

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

RECEIVED 2017

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:  
2018 JUN 15 AM 10:30

LAST NAME — FIRST NAME — MIDDLE NAME:  
SANCHEZ JULIO CESAR

MAILING ADDRESS:  
9130 SW 45 TERRACE

CITY : MIAMI ZIP : 33165 COUNTY : MIAMI DADE

NAME OF AGENCY :  
MIAMI DADE COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
DISTRICT 10 COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE

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 MAY 31, 2018 was \$ 258684.00.

**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 \$ 7500.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
89 FORD MUSTANG GT CONVERTIBLE (CAR)	5000.00
2017 FORD F150 LIMITED (CAR)	43250.00
HOUSE LOCATED AT 9130 SW 45 TERRACE	354000.00
HOUSE LOCATED AT 10130 SW 39 TERRACE	355000.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCWEN LOAN, 1661 Worthington Rd #100, West Palm Beach, FL 33409	276000.00
CAPITAL ONE CREDIT CARD, 6125 Lakeview Rd Suite 800 Charlotte, NC 28269	4266.00
BRANDS MART Credit Card, P.O. Box 965030 Orlando, FL 32896-5030	1800.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FORD MOTOR CREDIT, 3620 Queen Palm Dr, Tampa, FL 33619	55000.00
SunTrust Mortgage, Inc. PO Box 79041 Baltimore, MD 21279-0041	169000.00

**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 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
ITC MIAMI INC.	9130 SW 45 TERR. MIAMI, FL. 33165	55242.00

**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
THE IVY CONDO ASSOC	CONTRACTOR	1720 SW 30 ST Miami FL 33130	CONSULTANT
MIAMI DADE COUNTY	CONTRACTOR	MI MIAMI 15T Miami FL 33144	UMPIRE

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ITC MIAMI INC.		
ADDRESS OF BUSINESS ENTITY	9130 SW 45 Terr. Miami FL 33165		
PRINCIPAL BUSINESS ACTIVITY	INFORMATION TECH.		
POSITION HELD WITH ENTITY	VICE PRES.		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%		
NATURE OF MY OWNERSHIP INTEREST	50% OWNER		

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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**

STATE OF FLORIDA  
COUNTY OF Miami - Dade

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.

Sworn to (or affirmed) and subscribed before me this 15 day of June, 2018 by Julio Cesar Sanchez



Wilfred Castro  
Signature of Notary Public--State of Florida  
MY COMMISSION # GG69508  
EXPIRES: February 05, 2021

Personally Known \_\_\_\_\_ OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL DL

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**