

**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

RECEIVED  
 2016 JUN 17 AM 11:00  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

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

I, Carlos Gimenez

(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 Mayor of Miami-Dade County, ---  
(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**  305-928-2020 carlos@gimenezformayor.com  
 Signature of Candidate Telephone Number Email Address  
4061 S. LeJeune Road Miami FL 33146  
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109141355

\* 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):

Car-Lohs Hee - Men - Ez

STATE OF FLORIDA

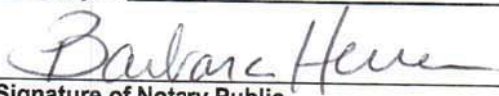
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of June, 2016.

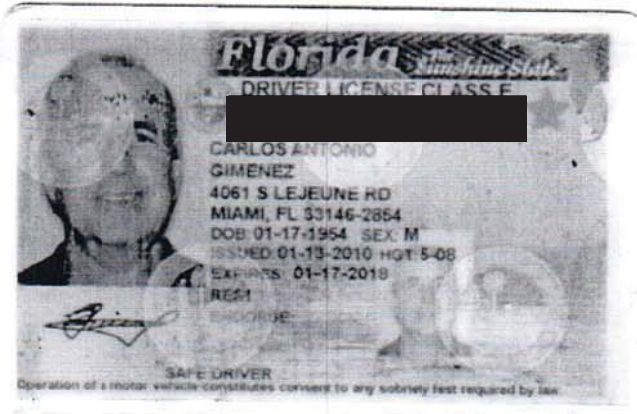
Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: FL Driver License

  
 Signature of Notary Public  
 Print Type or Stamp Commissioned Name of Notary Public





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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2015**

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

GIMENEZ, CARLOS AUTONIO

MAILING ADDRESS:

4061 S. Lejeune Rd.

CITY:

MIAMI

ZIP:

33146

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR OF MIAMI DADE COUNTY

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 JUNE 17, 20 16 was \$ 1,529,203.

**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 \$ 87,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 1,250,000, BOAT - 90,000, AUTO - 15,000, AUTO - 16,000	
IRAS (IRA) 119,091, ICMA - KYDEL, VANGUARD 1881	
MIAMI FF RULCEF - PENSION FUND - 106,169, MFPCU - 27,014	
SFPCU - 10,588, ENERGEN STOCKS - 17,968	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CITI - P.O. Box 6243, 5100S FALLS, S.D. 57117	56,298
BANK OF AMERICA, P.O. Box 941000, SIMI VALLEY CA 93094	244,603
MFPCU - 1111 NW 75TH MIAMI, FL 33136	7,012

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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	111 N.W. 1st Miami FL 33128	130,791
Miami Fire Police Retirement	1895 SW 3 Ave, Miami, FL 33129	133,326

**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

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

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

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**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 hereby solemnly swear, affirm, or

and say that the information disclosed herein is true, accurate, and complete, and any attachments hereto are true, accurate, and complete.



STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of

June, 2016 by Carlos Gimenez

Barbara Herrera  
 (Signature of Notary Public--State of Florida)

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

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

Type of Identification Produced FL 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

**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
VANTAGE POINT FOR CITY OF MIAMI FF RELIEF + REVISION	777 N. CAPITOL ST, WASHINGTON D.C - 20002	20,000

**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

**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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 MIAMI-DADE COUNTY  
 LEGISLATIONS DEPARTMENT

**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 \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

(Signature of Notary Public--State of Florida)

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

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

\_\_\_\_\_  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

\_\_\_\_\_  
 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.**

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ELECTIONS DEPARTMENT

MIAMI FIRE FIGHTERS' RELIEF & PENSION FUND

[HOME](#)

[BOARD](#)

[PROVIDERS](#)

[PLAN DOCUMENTS](#)

[CHAPTER 175](#)

[LINKS](#)

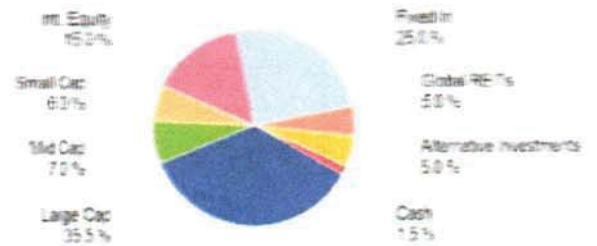
## PROVIDERS

### Managers

[AFL-CIO S&P 500 Index](#)  
[ROBECO/Boston Partners](#)  
[Jackson Square](#)  
[Earnest Partners](#)  
[CenterSquare Investment REIT](#)  
[Kennedy Capital Management](#)  
[Baron, Hanley, Mewhinney & Strauss, Inc.](#)

### Asset Allocation

Target Allocation



### Attorney

[Sugarman & Susskind, P.A.](#)

### Administrative Accounting

[Pension Investors Corporation](#)

*"A Company that has created and serviced Employee Benefit Programs for over 35 years".*

### Consultant

[Milliman USA](#)

### Bank Custodian

[State Street](#)

Address: 2801 N. W. 10th Street, Suite 300, Fort Lauderdale, Florida 33311, USA

Tel: [305-633-3447](tel:305-633-3447)

Fax: [305-633-3935](tel:305-633-3935)

Fax: [Email](#)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**CONTACT US**

Have questions? Give us a call.

**1-877-677-3678**

[Send us an e-mail](#)

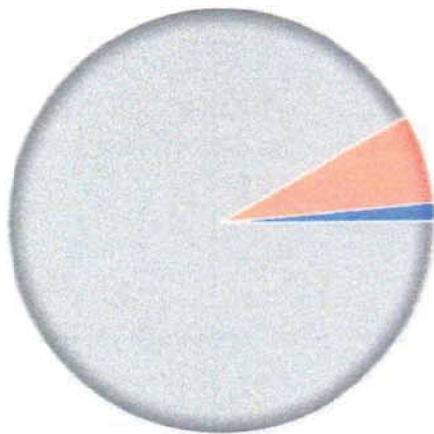
CARLOS GIMENEZ  
457 - MIAMI-DADE COUNTY FLORIDA [REDACTED]

**My Funds as of 06/10/2016**

[View investment election](#) | [Research available funds](#)




[Manage My Funds](#)

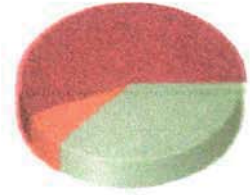
**By Asset Class**



	<u>% of Balance</u>	<u>Fund Value</u>
	1.36%	
<b>nations ce Class</b>	1.36%	\$1,614.52
	6.83%	
	6.83%	\$8,128.01
	91.81%	
<b>Short-Term Investments</b>		
<b>Invesco Short-Term Investments Trust - Liquid Assets Portfolio - Private Class</b>	55.60%	\$66,226.02
<a href="#">Prospectus</a>   <a href="#">Fact Sheet</a>		
<b>Nationwide Money Market Fund</b>	36.21%	\$43,123.14
<a href="#">Prospectus</a>   <a href="#">Fact Sheet</a>		
<b>Total:</b>	<b>100.00%</b>	<b>\$119,091.69</b>

Note: Because of rounding, percentages may not total 100%.

Fund Name	Dollars	Total %	
<b>Stable Value/Cash Management</b>			
VT PLUS Fund	\$110,665.65	57.0%	
<b>Bond</b>			
VT Vantagepoint Inflt Focused	\$13,629.87	7.0%	
<b>Balanced/Asset Allocation</b>			
VT Vantagepoint Milestone 2015	\$69,771.18	36.0%	
<b>Total</b>	<b>\$194,066.70</b>	<b>100.0%</b>	



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Client Services > 800-662-2739

vanguard.com



CARLOS A GIMENEZ  
4061 S LEJUNE RD  
MIAMI FL 33146

Retirement summary

2016 contributions	\$0.00
2016 distributions	0.00

Federal Money Mkt Fund (R/O-IRA)

7-day SEC yield as of 03/31/2016\* 0.30%

Date	Transaction	Amount	Share Price	Shares Transacted	Total Shares Owned	Value
	Beginning balance on 12/31/2015		\$1.00		1,379.730	\$1,879.73
01/29	Income dividend	\$0.40	1.00	0.400	1,380.130	
02/29	Income dividend	0.44	1.00	0.440	1,380.570	
03/31	Income dividend	0.48	1.00	0.480	1,381.050	
<b>Ending balance on 3/31/2016</b>			<b>\$1.00</b>		<b>1,881.050</b>	<b>\$1,881.05</b>

\*Average annualized income dividend over the past 7 days. For updated information, visit vanguard.com.

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. For more information, visit vanguard.com/costbasis.

Fund / Account No.

Vanguard Federal Money Market Fund

Make checks payable to: The Vanguard Fiduciary Trust Company - 0033

Carlos A. Gimenez

Do not alter or photocopy this investment slip.

2016 Tax year contribution \$ [ ] [ ] [ ] [ ] [ ] [ ]

2015 Tax year contribution \$ [ ] [ ] [ ] [ ] [ ] [ ]

2016 Rollover \$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Total Amount \$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

THE VANGUARD GROUP  
PO BOX 105431

ATLANTA GA 30348-9532

00 708 107007 000000000 30348 9532



x



# Fund Profiles

Plan: [REDACTED] (401) MIAMI DADE COUNTY ▾

[View My Funds](#)

---

Fund Name

Fund Code

---

STABLE VALUE/CASH MANAGEMENT

---

BALANCED/ASSET ALLOCATION

---

Disclosure documents containing more complete information may be obtained by clicking below:

- [Making Sound Investment Decisions: A Retirement Investment Guide](#)
- [Retirement Investment Guide -- Additional Information](#)

An investor should read the disclosure documents carefully before investing.

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**OFFICIAL RECEIPT**

MIAMI-DADE COUNTY-FLORIDA

Campaign Account

No. 7291805

RECEIVED FROM Carlos A. Gimenez

DATE 6, 17, 2016  
MONTH DAY YEAR

ADDRESS 1001 Brickell Bay Dr. Suite 1400  
STREET ADDRESS

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

Miami CITY FL STATE 33130 ZIP

CHECKS \$ 1,800.00

AMOUNT OF: one thousand eight hundred DOLLARS, AND 0/100 CENTS

TOTAL \$ 1,800.00

FOR PAYMENT OF: Qualifying Fee, Miami-Dade County Mayor

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

DEPT.: Elections Dept.

BY: Barbara Herera  
Barbara Herera

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CARLOS A. GIMENEZ CAMPAIGN ACCOUNT  
1001 BRICKELL BAY DR. SUITE 1400  
MIAMI, FL 33130

63-964 11 226  
670

DATE 6/10/15 PMP

PAY TO THE ORDER OF Miami-Dade County \$ 1,800.00

One Thousand Eight Hundred Dollars 00/100 DOLLARS

Sabadell United Bank MIAMI DADE

MEMO Qualifying Fee Mayor

Heat Reactive Ink

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