

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

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, JOSE GARRIOO

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COUNTY COMMISSIONER, (Office) 10 (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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109566107

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

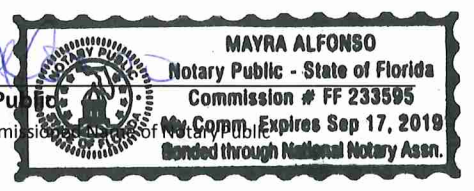
HO-SAY GA-REE-DOE

X [Signature] (786) 399 3374 infoelectjosegarrido.com
 Signature of Candidate Telephone Number Email Address
8451 SW 12 ST MIAMI FL 33144
 Address City State ZIP Code

STATE OF FLORIDA
 COUNTY OF MIAMI-Dade
 Sworn to (or affirmed) and subscribed before me this 18 day of June, 2018.

Personally Known: _____ or
 Produced Identification: X
 Type of Identification Produced: FL Drivers license

Mayra Alfonso
 Signature of Notary Public
 Print, Type, or Stamp Commission Expires Sep 17, 2019
 Bonded through National Notary Assn.

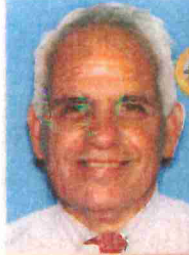


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2018 JUN 19 AM 8:48

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Florida *The Sunshine State*
DRIVER LICENSE CLASS E



JOSE ANTONIO
GARRIDO
8451 SW 12TH ST
MIAMI, FL 33144-4119
DOB: 07-04-1954 SEX: M
ISSUED: 06-25-2014 HGT: 5-10
EXPIRES: 07-04-2022
REST
ENDORSE:



ORGAN DONOR **SAFE DRIVER**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

GARRIDO, JOSE

MAILING ADDRESS:

8451 SW 12 ST

CITY:

MIAMI

ZIP:

33144

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI-DADE COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSION DISTRICT 10

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 17 was \$ 425,700⁰⁰.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME, 8451 SW 12 ST, MIAMI, FL 33144	\$480,000
AUTO 'KIA' 2014	\$12,000
ESTIMATED VALUE OF BUSINESS	\$40,000
BANK ACCOUNTS	\$15,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HOME, 8451 SW 12 ST, MIAMI, FLA 33144	\$110,000
AUTO 'KIA' 2014 / SANTANDER POB 961245, TX 76161	\$9,100.00
CAPITAL ONE BANK / CREDIT CARD / POB 71083, NC.	\$2,200

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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
ONE GARRIDO CONSULTING	8451 SW 12 ST, MIAMI	\$48,000.00
JOSE A. GARRIDO PLLC	2530 SW 87 AVE, MIAMI	\$10,000.00

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			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ONE GARRIDO CONSULTING, LLC	JOSE A. GARRIDO PLLC	
ADDRESS OF BUSINESS ENTITY	8451 SW 12 ST, MIAMI, FL 33144	2530 SW 87 AVE, MIAMI, FL 33144	
PRINCIPAL BUSINESS ACTIVITY	CONSULTING	REAL ESTATE	
POSITION HELD WITH ENTITY	PRINCIPAL	ASSOCIATE	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	NO	
NATURE OF MY OWNERSHIP INTEREST	CONSULTING	N/A	

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.

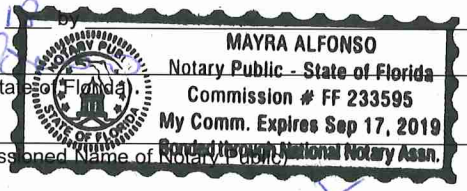
OATH

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 18 day of

June, 2018
Mayra Alfonso
 (Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification X

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Drivers 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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7722340

RECEIVED FROM Jose Garrido

DATE 6 / 19 / 18
MONTH DAY YEAR

ADDRESS P.O. Box 443021
STREET ADDRESS

CASH \$ _____

MIAMI CITY FL STATE 33144 ZIP

CHECKS \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - County Commission District 10

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

DEPT.: Elections

By: A V Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JOSE GARRIDO
CAMPAIGN ACCOUNT
PO BOX 443021
MIAMI, FL 33144

Date 6/18/18

119

Pay to the order of MIAMI-DADE COUNTY
THREE - HUNDRED SIXTY 00/100 - Dollars

\$ 360 . 00

SUNTRUST ACH RT 061000104
QUALIFYING FEE
Memo COUNTY COMMISSION DIST 10

[Signature]

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

[Redacted]