

**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:

- | | |
|--|--|
| <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 |

CANDIDATE OATH

(Section 99.021, Florida Statutes)

2018 JUN 19 AM 11:21
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Rafael Alberto Pineyro

(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 Commission 12
(Office) (District/Group/Seat #)

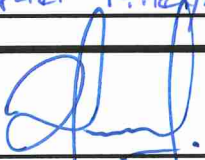
I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which 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): 124801136

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.]

Rafael Pineyro

X		<u>(888) 399-0786</u>	<u>P.pineyro@gmail.com</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>10220 NW 63 Ter. #108</u>	<u>Doral</u>	<u>FL 33178</u>
	Address	City	State ZIP Code

STATE OF FLORIDA

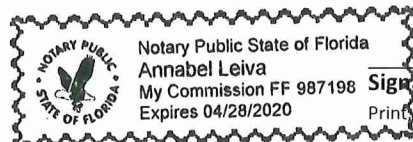
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 19th day of June, 20 18.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: FL Drivers License





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

Florida DRIVER LICENSE

USA
CLASS E

4d DLN [REDACTED]

1 PINEYRO
2 RAFAEL ALBERTO
3 10220 NW 63 TER # 108
DORAL, FL 33178-3064

7 DOB 07/20/1984 15 SEX M SAFE DRIVER
4b EXP 07/20/2022 16 HGT 5'-08"
12 REST A 9a END NONE

4a ISS 11/27/2013
5 DD [REDACTED]
REPLACED 04/17/2013

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



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2017

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Pineyro - Rafael - Alberto

MAILING ADDRESS:
10220 NW 63rd Terrace

#108

CITY: Doral ZIP: 33178 COUNTY: Miami - Dade County

NAME OF AGENCY:
Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commission District 12

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

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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 June 15, 2018 was \$ 20,500.

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
401k - MASS Mutual	\$ 4,400.00
Life Insurance - Primerica	\$150,000
401K- John Hancock	\$ 2,800.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Car Lease 2016 Nissan Altima 8900 Freport Parkway Irving TX 75063	\$12,100
Car Lease 2017 Lincoln MKC 2905 New 90 Ave Doral, FL 33172	\$18,250

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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
N/A		

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

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

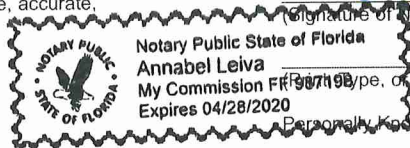
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 19th day of June, 2018 by Rafael A. Pineyro
Annabel Leiva
 (Signature of Notary Public--State of Florida)



[Handwritten Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Annabel Leiva
 (Printed Name of Notary Public)
 Type of Identification Produced: FC Drivers License
 Personally Known _____ OR Produced Identification X

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

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number
RAFAEL A PINEYRO

If a joint return, spouse's first name and initial Last name Spouse's social security number
YERALDINE J ROSALES RANGEL

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
10220 NW 63 TERR 108

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
DORAL FL 33178

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b: 2. No. of children on 6c who lived with you and did not live with you due to divorce or separation (see instructions): 1. Dependents on 6c not entered above: 3.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 48,148. 8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 29,057. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income. List type and amount. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 59,563.

Adjusted Gross Income 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 Deductible part of self-employment tax. Attach Schedule SE. 807. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. Attach Form 8917. 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 35. 807.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. ROLLOVER

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	38	Amount from line 37 (adjusted gross income)	38	58,756.
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
	41	Subtract line 40 from line 38	41	46,056.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	33,906.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	4,156.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	408.
	47	Add lines 44, 45, and 46 ▶	47	4,564.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	200.
	52	Child tax credit. Attach Schedule 8812, if required	52	1,000.
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,200.	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	3,364.	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	1,613.
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ▶	63	4,977.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	8,848.
	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	8,848.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,871.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	3,871.
	b	Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation MANAGER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name RAFAEL NIEVES	Preparer's signature RAFAEL NIEVES	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name ▶ RAFAEL NIEVES			Firm's EIN ▶	

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 MIAMI-DADE COUNTY
 ELECTORALS DEPARTMENT

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor RAFAEL A PINEYRO		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) PUBLIC RELATIONS	B Enter code from instructions ▶	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 10220 NW 63 TERR. Apt. 108 City, town or post office, state, and ZIP code DORAL, FL 33178		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input type="checkbox"/>
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	25,750.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	25,750.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	25,750.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	25,750.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	9,740.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	250.	25 Utilities	25	
			26 Wages (less employment credits).	26	
			27a Other expenses (from line 48)	27a	4,345.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	14,335.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	11,415.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	11,415.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					

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32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 01/01/2017
44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a Business 18,205 b Commuting (see instructions) c Other 0
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description of expense and Amount. Row 1: UNIFORMS CLOTHING ETC. 3,987. Row 2: CELL. 358.

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ELECTIONS DEPARTMENT

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. **17**

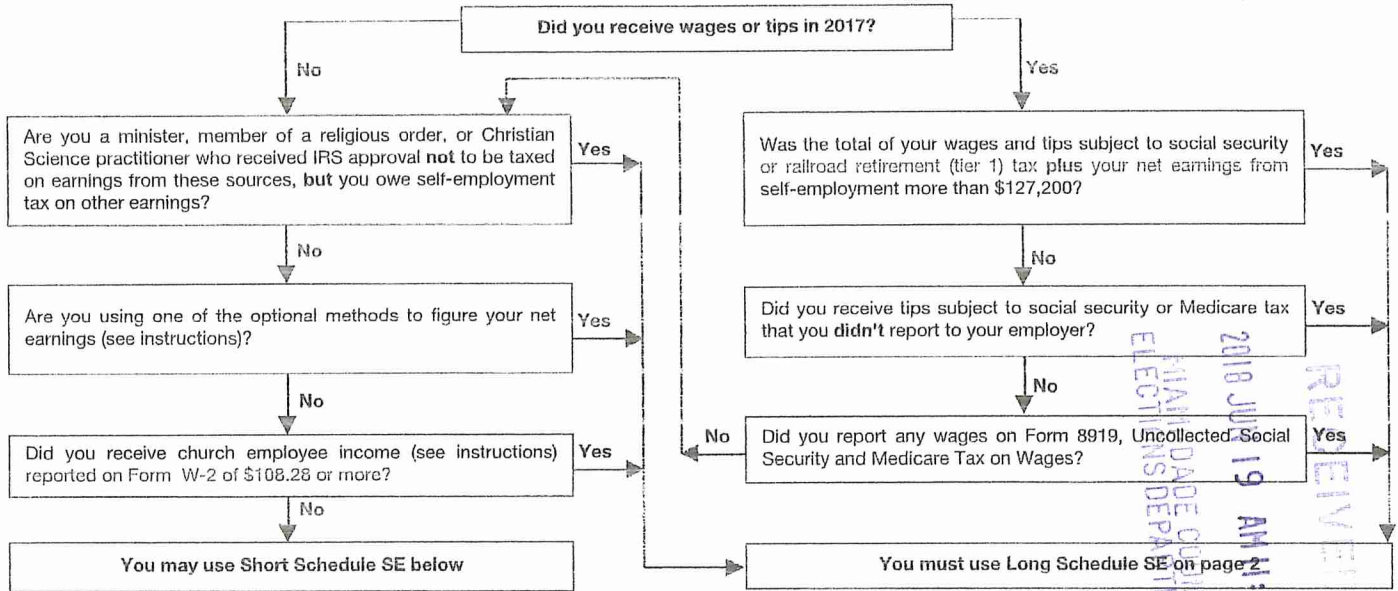
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
RAFAEL A PINEYRO

Social security number of person with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



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 FINANCIAL SERVICES DEPARTMENT

Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	11,415.
3	Combine lines 1a, 1b, and 2	3	11,415.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ▶	4	10,542.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	1,613.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	807.

Credit for Qualified Retirement Savings Contributions

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to www.irs.gov/Form8880 for instructions and the latest information.

Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

RAFAEL A PINEYRO & YERALDINE J ROSALES RANGEL

You **cannot** take this credit if **either** of the following applies.



- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a **student** (see instructions).

- Traditional and Roth IRA (including *myRA*) contributions for 2017. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2017 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2014 and **before** the due date (including extensions) of your 2017 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below.

	(a) You	(b) Your spouse
1		
2	2,976.	
3	2,976.	
4		
5	2,976.	
6	2,000.	
7		2,000.
8	58,756.	

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If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$18,500	.5	.5	.5
\$18,500	\$20,000	.5	.5	.2
\$20,000	\$27,750	.5	.5	.1
\$27,750	\$30,000	.5	.2	.1
\$30,000	\$31,000	.5	.1	.1
\$31,000	\$37,000	.5	.1	.0
\$37,000	\$40,000	.2	.1	.0
\$40,000	\$46,500	.1	.1	.0
\$46,500	\$62,000	.1	.0	.0
\$62,000	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

- 34** Have you completed all policy amount allocations?
- Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.
- No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return: **RAFAEL A PTNEYRO & YERALDJNF J ROSALES RA** Your social security number: _____

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	3
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	58,756.
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	58,756.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Lower 48 states and DC	4	20,160.
5	Household income as a percentage of federal poverty line (see instructions)	5	291 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0942
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	5,535.
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	461.

Part II Premium Tax Credit Claim and Repayment of Advance Payment of Premiums

9 Are you still working jointly with another taxpayer, or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. See Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.
 10 See the instructions for the alternative calculation if you entered line 11 amount. Complete lines 12 through 23.
 Yes. Complete your return on Form 1040 or Form 1040NR. No. Continue to lines 12-23. Compute your monthly PTC and compare to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
12 January							
13 February							
14 March							
15 April							
16 May							
17 June							
18 July							
19 August							
20 September							
21 October	771.	723.	461.	262.	262.	398.	
22 November	771.	723.	461.	262.	262.	398.	
23 December	771.	723.	461.	262.	262.	398.	
24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	786.
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	1,194.
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. If line 25 is greater than line 24, leave this line blank and continue to line 27.					26	
Part III Repayment of Advance Payment of the Premium Tax Credit							
27	If line 26 is greater than line 25, enter the amount from line 26. If line 25 is greater than line 26, enter the difference here					27	408.
28	Payment limitation (see instructions)					28	1,500.
29	Enter the amount from line 27, but do not enter more than the amount on Form 1040, line 40; Form 1040A, line 45; or Form 1040NR, line 49. If line 28 is greater than line 29, leave this line blank and continue to line 30.					29	408.

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2017 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2017			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept. 001000	Corp.	Employer use only T 361
c Employer's name, address, and ZIP code CITY OF DORAL 8401 N W 53RD TERRACE DORAL FL 33166 Batch #01338			
e/f Employee's name, address, and ZIP code RAFAEL PINEYRO 3550 NW 85 CT APT 141 DORAL, FL 33122			
b Employer's FED ID number	a Employer's EIN		
1 Wages, tips, other comp. 48147.86	2 Federal income tax withheld 8847.87		
3 Social security wages 51124.12	4 Social security tax withheld 3169.70		
5 Medicare wages and tips 51124.12	6 Medicare tax withheld 741.30		
7 Social security tips	8 Allocated tips		
9 Verification Code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 2976.26		
14 Other	12b DD 15592.77		
	12c		
	12d		
13 Stat emp Ret. plan 3rd party sick pay X			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2017 pay stub plus any adjustments submitted by your employer

Gross Pay	53884.60	Social Security Tax Withheld Box 4 of W-2	3169.70	FL. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	8847.87	Medicare Tax Withheld Box 6 of W-2	741.30	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	53,884.60	53,884.60	53,884.60	
Less 401(k) (D-Box 12)	2,976.26	N/A	N/A	
Less Other Cafe 125	2,760.48	2,760.48	2,760.48	
Reported W-2 Wages	48,147.86	51,124.12	51,124.12	

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dep

RAFAEL PINEYRO
3550 NW 85 CT
APT 141
DORAL, FL 33122

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: No State Income Tax

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PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VANTAGEPOINT TRANSFER AGENTS (800)669-7400 FOR 108690 CITY OF DORAL 777 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002-4240			1 Gross distribution \$ 29,056.70		OMB No. 1545-0119 2017 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S federal identification number [REDACTED]			2a Taxable amount \$ 0.00		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
RECIPIENT'S identification number [REDACTED]			3 Capital gain (Included in box 2a) \$ 0.00		4 Federal income tax withheld \$ 0.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.		
RECIPIENT'S name, street address (incl. apt. no.), city or town, providence or state country, and ZIP or foreign postal code PINEYRO, RAFAEL 3550 NW 85 CT APT 141 DORAL, FL 33122			5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$ 0.00		This information is being furnished to the Internal Revenue Service		
10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib.		12 State tax withheld \$ 0.00		13 State/Payer's state no. FL		14 State distribution \$ 0.00
15 Local tax withheld \$ 0.00			16 Name of locality		17 Local distribution				
Account number (see instructions)			18		19				

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VANTAGEPOINT TRANSFER AGENTS (800)669-7400 FOR 108690 CITY OF DORAL 777 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002-4240			1 Gross distribution \$ 29,056.70		OMB No. 1545-0119 2017 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S federal identification number [REDACTED]			2a Taxable amount \$ 0.00		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
RECIPIENT'S identification number *** **			3 Capital gain (Included in box 2a) \$ 0.00		4 Federal income tax withheld \$ 0.00		Copy C For Recipient's Records		
RECIPIENT'S name, street address (incl. apt. no.), city or town, providence or state country, and ZIP or foreign postal code PINEYRO, RAFAEL 3550 NW 85 CT APT 141 DORAL, FL 33122			5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$ 0.00		This information is being furnished to the Internal Revenue Service		
10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib.		12 State tax withheld \$ 0.00		13 State/Payer's state no. FL		14 State distribution \$ 0.00
15 Local tax withheld \$ 0.00			16 Name of locality		17 Local distribution				
Account number (see instructions)			18		19				

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VANTAGEPOINT TRANSFER AGENTS (800)669-7400 FOR 108690 CITY OF DORAL 777 NORTH CAPITOL STREET, NE WASHINGTON, DC 20002-4240			1 Gross distribution \$ 29,056.70		OMB No. 1545-0119 2017 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S federal identification number [REDACTED]			2a Taxable amount \$ 0.00		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
RECIPIENT'S identification number *** **			3 Capital gain (Included in box 2a) \$ 0.00		4 Federal income tax withheld \$ 0.00		Copy 2 File this copy with your state, city, or local income tax return, when required.		
RECIPIENT'S name, street address (incl. apt. no.), city or town, providence or state country, and ZIP or foreign postal code PINEYRO, RAFAEL 3550 NW 85 CT APT 141 DORAL, FL 33122			5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$ 0.00		This information is being furnished to the Internal Revenue Service		
10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib.		12 State tax withheld \$ 0.00		13 State/Payer's state no. FL		14 State distribution \$ 0.00
15 Local tax withheld \$ 0.00			16 Name of locality		17 Local distribution				
Account number (see instructions)			18		19				

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.

▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace identifier FL	2 Marketplace-assigned policy number	3 Policy issuer's name Ambetter from Sunshine Health	
4 Recipient's name rafael a pineyro		5 Recipient's SSN XXX-XX	6 Recipient's date of birth
7 Recipient's spouse's name yeraldine j rosales		8 Recipient's spouse's SSN XXX-XX	9 Recipient's spouse's date of birth
10 Policy start date 10/01/2017	11 Policy termination date 12/31/2017	12 Street address (including apartment no.) 3550 NW 85th Ct	
13 City or town Doral	14 State or province FL	15 Country and ZIP or foreign postal code US 33122-1971	

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 rafael a pineyro	XXX-XX		10/01/2017	12/31/2017
17 yeraldine j rosales	XXX-XX		10/01/2017	12/31/2017
18 luciano pineyro	XXX-XX		10/01/2017	12/31/2017
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	0.00	0.00	0.00
22 February	0.00	0.00	0.00
23 March	0.00	0.00	0.00
24 April	0.00	0.00	0.00
25 May	0.00	0.00	0.00
26 June	0.00	0.00	0.00
27 July	0.00	0.00	0.00
28 August	0.00	0.00	0.00
29 September	0.00	0.00	0.00
30 October	771.29	722.86	398.00
31 November	771.29	722.86	398.00
32 December	771.29	722.86	398.00
33 Annual Totals	2,313.87	2,168.58	1,194.00

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Health Coverage

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Department of the Treasury
Internal Revenue Service

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Go to www.irs.gov/Form1095B for instructions and the latest information.

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Part I Responsible Individual

1 Name of responsible individual RAFAEL PINEYRO		2 Social Security number (SSN) or other TIN ***-**-****	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 3550 NW 85 CT APT 141	5 City or town DORAL	6 State or province FL	7 Country and ZIP or foreign postal code UNITED STATES 33122
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> AA <input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AD <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> AG <input type="checkbox"/> AH <input type="checkbox"/> AI <input type="checkbox"/> AJ <input type="checkbox"/> AK <input type="checkbox"/> AL <input type="checkbox"/> AM <input type="checkbox"/> AN <input type="checkbox"/> AO <input type="checkbox"/> AP <input type="checkbox"/> AQ <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ <input type="checkbox"/> BA <input type="checkbox"/> BB <input type="checkbox"/> BC <input type="checkbox"/> BD <input type="checkbox"/> BE <input type="checkbox"/> BF <input type="checkbox"/> BG <input type="checkbox"/> BH <input type="checkbox"/> BI <input type="checkbox"/> BJ <input type="checkbox"/> BK <input type="checkbox"/> BL <input type="checkbox"/> BM <input type="checkbox"/> BN <input type="checkbox"/> BO <input type="checkbox"/> BP <input type="checkbox"/> BQ <input type="checkbox"/> BR <input type="checkbox"/> BS <input type="checkbox"/> BT <input type="checkbox"/> BU <input type="checkbox"/> BV <input type="checkbox"/> BW <input type="checkbox"/> BX <input type="checkbox"/> BY <input type="checkbox"/> BZ <input type="checkbox"/> CA <input type="checkbox"/> CB <input type="checkbox"/> CC <input type="checkbox"/> CD <input type="checkbox"/> CE <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> CH <input type="checkbox"/> CI <input type="checkbox"/> CJ <input type="checkbox"/> CK <input type="checkbox"/> CL <input type="checkbox"/> CM <input type="checkbox"/> CN <input type="checkbox"/> CO <input type="checkbox"/> CP <input type="checkbox"/> CQ <input type="checkbox"/> CR <input type="checkbox"/> CS <input type="checkbox"/> CT <input type="checkbox"/> CU <input type="checkbox"/> CV <input type="checkbox"/> CW <input type="checkbox"/> CX <input type="checkbox"/> CY <input type="checkbox"/> CZ <input type="checkbox"/> DA <input type="checkbox"/> DB <input type="checkbox"/> DC <input type="checkbox"/> DD <input type="checkbox"/> DE <input type="checkbox"/> DF <input type="checkbox"/> DG <input type="checkbox"/> DH <input type="checkbox"/> DI <input type="checkbox"/> DJ <input type="checkbox"/> DK <input type="checkbox"/> DL <input type="checkbox"/> DM <input type="checkbox"/> DN <input type="checkbox"/> DO <input type="checkbox"/> DP <input type="checkbox"/> DQ <input type="checkbox"/> DR <input type="checkbox"/> DS <input type="checkbox"/> DT <input type="checkbox"/> DU <input type="checkbox"/> DV <input type="checkbox"/> DW <input type="checkbox"/> DX <input type="checkbox"/> DY <input type="checkbox"/> DZ <input type="checkbox"/> EA <input type="checkbox"/> EB <input type="checkbox"/> EC <input type="checkbox"/> ED <input type="checkbox"/> EE <input type="checkbox"/> EF <input type="checkbox"/> EG <input type="checkbox"/> EH <input type="checkbox"/> EI <input type="checkbox"/> EJ <input type="checkbox"/> EK <input type="checkbox"/> EL <input type="checkbox"/> EM <input type="checkbox"/> EN <input type="checkbox"/> EO <input type="checkbox"/> EP <input type="checkbox"/> EQ <input type="checkbox"/> ER <input type="checkbox"/> ES <input type="checkbox"/> ET <input type="checkbox"/> EU <input type="checkbox"/> EV <input type="checkbox"/> EW <input type="checkbox"/> EX <input type="checkbox"/> EY <input type="checkbox"/> EZ <input type="checkbox"/> FA <input type="checkbox"/> FB <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FF <input type="checkbox"/> FG <input type="checkbox"/> FH <input type="checkbox"/> FI <input type="checkbox"/> FJ <input type="checkbox"/> FK <input type="checkbox"/> FL <input type="checkbox"/> FM <input type="checkbox"/> FN <input type="checkbox"/> FO <input type="checkbox"/> FP <input type="checkbox"/> FQ <input type="checkbox"/> FR <input type="checkbox"/> FS <input type="checkbox"/> FT <input type="checkbox"/> FU <input type="checkbox"/> FV <input type="checkbox"/> FW <input type="checkbox"/> FX <input type="checkbox"/> FY <input type="checkbox"/> FZ <input type="checkbox"/> GA <input type="checkbox"/> GB <input type="checkbox"/> GC <input type="checkbox"/> GD <input type="checkbox"/> GE <input type="checkbox"/> GF <input type="checkbox"/> GG <input type="checkbox"/> GH <input type="checkbox"/> GI <input type="checkbox"/> GJ <input type="checkbox"/> GK <input type="checkbox"/> GL <input type="checkbox"/> GM <input type="checkbox"/> GN <input type="checkbox"/> GO <input type="checkbox"/> GP <input type="checkbox"/> GQ <input type="checkbox"/> GR <input type="checkbox"/> GS <input type="checkbox"/> GT <input type="checkbox"/> GU <input type="checkbox"/> GV <input type="checkbox"/> GW <input type="checkbox"/> GX <input type="checkbox"/> GY <input type="checkbox"/> GZ <input type="checkbox"/> HA <input type="checkbox"/> HB <input 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<input type="checkbox"/> IM <input type="checkbox"/> IN <input type="checkbox"/> IO <input type="checkbox"/> IP <input type="checkbox"/> IQ <input type="checkbox"/> IR <input type="checkbox"/> IS <input type="checkbox"/> IT <input type="checkbox"/> IU <input type="checkbox"/> IV <input type="checkbox"/> IW <input type="checkbox"/> IX <input type="checkbox"/> IY <input type="checkbox"/> IZ <input type="checkbox"/> JA <input type="checkbox"/> JB <input type="checkbox"/> JC <input type="checkbox"/> JD <input type="checkbox"/> JE <input type="checkbox"/> JF <input type="checkbox"/> JG <input type="checkbox"/> JH <input type="checkbox"/> JI <input type="checkbox"/> JJ <input type="checkbox"/> JK <input type="checkbox"/> JL <input type="checkbox"/> JM <input type="checkbox"/> JN <input type="checkbox"/> JO <input type="checkbox"/> JP <input type="checkbox"/> JQ <input type="checkbox"/> JR <input type="checkbox"/> JS <input type="checkbox"/> JT <input type="checkbox"/> JU <input 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Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name CITY OF DORAL		11 Employer identification number (EIN) [REDACTED]	
12 Street address (including room or suite no.) 8401 NW 53 TERRACE	13 City or town DORAL	14 State or province FL	15 Country and ZIP or foreign postal code 33166

Part III Issuer or Other Coverage Provider (see instructions)

16 Name UnitedHealthcare, Inc.		17 Employer identification number (EIN)	18 Contact telephone number 866-633-2446
19 Street address (including room or suite no.) 601 Brooker Creek Blvd	20 City or town Oldsmar	21 State or province FL	22 Country and ZIP or foreign postal code UNITED STATES 34677

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 RAFAEL PINEYRO	[REDACTED]		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 YERALDINE R RANGEL	[REDACTED]		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 LUCIANO PINEYRO		03/08/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form **1095-B** (2017)

De: Rafael Pineyro pinr34@gmail.com

Asunto: Rafael Pineyro

Fecha: feb. 8, 2018 12:36:30 p. m.

Para: <[redacted]>

Pineyro, Rafael (v)

Check 10/05/2017 1848	Events Coordination August & September 2017	2,000.00
Check 11/02/2017 1863	Events Coordination October 2017	2,000.00
Check 12/11/2017 1926	Events Coordination November 2017	2,000.00
Total Pineyro, Rafael (v)		6,000.00

IRS Form...Pineyro.pdf
1.2 MB

Rafael Pine...re 2017.pdf
565 KB

RECEIVED
2018 JUN 19 AM 11:22
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7722360

RECEIVED FROM Rafael Pineyro

DATE 06 , 19 , 2018
MONTH DAY YEAR

ADDRESS 8725 NW 18 Terrace Suite 302

CASH \$

Doral CITY FL STATE 33178 ZIP

CHECKS \$ 360 .00

AMOUNT OF: Three hundred sixty DOLLARS, AND zero CENTS

TOTAL \$ 360 .00

FOR PAYMENT OF: Qualifying Fee CanH Commissioner District 12

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

DEPT.: elections BY: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

RECEIVED
2018 JUN 19 AM 11:47
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

107.01-1 6/04

Rafael Pineyro Commission Campaign Account
8725 NW 18 Terrace Suite 302
Doral, FL 33178

PAY TO THE ORDER OF Miami Dade County DATE 06/19/18

Three hundred and sixty \$ 360.00

DOLLARS

FOR Qualifying Fee Miami Dade County Commission District 12

TOTALBANK DORAL BRANCH 160 8790 N.W. 25th Street Miami, FL 33172

0091

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