

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board 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             |

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2014 JUN 16 PM 2:50  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

**EDDY GONZALEZ**

I, \_\_\_\_\_  
(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 **PROPERTY APPRAISER**  
(OFFICE) (DISTRICT/GROUP/SEAT #)

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; and 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 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**

*Eddy Gonzalez*  
Signature of Candidate

786-351-5814

Telephone Number

egonzalez102@yahoo.com

Email Address

6080 EAST 4 AVENUE

Address

HIALEAH

City

FL

State

33013

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109311282

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

EH-dee gohn-sAE-lihs

STATE OF FLORIDA

COUNTY OF miami-Dade

Sworn to (or affirmed) and subscribed before me this 16 day of June, 20 14.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced:


FL Driver's License

*Lynda J. Rimart*  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



**Florida** *The Sunshine State*  
CDL CLASS A



EDUARDO SIGFREDO  
GONZALEZ  
6080 E 4 TH AVE  
HIALEAH, FL 33013-0000  
DOB: 11-09-1969 SEX: M  
ISSUED: 06-07-2012 HGT: 5-10  
EXPIRES: 11-09-2020  
REST  
ENDORSE

*Eduardo Sigfredo*

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

**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTEREST**

**2013**

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

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LAST NAME — FIRST NAME — MIDDLE NAME:  
GONZALEZ, EDUARDO

MAILING ADDRESS:  
6080 EAST 4 AVENUE

CITY : HIALEAH                      ZIP : 33013                      COUNTY : 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. [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 13 was \$ 160,190.

**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 \$ 50,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SUNTRUST BANK, 1740 W 49 STREET, HIALEAH, FL 33012 (CHECKING)	2,066
CHASE BANK, 401 W 49 STREET, HIALEAH, FL 33012 (CHECKING)	2,022
7625 W 14 COURT, HIALEAH, FL 33014 (HOUSE)	300,000
2007 GEORGETOWN (FOREST RIVER, MOTOR HOME)	75,000
2009 CHEVY SUBURBAN (SUV)	28,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE, PO BOX 78420, PHOENIX, AZ 85062 (MORTGAGE)	174,196
CHASE, PO BOX 9001020, LOUISVILLE, KY 40290 (LINES OF CREDIT)	82,683
BANK OF AMERICA, PO BOX 15220, WILMINGTON, DE 19886 (MOTOR HOME)	56,985
TROPICAL FINANCIAL CREDIT UNION, PO BOX 829517, PEMBROKE PINES, FL 33082 (SUV)	8,034

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

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**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
STATE OF FLORIDA	200 E GAINES ST, TALLAHASSEE, FL 32399	28,230
CAC FLORIDA	55 ALHAMBRA PLAZA, CORAL GABLES, FL 33134	64,800
SUN CITY STRATEGIES, LLC	7625 W 14 COURT, HIALEAH, FL 33014	1,800

**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
SUN CITY STRATEGIES, LLC	PTC INC	13926 SW 47 STREET MIAMI, FL 33175	EDUCATION

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	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**

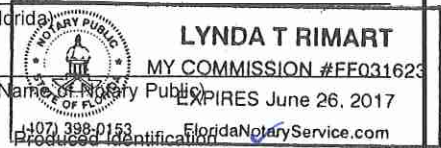
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16 day of June, 20 14 by Eduardo S. Gonzalez

Lynda J. Rimart  
 (Signature of Notary Public--State of Florida)

Lynda T. Rimart  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Eduardo S. Gonzalez  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Driver's License

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, JOSE A. RESCO, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Signature]  
 Signature

6/14/2014  
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

Eduardo Gonzalez

Form 6 - Full and Public Disclosure of Financial Interest

2013

Attachment

Part B - Assets

Assets individually valued at over \$1,000:

Description of Asset

Value of Asset

Sun City Strategies, LLC (50% owned)  
7625 West 14 Court, Hialeah, FL 33014

\$25,000.00

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ELECTIONS DEPARTMENT



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 7064029

RECEIVED FROM Eduardo Eddy Gonzalez

DATE 6 / 16 / 14  
MONTH DAY YEAR

ADDRESS 6080 E 4<sup>th</sup> Ave  
STREET ADDRESS

CASH \$ \_\_\_\_\_

HIALEAH CITY FL STATE 33013 ZIP

CHECKS \$ 6,741 . 28

AMOUNT OF: Six Thousand Seven Hundred Forty One DOLLARS, AND 28/100 CENTS

TOTAL \$ 6,741 . 28

FOR PAYMENT OF: Qualifying Fee - Property Appraiser

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

DEPT.: Elections

BY: A. Jomesso Innocent

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1024

63-215-631


**EDUARDO EDDY GONZALEZ CAMPAIGN**  
6080 E 4TH AVE  
HIALEAH, FL 33013

DATE 6/16/14

PAY TO THE ORDER OF Miami Dade County \$ 6741.28

six thousand seven hundred forty one + 28/100 DOLLARS

FOR Qualifying Fee property appraiser

 ACH RT 061000104

