

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

09 JUN 16 AM 8:43

RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: **Marcelo Llorente**
1. Address (include post office box or street, city, state, zip code):
**221 Aragon Avenue, Suite 204
Coral Gables, FL 33134**

Telephone (optional): ()
2. Party (Partisan candidates only): **N/A**
3. Office (add district, circuit, group number): **Miami-Dade County Mayor**

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:
Jose A. Riesco

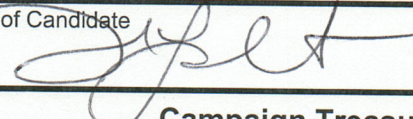
5. Mailing Address (If post office box or drawer add street address): **95 Merrick Way, Suite 250**
6. Telephone: **(305) 445-0777**

7. City: **Coral Gables** 8. County: **Miami-Dade** 9. State: **Florida** 10. Zip Code: **33134**

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: **Wachovia Bank, N.A.**
12. Street Address: **2100 Ponce De Leon Boulevard**

13. City: **Coral Gables** 14. County: **Miami-Dade** 15. State: **Florida** 16. Zip Code: **33134**

17. Signature of Candidate:  Date: **June 16, 2009**

Campaign Treasurer's Acceptance of Appointment

I, Jose A. Riesco, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Marcelo Llorente

who is seeking nomination or election as a N/A candidate to the office of
(Party)


Miami-Dade County Mayor

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

June 16, 2009

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2011 JAN 10 AM 9: 22

FLORIDA STATE BOARD OF
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)

MARCELO LLORENTE

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

PO Box 144200
CORAL GABLES, FL 33114

4. Telephone

(305) 529-5539

5. E-mail address

marcelo@marcelollorete.com

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

MIAMI-DADE COUNTY MAYOR

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

MARCELO LLORENTE

11. Mailing Address

PO Box 144200

12. Telephone

(305) 374-7349

13. City

CORAL GABLES

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33114

17. E-mail address

marcelo@marcelollorete.com

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

19. Name of Bank

WACHOVIA BANK, N.A.

20. Address

2100 PONCE DE LEON BLVD

21. City

CORAL GABLES

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

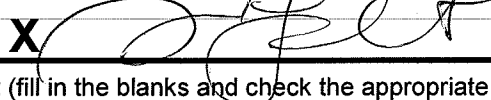
33134

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

1/5/11

26. Signature of Candidate

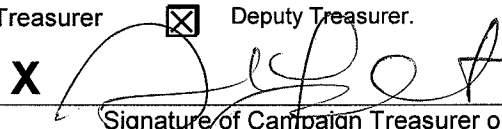
X 

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

I, MARCELO LLORENTE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/5/11
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

RECEIVED OFFICE USE ONLY

AUG 31 AM 10:58

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate MARCELO LLORENTE	1. Address (include post office box or street, city, state, zip code) 224 ARAGON AVENUE, #204 CORAL GABLES, FL 33134
--	--

Telephone (optional) ()	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit, group number) MIAMI-DADE COUNTY MAYOR
-----------------------------	---	---

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
JEANNINE RIESCO


5. Mailing Address (If post office box or drawer add street address) 95 MERRICK WAY, #250	6. Telephone 305-445-0777
---	-------------------------------------

7. City CORAL GABLES	8. County MIAMI-DADE	9. State FL	10. Zip Code 33134
--------------------------------	--------------------------------	-----------------------	------------------------------

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank WACHOVIA, N.A.	12. Street Address 2100 PONCE DE LEON BLVD
---	--

13. City CORAL GABLES	14. County MIAMI-DADE	15. State FL	16. Zip Code 33134
---------------------------------	---------------------------------	------------------------	------------------------------

17. Signature of Candidate X 	Date 8/19/09
--	------------------------

Campaign Treasurer's Acceptance of Appointment

I, JEANNINE RIESCO, do hereby accept the appointment as
(Please Print or Type)

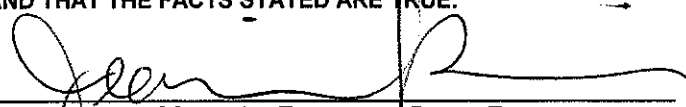
Campaign Treasurer Deputy Treasurer for the campaign of MARCELO LLORENTE

who is seeking nomination or election as a N/A candidate to the office of
(Party)

MIAMI-DADE COUNTY MAYOR

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

8/19/09
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate MARCELO LLORENTE	1. Address (include post office box or street, city, state, zip code) 224 ARAGON AVENUE, #204 CORAL GABLES, FL 33134
--	--

Telephone (optional) ()	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit, group number) MIAMI-DADE COUNTY MAYOR
-----------------------------	---	---

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
ESTEBAN SUAREZ

5. Mailing Address (If post office box or drawer add street address) 224 ARAGON AVENUE, #204	6. Telephone 305-609-2522
--	-------------------------------------

7. City CORAL GABLES	8. County MIAMI-DADE	9. State FL	10. Zip Code 33134
--------------------------------	--------------------------------	-----------------------	------------------------------

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank WACHOVIA, N.A.	12. Street Address 2100 PONCE DE LEON BLVD
---	--

13. City CORAL GABLES	14. County MIAMI-DADE	15. State FL	16. Zip Code 33134
---------------------------------	---------------------------------	------------------------	------------------------------

17. Signature of Candidate 	Date 8/19/09
---	------------------------

Campaign Treasurer's Acceptance of Appointment

I, ESTEBAN SUAREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of MARCELO LLORENTE

who is seeking nomination or election as a N/A candidate to the office of
(Party)

MIAMI-DADE COUNTY MAYOR

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

<u>8/19/09</u> Date	 Signature of Campaign Treasurer or Deputy Treasurer
------------------------	---

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

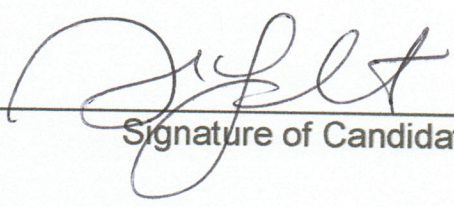
RECEIVED
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

09 JUN 16 AM 8:43

I, Marcelo Llorente,

candidate for the office of Mayor of Miami-Dade County;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 

Signature of Candidate

June 16, 2009

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

MARCELO	LLORENTE	
First Name	Middle Name	Last Name

MAYOR OF MIAMI-DADE COUNTY
Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by:
Candidate/Chairperson Signature

Date: 4/11/11

RECEIVED
MIAMI-DADE
ELECTIONS
2011 APR 12 AM 10:27

Phone No.: 305-374-7349

Fax No.: 305-446-8576

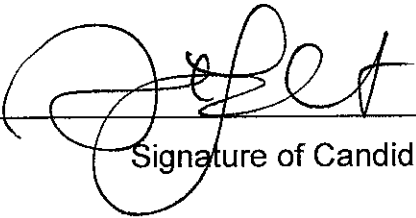
E-mail address: mlllorente@bmlaw.com



Campaign Treasurer's Report Electronic Filing Requirement For Miami-Dade County Candidates

I, Marcelo Llorente, candidate for the office of Mayor, understand the Miami-Dade County policy regarding the submittal of Campaign Treasurer's Reports for Candidates who qualify with the Miami-Dade County Elections Department.

In order to comply with the requirement, I understand that Campaign Treasurer's Reports must be filed electronically. A hard copy must then be printed from the Miami-Dade County Elections website, contain original signatures, and be submitted by the reporting deadline.



Signature of Candidate

7/10/09

Date

2009 JUL 14 AM 8:05

RECEIVED

Day Time Phone No.: (305) 374-7349

Email Address: mlllorente@bmi.law.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed.

LOYALTY OATH FOR MIAMI-DADE COUNTY MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, MARCELO	LLORENTE
First Name	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, MARCELO LLORENTE

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

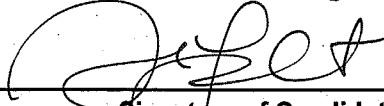
am a candidate for the office of Miami-Dade County Mayor. I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected. I have qualified 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.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

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

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true. Under penalties of perjury, I declare that I have read the foregoing Loyalty Oath and Oath of Candidate and that the facts stated in each are true.

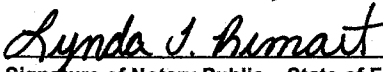
X <u></u> Signature of Candidate	305-374-7349 Daytime Telephone Number	mlllorente@bmlaw.com Email Address
PO BOX 144200 Address	CORAL GABLES City	FL 33134 State Zip Code

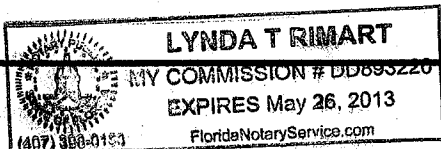
State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11 day of April, 2011 by Marcelo Llorente

Personally Known: or
Produced Identification: _____

Type of Identification Produced: _____


 Signature of Notary Public - State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public



RECEIVED
 MIAMI-DADE
 ELECTIONS
 APR 12 AM 10:27

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2010

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:
LLORENTE MARCELO

MAILING ADDRESS:
2 S BISCAYNE BLVD #1480

CITY: MIAMI ZIP: 33131 COUNTY: MIAMI-DADE

NAME OF AGENCY:
MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
MAYOR

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE ELECTIONS

2011 APR 12 AM 10: 26

RECEIVED

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, 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 MARCH 31, 20 11 was \$ 222,047

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 \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
WACHOVIA BANK ACCOUNTS	10,490
FIDELITY INVESTMENTS - 401K	145,389
AUTOMOBILE - 2003 FORD EXPLORER	6,500
INVESTMENTS IN REAL ESTATE (SEE ATTACHMENT)	975,000
INVESTMENTS IN PARTNERSHIPS/CORPORATIONS (SEE ATTACHMENT)	39,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGES (SEE ATTACHMENT)	963,729
OTHER LIABILITIES (SEE ATTACHMENT)	40,603

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all 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 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
BRYANT MILLER OLIVE	2 SOUTH BISCAYNE BLVD, #1480, MIAMI, FL 33131	131,117
STATE OF FLORIDA - LEGISLATURE	13701 NORTH KENDALL DRIVE, #201, MIAMI, FL 33186	24,850
STATEWIDE CONSULTING SERVICES INC	2701 SOUTH BAYSHORE DRIVE, #500, MIAMI, FL 33133	4,862

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
N/A	N/A	N/A	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			

RECEIVED
 MIAMI-DADE ELECTIONS
 APR 12 AM 10:26

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

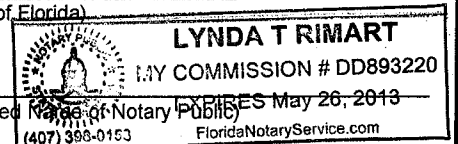
STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11 day of

April, 20 11 by Marcelo Lorente

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

[Handwritten Signature]
 (Print, Type, or Stamp Commissioned Notary Public)



Personally Known OR Produced Identification

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

MARCELO LLORENTE
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
FORM 6
2010
ATTACHMENT

PART B - ASSETS

INVESTMENTS IN REAL ESTATE

	<u>MARKET VALUE</u>
PRIMARY RESIDENCE - 10135 SW 132 COURT, MIAMI, FL 33186	\$ 325,000
SECONDARY RESIDENCE - 2625 COLLINS AVENUE, #1104, MIAMI BEACH, FL 33140	\$ 450,000
LAND (70% OWNED) - WAKULLA COUNTY, FLORIDA	\$ 200,000
TOTAL	\$ 975,000

INVESTMENTS IN PARTNERSHIPS/CORPORATIONS

	<u>MARKET VALUE</u>
CEMCO CONSTRUCTION CORP - 45% - 2103 CORAL WAY #805, MIAMI, FL 33145	\$ 22,500
STATEWIDE CONSULTING SERVICES, INC - 33% OWNED - 2103 CORAL WAY #805, MIAMI FL 33145	\$ 16,500
TOTAL	\$ 39,000

PART C - LIABILITIES

MORTGAGES

	<u>AMOUNT DUE</u>
PRIMARY RESIDENCE - BANK OF AMERICA MORTGAGE - PO BOX 650070, DALLAS, TEXAS 75265	\$ 248,969
PRIMARY RESIDENCE - REGIONS BANK HELOC - PO BOX 18001, HATTIESBURG, MS 39404-8001	\$ 64,760
SECONDARY RESIDENCE - CHASE MORTGAGE - P.O. BOX 24696, COLUMBUS, OH 43224-0696	\$ 400,000
LAND - WELLS FARGO MORTGAGE - P.O. BOX 10335, DES MOINES, IA 50306-0335	\$ 250,000
TOTAL	\$ 963,729

OTHER LIABILITIES

	<u>AMOUNT DUE</u>
STUDENT LOAN - ED FINANCIAL SERVICES - P.O. BOX 36014, KNOXVILLE, TN 37930-6014	\$ 5,708
AUTOMOBILE - NISSAN FINANCIAL - P.O. BOX 660360, DALLAS, TX 75266	\$ 5,636
CREDIT - AMERICAN EXPRESS - P.O. BOX 360001, FT LAUDERDALE, FL 33336-0001	\$ 29,259
TOTAL	\$ 40,603

RECEIVED
2011 APR 12 AM 10:26
MIAMI-DADE
ELECTIONS

