

**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 |

OATH OF CANDIDATE

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

I, DENNY WOOD
(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 MIAMI-DADE MAYOR, MIAMI DADE
(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 Denny R. Wood (305) 253-2563 denny@dennywood.net
Signature of Candidate Telephone Number Email Address

9855 E. FERN St Miami FL 33176
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): #109015615

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 7th day of May

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____

Leif K. Gunderson
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



RECEIVED
2012 MAY 28 PM 2:11
MIAMI-DADE
ELECTIONS

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

WOOD DENNY

MAILING ADDRESS:

9855 E. FERN ST.

N

CITY: Miami

ZIP: FL 33157

COUNTY: Miami-DADE

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI DADE COUNTY MAYOR

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
MIAMI-DADE
ELECTIONS

2012 MAY -8 PM 2:11

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 May 1, 2012 was \$ 73,732.00

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 \$ 900.00

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
1979 Chev VAN	1,000.00
1984 Chev Van	1000.00
ONE STOP SERVICE BY DENNY WOOD BUSINESS 9855 E. FERN ST (FOR SALE OR INVESTMENT PARTNER)	100,000.00

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
Marene Rigby, 336 Rigby Lane, Walterboro SC 29988	8267.50
	DISPUTED
IRS-941 FORMS	10,000.00
Dept of Revenue	10,000.00
	disputed
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR	

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

BUREAU of Workers Comp	50 W. SPRING Street Columbus, OH 6	
	2012-YEARLY TOTAL	
	TAX FREE:	15844.92
ONE STOP SERVICE BY DENNY WOOD	9855 E. FERN ST. MIAMI FL 33157	- 0 -

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

ONE STOP SERVICE BY DENNY WOOD		9855 E FERN ST. MIAMI, FL 33157 WWW.SIGNS-TSHIRTS-TROPHIES.COM	AD SPECIALTIES T-SHIRTS-SIGNS
--------------------------------	--	--	----------------------------------

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			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	N/A		

RECEIVED
 MIAMI-DADE ELECTIONS
 2012 MAY - 8 PM 2:11

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

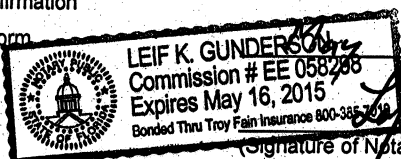
OATH

STATE OF FLORIDA
 COUNTY OF Miami-Dade

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.

Sworn to (or affirmed) and subscribed before me this 7th day of

_____ 2012 by Denny R. Wood



(Signature of Notary Public--State of Florida)

Denny R. Wood
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Leif K Gunderson
 (Print, Type, or Stamp Commissioned Name of 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.

RECEIVED

2012 MAY --8 PM 2:11

MIAMI-DADE
ELECTIONS

NAME DENNY WOOD CAMPAIGN ACCOUNT

001

ACCOUNT NO. _____

63-1459/670

PAY
TO THE
ORDER OF

DATE

May 8 2012

Board of County Commissioners

Eighteen hundred dollars

\$ 1800.00

DOLLARS



Security Features
Indicated
On Back of Check


Sunstate Bank
Miami, Florida

FOR

Filing fee

Florida

Handwritten signature



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741157

RECEIVED FROM Denny Wood

DATE 5 / 8 / 12
MONTH DAY YEAR

ADDRESS 1401 Bay Rd #402
Miami Beach STREET ADDRESS
CITY STATE ZIP FL 33139

CASH \$ _____
CHECKS \$ 1,800.00

AMOUNT OF: One Thousand Eight Hundred DOLLARS, AND NO CENTS TOTAL \$ 1,800.00

FOR PAYMENT OF: Qualifying Ecc. Count. Mayor.

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

DEPT.: Elections By: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

NAME DENNY WOOD CAMPAIGN ACCOUNT ACCOUNT NO. _____ DATE May 8 2012

PAY TO THE ORDER OF Board of County Commissioners \$ 1800.00

Eighteen hundred dollars DOLLARS

Sunstate Bank Miami, Florida

FOR Filing fee

001
63-1459/670
Security Features
MP