

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

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input checked="" 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, FELIX M. LORENZO

(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 COMMISSION
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 <u>Felix Lorenzo</u>	<u>305-227-2511</u>	<u>FELDOM@BELLSOUTH.NET</u>	
Signature of Candidate	Telephone Number	Email Address	
<u>14270 SW 37TH ST.</u>	<u>MIAMI</u>	<u>FL</u>	<u>33175</u>
Address	City	State	ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109242984

* 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):

FI - LIKS LO - RENZO

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 3rd day of June, 2016.

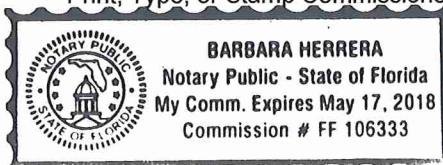
Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

fl. Driver License

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



Help us keep your record current – ensure we have an updated signature.

Ayúdenos a mantener actualizados sus datos – cerciórese de que tengamos su firma actualizada.

Ede nou kenbe dosye ou ajou – asire ou nou gen yon siyati ki ajou.

RECEIVED

2016 JUN -3 PM 12:01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Detach here Desprenda por aqui Detache la a

Please check all information for accuracy.



Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
EN-PRIME
08/17/15

Felix Marcial Lorenzo
14270 SW 37Th St
Miami FL 33175

Bring photo identification when voting.

Para votar, presente una identificación con fotografía.

Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

109242984

Detach here

Sírvase verificar la corrección de todos los datos.

Voting Location | Centro de Votación | Lokal Biwo Vòt
G. Holmes Braddock Sr. High School
3601 SW 147 Ave

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt
451

Date of Birth
Fecha de Nacimiento
Dat Nesans
11/20/1940

Registration Date
Fecha de Inscripción
Dat Enskripsyon
9/18/1984

Desprenda por aqui

Party Affiliation | Afiliación Partidista | Pati Politik

NO PARTY AFFILIATION

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W'elajib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Tanpri verifye ke tout enfòmasyon yo kòrèk.

Detache la a

Congress
Congreso
Kongrè
26

State Senate
Senado Estatal
Sena Eta a
37

State House
Cámara Estatal
Lachannm Eta a
119

County Commission
Comisión del Condado
Komisyon Konte
11

School Board
Junta Escolar
Asanble Edikasyon
8

Community Council
Consejo Comunitario
Konsèy Kominotè
10

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
LORENZO, FELIX MARCIAL

MAILING ADDRESS:
14270 SW 37TH ST.

CITY : MIAMI ZIP : 33175 COUNTY : MIAMI DADE

NAME OF AGENCY :
MIAMI DADE COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
MIAMI DADE COUNTY, COMMISSION DISTRICT 11

CHECK IF THIS IS A FILING BY A CANDIDATE

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 2016 JUN -3 AM 11:59
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 \$ 2,781,902.56.

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 \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED CONTINUATION SHEET	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
VW CREDIT- PO BOX 7498, LIBERTVILLE, IL 60068	30.634.05

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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
SEE ATTACHED CONTINUATION SHEET		

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
NONE			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE	NONE	NONE
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			

PART F - TRAINING

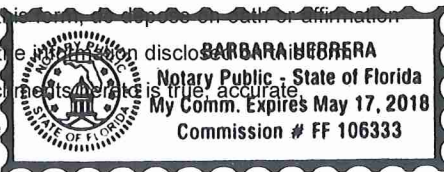
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 herein is true, accurate, and complete.



Sworn to (or affirmed) and subscribed before me this 3rd day of June, 2016 by Felix M. Lorenzo
Barbara Herrera
(Signature of Notary Public--State of Florida)
Barbara Herrera
(Print, Type, or Stamp Commissioned Name of Notary Public)

Felix M. Lorenzo
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
Type of Identification Produced FL Driver 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, _____, 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

FORM 6 – PART B – ASSETS

BANK OF AMERICA	SAVINGS & CHEKING	741,427.83
BBT	SAVINGS & CHEKING	123,583.22
WELLS FARGO	SAVINGS & CHEKING	131,122.41
MERRYL LYNCH	IRA	1,527,579.28
MORTGAGE INVESTMENTS	INVESTMENT	268,656.37
RESIDENCE	14270 SW 37TH ST. MIAMI	256,000.00
2 CARS-VWW & PONTIAC	CARS	32,000.00
LIFE INSURANCE MET LIFE	CASH SURRENDER	17,287.50
TOTAL		2,812,536.61

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

FORM 6 – PART D - INCOME

GSK	RTP, NORTH CAROLINA	172,342.93
SOCIAL SECURITY	WASHINGTON,DC	31,935.00
MORTGAGE INVESTMENTS	MIAMI, FLORIDA	6,879.87
BANK ACCOUNTS	MIAMI, FLORIDA	1,127.07
IRA/PENSION	MIAMI, FLORIDA	68,483.94
TOTAL		280,768.81

ADDEDUM

ADDEDUM-FELIX M. LORENZO

FORM 6 – PART B – ASSETS

BANK OF AMERICA	SAVINGS & CHEKING	741,427.83
BBT	SAVINGS & CHEKING	123,583.22
WELLS FARGO	SAVINGS & CHEKING	131,122.41
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LIFE INSURANCE MET LIFE	CASH SURRENDER	17,287.50
TOTAL		2,812,536.61

FINAL STATE
ELECTIONS

2018 JUN -3 PM 2:52

FORM 6 – PART D - INCOME

GSK	5 MOORE DR., RTP, NC 27709	172,342.93
SOCIAL SECURITY	1 JAMAICA CENTER PLAZA, JAMAICA, NY 11432	31,935.00
MORTGAGE INVESTMENTS	14436 SW 30TH ST, MIAMI, FL 33175	6,879.87
IRA/PENSION	P. O. BOX 1580, PENNINGTON, NJ 08534	68,483.94
TOTAL		279,641.74



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7129574

RECEIVED FROM Felix M. Lorenzo
ADDRESS 14270 SW 37th Street
MIAMI CITY FL STATE 33175 ZIP

DATE 6 MONTH 3 DAY 12 YEAR
CASH \$ _____
CHECKS \$ 360.00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Commission District 11

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
DEPT.: Elections BY: A. J. [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Felix M. Lorenzo
@ CAMPAIGN ACCOUNT

63-751/631 10952

Date 6/3/2016

PAY to the order of MIAMI DADE COUNTY \$ 360.00
Three hundred sixty 00/100 Dollars

WELLS FARGO Wells Fargo Bank, N.A. Florida wellsfargo.com

FOR QUALIFIED FEE FOR MIAMI DADE COMMISSION DISTRICT 11 [Redacted]

[Signature] MP

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT