FORM 6 FULL AND PUBLIC DISCL	OSURE	2014
Please print or type your name, mailing address, agency name, and position below:	ESTS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	0600	
Diaz Jose Luis	2522	
MAILING ADDRESS:		FLORIDA
8345 NW 12th Street	COI	MMISSION ON ETHICS
		JUL 0 6 2015
CITY: ZIP: COUNTY:		
Doral 33126 Miami-Dade NAME OF AGENCY:		RECEIVED
Miami-Dade County Elected Constitutional Officer		
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	PROCE	:55EU
Miami-Dade County Commissioner District 12		
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. [New subtracting your reported liabilities from your reported assets, so please	Note: Net worth is no se see the instruction	t calculated by s on page 3.]
My net worth as of December 31, 2014 was \$ <u>150,000</u> .	00 Approximately	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate va following, if not held for investment purposes: jewelry; collections of stamps, guns, and nu furnishings; clothing; other household items; and vehicles for personal use, whether owned or	mismatic items; art objects;	itegory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is \$ 50	,000.00 Approximately	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ons 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"		
SEL ATTACHED	· · · · · · · · · · · · · · · · · · ·	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		I AMOUNT OF LIABILITY
NAME AND ADDITION OF OREDITOR		
"SEE ATTACHED"		

		PART D -	- INCOME			
You may <i>EITHER</i> (1) file a complete copy of your 2014 federal income tax return, <i>including all W2's</i> , <i>schedules</i> , <i>and attachments</i> , <i>OR</i> (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 INCO	·	ge 5):				
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	E AMOUNT		
"SEE ATTA	CHED"					
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-	see instructions on page 5]:		
NAME OF	NAME OF MAJOR	SOURCES	ADDRESS	, PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS'	INCOME	OF SOURCE	ACTIVITY OF SOURCE		
		the experimental section of the sect	e de la majorita con la contractica de la contractica del la contractica de la contractica del la contractica de la cont			
P			D BUSINESSES [Instructions on	page 6]		
NAME OF	BUSINESS ENTITY #	# 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
BUSINESS ENTITY	CKMM Group, Inc.					
ADDRESS OF BUSINESS ENTITY	10008 W Flagler Street, Mia	ami, FL				
PRINCIPAL BUSINESS ACTIVITY	Consulting					
POSITION HELD						
I OWN MORE THAN A 5%	Sole Member					
NATURE OF MY	Yes					
OWNERSHIP INTEREST	Sole Member					
		PART F - T	FRAINING			
			cs training pursuant to section			
<u> </u>	CERTIFY THAT I HA	AVE COM	PLETED THE REQUIRED	TRAINING.		
O A	TH	STATE COUNT	OF FLORIDA Y OF TOPE			
I, the person whose name app	ears at the	Sworn t	o (or affirmed) and subscribed before	me this 30 th day of		
beginning of this form, do depo	se on oath or affirmation		June , 2015 by 3			
and say that the information di			, 20 by	Jac C. Wiac		
and any attachments hereto is	true, accurate,	(Signati	ure of Notary Public State of Florida	DIVEDO \$		
and complete.			MY COMMISSI	RIVERO SON# FF163025		
	/ / ` _	(Print, T	ype, or Stamp (Spendssidined Name)	eleniera 2018 ubic)		
1-1-1	\ 	Persona	ally Known OR Prod	uced Identification		
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of	Identification Produced			
If a certified public accountant she must complete the following	licensed under Chapter 47	3, or attorney	in good standing with the Florida B	ar prepared this form for you, he or		
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.						
•						
Signatur				Date		
Preparation of this form	by a CPA or attorney do	oes not relie	ve the filer of the responsibilit	y to sign the form under oath.		

Statement attached to and made a part of Form 6 2014Full and Public Disclosure of Financial Interest for Jose L Diaz Commissioner – District 12 Miami-Dade, County

Part B – Assets

Residence at 10211 SW 6 th Street, Sweetwater, Florida	Approximately	199,337
Calusa Campground Lot and trailer	Approximately	275,000
Boat	Approximately	22,500
Harley Davidson Motorcycle	Approximately	8,500
Cash in bank	Approximately	5,000

Part C- Liabilities

Approximately	183,518
Approximately	148,490
Approximately	23,245
Approximately	4,929
Approximately	14,138
Approximately	18,230
Approximately	19,113
	Approximately Approximately Approximately Approximately

Part D – Income

Miami-Dade County Finance Dept. – 111 NW 1st St, Miami, FL 33128	Approximately	53,680.78
Coastland Construction, Inc. – 4661 SW 71st Ave, Miami, FL 33174	Approximately	37,876.35
Oasis HR Solutions 11, Inc. – 2054 Vista Parkway #100, West Palm Beach, I	FL 33411 Approx.	36,192.28
IMC - 15105 NW 77th Ave, Miami Lakes, FL 33014	Approximately	8,458.00
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