

## FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

GIMENEZ, CARLOS Antonio

MAILING ADDRESS:

4061 S. Lejeune Rd.

PROCESSED

97170

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2016 JUN 17 AM 11:00  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CITY:

MIAMI

ZIP:

33146

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR OF MIAMI DADE COUNTY

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, 2015 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 17, 20 16 was \$ 1,529,203

## 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 \$ 87,000

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

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

VALUE OF ASSET

HOME - 1,250,000, BOAT - 90,000, AUTO - 15,000, AUTO - 16,000

NRSCRA) 119,091, ICMA - KYDEL, VANGUARD 1881

MIAMI FF RETIREMENT - PENSION FUND - 100,169, MPFCU - 27,014

SFPCU - 10,588, ENERGEN STOCKS - 17,968

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Citi - P.O. Box 6243, 51005 FALLS, S.D. 57117

56,298

BANK OF AMERICA, P.O. Box 941000, SIMI VALLEY CA 93094

244,603

MPFCU - 1111 NW 75TH MIAMI, FL 33136

7,012

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

## PART D -- 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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2015 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 N.W. 1ST MIAMI FL 33128	130,791
MIAMI FIRE POLICE RETIREMENT	1895 SW 3 Ave, MIAMI, FL 33129	133,326

### 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	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			

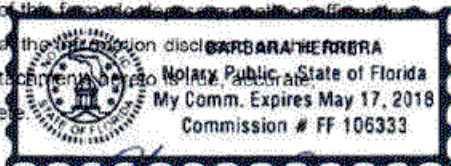
## PART F - TRAINING

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 hereby swear that I am the person named and say that the information disclosed is true and correct, and any attachments are true and complete.



STATE OF FLORIDA  
COUNTY OF

Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of

June, 2016 by Carlos Gimenez  
Barbara Herrera  
 (Signature of Notary Public--State of Florida)

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

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

Type of Identification Produced FL Driver License

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 ☒



**PART D -- INCOME**

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[If you check this box and attach a copy of your 2015 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
VANTAGE POINT FOR CITY OF	777 N. CAPITOL ST. WASHINGTON	20,000
Miami FF Relief + Pension	D.C. - 20002	

**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

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PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 016 JUN 17 AM 11:01  
 MIAMI-DADE COUNTY  
 LEGAL AND DEPARTMENT

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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**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 \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

(Signature of Notary Public--State of Florida)

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

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE \_\_\_\_\_

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

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[HOME](#)
[BOARD](#)
[FOUNDER](#)
[PLAN DOCUMENTS](#)
[CHAPTER 173](#)
[LINKS](#)

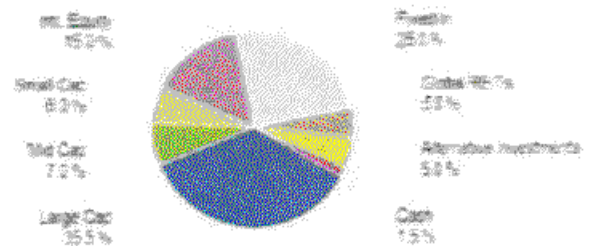
## PROVIDERS

### Managers

[AFL-CIO S&P 500 Index](#)  
[ROSECO-Ruston Partners](#)  
[Jackson Square](#)  
[Exempt Partners](#)  
[Center Square Investment REIT](#)  
[Kennedy Capital Management](#)  
[Bessemer-Hunter Montgomery & Strauss, Inc.](#)

### Asset Allocation

#### Target Allocation



### Attorney

[Sugerman & Susskind, P.A.](#)

### Administrative Accounting

[Pension Investors Corporation](#)

"A Company that has created and serviced Employee Benefit Programs for over 35 years".

### Consultant

[Milliman USA](#)

### Bank Custodian

[State Street](#)

Address: 1000 N. West Avenue, Suite 300, Fort Lauderdale, FL 33304-1101  
 Website: [www.miamifire.org](#)

Toll-free: [855-631-3447](#)

Fax: [855-631-3935](#)

Email: [Email](#)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

## CONTACT US

Have questions? Give us a call.

1-877-677-3678

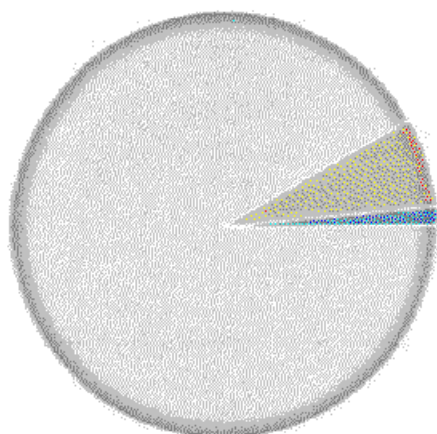
Send us an e-mail

CARLOS GIMENEZ  
457 - MIAMI-DADE COUNTY FLORIDA

## My Funds as of 06/10/2016




[View investment election](#) | [Research available funds](#)
[Manage My Funds](#)

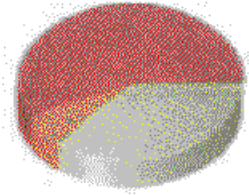
## By Asset Class



	% of Balance	Fund Value
	1.36%	
nations ce Class	1.36%	\$1,614.52
	6.83%	
	6.83%	\$8,128.01
	91.81%	
Short-Term Investments		
Invesco Short-Term Investments Trust - Liquid Assets Portfolio - Private Class	55.60%	\$66,226.02
<a href="#">Prospectus</a>   <a href="#">Fact Sheet</a>		
Nationwide Money Market Fund	36.21%	\$43,123.14
<a href="#">Prospectus</a>   <a href="#">Fact Sheet</a>		
<b>Total:</b>	<b>100.00%</b>	<b>\$119,091.69</b>

Note: Because of rounding, percentages may not total 100%.

Fund Name	Dollars	Total %	
<b>Stable Value/Cash Management</b>			
VT PLUS Fund	\$110,665.65	57.0%	
<b>Bond</b>			
VT Vantagepoint Infiln Focused	\$13,629.87	7.0%	
<b>Balanced/Asset Allocation</b>			
VT Vantagepoint Milestone 2015	\$69,771.18	36.0%	
<b>Total</b>	<b>\$194,066.70</b>	<b>100.0%</b>	



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ELECTIONS DEPARTMENT



March 31, 2016, quarter-to-date statement

Page > 1 of 1

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CARLOS A. GIMENEZ  
4061 S LEJUNE RD  
MIAMI FL 33146



Client Services > 800-662-2739

vanguard.com

**Retirement summary**

2016 contributions	\$0.00
2016 distributions	0.00

**Federal Money Mkt Fund (R/O-IRA)**

7-day SEC yield as of 03/31/2016\* 0.30%

Date	Transaction	Amount	Share Price	Shares Transacted	Total Shares Owned	Value
	Beginning balance on 12/31/2015		\$1.00		1,879.730	\$1,879.73
01/29	Income dividend	\$0.40	1.00	0.400	1,880.130	
02/29	Income dividend	0.44	1.00	0.440	1,880.570	
03/31	Income dividend	0.48	1.00	0.480	1,881.050	
	Ending balance on 3/31/2016		\$1.00		1,881.050	\$1,881.05

\*Average annualized income dividend over the past 7 days. For updated information, visit vanguard.com.

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. For more information, visit vanguard.com/costbasis.

**Fund / Account No.**

Vanguard Federal Money Market Fund

Make checks payable to: The Vanguard Fiduciary Trust Company - 0033

Carlos A. Gimenez

Do not alter or photocopy this investment slip.

2016 Tax year contribution \$

2015 Tax year contribution \$

2016 Rollover \$

Total Amount \$

THE VANGUARD GROUP  
PO BOX 105431  
ATLANTA GA 30348-9532

X

# Fund Profiles

Plan: [REDACTED] (401) MIAMI-DADE COUNTY ▾

## View My Funds

Fund Name

Fund Code

STABLE VALUE/CASH MANAGEMENT

BALANCED/ASSET ALLOCATION

Disclosure documents containing more complete information may be obtained by clicking below:

- [Making Sound Investment Decisions: A Retirement Investment Guide](#)
- [Retirement Investment Guide -- Additional Information](#)

An investor should read the disclosure documents carefully before investing.

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS

2015

FOR OFFICE USE ONLY:

2016 JUN 28 PM 5:01

Processed Date: 4/28/10

Scanned Date: \_\_\_\_\_

Filing Status Code: \_\_\_\_\_

AUTO MIXED AADC 323 T8 P17

Carlos Antonio Gimenez  
Mayor, Miami-Dade County  
Miami-Dade County  
Elected Constitutional Officer  
Ste 2910  
111 NW 1st St  
Miami FL 33128-1930

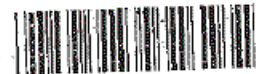
MIAMI-DADE  
ELECTIONS

ID Code

ID No. 97170

Conf. Code

Gimenez, Carlos Antonio



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, 2015 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 17, 20 16 was \$ 1,509,203

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 \$ 87,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

Home - 1,250,000, Boat 90,000, Auto - 15,000, Auto - 16,000

NEOSCO 119,091, ICMA - 194,066, VANGUARD - 1881

MIAMI FF.C.U. - 100,609, MFFCU 27,014

EVERETT STOCKS - 17,968

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (see instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CITI - P.O. Box 6243, 5100'S FALLS, S.D. 57117

56,298

BANK OF AMERICA P.O. Box 941000, SIMI VALLEY CA 93094

244,608

MIAMI FF.C.U. - 1111 NW 7ST, MIAMI, FL. 33136

7,012

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

## PART D -- 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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2015 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 N.W. 1 ST MIAMI, FL 33128	150,791
MIAMI FF+POLICE RETIREMENT	1895 SW 3 AVE, MIAMI, FL 33129	133,326

## 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			

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 2016 JUN 28 PM 5:11  
 MIAMI-DADE  
 ELECTIONS

## 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 28<sup>th</sup> day of

June, 2016 by Carlos A. Gonzalez

Jacqueline Anghel-Novick  
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)  
 JACQUELINE ANGHEL-NOVICK  
 Notary Public - State of Florida  
 My Comm. Expires Mar 23, 2017  
 Commission # EE 867802  
 Bonded Through National Notary Assn.

Personally Known ☒ Or ☐  
 Type of Identification Produced Notary Public

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced

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 ☒



**PART D -- INCOME**

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NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
VANTAGE POINT FOR CITY OF	777 N. CAPITAL ST.	20,000
MIAMI FF RELIEF + PENSION	WASHINGTON, D.C. 20002	

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OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

2016 JUN 28 PM 5:02  
 MIAMI-DADE  
 ELECTIONS  
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☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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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 \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

(Signature of Notary Public--State of Florida)

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

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE \_\_\_\_\_

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

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Date \_\_\_\_\_

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COUNTY OF \_\_\_\_\_

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(Signature of Notary Public—State of Florida)

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

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

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FD 000671

2016 JUN 17 AM 11:01

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

MIAMI CITY ELECTIONS RELIANT & VENDOR FORM

PROVIDER

Manager

MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY

Registration Form

Registration Form

MIAMI-DADE  
COUNTY  
ELECTIONS  
DEPARTMENT  
MIAMI-DADE  
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DEPARTMENT



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COUNTY  
ELECTIONS  
DEPARTMENT

Manager

MIAMI-DADE COUNTY

Registration  
Form

MIAMI-DADE COUNTY

"A Company that has created and serviced Employee  
Benefit Programs for over 35 years".

Manager

MIAMI-DADE COUNTY

Manager  
Registration

MIAMI-DADE COUNTY

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MIAMI-DADE COUNTY  
MIAMI-DADE COUNTY

MIAMI-DADE  
COUNTY  
ELECTIONS  
DEPARTMENT

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FD 000471

March 31, 2016, quarter-to-date statement

Page &gt; 1 of 1

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Vanguard

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENTCARLOS A GIMENEZ  
4061 S LEJUNE RD  
MIAMI FL 33146

Client Services &gt; 800-662-2739

vanguard.com

## Retirement summary

2016 contributions	\$0.00
2016 distributions	0.00

## Federal Money Mkt Fund (R/O-IRA)

7-day SEC yield as of 03/31/2016\* 0.30%

Date	Transaction	Amount	Share Price	Shares Transacted	Total Shares Owned	Value
	Beginning balance on 12/31/2015		\$1.00		1,879.730	\$1,879.73
01/29	Income dividend	\$0.40	1.00	0.400	1,880.130	
02/29	Income dividend	0.44	1.00	0.440	1,880.570	
03/31	Income dividend	0.48	1.00	0.480	1,881.050	
	Ending balance on 3/31/2016		\$1.00		1,881.050	\$1,881.05

\*Average annualized income dividend over the past 7 days. For updated information, visit vanguard.com.

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. For more information, visit vanguard.com/costbasis.

Fund / Account No. [REDACTED]

Vanguard Federal Money Market Fund

Make checks payable to: The Vanguard Fiduciary Trust Company - 0033

Carlos A. Gimenez

Do not alter or photocopy this investment slip.

2016 Tax year contribution \$ [ ] [ ] [ ] [ ] [ ] [ ]

2015 Tax year contribution \$ [ ] [ ] [ ] [ ] [ ] [ ]

2016 Rollover \$ [ ] [ ] [ ] [ ] [ ] [ ]

Total Amount \$ [ ] [ ] [ ] [ ] [ ] [ ]

THE VANGUARD GROUP  
PO BOX 105431  
ATLANTA GA 30348-9532
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 ELECTIONS  
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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

## CONTACT US

Have questions? Give us a call.

1-877-877-3878

Send us an e-mail

UNCLASSIFIED

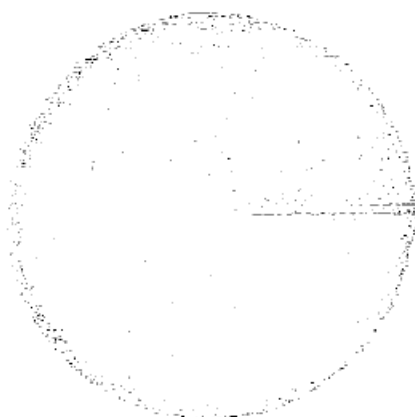
EXEMPT FROM DISCLOSURE

## My Funds as of 06/10/2016

View Investment Details | Research available funds

Select My Funds

## By Asset Class



Asset Class	Percentage	Amount
-------------	------------	--------

1.36%

Private Class

1.36%

\$1,614.52

6.83%

6.83%

\$8,128.01

91.81%

Short-Term Investments

Invesco Short-Term Investments  
Trust - Liquid Assets Portfolio -  
Private Class

55.60%

\$56,226.02

Prospectus | Fact Sheet

Nationwide Money Market Fund

36.21%

\$43,123.14

Prospectus | Fact Sheet

Total:

100.00%

\$119,891.69

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ELECTIONS

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FD 000 671

Fund Name	Dollars	Total %
Stable Value/Cash Management		
VT PLUS Fund	\$110,665.65	57.0%
Bond		
VT Vantagepoint Infiln Focused	\$13,629.87	7.0%
Balanced/Asset Allocation		
VT Vantagepoint Milestone 2015	\$59,771.18	36.0%
Total	\$184,066.70	100.0%



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ELECTIONS

FOR OFFICE USE ONLY:

FLORIDA  
COMMISSION ON ETHICS

JUN 29 2016

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\*\*\*\*\*AUTO\*\*MIXED AADC 323 T8 P17

Carlos Antonio Gimenez  
Mayor, Miami-Dade County  
Miami-Dade County  
Elected Constitutional Officer  
Ste 2910  
111 NW 1st St  
Miami FL 33128-1930PROCESSED  
SCANNED

ID Code

ID No. 97170

Conf. Code

Gimenez, Carlos Antonio

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, 2015 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 17, 20 16 was \$ 1,509,203

## 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 \$ 87,000

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

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

VALUE OF ASSET

Home - 1,250,000, Boat 90,000, Auto - 15,000, Auto - 16,000	
NRSCARD 119,091, ICMA - 194,066, Vanguard - 1881	
MIAMI FF. C. U. FUND - 100,609, MFFCU 27,014	
SEVERAL EVERGREEN STOCKS - 17,968	

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (see instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CITI - P.O. Box 6243, SIDDS FALLS, S.D. 57117	56,298
BANK OF AMERICA P.O. Box 941000, SIMI VALLEY CA 93094	244,608
MIAMI FF. C. U. - 111 NW 7ST, MIAMI, FL. 33136	7,012

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A



## PART D -- INCOME

Identify each separate source and amount of income which exceeds \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2015 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
VANTAGE POINT FOR CITY OF	777 M. CAPITOL ST.	20,000
MIAMI FF RELIEF + PENSION	WASHINGTON, D.C. 20002	

### 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	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			

## 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 28<sup>th</sup> day of

June, 20 16 by Carlos A. Gimenez  
Jacqueline Angiel-Novick  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commission Expires Mar 23, 2017)

Personally Known ☒

Type of Identification Produced

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 ☐

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ELECTIONS DEPARTMENT

MIAMI FIRE FIGHTERS RELIEF & PENSION FUND

NAME

PHONE

POSITION

PLANNED DATE

CONTACT

EMAIL

PROVIDERS

Managers

APLCO S&P 500 Index  
ROBECO Sector Rotation  
Intrepid Square  
Barclay Partners  
Castle Square Investment REIT  
Kennedy Capital Management  
Barron, Hensley, Meadows & Strauss, LLC

Asset Allocation

Target Allocation

Small Cap  
10.0%

Mid Cap  
10.0%

Large Cap  
10.0%



Fixed Income  
10.0%

Private Equity  
10.0%

Alternative Investments  
10.0%

Cash  
10.0%

Attorney

Sugerman & Swasey, P.A.

Administrative

Accounting

Forsen Investment Corporation

*"A Company that has created and serviced Employee Benefit Programs for over 35 years".*

Consultant

Milliman, LSA

Bank

Custodian

State Street

10-01-01

10-01-01

10-01-01



March 31, 2016, quarter-to-date statement

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Client Services > 800-662-2739

vanguard.com

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2016 distributions	0.00

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02/29	Income dividend	0.44	1.00	0.440	1,880.570	
03/31	Income dividend	0.48	1.00	0.480	1,881.050	
	<b>Ending balance on 3/31/2016</b>		<b>\$1.00</b>		<b>1,881.050</b>	<b>\$1,881.05</b>

\*Average annualized income dividend over the past 7 days. For updated information, visit vanguard.com.

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. For more information, visit vanguard.com/costbasis.

**Fund / Account No.**

Vanguard Federal Money Market Fund

Make checks payable to: The Vanguard Fiduciary Trust Company -- 0033

Carlos A. Gimenez

**Do not alter or photocopy this investment slip.**

2016 Tax year contribution	\$								
2015 Tax year contribution	\$								
2016 Rollover	\$								
<b>Total Amount</b>	<b>\$</b>								

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1-877-877-3678

Send us an e-mail

CAFL0516WENET

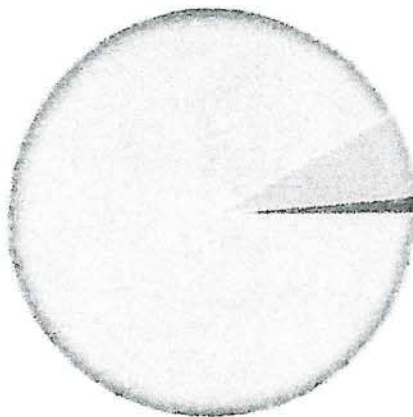
457 MIAMI-DADE COUNTY FLORIDA

## My Funds as of 06/10/2016

[View investment election](#) | [Research available funds](#)




[Manage My Funds](#)

### By Asset Class



	<u>% of Balance</u>	<u>Fund Value</u>
	1.36%	
nations ce Class	1.36%	\$1,614.52
	6.83%	
	6.83%	\$8,128.01
Short-Term Investments	91.81%	
Invesco Short-Term Investments Trust - Liquid Assets Portfolio - Private Class	55.60%	\$66,226.02
Prospectus   Fact Sheet		
Nationwide Money Market Fund	36.21%	\$43,123.14
Prospectus   Fact Sheet		
<b>Total:</b>	<b>100.00%</b>	<b>\$119,091.69</b>

NOTE: Because of rounding, percentages may not add to 100%

Fund Name	Dollars	Total %	
Stable Value/Cash Management			
VT PLUS Fund	\$110,665.65	57.0%	
Bond			
VT Vantagepoint Infrn Focused	\$13,629.87	7.0%	
Balanced/Asset Allocation			
VT Vantagepoint Milestone 2015	\$69,771.18	36.0%	
Total	\$194,066.70	100.0%	



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ELECTIONS DEPARTMENT

# Fund Profiles

Plan: [REDACTED] (401) MIAMI DADE COUNTY ▾

[View My Funds](#)

---

Fund Name

Fund Code

---

STABLE VALUE/CASH MANAGEMENT

---

BALANCED/ASSET ALLOCATION

---

Disclosure documents containing more complete information may be obtained by clicking below:

- [Making Sound Investment Decisions: A Retirement Investment Guide](#)
- [Retirement Investment Guide -- Additional Information](#)

An investor should read the disclosure documents carefully before investing.

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