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MIAMI-DADE
ELECTIONS

April 11, 2011

Honorable Harvey Ruvin
Clerk of the Circuit Courts
Miami-Dade County
73 W. Flagler Street, Suite 242
Miami, Florida 33130

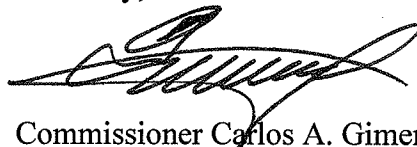
Lester Sola, Supervisor of Elections
Miami-Dade County
2700 N.W. 87 Avenue
Miami, Florida 33172

Re: Resignation from Office of Miami-Dade County Commissioner for District 7

Gentlemen:

I hereby resign my office as Miami-Dade County Commissioner for District 7 effective immediately.

Sincerely,



Commissioner Carlos A. Gimenez
Miami-Dade County, District 7

- c: Hon. Rick Scott, Governor, The State of Florida
Kurt S. Browning, Secretary of State
Hon. Chairman Joe A. Martinez
and Members Board of County Commissioners
Alina T. Hudak, County Manager
R. A. Cuevas, Jr., County Attorney
Charles Anderson, Commission Auditor

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MIAMI-DADE ELECTIONS

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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)

Carlos A. Gimenez

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

4061 South Lejeune Road Miami, FL 33146

4. Telephone

(305) 733-4097

5. E-mail address

CGGimenez@aol.com

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

Mayor - Miami-Dade County

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

Howard L. Goldstein

11. Mailing Address

1001 Brickell Bay Drive, Suite 1400

12. Telephone

(305) 371-6200

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33131

17. E-mail address

hgoldstein@mallahfurman.com

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

19. Name of Bank

Sabadell United Bank, N.A.

20. Address

1111 Brickell Avenue, 29th Floor

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33131

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

4/12/11

26. Signature of Candidate

X

[Handwritten Signature]

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

I, Howard L. Goldstein, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/11/11 Date

X [Handwritten Signature] Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Carlos A. Gimenez

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

4061 South Lejeune Road Miami, FL 33146

4. Telephone

(305) 733-4097

5. E-mail address

caqimenez@aol.com

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

Mayor - Miami-Dade County

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

Adam A. Cedrati

11. Mailing Address

1001 Brickell Bay Drive, Suite 1400

12. Telephone

(305) 371-6200

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33131

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acedrati@mallahfurman.com

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33131

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25. Date

4/12/11

26. Signature of Candidate

X [Signature]

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

I, Adam A. Cedrati, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-11-11

Date

X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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**MIAMI-DADE
ELECTIONS**

I, Carlos A. Gimenez,
candidate for the office of Mayor - Miami-Dade County;

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

X



Signature of Candidate

4/12/11

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:

Carlos A. Gimenez

First Name

Middle Name

Last Name

Mayor - 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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MIAMI-DADE
ELECTIONS

Received by: 

Candidate/Chairperson Signature

Date: 4/12/11

Phone No.: 305-733-4097

Fax No.: _____

E-mail address: cagimenez@aol.com

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



- Candidate (office sought): Mayor-Miami-Dade County
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

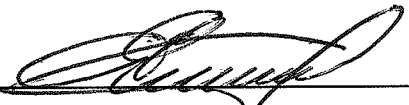
I, Carlos A. Gimenez
(Please print name of Candidate or Chairperson)

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understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

 4/12/11
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-733-4097

Email Address: ccgimenez@aol.com

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

LOYALTY OATH FOR MIAMI-DADE COUNTY MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>CARLOS</u>	<u>A</u>	<u>GIMENEZ</u>
First Name	Middle Name/Initial	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, CARLOS GIMENEZ
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF CHALLENGING)
 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.

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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 type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input checked="" 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>[Signature]</u> Signature of Candidate	<u>365-733-4097</u> Daytime Telephone Number	<u>CAGIMENEZ@AOL.COM</u> Email Address
<u>4061 S. LEJEUNE RD.</u> Address	<u>MIAMI</u> City	<u>FL 33146</u> State Zip Code

State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12 day of April, 2011 by Carlos Gimenez.

Personally Known: or
Produced Identification: _____

Type of Identification Produced: _____

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



MYRNA M. HERNANDEZ
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# DD0953410
 Expires 3/2/2014

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

FINANCIAL INTERESTS

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LAST NAME — FIRST NAME — MIDDLE NAME:

GIMENEZ, CARLOS ANTONIO

MAILING ADDRESS:

4061 S. Lejeune Rd.

MIAMI

33146

MIAMI DADE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

MAYOR, MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

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MIAMI-DADE ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

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 4/12, 2011 was \$ 923,323

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 \$ 57,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

HOME-4061 S. Lejeune Rd. Miami, FL. 33146	795,000
BOAT-\$105,000, AUTO \$32,000, AUTO \$36,000, MFFCU \$24,006	
MPS(CIRA) \$71,774.10, ICMA(CIRA) \$199,898, VANGUARD(CIRA) \$1,937	
MIAMI FF RELIEF + PENSION FUND \$140,998, ING \$78,254	
S.F. ED. C.V. \$9573, ENERSEN - \$12,438	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CITI MORTGAGE	186,782
BANK OF AMERICA	221,131
MIAMI FF. C.V. (BOAT LOAN)	85,237
U.S. BANK (CAR LOAN)	36,973

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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
Miami Dade County	111 NW 1 ST Miami, FL.	43,250
Miami Firefighter Police Pension	1895 S.W. 3 Ave Miami, FL	126,810
Vanguard IRA	P.O. BOX 2600, Valley Forge, PA	40,000

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			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
	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			

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 MIAMI-DADE ELECTIONS

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 12th day of

April, 20 11 by Carlos Gimenez

(Signature of Myrna M. Hernandez)
 (Signature of Notary Public--State of Florida)

MYRNA M. HERNANDEZ
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# DD0953410

Personally Known Produced Identification

Type of Identification Produced _____

(Signature of Reporting Official)
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

