

**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, Miguel A. Eizmendiz

(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 Mayor

(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**

Miguel Eizmendiz  
Signature of Candidate

786-286-0004  
Telephone Number

shamersmoneyandpower@gmail.com  
Email Address

40 SW 115 AVE  
Address

Miami  
City

FL  
State

33174  
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 121596141

\* 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):

Mee-Gell A. Eyes-men-deez

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of June, 2016.

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

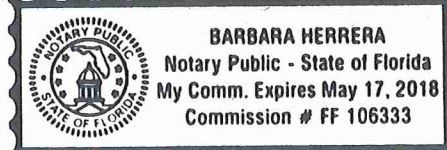
Produced Identification: ☒

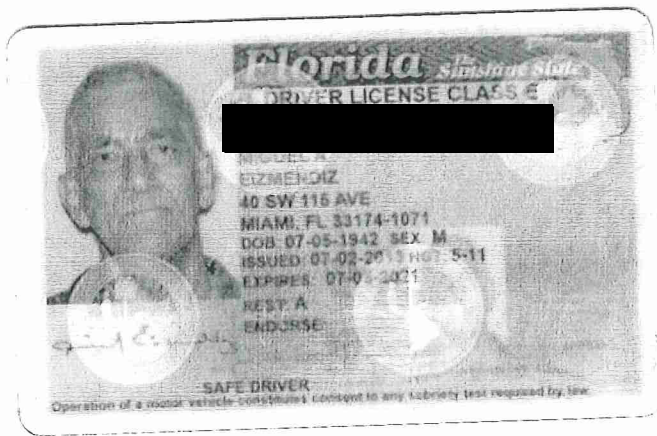
Type of Identification Produced:

FL Driver License

Barbara Herrera  
Signature of Notary Public

Print Type or Stamp Commissioned Name of Notary Public





RECEIVED

2016 JUN 16 AM 10:33

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:

Eizmendiz Miguel A

MAILING ADDRESS:

40 SW 115 Avenue

Miami

33174

Dade

CITY:

ZIP:

COUNTY:

Miami-Dade County

NAME OF AGENCY:

Miami-Dade County Mayor

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

2016 JUN 16 AM 10:29

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENTCHECK 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 16 was \$ 11,200.

## 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 \$ 21,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Automobile, Jewels, Furniture, Computers, Antiques	\$ 21,000

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	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
S. Security (Retired)		\$1,120.00

**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	N/A	N/A	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	N/A	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			

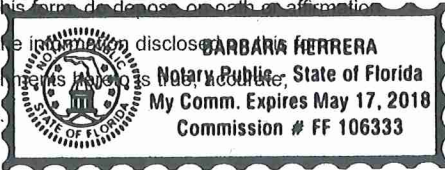
**PART F - TRAINING**

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 or oath or affirmation and say that the information disclosed is true and any attachments are true and complete.



STATE OF FLORIDA  
COUNTY OF

Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16 day of

June, 20 16 by Miguel A. Eizemendiz

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 ☐

## OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

Campaign Account

No. 7129595

RECEIVED FROM Miguel A. Eizemendiz

DATE 6 / 16 / 16  
MONTH DAY YEAR

ADDRESS 40 Sw 115 Ave

**CASH**                    \$                    .

Miami

STREET ADDRESS

FL

33174

CHECKS \$ 1,800 . 00

AMOUNT OF: One thousand<sup>CITY</sup>  
eight hundred

DOLLARS, AND 900 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 Henner  
Barbara Henner

FOR OFFICE USE ONLY

[illegible]

107.01-1 6/04

Meiguel A Ezmenier Campaign Account.

0993  
63-4/630 FL  
1142

DATE 6/16/2016

PAY  
TO THE  
ORDER OF

Mani. Dade County

\$1,800.00

one Thousand Eight hundred and 00/100

**—DOLLARS**  Security Features Data's choice

Bank of America 

FOR Qualifying free Maine State County Map of

Bill C. ...

M

RECEIVED  
2016 JUN 16 AM 10:35  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT