

**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

MIAMI-DADE
ELECTIONS

OATH OF CANDIDATE

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

I, LUIS GARCIA
(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 COMMISSIONER 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 [Signature] (305) 962-1641 LUISGCMB@AOL.COM
Signature of Candidate Telephone Number Email Address
520 SW 21 Rd. MIAMI FL 33129
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109070685

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17th day of May, 20 12.

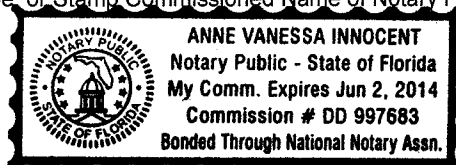
Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

FL Driver's License

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



FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS RECEIVED 2011

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

FINANCIAL INTERESTS

2012 MAY 17 PM 2:12

LAST NAME — FIRST NAME — MIDDLE NAME:

GARCIA LUIS R Jr.

FOR OFFICE USE ONLY:

MAILING ADDRESS:

520 SW 21 Rd.

CITY:

MIAMI

ZIP:

33129

COUNTY:

MIAMI-DADE

CITY:

MIAMI-DADE COUNTY

NAME OF AGENCY:

COMMISSIONER Dist 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI-DADE ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

2011 PDF Form 6

CHECK IF THIS IS A FILING BY A CANDIDATE

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 17, 20 12 was \$ 137,435-

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 \$ 15,000-

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
HOUSE @ 520 SW 21 Rd. MIAMI, FL 33129	261,663-
STOCK PORTFOLIO @ SMITH BARNEY (270 ALHAMBRA C. GABLES 33134)	37,761-
NATIONWIDE RETIREMENT ACCT. (777 N. CAPITOL ST NE. WASH DC 20002)	28,364-
ERS INVESTMENT PLAN (P.O. 785027 ORLANDO FL 32878)	24,820-
TOTAL	367,608-

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 NATIONAL BANK OF FLORIDA (MORTGAGE BALANCE)	210,433-
LEXUS FINANCIAL SERVICES (AUTO LEASE)	19,740-
TOTAL	230,173-

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	N/A

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
POLICE & FIRE PENSION N. BEACH	1691 MICHIGAN AVE # 355 MD. 33139	120,000-
SALARY - STATE OF FLORIDA (REG)	STATE CAPITOL, TALLAHASSEE 32399	29,000-
GENERAL EMPLOYEE PENSION N.B.	1700 CONVENTION CT. DC. MB 33139	11,000-

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	N/A	N/A	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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
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

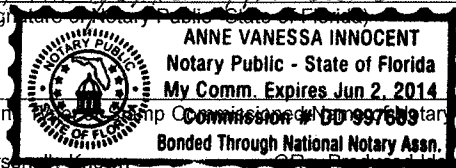
STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

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 17th day of

May, 20 12 by Luis Rene Garcia JR.

Anne Vanessa Innocent
 (Signature of Notary Public - State of Florida)



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print Name of Reporting Official or Candidate) _____
 Personally Known _____
 Identification

Type of Identification Produced FL Driver's License

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.

Florida *The Sunshine State*
DRIVER LICENSE CLASS E

LUIS RENE GARCIA JR
520 S.W. 21 RD.
MIAMI, FL 33129-1334
DOB: 12-08-1945 SEX: M HGT: 6-08
ISSUED: 03-27-2007
EXPIRES: 12-08-2013

X520711260262 CAPS DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

RECEIVED

2012 MAY 17 PM 2:12

MIAMI-DADE
ELECTIONS