

**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 20 PM 2:26
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Joe A. Martinez

(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 (OFFICE) 11 (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

(305) 790-2699
Telephone Number

dmateo@taxcpasolutions.com
Email Address

[Redacted Address]
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109119580

* 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):

Joe A. Mar Tee Nez

STATE OF FLORIDA

COUNTY OF DADE

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

Personally Known: or

Produced Identification: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____

 ARCADIO O. MARTELL
 MY COMMISSION # EE 854211
 EXPIRES: March 27, 2017
 Bonded Thru Budget Notary Services



RECEIVED

2016 JUN 20 PM 2:26

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

OF FINANCIAL INTERESTS

RECEIVED FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Martinez Joe A.

MAILING ADDRESS:
3801 SW 117th Avenue #651925

CITY : ZIP : COUNTY :
Miami 33165 Dade-County

NAME OF AGENCY :
Miami-Dade

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Miami-Dade County Commissioner, District 11

CHECK IF THIS IS A FILING BY A CANDIDATE

2016 JUN 20 PM 2:26

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 June 20, 20 16 was \$ \$265,302.00.

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 \$ 150,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Furniture \$ 35,000: Jewelry \$ 100,000: Clothing \$ 15,000	\$150,000.00
Residence (estimate per tax roll)	\$460,000.00
Savings account	\$61,330.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Bank Mortgage P.O. Box 2153 Birmingham, Alabama 35287	\$343,000.00
Regions Bank (second mortgage) P.O. Box 2153 Birmingham, Alabama 35287	\$33,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GMC Financing (\$598.00/ Month for 36 months) P.O. Box 100 Williamsville, NY14231	\$21,528.00
Discover Card P.O. Box 71084 Charlotte NC 28272-1084	\$8,500.00

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	111N.W. 1stStreet, Miami FL 33128	\$54,059.00
Centurion Security Group	13501SW 128thStreet, Miami FL 33186	\$73,060.00

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			

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	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

RECEIVED
 2016 JUN 20 PM 2:25
 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 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 Dade

Sworn to (or affirmed) and subscribed before me this 20 day of

JUNE, 2016 by ARCADIO O. MARTELL
[Signature]
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name ARCADIO O. MARTELL
 MIAMI-DADE COUNTY COMMISSION # EE 054211

Personally Known OR Produced Identification
 EXPIRES: March 27, 2017

Type of Identification Produced _____

 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

