

**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, Pedro J. Garcia

(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 Property Appraiser

(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



305-491-5182

steve@dawsonadvisors.com

Signature of Candidate

Telephone Number

Email Address

8420 SW 47th Street

Miami

Florida

33155

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108986776

* 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):

PE-DRO J GARCIA

STATE OF FLORIDA

COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 31 day of May, 20 16.

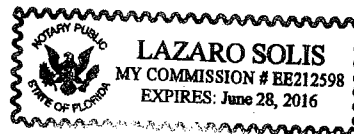
Personally Known: or

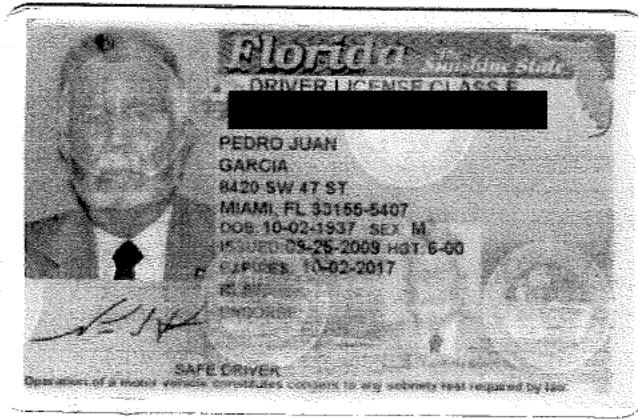
Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public

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





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2016 JUN -3 AM 10:57

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:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Garcia Pedro J.

MAILING ADDRESS:
8420 S.W. 47th Street

CITY : ZIP : COUNTY :
Miami 33155 Miami-Dade

NAME OF AGENCY :
Miami-Dade

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Property Appraiser

CHECK IF THIS IS A FILING BY A CANDIDATE

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 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 \$ 1,349,000.00

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 \$ 95,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	\$1,254,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
City Mortgage <u>PO Box 6279 Sebok Falls SD 57117-6279</u>	\$49,900.00
U S Bank (Car Lease) <u>PO Box 2188 OSAKOSH WI 54903-2188</u>	\$ 4,280.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

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 Property Appraiser	111 NW 1st, Suite 710, Miami - FL 33128	\$193,407.63

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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 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 depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 3rd day of

June, 2016, by Pedro Juan Garcia

(Signature) Anne Vanessa Innocent

(Print, Type, or Stamp) **ANNE VANESSA INNOCENT**
 Notary Public - State of Florida
 My Comm. Expires Jun 2, 2018
 Commission # BF136919

Personally Known _____ OR Produced Identification

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Pedro J. Garcia

Miami-Dade County Property Appraiser

Assets:

Primary Residence: 8420 S.W. 47 th Street, Miami, Fl. 33155	\$ 410,000.00
Investment Property: 8415 S.W. 47 th Street, Miami, Fl. 33155.....	\$ 310,000.00
Bank.....	\$ 127,000.00
CD.....	\$ 171,000.00
Savings.....	\$ 80,000.00
ICMA.....	\$ 156,000.00
Total Assets.....	\$1,254,000.00

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY - FLORIDA

No. 7129573

RECEIVED FROM Pedro J. Garcia
 ADDRESS 8420 SW 47th Street
MIAMI CITY FL STATE 33155 ZIP

DATE 6 / 13 / 16
MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 6,829 . 55
 TOTAL \$ 6,829 . 55

AMOUNT OF: Six Thousand Eight Hundred Twenty Nine DOLLARS, AND 55/100 CENTS

FOR PAYMENT OF: Qualifying Fee - Property Appraiser

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

DEPT.: Elections BY: A. Messinger

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT


107.01-1 6/04

PEDRO J. GARCIA
CAMPAIGN ACCOUNT
 8420 S.W. 47TH ST
 MIAMI, FL 33166-5407


501
63-1527670
01

Date 6/3/16

Pay to the Order of Miami-Dade County \$ 6,829.55
Six thousand Eight Hundred Twenty Nine 55/100 Dollars

 **INTERCONTINENTAL BANK**
 5722 SW 6th Street
 West Miami, Florida 33144

For Qualifying Fee PA


MP

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ELECTIONS DEPARTMENT