

**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, **DENNIS C. MOSS**

(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 COMMISSIONER**
(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 *Dennis C. Moss*

Signature of Candidate

(305) 255-8781

Telephone Number

commissionermoss@comcast.net

Email Address

17125 SW 109 COURT

Address

MIAMI

City

FLORIDA

State

33157

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109283246

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed), and subscribed before me this 23rd day of May, 2012.

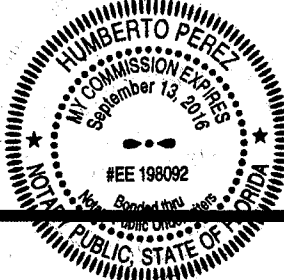
Personally Known: _____ or

Produced Identification: ☒

Type of Identification Produced:

Humberto Perez
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public




RECEIVED

2012 MAY 24 PM 2:58

MIAMI-DADE
ELECTIONS

Florida *The Sunshine State*
DRIVER LICENSE CLASS E


**DENNIS CLARKE
MOSS**
17125 SW 409 CT
MIAMI, FL 33157-4081
DOB 03-10-1952 SEX M
ISSUED 03-07-2012 HGT 5-01
EXPIRES 03-10-2020

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

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

MOSS

DENNIS

C.

FOR OFFICE
USE ONLY:

MAILING ADDRESS:

17125 SW 109 COURT

CITY :

MIAMI

ZIP :

33157

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNTY COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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 DECEMBER 31, 20 11 was \$ 230,983.00

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 \$ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

HOUSE @ 17125 SW 109 CT. MIAMI, FL. 33157(JOINTLY OWNED W/ WIFE)	142,911.00
CONDO @ 8670 SW 149 AVE., #114, MIAMI, FL. 33193(JOINTLY OWNED W/ WIFE)	44,830.00
CHASE BANK AND DADE COUNTY FEDERAL CREDIT UNION	63,000.00
AXA EQUITABLE LIFE INSURANCE ANNUITY	32,517.00
TOTAL	\$283,258.00

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

DADE COUNTY FEDERAL CREDIT UNION @ 1500 NW 107 AVE., MIAMI, FL., 33172	2,833.00
CAPITAL ONE BANK @ PO BOX 71083, CHARLOTTE, NC 28272	4,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

WELLS FARGO HOME MORT., PO BOX 660455 DALLAS, TX 75266 (HOME MORT.)	61,320.00
AMERICAN SERVICING COMPANY, PO BOX 1820 NEWARK, NJ 07101 (CONDO MORT.)	23,622.00
TOTAL	\$92,275.00

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
RICHMOND-PERRINE OPTIMIST CLUB	18055 HOMESTEAD AV. MIAMI, FL. 33157	\$44,847.00
MIAMI-DADE COUNTY GOVERNMENT	111 NW 1 ST. MIA., FL. 33128	\$49,388.00

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			
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 ☐

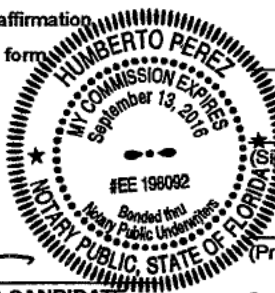
OATH

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 23rd day of

05, 20 12 by Dennis Clarke Moss



Humberto Perez
(Signature of Notary Public—State of Florida)


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

Dennis C. Moss
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FLDL

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.

NAME DENNIS C. MOSS CAMPAIGN ACCOUNT TC# 01
ACCOUNT NO. _____ DATE 5/25/12 63-1459/670
PAY TO THE ORDER OF THE BOARD OF COUNTY COMMISSIONERS \$ 360.00
THREE HUNDRED + SIXTY + 00/100 DOLLARS 
MEMO Qualifying Fees
Sunstate Bank
Miami, Florida
COUNTY COMMISSION DISTRICT 9