

**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 checked="" 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)

I, Joe A. Martinez

(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 Miami-Dade County Commissioner, # 11
(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): 109119580

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.]

Joe A. Mar Tee Nez

X Joe A. Martinez (305) 445-0777 jose@riescoandcompany.com

Signature of Candidate

Telephone Number

Email Address

Address

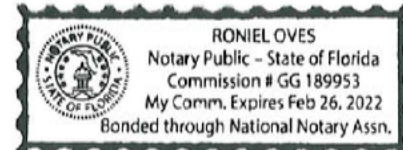
City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade



Sworn to (or affirmed) and subscribed before me by physical or online presence this 28th day of May, 2020.

Personally Known: or

Produced Identification:

Type of Identification Produced: _____

Roniel Oves
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

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2020 JUN -1 PM 2:01

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade, FL

Jose Angel Martinez JR
** Protected **
** Protected **

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME

08/17/15

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

109119580

Voting Location | Centro de Votación | Lokal Biwo Vòt

Reception Palace Ballrooms
14375 SW 42 St

Precinct No.
Núm. del Recinto
Nim. Biwo Vòt

469

Date of Birth
Fecha de Nacimiento
Dat Nesans

Protected

Registration Date
Fecha de Inscripción
Dat Enskripsyon

9/25/1990

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud, puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè

26

State Senate
Senado Estatal
Sena Eta a

37

State House
Cámara Estatal
Lachannm Eta a

119

County Commission
Comisión del Condado
Komisyon Konte

11

School Board
Junta Escolar
Asanble Edikasyon

8

Community Council
Consejo Comunitario
Konsèy Kominotè

10

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



Florida *Sunshine State*
DRIVER LICENSE CLASS E

JOSE ANGEL MARTINEZ

DOB: 09-18-1957 SEX: M
ISSUED: 03-16-2015 HGT: 5-07
EXPIRES: 09-18-2023
RESTRICTIONS: NONE

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

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MIAMI-DADE COUNTY
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Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Martinez, Joe A.

MAILING ADDRESS:

2600 South Douglas Road, Suite 900

CITY:

CORAL GABLES

ZIP:

33134

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

Miami-Dade

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County Commissioner, DISTRICT #11

CHECK IF THIS IS A FILING BY A CANDIDATE

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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 May 28, 2020 was \$ \$376,664.93.

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 \$ 140,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Furniture \$ 45,000 : Jewelry \$ 85,000: Clothing \$ 10,000	\$140,000.00
Residence (estimate per tax roll)	\$577,401.00
Saving Account	\$25,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
First Bank of Puerto Rico, 1519 AVE PONCE DE LEON, SANTURCE, PUERTO RICO, 00909	\$ 359,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GMC Financing (612.37/Month for 11 months)P.O Box 100 Williamsville, NY 14231	\$6,736.07

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	AMOUNT
Miami-Dade County	111 N.W 1st Street, Miami, FL 33129	\$43,376.60
Centurion Security Group	13501 SW 128TH Street, Miami, FL 33186	\$17,994.39

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

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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.

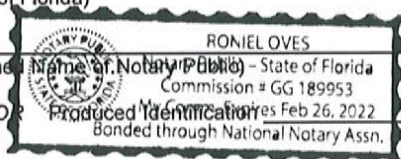
STATE OF FLORIDA
 COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 28th day of

May, 2020 by Roniel Oves

Roniel Oves
 (Signature of Notary Public--State of Florida)

Roniel Oves
 (Print, Type, or Stamp Commission Name of Notary Public) - State of Florida
 Commission # GG 189953

Personally Known OR Produced Identification
 Type of Identification Produced _____
 My Commission Expires Feb 26, 2022
 Bonded through National Notary Assn.



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

PART D- Income

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida Retirement System	State of Florida	\$ 60,332.04
Florida Commercial Security Services	700 NW 151 ST ST, MIAMI, FL 33169	\$ 2,000.00

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