

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

OF FINANCIAL INTERESTS

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FOR OFFICE USE ONLY:

2016 JUN 20 PM 3:46
MIAMI-DADE COUNTY
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, 2015 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 15 was \$ 400,771.00.

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 \$ 50,000.00

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 WITH WIFE)	197892.00
CONDO @ 8670 SW 149 AVE. MIAMI, FL 33193 (JOINTLY OWNED WITH WIFE)	78120.00
AXA EQUITABLE ANNUITIES/CHASE BANK/DADE COUNTY FED. CREDIT UNION ACCOUNTS	117448.00
TOTAL	\$393460.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CAPITAL ONE @ PO BOX 71083 CHARLOTTE, NC 28272	10100.00
MAZDA CAPITAL SERVICES @ PO BOX 78069 PHOENIX, AZ 85062	6880.00
TOTAL	\$16980.00

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 MORTGAGE)	19343.00
AMERICAN SERVICING COMPANY @ PO BOX 1820 NEWARK, NJ 07101 (CONDO MORTGAGE)	6366.00
TOTAL	\$25709.00

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 #320 33128	49288.00
SOCIAL SECURITY ADMINISTRATION	1200 REV A. WOODS BLVD BIRMINGHAM, 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.

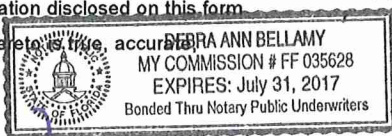
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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 13th day of June, 2016 by Dennis C. Moss



Debra Ann Bellamy
 (Signature of Notary Public--State of Florida)
Debra Ann Bellamy
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Dennis C. Moss
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known X OR Produced Identification _____
 Type of Identification Produced _____

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