MIAMI-DADE COUNTY	OFFICE	USE ONLY				
CANDIDATE OATH	Proof of residency provided:	NA R				
NONPARTISAN OFFICE (Do not use this form if a Judicial or School Board Candidate)		AM AY				
Check box only if you are seeking to qualify as a write-in candidate:	Driver's License					
Write-in candidate	Uvter Information Card	Homesterd Exemption Receipt				
(Although a Write-in candidate's name is not printed on the ballot,	Property Tax Receipt					
the name must be printed below for oath purposes.)		Ő				
Candidate Oath						
Name to appear on ballot: // 10 (Print name above as you with	h it to appear on the ballot – Name cannot	t be changed after qualifying.)				
• Check box if two last names without hyphen	2.s					
 Check box if name includes nickname (For use of a nickname, you must complete the Nickname Affidavi) 	t on reverse side.)					
I swear or affirm that I am a candidate for the nonpartisan office of	Mia	mi - Dade County Mayor				
, I am a qualified elector of Miam	(0)	fice)				
(District/Area/Subarea #)	n-Dade County, Horida, Fam qua	med under the constitution and the				
Laws of Florida and the Home Rule Charter of Miami-Dade Coun have qualified for no other public office in the state, the term of w						
and I have resigned from any office from which I am required to	resign pursuant to Section 99.03					
the Constitution of the United States and the Constitution of the St	ate of Florida.					
I affirm that I am a resident of Miami-Dade County, meet the min my residency in the district for the prescribed period. Under						
Candidate and that the facts stated in such are true.	senances of perjury, r decidie tr	at there read the foregoing out of				
Statement of Outstanding Fines, Fees, or Penalties						
I owe outstanding fines, fees, or penalties, that cumulatively excee						
YES, I Do	YES, I Do NO, I Do Not					
If you do, you must also specify the amount owed and ea	ch entity that levied the same c	on the reverse side.				
x Ctil 130	5) 697-8302	Manny@mannycid.com				
Name of the owner owner of the owner	phone Number	Email Address				
8309 NW 144 Terrace M	ami Lakes FL	3.30/4/				
Address		ZIP Code				
STATE OF FLORIDA						
COUNTY OF Miami Dade.	Nu S	Comm.:HH 258298				
Sworn to (or affirmed) and subscribed before me by physical $\overline{\mathbf{M}}$ c	r Alla	Expires: May 7, 2026				
online presence this 14_day ofday	20 <u>24</u> .	Notary Public - State of Florida				
Personally Known:or	Alin And	6				
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned	Name of NotaryPublic				
Type of Identification Produced: FL DL						

MD-ED 25 (Revised 01/2024)

Phonetic Spelling of Name
Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):
Statement of Outstanding Fines, Fees or Penalties
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.
Amount Entity
REO REO
Affidavit of Nickname (Only required if using nickname for the ballot.)
And done of Mickhame (only required in daining mexicame for the ballot.)
My legal name is $\underline{Ma_{00c}}$ $\underline{C_{00}}$. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.
My legal name is
My legal name is \underline{Manuel} Cidentification is \underline{Manue} and the contents of this affidavit are true and correct. My nickname is \underline{Manue} Cidentification is law generally known by this nickname or have used it as part of my legal name. I have not created the pickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or
My legal name is \underline{Manuel} Cidentification is \underline{Manue} and the contents of this affidavit are true and correct. My nickname is \underline{Manue} Cidentification is law generally known by this nickname or have used it as part of my legal name. I have not created the pickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or
My legal name is \underline{Manue} \underline{Cid} . I am over the age of eighteen (18) and the contents of this affidavit are true and correct. My nickname is \underline{Manue} \underline{Cid} . I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.
My legal name is

MD-ED 25 (Revised 01/2024)

Rule 1S-2.0001, F.A.C.

J

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Filed with COE: 05/13/2024

General II	nformation		
Name:	Mr Manuel Cid		
Address:	8309 Nw 144th Te	r, Miami Lakes, FL 33016	PID 210204
County:	Miami-Dade		
AGENCY INF	FORMATION		*
Organization		Suborganization	Title
Miami Lakes	, Town Of	Mayor & Town Council	
CANDIDATE	FOR		
Position		Agency Name	Position sought or held
Miami-Dade	County Mayor	Miami-Dade County	Miami-Dade County Mayor

Net Worth My Net Worth as of December 31, 2023 was \$ 762,511.18.

Filed with COE: 05/13/2024

Assets

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 effect is \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	23
8309 NW 144th Terrace, Miami Lakes, FL 33016	\$ 615,000.00	PH RE
8757 NW 149th Terrace, Miami Lakes, FL 33018	\$ 233,333.33	MAR O
Bank Accounts (Bank of America)	\$ 25,000.00	
Bitcoin (Crypto Currency)	\$ 2,558.93	
Leased Vehicle	\$ 1,337.00	
Florida Division of Retirement	\$ 13,000.00	26
Stock (Mayor's Eateries Inc)	\$ 135,000.00	
Stock (Marathon Oil Corp)	\$ 2,621.00	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PHH Mortgage Corporation	8309 NW 144 Terr	\$ 276,218.72

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Filed with COE: 05/13/2024

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount	
Town of Miami Lakes	6601 Main Street, Miami Lakes, FL 33014	\$ 28,160.58	
Mayors Eateries Inc	15478 NW 77 Ct, Miami Lakes, FL 33016	\$ 32,500.00	
Iglesia Bautista Horeb Inc	795 W 68th St, Hialeah, FL 33014	\$ 16,622.00	
St. Thomas University	164 NW 37th Ave, Miami Gardens, FL 33054	\$ 6,000.00	
Horizon Properties	18610 NW 87th Ave #204, Hialeah, FL 33015	\$ 2,895.00	

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A		4	



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Business Entity # 1		
lame of Business Entity	Mayors Eateries Inc	
Address of Business Entity	15478 NW 77 Ct, Miami Lakes, FL 33016	2
Principal Business Activity	Restaurant	
Postion Held with Entity	Officer and Manager	PAPEL A
own more than a 5% nterest in the Business	Yes	DADE MILL: 2
Nature of my Ownership nterest	Shareholder	2

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

I certify that I have completed the required training under Section 112.3142, F.S.

Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 05/13/2024

CPA/Attorney Signature Only

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, Louis Mendez Jr 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.

Louis Mendez Jr

Digitally signed: 05/13/2024

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Manuel Cid

Digitally signed: 05/13/2024

Filed with COE: 05/13/2024



Printed from the Florida EFDMS System

	MANNY CID CAMPAIGN ACCOUNT 8757 NW 149 TERRACE	. 1035
	PAY TO THE MIANILAKES, FL 33018 ORDER OF MIANI - DADE COUNTY	DATE MAY 14, 2024 \$ 2,300 °9/100
F	TWO THOUSAND THREE HUNDRED	00/100 DOLLARS
Construction of the second sec	FOR MALLY CID FOR COULTY MAYOR QUALIFYING FEE	- And weight alaring me the set

	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA		No. 8	25112	9
	Received From Manny C:d Address <u>8757 NW 149 Ter</u>	Date Cash	5 MONTH \$	/ 14 DAY	<u>/2024</u> YEAR
	Miami FL 33018	CHECKS	\$	3,30	00.00
	VO Thousand Three Hundred Dollars, and 1400 CENTS	TOTAL	\$	2,30	00.00
FOR PAYMENT OF	= Qualifying Fee - MDC Maye	70			
	NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUT		D EMPI	OYEE OF D	EPARTMENT
DEPT .: Ele	ctions Br: Yolcan				
FOR OFFIC	CE USE ONLY			,,,,,	

TRANS	SUBSIDIA	ARY	IN	DEX CODE	SUBOBJECT	AMOUNT

ELECTIONS ELECTIONS

TS : II MA 41 YAM 4205

RECEIVED