

## 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:

GIMENEZ, CARLOS ANTONIO

MAILING ADDRESS:

4061 S. Lejeune Rd.

CITY:

Miami

ZIP:

33146

COUNTY:

DADE

NAME OF AGENCY:

MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Mayor

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

97170

COMMISSION ON ETHICS

DATE RECEIVED

JUL 05 2013

MIAMI-DADE  
ELECTIONS

2013 JUL -2 PM 4:02

RECEIVED

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 June 30, 20 13 was \$ 1,024,633

## 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 \$ \$75,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

HOME - \$850,000, BOAT - \$100,000, AUTO - \$31,000,  
 AUTO - \$28,000, IRAS (IRA) - \$93,065, ISMA (IRA)  
 \$228,291, VANGUARD (IRA) \$1918, MIAMI FF RELIEF  
 Fund - \$25,000, MFFCU - \$24,379, SFECU -  
 \$9555, EVERSEN - \$10,800

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CITI MORTGAGE

\$133,934

BANK OF AMERICA

245,947

Miami FF CU - \$18,431 MFFCU -

40,069

US BANK

21,850

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

## 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 HW 1ST MIAMI, FL	154,746
MIAMI FIRE & BLUE RESCUE	1895 SW 3 AVE MIAMI	128,382
MIAMI FF RELIEF FUND	2900 S. RIVER DR MIAMI	20,000

### 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
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			

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

## OATH

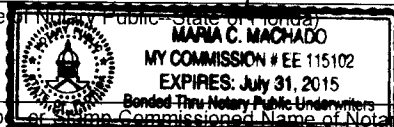
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 2<sup>nd</sup> day of

JULY, 2013 by CARLOS A. GIMQUEL

(Signature of Notary Public)



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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known ☒

OR Produced Identification ☐

2013 JUL 2 - 2 PM 4:02 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.



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-VOTE F 305-499-8547  
TTY: 305-499-8480

[miamidade.gov](http://miamidade.gov)

July 3, 2013

Ms. Shirley Taylor, Program Administrator  
Florida Commission on Ethics  
325 John Knox Road  
Building E, Suite 200  
Tallahassee, FL 32303

Dear Ms. Taylor,

Our office received an original Form 6 2012 for Miami-Dade Mayor Carlos Gimenez on July 1, 2013, the State filing deadline. As an elected official, Mayor Gimenez is listed on the Florida Commission on Ethics website as a COE filer. As such, please find the original Form 6 2012 for your review and further handling.

If we receive additional financial disclosure forms for individuals who must file directly with your office, we will forward the originals to your office in the same manner. In the meantime, if we may be of any assistance, please feel free to contact me at 305-499-8409 or Carmen Bofill, Financial Disclosure Coordinator for Miami Dade County, at 305-499-8413.

Sincerely,

A handwritten signature in black ink, appearing to read "CD Lopez", with a large, stylized flourish at the end.

Carolina D. Lopez  
Special Projects and Administrator 2  
Miami-Dade Elections Department

Enclosure