

**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, Joe Martinez

(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 County Mayor

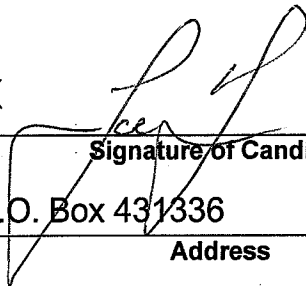
(OFFICE)

(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



Signature of Candidate

(305)791-5634

Telephone Number

JoeMartinezForMayor@gmail.com

Email Address

P.O. Box 431336

Address

Miami

City

FL

State

33243

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109119580

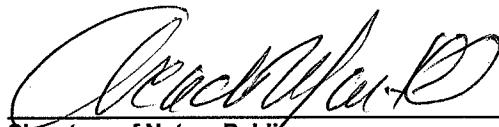
STATE OF FLORIDA
COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 24 day of May, 2012.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____



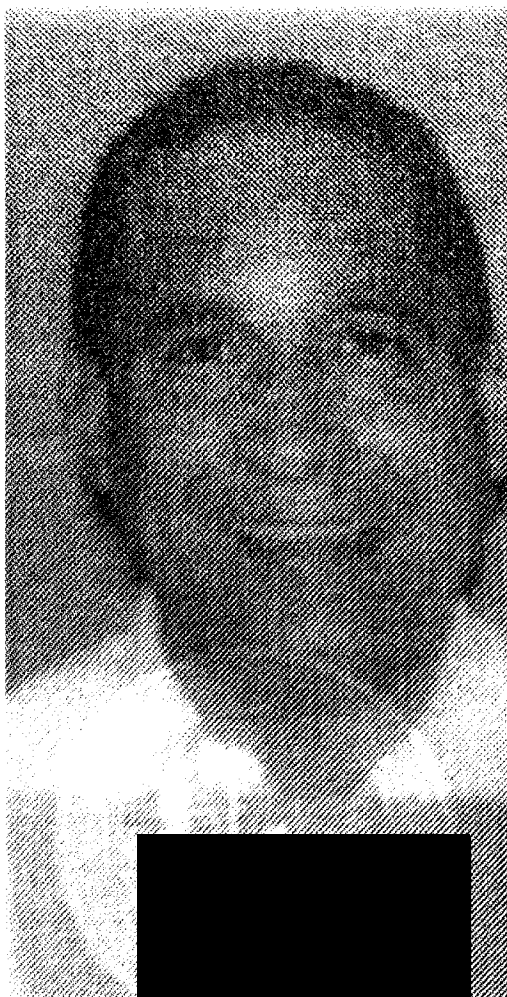
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



ARCADIO O. MARTELL
MY COMMISSION # DD 842369
EXPIRES: March 27, 2013
Bonded Thru Budget Notary Services

RECEIVED



STATE OF COLORADO
DEPARTMENT OF TRANSPORTATION

DEIVER LICENSE CLASS E

[REDACTED]

JOSE ANGEL MARTINEZ

[REDACTED]

DOB: 09-18-1957 SEX: M HGT: 5-07

ISSUED: 06-28-2008

EXPIRES: 09-11-2016

SEX:

ENDORSE:

DUPLICATE: 0-2-2008

[REDACTED]

VC20040270021

SAFE DRIVER

Operation of a motor vehicle without a valid license is a criminal offense under Colorado law. Licensee is not to be used for any purpose not intended by the issuing authority.

FINANCIAL INTERESTS

RECEIVED

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

FOR OFFICE USE ONLY 2012 MAY 31 PM 11:49

LAST NAME — FIRST NAME — MIDDLE NAME:
 Martinez Joe A.

MAILING ADDRESS:
 1401 SW 107 Avenue Suite 301M

CITY: ZIP: COUNTY:
 Miami Florida Dade-County

NAME OF AGENCY :
 Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 County Commissioner, District 11

CHECK IF THIS IS A FILING BY A CANDIDATE

MIAMI-DADE ELECTIONS

ID Code _____

ID No. _____

Conf. Code _____

P. Req. Code _____

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 20, 20 12 was \$ 220,004

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 \$ 155,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Furniture \$40,000; Jewelry \$100,000; Clothing \$15,000	\$155,000
Residence (estimate per tax roll)	\$440,044
Savings account	\$40,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Mortgage	\$392,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wife's Vehicle - Lease from Lexus (\$640/Month for 36 months)	\$23,040

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
Miami-Dade County	111 N.W. 1st Street, Miami	\$44,596.00
Delta Five Security	12250 SW 132 Court, #108 Miami	\$66,831.00

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Delta Five Security		
ADDRESS OF BUSINESS ENTITY	12250 SW 132 Court, #108		
PRINCIPAL BUSINESS ACTIVITY	Security		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	33 1/3%		
NATURE OF MY OWNERSHIP INTEREST			

RECEIVED
 MAY 31 PM 11:49
 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.

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 24 day of

May, 2012 by _____

[Signature]
 (Signature of Notary Public--State of Florida)



ARCADIO O. MARTELL
 MY COMMISSION # DD 842369
 EXPIRES: March 27, 2013
 Bonded Thru Budget Notary Services

(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.

