enter the amount of the loss with net loss (enter the amount from Worksheet 1, column (b))

1b (18,053.)

3. Enter the amount of unallowed losses (enter the amount from Worksheet 1, column (c))

1c ()

4. Enter the net loss from lines 1a, 1b, and 1c

1d -18,053.

Part III Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

1. Enter the amount of commercial revitalization deductions from Worksheet 2, column (a)

2a ()

2. Enter the amount of unallowed commercial revitalization deductions from Worksheet 2, column (b)

2b ()

3. Enter the net loss from lines 2a and 2b

2c ()

Part IV Allowance for Rental Real Estate Activities

1. Enter the amount of the loss with net income (enter the amount from Worksheet 3, column (a))

3a 37.

2. Enter the amount of the loss with net loss (enter the amount from Worksheet 3, column (b))

3b (11,970.)

3. Enter the amount of unallowed losses (enter the amount from Worksheet 3, column (c))

3c ()

4. Enter the net loss from lines 3a, 3b, and 3c

3d -11,933.

5. Enter the net loss from lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your tax return. If a loss is allowed, including any prior year unallowed losses entered on line 1c, report the losses on the forms and schedules normally used

4 -29,986.

6. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

7. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

8. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

9. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

10. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

11. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

12. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

13. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

14. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

15. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

16. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

17. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

18. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

19. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

20. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

21. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

22. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

23. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

24. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

25. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

26. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

27. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

28. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

29. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

30. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

31. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

32. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

33. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

34. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

35. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

36. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

37. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

38. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.

39. If you are a married individual and your status is married filing separately and you lived with your spouse at any time during the year, **do not** complete this part. If you are not a married individual, go to line 15.



Worksheets must be filed with your tax return. Keep a copy for your records.

For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Description of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Avenue, #610	0.	6,302.			6,302.
nd Street, #218	0.	11,751.			11,751.
Form 8582, lines 1a, 1b, 1c	0.	18,053.			

For Form 8582, Lines 2a and 2b (See instructions.)

Description of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Form 8582, lines 2a and 2b			

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For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Description of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Avenue, #601	0.	11,970.			11,970.
LLC	37.	0.		37.	
Form 8582, lines 3a, 3b, 3c	37.	11,970.			

Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Description of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Avenue, #610	E Ln 22	6,302.	0.34908326	6,302.	0.
nd Street, #218	E Ln 22	11,751.	0.65091675	11,751.	0.
Form 8582, lines 10 or 14		18,053.	1.00	18,053.	0.

For Form 8582, Lines 4a and 4b (See instructions.)

Description of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Avenue, #601	E Ln 22	11,970.	1.00000000	11,933.
Form 8582, lines 4a and 4b		11,970.	1.00	11,933.

Losses (See instructions.)

Activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Item #601	E Ln 22	11,970.	11,933.	37.
		11,970.	11,933.	37.

With Losses Reported on Two or More Forms or Schedules (See instructions.)

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Item number					
Enter unallowed loss on schedule					
Enter form or schedule number					
Enter line 1a. If zero or less, enter -0-					
Item number					
Enter unallowed loss on schedule					
Enter form or schedule number					
Enter line 1a. If zero or less, enter -0-					
Item number					
Enter unallowed loss on schedule					
Enter form or schedule number					
Enter line 1a. If zero or less, enter -0-					
			1.00		

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Form **9325**
(Rev. January 2014)**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**Thank you for participating in IRS *e-file*.Taxpayer name ALBERTO J & LORETA ARMADA

Taxpayer address (optional)

7400 SW 75TH TERRACEMIAMI FL 331434123

1. Your federal income tax return for 2013 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by JORGE L. ARMADA, EA, RTRP.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment was accepted.
5. Your electronic funds withdrawal payment was not accepted. You must pay the balance due by the prescribed due date. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/16/2014. The Submission ID assigned to your extension is 60634520141050453929.

RECEIVED
 2014 JUN 7 AM 9:48
 MIAMI-DADE COUNTY
 COLLECTION DEPARTMENT

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7064034

RECEIVED FROM Albert Armada

DATE 6 / 17 / 14
MONTH DAY YEAR

ADDRESS 4011 W Flagler St Ste. 206
(STREET ADDRESS)
Miami FL 33134
CITY STATE ZIP

CASH \$ _____

CHECKS \$ 6,741.28

AMOUNT OF: Six Thousand Seven Hundred Forty Two DOLLARS, AND 28/100 CENTS

TOTAL \$ 6,741.28

FOR PAYMENT OF: Qualifying Fee - Property Appraiser

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: A. Vanessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

ALBERT ARMADA CAMPAIGN FOR PROPERTY APPRAISER
 4011 W FLAGLER ST. STE 206
 MIAMI, FL 33134

63-215/631 1002
 1000170292287
 Date 6/16/14

Pay to the order of Miami Dade County \$ 6741.28
Six Thousand Seven Hundred Forty Two and 28/100 Dollars

SUNTRUST ACH RT 061000104
 Memo Qualifying Fee Property Appraiser [Signature] NP