

**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 |

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Juan C. Zapata

(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, 11
(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

[Signature]

Signature of Candidate

457
786-457-9636

Telephone Number

vot Zapata@gmail.com

Email Address

11200 SW 145 Avenue

Address

Miami

City

Florida

State

33186

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109275682

* 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):

HWOO-ahn zah-PAH-tah

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2016.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced:

FL LICENSE


[Signature]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



Florida *Sunshine State*
DRIVER LICENSE CLASS E



[REDACTED]

JUAN CARLOS
ZAPATA
11200 SW 145 AVE
MIAMI, FL 33186-6673
DOB 12-09-1966 SEX M
ISSUED 11-07-2013 HGT 6-00
EXPIRES 12-09-2021
REST. A
ENDORSE
REPLACED 12-10-2013

Juan Carlos Zapata
SAFE DRIVER

Operation of a motor vehicle constitutes consent to any authority, test required by law

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2015

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

RECEIVED

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Zapata, Juan Carlos

2016 JUN 20 PM 3:53

MAILING ADDRESS:

11200 SW 145 Avenue

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CITY :

Miami

ZIP :

33186

COUNTY :

Miami-Dade

NAME OF AGENCY :

Miami-Dade County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County Commissioner, District 11

CHECK IF THIS IS A FILING BY A CANDIDATE

In Addition to being filed as an officeholder

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 \$ 834,571.53.

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 \$ 110,000 (Apx., including all household goods under \$1,000)

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Home - 11200 SW 145 Avenue, Miami, Florida 33186 | \$201,669 |
| Regions Bank, Checking Account, PO Box 1107 Birmingham, AL | \$8,787.80 |
| See additional Appendix with all other assets | |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|--|---------------------|
| Regions Bank, Line of Credit, P.O. Box 1107 Birmingham, AL | \$148,285.12 |
| American Express, P.O. BOX 650448 Dallas TX 75265-0448 | \$4,011.09 |
| Visa, P.O. Box 6013, Sioux Falls, SD 57117-6013 | \$6,941.23 |

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 NW 1 St Miami, FL | \$46,254 |
| Zapata Consulting | PO Box 143751 Coral Gables, FL | \$126,000 |

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 |
|-------------------------|---|---|---------------------------------------|
| Zapata Consulting | TY-Lin International | 2 Harrison St., San Francisco, CA | Engineering |
| Zapata Consulting | Select Management Resource | 3440 Preston Ridge Rd # 500, Alpharetta, GA 30005 | Title Lending |

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 | | | |
| DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

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 2016 JUN 20 PM 3 53
 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

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 20th day of

JUNE, 20 16 by JUAN CARLOS ZAPATA

Mariano J. Rodriguez
 (Signature of Notary Public--State of Florida)

MARIANO J. RODRIGUEZ
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Lic

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, CARLOS M. TRUJEDA 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

June 20, 2016

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

