

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2012**

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

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Diaz Jose Luis "Pepe"

MAILING ADDRESS:

8345 NW 12th Street

CITY:

Doral

ZIP:

33126-1842

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Elected Constitutional Officer, ITC Chairman, Military Affairs Board Chairman

CHECK IF THIS IS A FILING BY A CANDIDATE

DATE RECEIVED

JUL 02 2013

3522

PROCESSED

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2012, 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 December 31, 20 12 was \$ Approx. \$175,000.

**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.

The aggregate value of my household goods and personal effects (described above) is \$ Approximately 50,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
House 10211 SW 6th Street	Approximately 245,000
Calusa Campground Lot and Trailer	Approximately 230,000
Boat	Approximately 32,000
Harley Davidson Motorcycle	Approximately 10,500
Cash in Bank	Approximately 10,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Mortgage P.O. Box 2153 Birmingham, Al. 35287 (Approximately)	197,916
Miami Dade Federal Credit Union 10900 SW 88th Court, Miami, FL 33176 (Approximately)	190,496
Bank of America 6505 Blue Lagoon Dr. Miami FL 33126 (Approximately)	25,820
Harley Davidson Credit Corp. Department 15129 Palatine, IL 60055-5129 (Approx)	8,122

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2012 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 NW 1st Street Miami, Florida 33128	53,649
Coastal Construction	4661 SW 71st Avenue Miami, Florida 33155	120,000

**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

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	CKMM Group, Inc.	Skull Capital, LLC.	
ADDRESS OF BUSINESS ENTITY	10008 West Flagler Street	2346 South Douglas Road	
PRINCIPAL BUSINESS ACTIVITY	Consulting	Investment	
POSITION HELD WITH ENTITY	Sole Member	Manager	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	Sole Member	Partnership	

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**OATH**

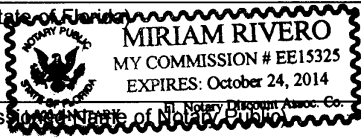
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

*[Handwritten Signature]*  
 \_\_\_\_\_  
**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

STATE OF FLORIDA  
 COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of June, 2013 by Jose L. Diaz

\_\_\_\_\_  
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission and Name of Notary Public)

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.