

HAND DELIVERED

FORM 6**FULL AND PUBLIC DISCLOSURE****2014**

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

OF FINANCIAL INTERESTSFLORIDA
FOR OFFICE USE ONLY:
COMMISSION ON ETHICS

JUN 18 2015

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Diaz, Jose Felix

PROCESSED

MAILING ADDRESS:

8567 Coral Way, Unit 374

CITY :

ZIP :

COUNTY :

Miami

33155

Miami-Dade County

NAME OF AGENCY :

Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

District 116

ID Code



ID No. 235003

Conf. Code

Diaz , Jose Felix

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, 2014. [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, 2014 was \$ \$153,609.32**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 \$ \$123,307.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Home (8906 SW 69th Street, Miami, FL 33155)	\$430,000
Bank of America Checking Account (PO Box 25118, Tampa, FL 33622)	\$5,000
Suntrust 401(K) Plan II (PO Box 173764, Denver, CO 80217)	\$13,936.16
- 90% Conservative, 5% Cash Equivalents, 5% Large Cap Value	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
ACS Educational Loans (PO Box 7061, Utica, NY 13504)	\$88,476.84
Chase Mortgage (PO Box 78420, Phoenix, AZ 85062)	\$313,000
Ally Financial Car Lease (7159 Corklan Drive, Jacksonville, FL 32258)	\$17,157.00

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 2014 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 2014 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2014 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
Akerman LLP	One SE Third Avenue, 25th Floor, Miami, FL 33131	\$120,000
State of Florida	815 Ponce de Leon Blvd., Coral Gables, FL 33134	\$29,697

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			
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			

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 this 17 day of June, 2015 by Jose Felix Diaz

[Signature]
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary MARIA GONZALEZ)

Personally Known _____ OR *  MY COMMISSION # EE 131076

Type of Identification Produced _____ EXPIRES October 22, 2015
 Bonded Thru Budget Notary Services

[Signature]
 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