

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

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

(PLEASE PRINT OR TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

Lawrence Roy Orihuela

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

4803 SW 127th PL
Miami, FL 33175

4. Telephone

(305) 606-0406

5. E-mail address

orihuelacampaign@outlook.com

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

School Board Member Dist. 8

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

Antonio Javier Diaz

11. Mailing Address

2264 SW 22nd Ave

12. Telephone

(786) 473-4573

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33143

17. E-mail address

tony.diaz@leadtraces.com

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

19. Name of Bank

Bank United

20. Address

7970 NW 36th St

21. City

Doral

22. County

Miami-Dade

23. State

FL

24. Zip Code

33166

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

6/18/2014

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

June 18, 2014
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Orihuela, Lawrence Roy

MAILING ADDRESS:
4803 S.W. 127 Place

CITY : ZIP : COUNTY :
Miami 33175 Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
School Board, District 8

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 December 31, 20 13 was \$ 572,656.79

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 \$ 35,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
4803 SW 127 PI, Miami, FL 33175	315,000.00
10680 S OCEAN DR. Unit 1209/10 Jensen Bch., FL 34957	345,000.00
4755 Tarrega St. Seebring, FL 33872	205,000.00
9400 S Ocean Dr., Jensen Beach, FL 34957	195,000.00
Total	1,095,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase, 3415 Vision Dr., Columbus, OH 43219	135,403.54
Seacoast National Bank, Jensen Beach, FL 34957	224,462.74
M & T Bank P.O. Box 1288, Buffalo, NY 14240	162,476.93
Total	522,343.21

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

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
ACH Corp of Amer. and Amer. United Employers	777 E Altamonte Dr. Altamonte Springs, FL 32701	39,175.98
Florida Retirement System (FRS)	P.O. Box 3090, Tallahassee, FL 32355	24,999.48
Teachers Insurance Annuity Association	8500 Andrew Carnegie Blvd. Charlotte, NC 28262	9,051.30

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

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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 18th day of June, 2014 by Lawrence Roy Orihuecla

[Handwritten Signature]
 (Signature of Notary Public - State of Florida)



(Print, Type, or Stamp the Commissioned Name of Notary Public)
 ANNE VANESSA INNOCENT
 Notary Public - State of Florida
 My Comm. Expires Jun 2, 2018

Personally Known OR Produced Identification

Type of Identification Produced FL Driver's 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.