

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

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

GIMENEZ CARLOS ANTONIO

FOR OFFICE USE ONLY

2012 JUN -4 AM 11:36

MAILING ADDRESS:

4061 S. Lejeune Rd.

ID Code: MIAMI-DADE ELECTIONS

CITY:

Miami

ZIP:

33146

COUNTY:

Miami-Dade

ID No.

NAME OF AGENCY:

Miami Dade County

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

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 June 3, 2012 was \$ 953,842

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 \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
HOME - 4061 S. Lejeune Rd.	810,000
BOAT \$105,000, AUTO \$30,500, AUTO 30,400, AUTO 34,000	
NRS (IRA) 74,946, KMA (IRA) 217,706, VANGUARD IRA \$192B, Miami FF Relief Fund 142,022, EVERSEN 9150	
S. FLA. EDU C.U. 1/5,866	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CITI MORTGAGE	158,980
Bank of America	213,225
Miami FF C.U.	62,616
US BANK (CAR) - 29,492, US BANK (CAR) 30,386	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

RECEIVED

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.]

MIAMI-DADE ELECTIONS

PRIMARY SOURCES OF INCOME (See instructions on page 5):

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Rows include Miami Dade County, Miami Fire + Police Pension, and Vanguard IRA.

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains 'N/A'.

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Rows include NAME OF BUSINESS ENTITY, 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.

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

OATH

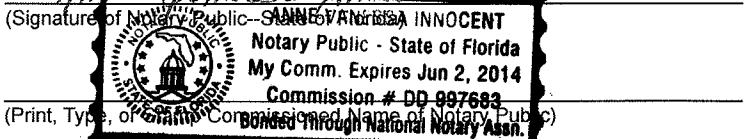
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 4th day of

June, 2012 by Carlos Antonio Jimenez

Signature of Notary Public



Personally Known OR Produced Identification

Type of Identification Produced FL Driver's license

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.

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

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

OFFICE USE ONLY

Proof of residency provided:

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

RECEIVED
 MIAMI-DADE
 ELECTIONS
 2012 JUN 4 AM 11:36

OATH OF CANDIDATE

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


I, Carlos Gimenez

(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 Mayor of Miami-Dade County, ---
(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 	(305) 444-7211	carlos@gimenezformayor.com	
Signature of Candidate	Telephone Number	Email Address	
4061 S. Lejuene Road	Miami	FL	33146
Address	City	State	Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109141355

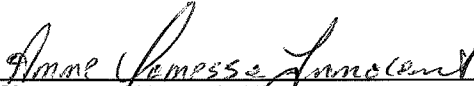
STATE OF FLORIDA
 COUNTY OF MIAMI DADE

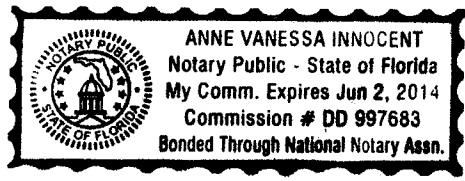
Sworn to (or affirmed) and subscribed before me this 4th day of June, 20 12.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:
FL Driver's License

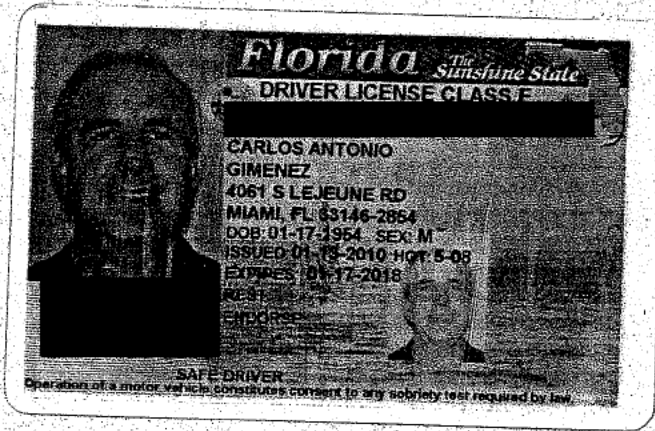

Signature of Notary Public
 Print, Type, or Stamp Commissioned Name of Notary Public



RECEIVED

2012 JUN -4 AM 11:37

MIAMI-DADE
ELECTIONS



Florida *The Sunshine State*
DRIVER LICENSE CLASS E

CARLOS ANTONIO
GIMENEZ
4061 S LEJEUNE RD
MIAMI, FL 33146-2864
DOB: 01-17-1964 SEX: M
ISSUED: 01-13-2010 HGT: 5-08
EXPIRES: 01-17-2018

ENDORSE

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741206

RECEIVED FROM Carlos Gimenez

DATE 6 / 4 / 12
MONTH DAY YEAR

ADDRESS 4061 S Le Jeune RD

CASH \$ _____

MIAMI CITY FL STATE 33146 ZIP

CHECKS \$ 1,800 . ⁰⁰

AMOUNT OF: One Thousand Eight Hundred DOLLARS, AND 00/100 CENTS

TOTAL \$ 1,800 . ⁰⁰

FOR PAYMENT OF: Qualifying Fee - Mayor

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: Anne Gemessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

THE FACE OF THIS DOCUMENT HAS MICROPRINTING. DO NOT CASH IF MISSING.

NAME CARLOS GIMENEZ Campaign Account No. 297676

ACCOUNT NO. DATE JUNE 4, 2012 63-964
670

AMOUNT
\$ 1,800. ^{XX}/100

PAY TO THE ORDER OF BOARD OF County Commissioners
ONE THOUSAND EIGHT HUNDRED AND ^{XX}/100 DOLLARS

Sabadell United Bank
FOR Qualifying Fee

RECEIVED
MIAMI-DADE
ELECTIONS
2012 JUN -4 PM 1:55