

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

FOR OFFICE USE ONLY:

RECEIVED
2020 JUN -5 PM 12:42
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

DOMONO, Ludmilla

MAILING ADDRESS:

871 NE 195th Street Apt #205

Miami 33179 Miami-Dade

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami-Dade County Mayor

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, 2019 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 5, 20 20 was \$ 141,500.00.

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 \$ 5,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
871 NE 195 St #205, Miami, FL 33179	\$ 80,000
3410 Garden Mist Circle, Auburn, GA 30011	\$ 142,000
Volvo xc90	\$ 20,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Space Coast Credit Union	\$ 13,000.00
Santander Consumer U.S.A.	\$ 35,000.00

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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
Georgia Department Housing	40 Marietta Street, Atl., GA 30303
Nordstrom Inc.	1700 7th Avenue, Seattle WA 98101

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	Final Destination Realty Group, LLC	No More Violence Inc	Four Streams Consulting, LLC
ADDRESS OF BUSINESS ENTITY	3600 S. State Rd 7 #209 Miramar, FL 33023	3600 S. State Rd 7 #209 Miramar, FL 33023	3600 S. State Rd 7 #209 Miramar, FL 33023
PRINCIPAL BUSINESS ACTIVITY	3600 S. State Rd 7 #209 Miramar, FL 33023	3600 S. State Rd 7 #209 Miramar, FL 33023	3600 S. State Rd 7 #209 Miramar, FL 33023
POSITION HELD WITH ENTITY	Manager	President	Manager
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Full	Full	Full

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

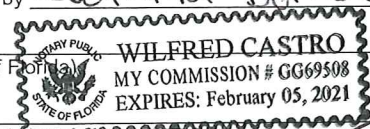
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 5 day of

JUNE, 2020 by Ludmilla Diamond

(Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

Ludmilla Diamond
 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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900509

RECEIVED FROM Ludmilla Domond

DATE 06, 05, 20
MONTH DAY YEAR

ADDRESS 871 NE 195 Street, Apt 205
Miami CITY FL STATE 33179 ZIP

CASH \$ _____
CHECKS \$ 2,800 .00
TOTAL \$ 2,800 .00

AMOUNT OF: Two thousand eight hundred DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee County Mayor

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

107.01-1 6/04

RECEIVED
COUNTY
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
2020 JUN -5 PM 12:42

LUDMILLA DOMOND CAMPAIGN ACCOUNT
871 NE 195 STREET APT 205
MIAMI, FL 33179

DATE 6-5-2020

PAY TO THE ORDER OF Miami-Dade County \$ 2,800.00
Two Thousand Eight Hundred Dollars and 00/100 DOLLARS

IBERIABANK

MEMO Qualifying fee
County Mayor

Ludmilla Domond