FORM 1	STATEM	IENT OF		2013	
Please print or type your name, mailing address, agency name, and position bel	ow: FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD SALAS, JESUS	LE NAME :	4		m N	
MAILING ADDRESS : 12702 SW 113 LANE	i i i i i i i i i i i i i i i i i i i			RE C 2014 JUN ELECTION	
-					
CITY: MIAMI	ZIP: COUNTY: 33186 DADE			ADE COULTS DEPART	
NAME OF AGENCY :				8: 13	
NAME OF OFFICE OR POSITION HE MIAMI DADE COUNTY COMM	E .		WT 3		
You are not limited to the space on the li	ines on this form. Attach additional sheets OR   NEW EMPLOYEE OR A				
***** 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, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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  PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")  NAME OF SOURCE  OF INCOME  ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  WIND HORSE ADDRESS  PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  HORSE ADDRESS  DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
	OF INCOME and other sources of income to busines eport, write "none" or "n/a")	ses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
1/10	110	1110		114	
10/14	IO   FI	10 14		10 111	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  12702 SW 113 Lane, NWam, Florida  3132 SW 13 5 Avenue, Miam, Florida			when form of pag INSTF file th	G INSTRUCTIONS for and where to file this are located at the bottom ge 2.  RUCTIONS on who must is form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES				
	1 .	CHITHE PROPERINGELAIES 7				
NA	MA	NO E C				
	10   13	w m				
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none		M 8: COUN ARTI				
NAME OF CREDITOR	ADDRESS	OF CREDITOR				
ENAC BUNK 6716 GRADE LONG LOUISVILLE, KF UDZIZ						
American Express	20/08/11/pet (OR 100/04/2) CAKES BLUIL 11/petton					
FILTICOLOGIC CAPACION	Serio docor con parties	Florida				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY	1110					
PRINCIPAL BUSINESS ACTIVITY	N H	NH				
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):  DATE SIGNED (required):						
6/13/14						
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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.						
Signature	<u>-</u>	Date				
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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.