

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY RECEIVED

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

2012 MAY 22 PM 1:22  
MIAMI-DADE  
ELECTIONS

**OATH OF CANDIDATE**

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Dr. Carlos E. Munoz Fontanills

(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 nonpartisan office of COUNTY COMMISSION, DISTRICT #5.  
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X

*[Handwritten Signature]*

(786) 541-3938

munozfontanills@gmail.com

Signature of Candidate

Telephone Number

Email Address

100 LINCOLN RD (Apt #323)

MIAMI BEACH

FL

33139

Address

City

State

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110192934

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 22<sup>nd</sup> day of May, 2012.

Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC.


*[Handwritten Signature]*

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**



**CARLOS EDUARDO MUNOZ**  
100 LINCOLN RD APT 323  
MIAMI BEACH, FL 33139-0008  
DOB: 08-01-1936 SEX: M  
ISSUED: 11-22-2011 HGT: 5-11  
EXPIRES: 08-31-2019  
REST: [REDACTED]  
SEX: [REDACTED]

**INSURE BY** [REDACTED] **SAFE DRIVER**  
Operation of a motor vehicle constitutes consent to any sobriety test required by law

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ELECTIONS

# FORM 6 FULL AND PUBLIC DISCLOSURE RECEIVED 2011

## FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Munoz Fontanills Carlos E**

MAILING ADDRESS:  
**100 Lincoln Rd**

**APT. 323**

CITY: ZIP: COUNTY:  
**Miami Beach 33139 Miami Dade**

NAME OF AGENCY:  
**County Commission District 5**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**Commissioner**

CHECK IF THIS IS A FILING BY A CANDIDATE

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**MIAMI-DADE ELECTIONS**

ID Code \_\_\_\_\_

ID No. \_\_\_\_\_

Conf. Code \_\_\_\_\_

P. Req. Code \_\_\_\_\_

### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 May 22, 20 12 was \$ 265,336.00

### 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 \$ 265336.00

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Apartment 100 Lincoln Rd APT. 323 Miami Beach	249180.00
Bank Account (Bank of America)	13156.00
Personal Vehicle.	3000.00

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<del> </del>	
<del> </del>	
<del> </del>	
<del> </del>	

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<del> </del>	
<del> </del>	
<del> </del>	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 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 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 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
Public Employees Retirement System - State of New Jersey	Department of the Treasury	
Social Security Administration	ESTATE of New Jersey TRENTON 08535	8,803.47
EM D (Mortgage)	300 Spring Garden St PA 19123	7,102.80
	4.5 Weaver St. Little Falls. NJ 07422	35,593.56

**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 5]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
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.

*[Handwritten Signature]*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 22<sup>nd</sup> day of

May, 2012 by Carlos Munoz Fontanills



(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL Drivers Lic.

**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.



Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Carlos

E.

MUNOZ FONTANILLA

First Name

Middle Name

Last Name

MIAMI Dade County Commissioner DISTRICT # 5

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by:

[Handwritten Signature]

Candidate / Chairperson Signature

Date:

05/22/2012

Primary Telephone Number:

786-541-3938

Alternate Telephone Number:

E-mail address:

MUNOZ FONTANILLA@gmail.com

