

**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:

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

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Marisol Zenteno

(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.)

I am a candidate for the nonpartisan office of Property Appraiser (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): 109312048

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.]

MAREE SOOL ZENTENOO

| | | | | |
|----------|---|------------------|--------------------|----------|
| X |  | (786) 368-5166 | marioa33@gmail.com | |
| | Signature of Candidate | Telephone Number | Email Address | |
| | 4760 NW 173 Drive | Miami | FL | 33055 |
| | 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 5 day of June, 2020

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FLDL# [REDACTED]

Alexandra Blanco
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG007579
Expires 10/28/2020


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

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2020 JUN -8 AM 8:25

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Florida DRIVER LICENSE  CLASS E

4d DLN [REDACTED]

1 ZENTENO
2 MARISOL
3 4760 NW 173RD DR
MIAMI GARDENS, FL 33055

3 DOB 11/01/1966 15 SEX F SAFE DRIVER
4b EXP 11/01/2026 16 HGT 5'-05"
12 REST NONE 9a END NONE

4a ISS 11/19/2018
5 DD [REDACTED]

M. Zenteno

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

 DONOR

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

OF FINANCIAL INTERESTS

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
ZENTENO MARISOL

MAILING ADDRESS:
4760 NW 173 DRIVE

CITY: MIAMI ZIP: 33055 COUNTY: MIAMI-DADE

NAME OF AGENCY :
MIAMI-DADE COUNTY PROPERTY APPRAISER

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
PROPERTY APPRAISER

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 MARCH 31, 20 20 was \$ 129,751.78.

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 \$ 21,500.00

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 |
|------------------------------|---------------------|
| NONE | |
| | |

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 PROPERTY APPRAISER | 111 NW FIRST ST, STE 710, MIAMI, FL 33136 | \$ 77,179.70 |
| | 33128 | |

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

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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

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 Marisol Zenteno

Alexandra Blanco
 NOTARY PUBLIC

(Signature of Notary Public--State of Florida)
 STATE OF FLORIDA
 Comm# GG007579
 Expires 10/28/2020

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL04

mzenteno
 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, JASON B. BLANK, 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]
 Signature

JUNE 4, 2020
 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

MARISOL ZENTENO
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2019

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART B- ASSETS

| <u>DESCRIPTION</u> | <u>VALUE OF ASSETS</u> |
|---|------------------------|
| REAL PROPERTY | |
| (Value shown at estimated fair market value) | |
| 7880 SW 102 nd LANE MIAMI, FL 33156 | \$ 277,000.00 |
| TOTAL REAL PROPERTY | <u>\$ 277,000.00</u> |
| CASH AND EQUIVALENTS | |
| BANK OF AMERICA CHK ACCT- [REDACTED] | \$ 7,608.71 |
| BANK OF AMERICA JOINT CHK ACCT- [REDACTED] | 8,157.77 |
| DADE COUNTY CREDIT UNION CHK ACCT- [REDACTED] | 2,033.76 |
| DADE COUNTY CREDIT UNION SVG ACCT- [REDACTED] | 17,036.70 |
| TOTAL CASH AND EQUIVALENTS | <u>\$ 34,836.94</u> |
| OTHER ASSETS | |
| LIFE INSURANCE- Minnesota Life Ins. | \$ 78,401.70 |
| TOTAL OTHER ASSETS | <u>\$ 78,401.70</u> |
| TOTAL ASSETS | <u>\$ 390,238.64</u> |

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FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2019

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PART C- LIABILITIES

| | |
|---|----------------------|
| SHELLPOINT MORTGAGE SERVICING, PO BOX 1082, GREENVILLE, SC 29603 | \$ 144,148.23 |
| STUDENT LOAN- NELNET, INC. PO BOX 2970, OMAHA, NE 68103-2970 | 63,082.13 |
| TOTAL LIABILITIES | <u>\$ 207,230.36</u> |