

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

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, DENNIS C. MOSS

(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, 9  
 (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 Dennis C. Moss (305) 255-8781 dennismoss@comcast.net  
 Signature of Candidate Telephone Number Email Address  
17125 SW 109th Ct MIAMI FLA 33157  
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109283246

\* 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):

DEN-NIS C. MOSS

STATE OF FLORIDA

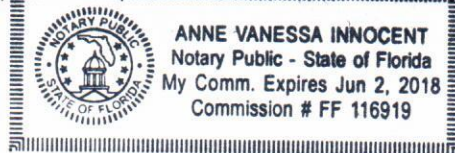
COUNTY OF Miami-Dade

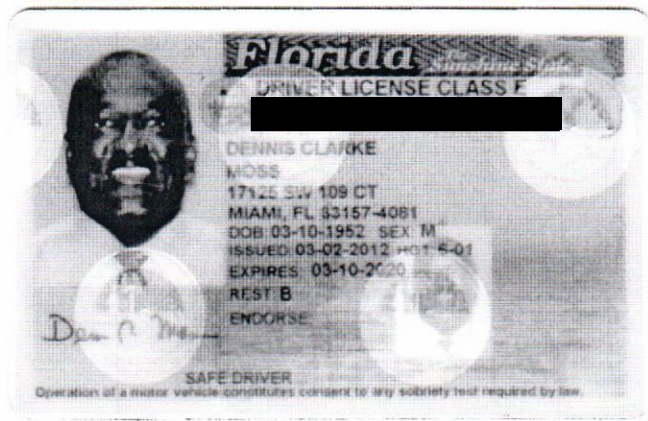
Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of June, 2016.

Personally Known: \_\_\_\_\_ or  
 Produced Identification:

Type of Identification Produced:  
Driver License

Anne Vanessa Innocent  
 Signature of Notary Public  
 Print, Type, and Stamp Commissioned Notary Public





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

**OF FINANCIAL INTERESTS**

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ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:  
MOSS, DENNIS C.

MAILING ADDRESS:  
17125 SW 109 COURT

CITY: MIAMI ZIP: 33157 COUNTY: MIAMI-DADE

NAME OF AGENCY:  
MIAMI-DADE COUNTY GOVERNMENT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
COUNTY COMMISSIONER DISTRICT #9

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, 2014. [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, 2014 was \$ 400771.00

**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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 50000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOUSE @ 17125 SW 109 CT. MIAMI, FL. 33157 (JOINTLY OWNED W/ WIFE)	197892.00
CONDO @ 8670 SW 149 AVE. MIAMI, FL. 33193 (JOINTLY OWNED W/ WIFE)	78120.00
AXA EQUITABLE ANNUITIES/CHASE/DADE COUNTY FED. CREDIT UNION ACCOUNTS	117448.00
<b>TOTAL</b>	<b>\$393460.00</b>

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CAPITAL ONE BANK @ PO BOX 71083 CHARLOTTE, NC 28272	10100.00
MAZDA CAPITAL SERVICES PO BOX 78069 PHOENIX, AZ 85062	6880.00
<b>TOTAL</b>	<b>16980.00</b>

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO HOME MORTGAGE @ PO BOX 660455 DALLAS, TEX 75266 (HOME MORT)	19343.00
AMERICAN SERVICING COMPANY @ PO BOX 1820 NEWARK, NJ 07101 (CONDO MORT)	6366.00
<b>TOTAL</b>	<b>25709.00</b>



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2015 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 Government	111 NW 1st Street Miami, FL 33128	49288.00
Social Security Administration	1260 Pw. A. Woods Blvd. Building AL, 35285	3222.00

**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
N/A			

**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		
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			

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**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.


I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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 10<sup>th</sup> day of

June  
 (Signature of Notary Public - State of Florida)  
  
 ANNE VANESSA INNOCENT  
 Notary Public - State of Florida  
 My Comm. Expires Jun 2, 2018  
 Commission # FF 116919

(Print, Type, or Stamp Commissioned Name of Notary Public)

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

Type of Identification Produced Driver License

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, \_\_\_\_\_, 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 Date

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

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**



