

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, JOSE LORENZO

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COUNCIL SEAT #2, _____
(Office) (District #)

_____ , #2 ; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 125307260

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] (780) 2415661
Signature of Candidate Telephone Number Email Address operador@miami-dade.com
8784NW 112th PL Doral Florida 33178
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 19th
day of July, 2018.
Personally Known: or Produced Identification:
Type of Identification Produced: _____

Carolina Reyes
Commission # FF 938913
Expires: March 19, 2019
Bonded thru Aaron Notary

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES



VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, JOSE LORENZO, a candidate for the office of
please print your name
COUNCIL SEAT #2 in CITY OF DORAL,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x

Signature

7/19/2018
Date

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LORENZO JOSE

MAILING ADDRESS :

8784 NW 112th PL.

Doral FL 33178.

CITY : Doral ZIP : FL COUNTY : 33178.

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Council Seat # 2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



**** **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, 2017 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2016

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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE 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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>House loan llc.</u>	<u>8784 NW 112th PL Doral FL 33178</u>	<u>Flip House.</u>

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u>House loan llc.</u>	<u>Real STATE</u>	<u>8784 NW 112th PL Doral FL 33178.</u>	<u>Flip Houses/RENTALS</u>

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

8784 NW 112th PL Doral FL, 33178
17600 NW 73ave apt. 201-6 Hialeah FL 33015
8474 NW 103ST 1036 Hialeah FL 33016

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin 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 WHICH THE PROPERTY RELATES
NA.	NA.

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

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	NA	
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		

PART G — TRAINING

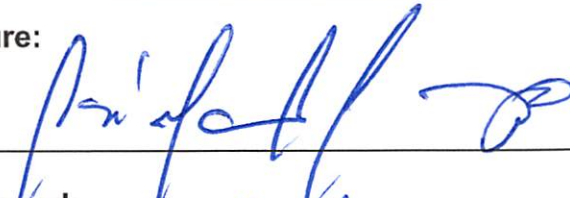
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:


Date Signed: 7/19/2018

CPA or ATTORNEY SIGNATURE ONLY

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.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEFom1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

Review carefully – Your precinct number, voting location, or both may have changed. Use this information to exercise your right to vote!

Revise cuidadosamente. Es posible que el número de su recinto electoral, su centro de votación, o ambos, hayan cambiado. ¡Utilice esta información para ejercer su derecho al voto!

Li atantivman – Nimewo biwo vòt ou, lokal biwo vòt ou, oswa toude kapab te chanje. Itilize enfòmasyon sa–a pou w egzèsè dwa w pou w vote!



Detach here Desprenda por aquí Detache la a

Please check all information for accuracy.

MIAMI-DADE COUNTY

Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED / EMITIDA / ENPRIME
01/22/18

Jose Manuel Lorenzo
8784 NW 112Th Pl
Doral FL 33178

Bring photo identification when voting.
Para votar, presente una identificación con fotografía.
Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon
125307260

Voting Location | Centro de Votación | Lokal Biwo Vòt
Ronald W. Reagan/Doral Sr. High Sch
8600 NW 107 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
462

Date of Birth
Fecha de Nacimiento
Dat Nesans
7/18/1967

Registration Date
Fecha de Inscripción
Dat Enskripsyon
1/18/2018

Party Affiliation | Afiliación Partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

Christina White
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. pòtè votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè
25

State Senate
Senado Estatal
Sena Eta
36

State House
Cámara Estatal
Lachannm Eta
103

County Commission
Comisión del Condado
Komisyon Konte
12

School Board
Junta Escolar
Asanble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominitè
N/A

Municipality | Municipio | Minisipalite

Sírvase verificar la corrección de todos los datos.

Tanpri verifye ke tout enfòmasyon yo kòrèk.

Detach here

Desprenda por aquí

Detache la a



Elections
 2700 NW 87th Avenue
 Miami, Florida 33172
 T 305-499-8683 F 305-499-8547
 TTY 305-499-8480

miamidade.gov

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

Christina White

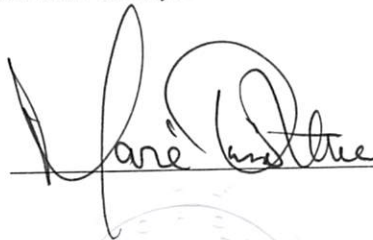
Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

Voter Registration Receipt
Comprobante de Inscripción del Elector
Resi Enskripsyon Votè

Date / Fecha / Dat	01/26/2018
Time / Hora / Lè	10:45 AM
Regn Number / Número de Registración / Nimewo Enskripsyon	125307260
Voter Name / Nombre de Votante / Non Votè	Lorenzo, Jose M
Residence / Residencia / Domisil	8784 NW 112Th Pl Doral FL 33178
Mailing Address / Dirección postal / Adrès Postal	none
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	Jul/18/1967
Birth Place / Lugar del Nacimiento / Lye Nesans	VENEZUELA
Sex / Sexo / Sèks	M
Race / Raza / Ras	4
Party / Partido / Pati Politik	Rep
Precinct / Precinto / Biwo Vòt	462.0 Ronald W. Reagan/Doral Sr. High School 8600 NW 107 Ave
Registration Date / Fecha de Inscripción / Dat Enskripsyon	Jan/18/2018
Assistance Required / Requiere asistencia / Bezwen Asistans	N

*Witness my hand and official seal at Miami-Dade County, FL,
 Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,
 Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,
 on Jan/26/2018 / este día Jan/26/2018 / jou Jan/26/2018*

Christina White
 Supervisor of Elections
 Miami-Dade County, FL

By: 



CO

2015 REAL ESTATE PROPERTY TAXES

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

494217

FOLIO NUMBER	MUNICIPALITY	MILL CODE
35-3007-011-3670	DORAL	3500

Mailing Address
 JOSE MANUEL LORENZO LORENZO
 ELVIRA REGINA OJEDA GONZALEZ
 8784 NW 112 PL
 DORAL, FL 33178

Property Address
 8784 NW 112 PL

Exemptions: ADDL HOMESTEAD
 HOMESTEAD

AD VALOREM TAXES				
TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	\$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board				
School Board Operating	272,077	7.41300	247,077	1,831.58
School Board Debt Service	272,077	0.19900	247,077	49.17
State and Other				
Florida Inland Navigation Dist	272,077	0.03200	222,077	7.11
South Florida Water Mgmt Dist	272,077	0.14590	222,077	32.40
Okeechobee Basin	272,077	0.15860	222,077	35.22
Everglades Construction Proj	272,077	0.05060	222,077	11.24
Childrens Trust Authority	272,077	0.50000	222,077	111.04
Miami-Dade County				
County Wide Operating	272,077	4.66690	222,077	1,036.41
County Wide Debt Service	272,077	0.45000	222,077	99.93
Library District	272,077	0.28400	222,077	63.07
Fire Rescue Operating	272,077	2.42070	222,077	537.58
Fire Rescue Debt Service	272,077	0.00860	222,077	1.91
Municipal Governing Board				
Doral Operating	272,077	1.90000	222,077	421.95

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
ISLANDS @ DORAL NW	0.6840	12.000	8.21
GARB, TRASH, TRC, RECYCLE	439.0000	1.000	439.00
ISLANDS AT DORAL III CDD	1.0000	1037.670	1,037.67

Save Time. Pay Online by E-Check or Credit Card. www.miamidade.gov

Combined taxes and assessments **\$5,723.49**

2015 REAL ESTATE PROPERTY TAXES

35-3007-011-3670

FOLIO NUMBER

8784 NW 112 PL
 PROPERTY ADDRESS

LEGAL DESCRIPTION

PB 164-34 T-21674
 LOT 6 BLK 48
 LOT SIZE 1495 SQ FT
 FAU 35 3007 001 0190 & 0200

JOSE MANUEL LORENZO LORENZO
 ELVIRA REGINA OJEDA GONZALEZ
 8784 NW 112 PL
 DORAL, FL 33178



↑ RETAIN FOR YOUR RECORDS ↑

DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT



* 1 + 3 5 3 0 0 7 0 1 1 3 6 7 0 + 2 0 1 5 *

Make checks payable to:
Miami-Dade County Tax Collector
 (in U.S. funds drawn on U.S. banks)

Please use envelope provided or
 mail to 200 N.W. 2nd Avenue
 Miami, FL 33128

PAY ONLY ONE AMOUNT

Amount if paid by **NOVEMBER 30, 2015**

\$ 5,494.55

Amount if paid by **DECEMBER 31, 2015**

\$ 5,551.79

Amount if paid by **JANUARY 31, 2016**

\$ 5,609.02

Amount if paid by **FEBRUARY 29, 2016**

\$ 5,666.26

Amount if paid by **MARCH 31, 2016**

\$ 5,723.49

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2016

Miami-Dade County, Florida

REAL ESTATE PROPERTY TAXES

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

499345

FOLIO NUMBER	MUNICIPALITY	MILL CODE
35-3007-011-3670	DORAL	3500

Mailing Address
 JOSE MANUEL LORENZO LORENZO
 ELVIRA REGINA OJEDA GONZALEZ
 8784 NW 112 PL
 DORAL, FL 33178

Property Address
 8784 NW 112 PL

Exemptions: ADDL HOMESTEAD
 HOMESTEAD

AD VALOREM TAXES				
TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	ST. 000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board				
School Board Operating	273,981	7.13800	248,981	1,777.23
School Board Debt Service	273,981	0.18400	248,981	45.81
State and Other				
Florida Inland Navigation Dist	273,981	0.03200	223,981	7.17
South Florida Water Mgmt Dist	273,981	0.13590	223,981	30.44
Okeechobee Basin	273,981	0.14770	223,981	33.08
Everglades Construction Proj	273,981	0.04710	223,981	10.55
Childrens Trust Authority	273,981	0.50000	223,981	111.99
Miami-Dade County				
County Wide Operating	273,981	4.66690	223,981	1,045.30
County Wide Debt Service	273,981	0.40000	223,981	89.59
Library District	273,981	0.28400	223,981	63.61
Fire Rescue Operating	273,981	2.42070	223,981	542.19
Fire Rescue Debt Service	273,981	0.00750	223,981	1.68
Municipal Governing Board				
Doral Operating	273,981	1.90000	223,981	425.56

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
ISLANDS @ DORAL NW	1.0587	12.000	12.70
GARB, TRASH, TRC, RECYCLE	439.0000	1.000	439.00
ISLANDS AT DORAL III CDD	1.0000	1037.670	1,037.67

Save Time. Pay Online by E-Check or Credit Card. www.miamidade.gov

Combined taxes and assessments **\$5,673.57**

↑ RETAIN FOR YOUR RECORDS ↑

↓ DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT ↓

2016 REAL ESTATE PROPERTY TAXES

35-3007-011-3670

FOLIO NUMBER
 8784 NW 112 PL
 PROPERTY ADDRESS

LEGAL DESCRIPTION

PB 164-34 T-21674
 LOT 6 BLK 48
 LOT SIZE 1495 SQ FT
 FAU 35 3007 001 0190 & 0200

JOSE MANUEL LORENZO LORENZO
 ELVIRA REGINA OJEDA GONZALEZ
 8784 NW 112 PL
 DORAL, FL 33178



* 1 + 3 5 3 0 0 7 0 1 1 3 6 7 0 + 2 0 1 6 *

Make checks payable to:
Miami-Dade Tax Collector
 (in U.S. funds drawn on U.S. banks)

Please use envelope provided or mail to
 200 NW 2 Avenue
 Miami, FL 33128-1733

PAY ONLY ONE AMOUNT

Amount if paid by **NOVEMBER 30, 2016**
\$ 5,446.63

Amount if paid by **DECEMBER 31, 2016**
\$ 5,503.36

Amount if paid by **JANUARY 31, 2017**
\$ 5,560.10

Amount if paid by **FEBRUARY 28, 2017**
\$ 5,616.83

Amount if paid by **MARCH 31, 2017**
\$ 5,673.57

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2017 REAL ESTATE PROPERTY TAXES

Miami-Dade County, Florida

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

499669

FOLIO NUMBER	MUNICIPALITY	MILL CODE
35-3007-011-3670	DORAL	3500

Mailing Address
 JOSE MANUEL LORENZO LORENZO
 ELVIRA REGINA OJEDA GONZALEZ
 8784 NW 112 PL
 DORAL, FL 33178

Property Address
 8784 NW 112 PL

Exemptions: ADDL HOMESTEAD
 HOMESTEAD

AD VALOREM TAXES				
TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	\$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board				
School Board Operating	273,200	6.77400	248,200	1,681.30
School Board Debt Service	273,200	0.22000	248,200	54.60
State and Other				
Florida Inland Navigation Dist	273,200	0.03200	223,200	7.14
South Florida Water Mgmt Dist	273,200	0.12750	223,200	28.46
Okeechobee Basin	273,200	0.13840	223,200	30.89
Everglades Construction Proj	273,200	0.04410	223,200	9.84
Childrens Trust Authority	273,200	0.46730	223,200	104.30
Miami-Dade County				
County Wide Operating	273,200	4.66690	223,200	1,041.65
County Wide Debt Service	273,200	0.40000	223,200	89.28
Library District	273,200	0.28400	223,200	63.39
Fire Rescue Operating	273,200	2.42070	223,200	540.30
Fire Rescue Debt Service	273,200	0.00750	223,200	1.67
Municipal Governing Board				
Doral Operating	273,200	1.90000	223,200	424.08

*Payable by VISA
 T/M
 12/6/17*

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
ISLANDS @ DORAL NW	1.6261	12.000	19.51
GARB, TRASH, TRC, RECYCLE	464.0000	1.000	464.00
ISLANDS AT DORAL III CDD	1.0000	1037.670	1,037.67

Due to Hurricane Irma, the November discounted amount reflected on this bill has been extended through December 13, 2017
 (4% Discount Period November 14, 2017 - December 13, 2017)

Combined taxes and assessments **\$5,598.08**

↑ RETAIN FOR YOUR RECORDS ↑

↓ DETACH HERE AND RETURN THIS PORTION WITH YOUR PAYMENT ↓

499669

2017 REAL ESTATE PROPERTY TAXES

35-3007-011-3670
 FOLIO NUMBER

8784 NW 112 PL
 PROPERTY ADDRESS

LEGAL DESCRIPTION

PB 164-34 T-21674
 LOT 6 BLK 48
 LOT SIZE 1495 SQ FT
 FAU 35 3007 001 0190 & 0200

JOSE MANUEL LORENZO LORENZO
 ELVIRA REGINA OJEDA GONZALEZ
 8784 NW 112 PL
 DORAL, FL 33178



Make checks payable to:
Miami-Dade Tax Collector
 (in U.S. funds drawn on U.S. banks)
 Please use envelope provided or mail to
 200 NW 2 Avenue, Miami, FL 33128-1733

PAY ONLY ONE AMOUNT

Amount if paid by **DECEMBER 13, 2017**
\$ 5,374.16

Amount if paid by **DECEMBER 31, 2017**
\$ 5,430.14

Amount if paid by **JANUARY 31, 2018**
\$ 5,486.12

Amount if paid by **FEBRUARY 28, 2018**
\$ 5,542.10

Amount if paid by **MARCH 31, 2018**
\$ 5,598.08

1000000000000000000000003530070113670201700000559808000000000002



2017 AUTOMATIC RESIDENTIAL RENEWAL RECEIPT

MIAMI-DADE COUNTY
PROPERTY APPRAISER

PEDRO J. GARCIA
PROPERTY APPRAISER



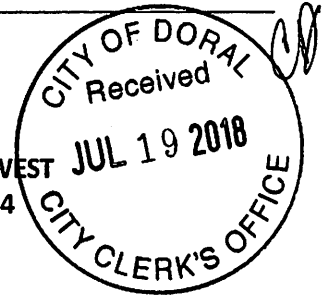
35-3007-011-3670

JOSE MANUEL LORENZO LORENZO
ELVIRA REGINA OJEDA GONZALEZ
8784 NW 112 PL
DORAL, FL 33178

Folio: 35-3007-011-3670

Property Address: 8784 NW 112 PL

Legal: ISLANDS AT DORAL NORTHWEST
PB 164-34 T-21674
LOT 6 BLK 48



EXEMPTIONS LISTED IN THIS SECTION ARE AUTOMATICALLY RENEWED*

Please review the following 2016 exemption(s) for the above property. If you are still eligible for these exemption(s) in 2017, you DO NOT NEED to take any further action. RETAIN THIS DOCUMENT FOR YOUR RECORDS AS YOUR 2017 RENEWAL RECEIPT. If the Automatic Renewal Receipt contains any errors, please contact the Property Appraiser's Office immediately at (305) 375-4712. Please note that if any errors are reflected in the Automatic Renewal Receipt, entitlement to exemption(s) will be determined in accordance with State Law. This automatic exemption renewal is only valid for the following person(s):

Homestead Exemption: ELVIRA R OJEDA

***NOTICE:** If you are the new owner of this property, this renewal receipt is VOID and you must file an original application on this property by **March 1, 2017**, in order to receive the exemption.

***IMPORTANT:** If this property or any portion thereof, is rented you must notify this office. Failure to do so may subject you to 50% penalty and 15% interest per year up to 10 years!

TO CANCEL ANY OF THE ABOVE AUTOMATIC RENEWAL EXEMPTIONS, COMPLETE THIS SECTION

Check applicable exemption(s), sign where indicated, keep a copy for your records, and return this entire page with a copy of your valid Driver's License or State ID

I no longer qualify for **HOMESTEAD EXEMPTION** because the above property was not my permanent residence on January 1, 2017.

As of January 1, 2017, I no longer qualify for:

- \$500 Widow/Widower \$500 Civilian Disability \$500 Blind Disability Total & Permanent Quadriplegic
- Surviving Spouse of Total & Permanent Disabled Veteran Veteran Abatement \$5,000 Veteran Disability
- Veteran Total & Permanent Disability Assessment Reduction for living Quarters of Parents or Grandparents

ONLY RETURN THIS FORM TO CANCEL ANY OF THE ABOVE EXEMPTION(S)

X
SIGN ONLY TO CANCEL EXEMPTION(S)
(PROVIDE COPY OF DRIVER'S LICENSE OR STATE ID)

Mail to:
Miami-Dade Property Appraiser's Office
P. O. Box 013140
Miami, FL 33101-3140

DATE

PHONE NUMBER

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION AND APPLICATION INSTRUCTIONS



2018 AUTOMATIC RESIDENTIAL RENEWAL RECEIPT

**MIAMI-DADE COUNTY
PROPERTY APPRAISER**

**PEDRO J. GARCIA
PROPERTY APPRAISER**



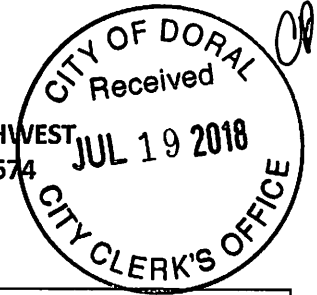
JOSE MANUEL LORENZO LORENZO
ELVIRA REGINA OJEDA GONZALEZ
8784 NW 112 PL
DORAL, FL 33178

Folio: 35-3007-011-3670

Property: 8784 NW 112 PL

Legal: ISLANDS AT DORAL NORTHWEST
PB 164-34 T-21674
LOT 6 BLK 48

Mail Date: December 28, 2017



AUTOMATIC RENEWAL OF EXEMPTION(S)*

Please review the following 2017 exemption(s) for the above property. If you are still eligible for these exemption(s) in 2018, you DO NOT NEED to take any further action. RETAIN THIS DOCUMENT FOR YOUR RECORDS AS YOUR 2018 RENEWAL RECEIPT. If the Automatic Renewal Receipt contains any errors, please contact the Property Appraiser's Office immediately at 305- 375-4712. Please note that if any errors are reflected in this receipt, entitlement to exemption(s) will be determined in accordance with State Law. This automatic exemption renewal is only valid for the following person(s):

HOMESTEAD EXEMPTION: ELVIRA R OJEDA

***NOTICE:** If you are the new owner of this property, this renewal receipt is VOID and you must file an original application on this property by March 1, 2018, in order to receive the exemption.

***IMPORTANT:** If this property or any portion thereof, is rented you must notify this office. Failure to do so may subject you to 50% penalty and 15% interest per year up to 10 years!

TO CANCEL EXEMPTIONS, COMPLETE THIS SECTION (Check applicable exemption(s), sign where indicated, keep a copy for your records, and return this entire page with a copy of your valid Driver's License or State ID)

As of January 1, 2018, I no longer qualify for (check applicable):

- HOMESTEAD EXEMPTION** because the above property was not my permanent residence
- \$500 Widow/Widower \$500 Civilian Disability \$500 Blind Disability Total & Permanent Quadriplegic
- Surviving Spouse of Total & Permanent Disabled Veteran Veteran Abatement \$5,000 Veteran Disability
- Totally & Permanently Disabled First Responder Veteran Total & Permanent Disability
- Assessment Reduction for living Quarters of Parents or Grandparents

Please remove the above exemption(s) from my property:

Signature (Include a copy of your driver's license or state ID)

Date

Phone Number

Mail To: **Miami-Dade Property Appraiser's Office**
P.O. Box 013140
Miami, FL 33101-3140

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



CITY OF DORAL
GENERAL ELECTION 2018
CANDIDATE AFFIRMATION

Before me, an officer authorized to administer oaths, personally appeared Jose M. Lorenzo to me well known or who produced _____ as identification, who, being sworn, says that he/she is a candidate for the office of Council Seat #2; that he/she has resided in the City of Doral for the past two (2) years; that he/she is a qualified elector of Miami-Dade County, Florida; that he/she qualified under the Constitution and the laws of Florida to hold the office to which he/she seeks election; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; that he/she has resigned from any office from which he/she is required to resign pursuant to § 99.012 Florida Statutes; and that he/she will support the Constitution of the United States and the Constitution of the State of Florida.

[Signature]
(Signature of Candidate)

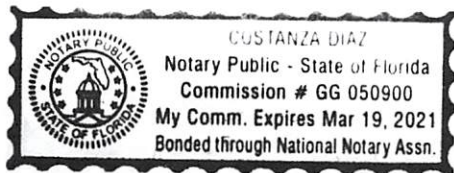
JOSE LORENZO
(Candidate Printed Name)

8784 NW 112th PL
(Candidate Address)

Doral FL 33178
(Candidate Address)



Sworn to and subscribed before me this 19 day of July, 2018 at the City of Doral, Miami-Dade County, Florida.



[Signature]
Connie Diaz, City Clerk, City of Doral

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 07/18/18 10:36:23 AM

NTX

WEST DORAL

0002 0002227 0049

Pay

 BANK OF AMERICA ONE TWO ZERO CTSCTS

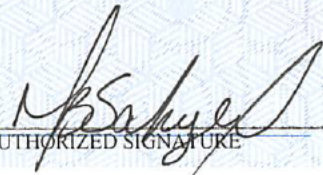
\$120.00

One Hundred Twenty and 00/100 Dollars

To The CITY OF DORAL
Order Of

Remitter (Purchased By): JOSE M. LORENZO

Bank of America, N.A.
SAN ANTONIO, TX


AUTHORIZED SIGNATURE



Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 07/18/18 10:36:23 AM

NTX

WEST DORAL

0002 0002227 0049

Pay



BANK OF AMERICA **200000**
TWO ZERO ZERO CTSCTS

\$200.00

Two Hundred and 00/100 Dollars

To The CITY OF DORAL
Order Of

Remitter (Purchased By): JOSE M. LORENZO

Bank of America, N.A.
SAN ANTONIO, TX


AUTHORIZED SIGNATURE

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 07/18/18 10:36:23 AM

NTX

WEST DORAL

0002 0002227 0049

Pay



BANK OF AMERICA **50000**
FIVE ZERO ZERO CTSCTS

****\$500.00****

Five Hundred and 00/100 Dollars

To The CITY OF DORAL
Order Of

Remitter (Purchased By): JOSE M. LORENZO

Bank of America, N.A.
SAN ANTONIO, TX


AUTHORIZED SIGNATURE

00-53-3364B 11-2010

COPY/PRINT CAPTURE - ANTI-FRAUD PROTECTION