

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

OFFICE USE ONLY

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

Proof of residency provided:

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

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

Write-in candidate

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Jose "Pepe" Diaz

RECEIVED
 018 JUN 11 PM 12:22
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

(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) (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): 109202115

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.]

Jose "Pepe" Diaz

X	<u>(305) 305-593-2644 X 107</u>	
Signature of Candidate	Telephone Number	Email Address
<u>10211 SW 6 ST</u>	<u>Miami</u>	<u>CPAZOS@RTC-CPA.COM</u>
Address	City	State ZIP Code
		<u>FL 33174</u>

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of June, 2018.

Personally Known: _____ or

Anne Vanessa Innocent
 Signature of Notary Public

Produced Identification:

Print, Type, or Stamp Commissioned Notary Public
 ANNE VANESSA INNOCENT
 Notary Public - State of Florida
 Commission # GG 211908
 My Comm. Expires Jun 2, 2022
 Bonded through National Notary Assn.

Type of Identification Produced: FL Driver License

Florida

DRIVER LICENSE



CLASS E



████████████████████
DIAZ
JOSE LUIS
10211 SW 6 ST
MIAMI, FL 33174-1761
DOB 08/27/1960 SEX M
EXP 08/27/2020 HGT 5-08"
REST NONE END A

ISS 08/29/2012

REPLACED 01/24/2018
Operation of a motor vehicle constitutes
consent to any sobriety test required by law.



VETERAN

RECEIVED

2018 JUN 11 PM 12: 21

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Diaz Jose Luis

MAILING ADDRESS:
8345 NW 12 STREET

CITY : ZIP : COUNTY :
DORAL 33126 MIAMI-DADE

NAME OF AGENCY :
MIAMI-DADE COUNTY ELECTED CONSTITUTIONEL OFFICER

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
MIAMI-DADE COUNTY COMMISSIONER DISTRICT 12

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2018 JUN 11 PM 12:21
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 \$ 450,000 Approximately.

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 \$ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED	

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
SEE ATTACHED		

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	CKKM GROUP, LLC		
ADDRESS OF BUSINESS ENTITY	1985 NW 88TH COURT, DORAL, FL 33172		
PRINCIPAL BUSINESS ACTIVITY	CONSULTING		
POSITION HELD WITH ENTITY	MGR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES (JWT'S)		
NATURE OF MY OWNERSHIP INTEREST	MGR		

RECEIVED
 2018 JUN 11 PM 2:21
 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 Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of

June, 2018 by Jose Luis Diaz

(Signature of Notary Public--State of Florida)
ANNE VANESSA INNOCENT
 (Print, Type, or Stamp Commissioned Notary Public, Expires Jun 2, 2022 Bonded through National Notary Assn.)

Personally Known _____ OR Produced Identification ✓

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

**Statement attached to and made a part of Form 6
Full and Public Disclosure of Financial Interest for Jose L. Diaz
County Commissioner – District 12
Miami-Dade, County
2017**

Part B – Assets

Residence at 10211 SW 6 th Street, Sweetwater, Florida	Approximately	282,329
Calusa Campground Lot and Trailer	Approximately	340,000
Boat	Approximately	80,000
Harley Davidson Motorcycle	Approximately	20,000
Automobile	Approximately	35,000
Cash in Bank	Approximately	38,171.39
Total Assets		795,500

Part C – Liabilities

Miami-Dade Federal Credit Union, 10900 SW 8 ST, Miami, FL 33176	Approximately	172,959
Miami-Dade Federal Credit Union, 10900 SW 8 ST, Miami, FL 33176	Approximately	112,882
Bank of the West, PO Box 4024, Alameda, CA 94501	Approximately	80,341
Harley Davidson Credit Corp, 15129 Palatine, IL 60056	Approximately	12,137
Total Liabilities		378,319

Part D – Income

Miami-Dade County, Florida – 111 NW 1 st , Miami, FL 33128	Approximately	56,426
Oasis HR Solutions 11, Inc.- 4661 SW 71 st Ave, Miami, FL 33174	Approximately	60,000
Genworth Life & Annuity Ins. Co. 2054 Vista Parkway #100, WPB, FL 33411	Approximately	37,600
Total Income		154,026

RECEIVED
2018 JUN 11 PM 12: 21
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov


CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 1,427 signatures submitted by Jose "Pepe" Diaz for the office of Miami-Dade County Commissioner District 12 matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 21st DAY OF
MARCH, 2018



Christina White
Supervisor of Elections

