	1
APPOINTMENT OF CAMPAIGN TREASURER	RECEIVED
AND DESIGNATION OF CAMPAIGN	2014 JUN - 3 AM 11: 32
DEPOSITORY FOR CANDIDATES	
(Section 106.021(1), F.S.)	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
(PLEASE PRINT OR TYPE)	
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
<u></u>	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Pedro J. GARCIA	code) 8420 S.W. 47 Speet. Minmi-Fl. 33155
4. Telephone 5. E-mail address	Minmi-F1. 33155
(305) 491-5182 PEARCIA CEXCLUSIVEA PPRA	isal wet
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Property Appraiser	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fil	I in name of party as applicable: My intent is to run as a
Write-In No Party Affiliation	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address	40 Telephone
8420 SW 47St. Minni	12. Telephone
13. City 14. County 15. St	ate 16. Zip Code 17. E-mail address
	nion PGARCIACErclusiveApprovision we.
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
Intencontinental Bank	5722 SW SH Street
21. City West Mismi Mismi-E	23. State 24. Zip Code Proe Florion 33144
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date // /	26. Signature of Candidate
6/3/14	X VIII
27. Treasurer's Acceptance of Appointmen	it (fill in the blanks and check the appropriate block)
I, <u>Pedro T. GARCIA</u> (Please Print or Type Name)	, do hereby accept the appointment
	er Deputy Treasurer.
	Deputy treasurer.
6/3/14 X	Nev +
/ /Date	Signature of Campaign Treasurer or Deputy Treasurer

MIAMI-DADE COUNTY	OFFIC Proof of residency provided:	CE USE ONLY
CANDIDATE OATH -		Utility Bill
NONPARTISAN OFFICE	Voter Information Card	Homestead Exemption Receipt
(Not for use by Judicial or School Board Candidates)	Property Tax Receipt	Lease Agreement
	OF CANDIDATE 99.021, Florida Statutes)	
I, PEDRO J. GARCIA (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE		ELEC F
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE	BALLOT * - NAME MAY NOT BE CHANG	ED AFTER THE END OF QUALTEYING)
am a candidate for the nonpartisan office of PROP	ERTY APPRAISER	
I am a qualified elector of Miami-Dade County, Florid and the Home Rule Charter of Miami-Dade County have qualified for no other public office in the state, th office I seek; and I have resigned from any office f Florida Statutes; and I will support the Constitution of	to hold the office to which I de te term of which office or any pa from which I am required to re	sire to be nominated or elected; I art thereof runs concurrent with the esign pursuant to Section 99.012,
I affirm that I am a resident of Miami-Dade County submitting proof of my residency in the district for th have read the foregoing Oath of Candidate and that th	e prescribed period. Under p	enalties of perjury, I declare that I
X AL 205	-491-5182	
		pgarcia@exclusiveappraisal.net
	none Numper	Email Address
	hone Number Miami F	Email Address
8420 SW 47th Street Address	Miami F	lorida 33155
8420 SW 47th Street	Miami F	lorida 33155
8420 SW 47th Street	Miami F City S	Florida 33155 tate ZIP Code
8420 SW 47th Street Address	Miami F City St ted on your voter information ca	Florida 33155 tate ZIP Code
8420 SW 47th Street Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): $PE - DRO$ $GAR - C$ STATE OF FLORIDA	Miami F City St ted on your voter information ca	Iorida 33155 tate ZIP Code ard): 108986776 on the audio ballot for persons with
8420 SW 47th Street Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): $PE - DRO$ $GAR - C$	Miami F City St ted on your voter information ca	Iorida 33155 tate ZIP Code ard): 108986776 on the audio ballot for persons with
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8420 SW 47th Street Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): $PE - DRO$ $GAR - C$ STATE OF FLORIDA COUNTY OF $Minmi- Dade$	Miami F City Si ted on your voter information ca s you wish it to be pronounced of 7 / A Brdday of	Iorida 33155 tate ZIP Code ard): 108986776 on the audio ballot for persons with
8420 SW 47th Street Address Candidate's Florida Voter Registration Number (located * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): PE - D R O STATE OF FLORIDA COUNTY OF	Miami F City St ted on your voter information ca s you wish it to be pronounced of 7 / A Brd	Iorida 33155 tate ZIP Code ard): 108986776 on the audio ballot for persons with
8420 SW 47th Street Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): $PE - DRO$ $GAR - C$ STATE OF FLORIDA COUNTY OF $Minmi-Dade$ Sworn to (or affirmed) and subscribed before me this Personally Known: or Produced Identification: \swarrow	Miami F City Si ted on your voter information ca Si s you wish it to be pronounced of Signature of Notary Public Signature of Notary Public Print Type of Stamp Compared Signature of Notary Public MARIA C	Ilorida 33155 tate ZIP Code ard): 108986776 on the audio ballot for persons with
8420 SW 47th Street Address Candidate's Florida Voter Registration Number (located * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): PE - D R O STATE OF FLORIDA COUNTY OF	Miami F City Signature of Notary Public ted on your voter information cars Signature of Notary Public Brd day of June Signature of Notary Public MARIA C Print Type of Stamp Comman Notary Public MARIA C Notary Public Maria C Or Maria Commission	Iorida 33155 tate ZIP Code ard): 108986776 on the audio ballot for persons with

RECEIVED

2014 JUN -3 AM II: 30 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Flo



FORM 6 FULL AND PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing address, agency name, and position below:	EST RECEIVE	FICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Garcia Pedro J.	2014 JUN - 3 AM 11	: 30
MAILING ADDRESS: 8420 SW 47th Street	MIAMI-DADE COU ELECTIONS DEPAR	INTY TMENT
CITY : ZIP : COUNTY :		
Miami 33155 Miami-Dade NAME OF AGENCY : Miami-Dade County		
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Property Appraiser		
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, 2013, or a more current date. [No <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]	te: Net worth is not calculated by	/ subtracting your
My net worth as of <u>June 3</u> , 20 <u>14</u> was	\$ 1,154,220.00	
Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nu furnishings; clothing; other household items; and vehicles for personal use. The aggregate value of my household goods and personal effects (described above) is \$ 90 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction See Attached	mismatic items; art objects; hou ,000.00 ons p.4)	VALUE OF ASSET ,119,000.00
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		MOUNT OF LIABILITY
City Mortgage		,780.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	I	MOUNT OF LIABILITY
N/A		

		PART D	INCOME		
			ax return, <i>including all W2's, schedules</i> , h exceeds \$1,000, including secondary		
			V2's, schedules, and attachments. ou need not complete the remainder of P	art D.]	
PRIMARY SOURCES OF INCO	OME (See instructions on pa	ge 5):			
NAME OF SOURCE OF INC	COME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME	Ξ	AMOUNT
Exclusive Realty Corp.		7059 SW	47 Street, Miami, Fl. 33155		\$60,000.00
Instantion in the second se					
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of	businesses owned by reporting person	see instructio	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A					
	PART E INTERESTS II	N SPECIFI	ED BUSINESSES [Instructions on	nage 61	San a 1990 and a star and a second
	BUSINESS ENTITY		BUSINESS ENTITY # 2		NESS ENTITY # 3
NAME OF BUSINESS ENTITY	Exclusive Realty Co	rp.			1
ADDRESS OF BUSINESS ENTITY	7059 SW 47th Street, Miami	, FL 33155		LEC	3 9
PRINCIPAL BUSINESS ACTIVITY	Realtor/Appraiser			10	
POSITION HELD WITH ENTITY	President/Directo	r		SP	ST. O
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%			0.0	
NATURE OF MY OWNERSHIP INTEREST	Owner			ART	
IF ANY OF PARTS A	THROUGH E ARE CO	ONTINUEL	O ON A SEPARATE SHEET, PLI	EASE CHE	CK HERE
	AIH		TE OF FLORIDA		
I, the person whose name app	pears at the	Swor	n to (or affirmed) and subscribed before	me this	nd day of
beginning of this form, do dep			JUNC 20 14 DUR	dank	Requirmon
and say that the information d and any attachments hereto is		e	1. 1.		IA CRISTINA ACOSTA Public - State of Florida
and complete.		(Sign	nature of Notary PublicState	My Con	nm. Expires Feb 27, 2016 mission # EE 171822
/	$ \supset \land$	(Print	t, Type, or Stamp Commissioned Name		hrough National Notary Assn. Dlic)
	L.	Perso	onally Known OR Prod	uced Identific	cation
SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDATE	Туре	of Identification Produced	PRIVERS	dic
If a certified public accountant she must complete the followi		3, or attorne	y in good standing with the Florida Ba	ar prepared t	his form for you, he or
l,		, prepared the form. U	I the CE Form 6 in accordance with A Jpon my reasonable knowledge and b	rt. II, Sec. 8, elief, the dis	Florida Constitution, closure herein is true and
correct.	1.13		й 1		
Signatur Preparation of this form		nes not reli	ieve the filer of the responsibility	Date to sign th	e form under ooth
	by a CIAUI attorney de	oes not rell	teve the mer of the responsibility	to sign th	e form under oath.

Pedro J. Garcia Candidate for Miami-Dade County Property Appraiser 2014 Financial Disclosures Assets

ASSETS

VALUE

2008 Mercedes Benz ML 350	\$ 24,000.00
Primary Residence: 8420 SW 47th Street, Miami, FL 33155	\$ 370,000.00
Investment Property: 8415 SW 47 Street, Miami, FL 33155	\$ 220,000.00
Condo Office/Warehouse 50% Owner 7059 SW 47 St. 33155	\$ 105,000.00
Exclusive Realty Corp.	\$ 100,000.00
Bank Account Checking	\$ 15,000.00
Bank Account CD	\$ 165,000.00
ICMA	\$ 120,000.00
Total Assets	\$1,119,000.00

2014 JUN -3 AM 11: 30 RECEIVED EPAR

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AMOUNT OF:	Six Theseso	nd seve	сптч т. Нити	led Fortun		STATE	28/100	ZIP CENT	s Tot	AL	\$ A	, . 6 74	11		
For Payment															
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