

**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 type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input checked="" 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, Michael Jackson Joseph

(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 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

Michael Joseph
Signature of Candidate

(786)-471-6183
Telephone Number

MichaelJosephPA@gmail.com
Email Address

P.O. Box 381064
Address

Miami
City

FL
State

33238
Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109887630

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of May, 2012.

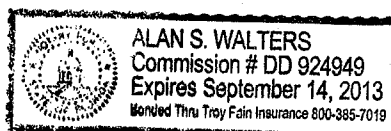
Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Alan S. Walters
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





Voter Information Card
Miami-Dade County, FL

Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

Mike Joseph
8328 NE 3Rd Ct
Miami FL 33138

ISSUED
EMITIDA
ENPRIME
06/23/10

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tranpri pote yon pyes idantifikasyon
ki gen foto w sou li lè w ap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon

109887630

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Jesse J. McCrary, Jr. Elemen School
514 NW 77 St

Precinct No.
Núm. del recinto
Nim. Biwo Vòt

501

Identification Data
Datos de identificación
Enfo. Idantifikasyon

8/18/1981

Registration Date
Fecha de inscripción
Dat Enskripsyon

7/3/2000

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Lester Sola
Supervisor of Elections | Supervisor de Elecciones | Sipevize Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress
Congreso
Kongrè

17

State Senate
Senado Estatal
Sena Eta a

33

State House
Cámara Estatal
Lachannm Eta a

108

County Commission
Comisión del Condado
Komisyon Konte

3

School Board
Junta Escolar
Asanble Edikasyon

2

Community Council
Consejo Comunitario
Konsèy Kominotè

0

Municipal | Municipal | Minisipalite
MIAMI



FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

RECEIVED

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

LAST NAME — FIRST NAME — MIDDLE NAME:
 Joseph Mike

MAILING ADDRESS:
 P.O. Box 381064

CITY: ZIP: COUNTY:
 Miami 33238 Miami-Dade

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Miami-Dade County Commissioner, District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY: 2012 JUN -5 AM 10:18

ID Code: MIAMI-DADE ELECTIONS

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 January 18, 20 12 was \$ -81,000.00 Approx.

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 \$ 2,000.00 Approx.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
E-trade (Investment Account)	9,000.00 Approx.
Chase Bank (Account)	38,000.00 Approx.

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
U.S. Department of Education (Student Loans) 400 Maryland Ave Southwest, Washington D.C.	130,000.00 Approx.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>NA</u>	

PART D -- INCOME

RECEIVED

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.

2012 JUN -5 AM 10:18

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
Mike Joseph, P.A.	Box 381064, Miami, FL	16,952.00
State of Florida	107 East Madison Street, Tallahassee, FL 32399	11,753.00

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
Mike Joseph, P.A.	N/A	P.O. Box 381064	Legal

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		
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.

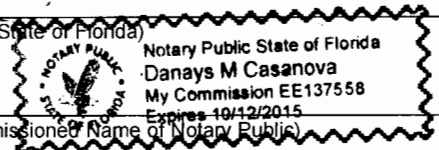
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 1 day of

June, 20 12 by Danays M. Casanova

(Signature of Notary Public--State of Florida)



(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.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741225

RECEIVED FROM Michael Joseph

DATE 6 / 5 / 12
MONTH DAY YEAR

ADDRESS P.O. Box 381064
STREET ADDRESS

CASH \$ _____

MIAMI FL 33238
CITY STATE ZIP

CHECKS \$ 360 .⁰⁰

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

TOTAL \$ 360 .⁰⁰

FOR PAYMENT OF: Qualifying Fee - Commission District 3

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

DEPT.: Elections

BY: Anne J. S. Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Michael Joseph Campaign Account

0993
63-27/631 FL
995

DATE Jan 4, 2012

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00

Three hundred sixty and no cents DOLLARS

Bank of America

FOR Qualifying Fee - County Commissioner District 3

MP