FORM 6 FULL AND PUBLIC DISCL	OSURE	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, CANLOS AWTOWID MAILING ADDRESS:	PR	OCESSED
4061 5. Leve ove Md.	97170	
NAME OF AGENCY:		
MIAMI DADE COUNTY	-	PARCHE MEN
MAYOR OF MIAM! DADE COUNTY		4 8
CHECK IF THIS IS A FILING BY A CANDIDATE		
Please enter the value of your net worth as of December 31, 2015 or a more culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so My net worth as of \(\sqrt{UNE} \) 17 \(\sqrt{20} \) \(\sqrt{6} \) was \$	please see th	ne instructions on page 3.]
PART B ASSETS		en er en
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate valid following, if not held for investment purposes: jeweiny; collections of stamps, guns, and numerical furnishings; clothing; other household items; and vehicles for personal use, whether owned or	mismatic items r leased.	art objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is \$	84	000
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ons p.4)	VALUE OF ASSET
HOME- 1,250,000, BOAT- 90,000, AUTO- 15,000, AV	00	
NIUSCULA) 119,091, ICMA- KYOEC, VANGUARD	1881	
MINTH FF NEUST-PENSION FOWS - 106,169, MFT SFECU-10,588, ENERGEN STOCKS - 17,9	014	
PART C - LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
CITI- PO.BOX 6247, SIOUS FALLS, 5.0.57	7//7	9 56,298
BANK OF AMERICA, PO BOX 941000, SIMIVAL	Ley CA G	13094 244.603
MPFCU - IIII NW 7ST MAMI, FL 3	3136 °	7,0/2
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
NA		

		PART D	INCOM	E					
Identify each separate source and copy of your 2015 federal income attaching your returns, as the law	tax return, including all VV2	s, schedules, ar	nd attachmer	nts, Please	redact any				
	2015 federal income tax re attach a copy of your 2015					f Part D.]			
PRIMARY SOURCES OF INCOM	NE (See instructions on pa	age 5):							
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000	Ĭ <u>.</u>	ADDRESS (OF SOURC	E OF INCO	ME	, sa	AMOL	INT
MIAMI DADE	COUNTY	111 N	,W.15	ST M	iani, f	7 33/28	150	,79	/
MINING FREETBLICK	e Retireneut	1895	5W 3	Ave	MIAM	FL. 3312	9 133	32	6
SECONDARY SOURCES OF INC	The Englishment Control State Con-		sinesses ow	ned by rep	, orting persor	nsee instruction	ns on page	5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS			ADDRI OF SOL			PRINCIPAL ACTIVITY (
					······································				
		AND THE RESERVE OF THE SAME OF		CONTRACTOR OF THE PARTY OF THE			T P	-3	
PA	RT E - INTERESTS I	N SPECIFIED	BUSINES	SSES [Ins	tructions o	on page 6]		7	Z
NAME OF	BUSINESS ENTITY	#1	BUSINE	SS ENTITY	/#2	BUSI	NESS ENT	# 3	m
BUSINESS ENTITY	-N/H						35 :	1	m
ADDRESS OF BUSINESS ENTITY							mm D	7.3P	<
PRINCIPAL BUSINESS ACTIVITY							A E		Minness Lington
POSITION HELD WITH ENTITY							盃	9	- Thousand
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							_		
NATURE OF MY OWNERSHIP INTEREST					***************************************				
	required to complete		s training	pursuan					
OA'	ГН	STATE C	OF FLORIDA	A Mi	anvi-	N 1	incernations à		
I, the person whose name appea		1.7 27.6	71 74 (1 1 - 			re me this		andere.	
beginning of this famous or to mee	manaihomilmentern.	77.) to amine	ons ons to		CALCS	Cin.	Ť-	2 9
and say that the literation discland any attachment of the latest			a la	11 14	elli	~	CILIA		
and complete the My Co	omm. Expires May 17, 2018	(Signatu	re of Notary	Public-Sta		a)			
Marian Co	mmission # FF 106333	Print To	200	ra H	CYLL Sinned Nam	e of Notary Pu	hlio\	****	
~U_	$-\!$		lly Known	ik animina		oduced Identific			
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE		dentification	Produced	- Jan 19	Sriver	Cicer	15.R	
If a certifled public accountant lie	censed under Chapter 47	3, or attorney in	n good stan	iding with	the Florida	Bar prepared	this form fo	or you,	he or
she must complete the following I.	statement.	prepared th	e CE Form	6 in accou	manna with	Art. II, Sec. 8	Elorido C	onoth d	lian
Section 112.3144, Florida Statut and correct.	es, and the instructions to	o the form. Upo	n my reaso	nable kno	wledge and	belief, the dis	closure he	rein is	true
অন এম- ক্রেটেই র শিক্ষা-									
The state of the s				÷					
Signature Preparation of this form by		ing gain anns a	24. 240	100	1862 1863	Date			
Preparation of this form by				THE RESERVE OF THE	STATE STATE OF	DESCRIPTION OF THE PARTY OF THE	CONTRACTOR OF THE PARTY OF THE		
IF ANY OF PARTS A T	HROUGH E ARE CO	NTINUED O	N A SEPA	RATE S	HEET, PL	EASE CHE	CK HER	E 🔀	

		PART D	INCOM	1E					
Identify each separate source and copy of your 2015 federal income attaching your returns, as the law	tax return, including all W2	s, schedules, an	d attachn	nents, Please re	secondary socia dact any socia	rces of inco	me. Or a account	dach a d number	complete rs before
I elect to file a copy of my [If you check this box and a	2015 federal income tax re attach a copy of your 2015	turn and all W2's tax return, you n	s, schedul leed not c	les, and attachn complete the ren	nents. nainder of Pan	D.]			
PRIMARY SOURCES OF INCOME	. 19	70.000.00			d stanta attawa.	· ·		22220	12042
NAME OF SOURCE OF INCOM		-700 1		S OF SOURCE		and the state of		AMOL	
YANTAGE KINT A		(1) M	رم.	ritàc s	1, WAS	MAGI	et .	20,	000
MIAWI FFAEL	IEF+RONIA	12.0	7	30002	-				· · · · · · · · · · · · · · · · · · ·
SECONDARY SOURCES OF INC	OME [Major customers, cli	ents, etc., of bus	inesses c	wned by report	ing person—se	e instruction	s on pag	e 5]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS			ADDRES OF SOUR	177	1 :	RINCIPA CTIVITY	100.00	
DUGINESO EN ITIT	OF BOOMEOS	IVOONL		01 0001	Nadi dana		(S-2) S-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	0. 00	<u> </u>
			manikana 2				MOTOR	2	NEW YORK OF THE
PAI	RT E - INTERESTS IN BUSINESS ENTITY 1			ESSES (Instr VESS ENTITY #		17 T	TESENT	5	刀
NAME OF	KI A		DUGIII	VESSESVI II #	<u> </u>		25	E.	
BUSINESS ENTITY ADDRESS OF	127//1						<u> </u>	I-	ŤĤ.
BUSINESS ENTITY PRINCIPAL BUSINESS							PC \$0 80	Ī	-gueno-
ACTIVITY POSITION HELD				1, 1977			3을_		TT)
WITH ENTITY							 	_	100
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST							ni N. C. Vernie de		
Laboratoria de la Compania de la Casa de Laboratoria de la Casa de Laboratoria de la Casa de Laboratoria de la	one of the second control of the second	PART F - T	RAININ	VG					
For officers	required to complete	at the state of th		4 · -	o section 1	12.3142.	F.S.		
	ERTIFY THAT I H								
O 47	rii	STATE (OF FLOR	IDA.					
OAT	TO TAKE	COUNT	f OF _	***************************************					
, the person whose name appea		Sworn to	o (or affirm	ned) and aubsc	ribed before m	e this	<u></u>	lay of	
beginning of this form, do depose and say that the information disci		·		20	by	~~~	······································		
and any attachments hereto is tru			·:	···	<u> </u>	*************************		***************************************	enonemonement .
and complete		(Signatu	re of Not	ary Public-State	e of Florida)				
		(Print, Ty	pe, or St	amp Commissio	ned Name of	Notary Pub	lic)		
	40	Persona	lly Known		OR Produc	ed Identifica	ition		initia.
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE	Type of I	dentificati	on Produced _					
								42.002.0	
If a certified public accountant like she must complete the following		ട, ന അന്നല്യ 1	ು ಡಿಯಾ ಪ	arang samana	e - Karae Ker	grepered v	THE TICKETS.	nor you	, ዮሎ ዕና
1		prepared th	e CE Fo	m 6 in accord	ance with Art	II. Sec. 8.	Florida	Constitu	ution.
Section 112.3144, Florida Statut	es, and the instructions t	a the form. Upo	on my rea	asonable know	ledge and be	ief, the dis	closure l	terein i	s true
and correct.									
				2	784	<u> </u>			
Signature				**********	***************************************	Date			
Preparation of this form by	a CPA or attorney de	oes not reliev	e the fil	er of the resp	oonsibility t	o sign the	form :	under	oath.
IF ANY OF PARTS A T	HROUGH E ARE CO	NTINUED O	N A SE	PARATE SH	EET, PLEA	SE CHE	к неі	RE []



4364645

80480

FED F 160 KD

PLAN DOCUMENTS

CHAPTER 415

ALM/MINES

PRONTBERS

Migrospyring

AFLC00 S4P 500 hobel ROBE CO Basical Partners

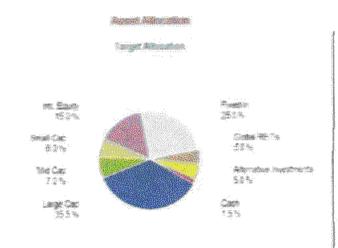
Jackson Square

Exercise Partners

CertarScours Investment PETE

Ceraneche Cacrosal Mannecambechi

Bernse Harley Mesentotery & Stress, Inc.



Attivities

Supplier & Supplier DA.

Administrative Accounting

Pension Investors Corporation

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

Consolitati

tallaries 164

Bank Casabalan

State Street

Littler A. (1986) Strain Dept., Agent H. Committee
 Authorized Edition (ACM 2017) 1985

Talkodesses (N. VIII SUV),

WK-631-1935

Tobassi Espand



RECEIVED

2016 JUN 17 AM 11:01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CONTACTUS

Have questions? Give us a call.

1-877-677-3678

Send us an e-mail

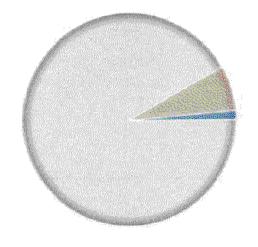
CARLOS GIMENEZ 457 - MIAMILDADE COUNTY FLORIDA.

My Funds as of 06/10/2016

View investment election | Research available funds

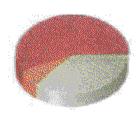
Manage Wil Fusics

By Asset Class



		% of Existen	Fund Value
	70000 100000 100000 100000 100000 100000 100000 100000	1.36%	
	nations ce Class	1.36%	\$1,614.52
		6.83%	
		6.83%	\$8,128.01
Short-Term inve	strients	91.81%	
Invesco Short-Te Trust - Liquid Ass Private Class Prospectus Fa	sets Portfolio -	55.60%	\$66,226.02
Nationwide Mone Prospectus Fa	1974 PRO1012 CAR CO. C.	36.21%	\$43,123.14
	Totals	100.00%	\$119,091.69

Fund Name	Dollars	Total %	
Stable Value/Cash Managemen	k		
VT PLUS Fund	\$110,665.65	57.0%	
Bond			
YT Ventagepoint Infilts Focused	\$13,629,87	7.0%	
Balanced/Asset Allocation			
VT Vantagepoint Alliestone 2015	569,771.18	26.0%	
Total	\$194,066.70	100.0%	



RECEIVED

CARLOS A GIMENEZ 4061 S LEJUNE RD MIAMI FL 33146

Ending balance on 3/31/2016

Page > 1 of 1

RECEIVED

2016 JUN 17 AM 11:01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



Client Services > 800-682-2739

vanguard.com

Retirement summ	ary		
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% Share Price Shares Transacted Total Shares Owned Value Amount Date Transaction \$1.00 1,979,730 \$1,879.73 Beginning balance on 12/31/2015 \$0.40 1.00 0.400 1,880.130 01/29 Income dividend 0.440 1.880.570 02/29 Income tividend 0.44 1.00 0.480 0.48 1.00 1,881 050 03/31 Income dividend \$1.00 1,881.050 \$1,881.05

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.	Warket Fund
	inguard Fiduciary Trust Company - 0033
Do not after or photocopy this inv	
2016 Tax year contribution	, _,
2015 Tax year contribution	₅ □,□□□□□□
2016 Rollover \$	
Total Amount \$,	

Carlos A. Gimenez

THE VANGUARD GROUP PO BOX 105431 **ATLANTA GA 30348-9532**

^{*}Average annualized income dividend over the past 7 days. For updated information, visit vanguard com-

Fund Profiles

View My Funds	
Figure Remove	Fund Code
STABLE VALLETCASH MARKAGEMENT	

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

- Making Sound Investment Decisions: A Retirement Investment Guide
- Retirement Investment Guide -- Additional Information

An investor should read the disclosure documents carefully before investing.

MINNIE BERNETA

Plan: (401) MIAMI-DADE COUNTY V

PROCESSED

FD 000 471

FORM 6

FULL AND PUBLIC DISCLOSURE

2015

FOR OFFICE USE ONLY: OF FINANCIAL INTERESTS

2016 JUN 28 PM 5: 0 l

MIAMI-DADE

ELECTIONS

AUTO**MEXED 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

նգումիլկգլըյնվուլիիլիկոսներնիլնկենինկե

Processed Date: (Scanned Date:

Filing Status Code:

ID Code 🕟

97170 ID No.

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.]

UNE 17 20 16 was \$ 1,509, 203 My net worth as of △

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.

87.000 The aggregate value of my household goods and personal effects (described above) is \$ ___

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Commission # 66 867867

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

FUPA- 100,609.

PART C -- LIABILITIES

" Bonded Through discoust Nation 250" LIABILITIES IN EXCESS OF 31,000 (See Install tions on page 4):

NAME AND ADDRESS OF CREDITOR -1.0. BOX 6243, SIDUS FALLS

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

AMOUNT OF LIABILITY

VALUE OF ASSET

(Continued on reverse side)

PAGE 1

PA	RT.	D	TNC	OME

Identify each separate source a copy of your 2015 federal inco attaching your returns, as the !	me tax return, including all W2:	s, schedules, an	id attachments. Please	redact any socia	rces of incor I security or	me. Or attach a account numbe	complete ers before
I elect to file a copy of [If you check this box a	my 2015 federal income tax rei	turn and all W2's tax return, you r	s, schedules, and attac need not complete the	hments. remainder of Part	[D.]		
PRIMARY SOURCES OF INC	OME (See instructions on pa	ge 5):					
NAME OF SOURCE OF INC			ADDRESS OF SOURCE			4 2000	TAUK
	COUNTY	,	0.15T MIA		12-8	150,7	91
MIAMI FF+1646	2 Netinement	1895.	SW BAUE,	Missii, Ft.	33129	133,3.	26
SECONDARY SOURCES OF I	NCOME [Major customers, clie	ents, etc., of bus	inesses owned by rep	orting person-sea	e instructions	s on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDR OF SOL			RINCIPAL BUS	
1				., ,		211111111111111111111111111111111111111	JORGE
The state of the s	NATIONAL TRANSPORT MACONDAY			COLUMN TO THE STREET	STATE STATE	and the same of	distriction.
	PART E INTERESTS IN BUSINESS ENTITY			-			
NAME OF	BUSINESS ENTITY		BUSINESS ENTIT	7 # 2	BUSINE	SS ENTITY#3	3
BUSINESS ENTITY ADDRESS OF						22	4-376
BUSINESS ENTITY PRINCIPAL BUSINESS		,			77	· ,	70 77 -
ACTIVITY POSITION HELD						> 24	(")
WITH ENTITY							M
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					025	7 P M	FF.
NATURE OF MY OWNERSHIP INTEREST					30	- 건 - 건 -	C
	STATE OF THE PARTY	THE PARTY OF THE P					
		TO A TO OTHER DESIGNATION			行政和扩张的		#1257
For office		PART F - Ti	RAINING	-1	12 3142 5	C	
For office	ers required to complete	annual ethic	RAINING s training pursuan	t to section 11			# 52 50 82 50
0	ers required to complete	annual ethic	RAINING s training pursuan LETED THE RE	t to section 11 QUIRED TR			
· OA	ers required to complete	annual ethic	RAINING s training pursuan LETED THE RE	t to section 11	AINING.		
OA 1, the person whose name app	ers required to complete I CERTIFY THAT I HA TH ears at the	annual ethic: AVE COMP STATE O COUNTY	RAINING s training pursuan LETED THE RE	t to section 11 QUIRED TR	AINING.		
O A 1, the person whose name app beginning of this form, do depo	ers required to complete I CERTIFY THAT I HA ATH ears at the ose on eath or affirmation	annual ethic: AVE COMP STATE O COUNTY	RAINING s training pursuan LETED THE RE OF FLORIDA \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	t to section 11 QUIRED TR	AINING.		uez.
O A 1, the person whose name app beginning of this form, do depot and say that the information di	ers required to complete I CERTIFY THAT I HA TH ears at the ose on eath or affirmation sclosed on this form	STATE OF SWORM TO	RAINING s training pursuan LETED THE RE OF FLORIDA WC (or affirmed) and sub	t to section 11 QUIRED TR LULL - Y scribed before me 16 by Ca	AINING. Objection of the property of the prop	18th day of	uer.
O A 1, the person whose name app beginning of this form, do depo	ers required to complete I CERTIFY THAT I HA TH ears at the ose on eath or affirmation sclosed on this form	STATE OF SWORM TO	RAINING s training pursuan LETED THE RE FEORIDA WAC OF WACOM (or alfirmed) and sub	t to section 11 QUIRED TR LULL - Y scribed before me 16 by Ca	AINING.	8 day of F. Gridiel	
I, the person whose name app beginning of this form, do depe and say that the information di and any attachments hereto is	ers required to complete I CERTIFY THAT I HA TH ears at the ose on eath or affirmation sclosed on this form	STATE OCUNTY Sworn to	RAINING s training pursuan LETED THE RE OF FLORIDA WC (or affirmed) and sub	t to section 11 QUIRED TR LULL - Y scribed before me LU - Y scribed before me LU - Y scribed before me LU - Y	AINING. this S HOS P JACQUE Notary F	day of Chick (9)	Florida 3, 2017
I, the person whose name app beginning of this form, do depe and say that the information di and any attachments hereto is	ers required to complete I CERTIFY THAT I HA TH ears at the ose on eath or affirmation sclosed on this form	STATE OCUNTY Sworn to	RAINING s training pursuan LETED THE RE OF FLORIDA WC (or affirmed) and sub CONTROL 20 Re of Notary Public—St pe, or Stamp Commis	t to section 11 QUIRED TR Conscribed before me by Construction content of the construction of the const	AINING. this this JACQUE Motary My Commission of the commission of t	day of Chickles	Florida 3, 2017 7802
1, the person whose name apple beginning of this form, do deperand say that the information diand any attachments hereto is and complete.	ers required to complete I CERTIFY THAT I HA TH ears at the use on eath or affirmation sclosed on this form true, accurate,	STATE OCOUNTY Sworn to Signature (Print, Type	RAINING s training pursuan LETED THE RE OF LOCATION (or affirmed) and sub LUNC, 20 e of Notary Public—St pe, or Stamp Commis y Known	t to section 11 QUIRED TR LULL - Y scribed before me by Ca ste of Fortship	AINING. this this JACQUE Motary My Commission of the commission of t	day of day of Crick (Chick (Ch	Florida 3, 2017 7802
I, the person whose name appropriate the person whose name appropriate and say that the information distant any attachments hereto is and complete. SIGNATURE OF REPORTING	ers required to complete I CERTIFY THAT I HA TH ears at the ose on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE t licensed under Chapter 473	STATE OCOUNTY Sworn to (Signature (Print, Type of lot	RAINING s training pursuan LETED THE RE FELORIDA OF WC (or affirmed) and sub FUNC. 20 CONSTRUCTOR 20 De of Notary Public—St pe, or Stamp Commis y Known	t to section 11 QUIRED TR Country Country Signs Country S	AINING. this S LOS D JACQUE Notary P My Comp Stary Comp Stary Comp	day of Gay of LINE ANGHEL-N Public - State of D. Expires Mar 2 filesion # EE 86 fough Hatlanti Notal	Florida 3, 2017 7802 ary Assn.
I, the person whose name appropriate the person whose name appropriate and say that the information distant any attachments hereto is and complete. SIGNATURE OF REPORTING	ers required to complete I CERTIFY THAT I HA TH ears at the ose on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE t licensed under Chapter 473	STATE OCOUNTY Sworn to (Signature (Print, Type of lot), or attorney in	RAINING s training pursuan LETED THE RE DEFICION THE RE OF CONTROL	t to section 11 QUIRED TR Conscribed before me the Florida Bar p	AINING. this this ACQUE Notary Family And Common this corepared this	day of Gay of Ga	Florida 3, 2017 7802 ary Assn. P
I, the person whose name appropriate the person whose name appropriate and say that the information distant any attachments hereto is and complete. SIGNATURE OF REPORTING	ers required to complete I CERTIFY THAT I HA TH ears at the use on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE tilicensed under Chapter 473 ng statement;	STATE OCOUNTY Sworn to (Signature (Print, Type Personall Type of lo	RAINING s training pursuan LETED THE RE OF FLORIDA WC (or affirmed) and sub CONOTATE Public St pe, or Stamp Commis y Known dentification Produced good standing with	t to section 11 QUIRED TR CUIRED TR Control Secribed before me Control Secribed bef	AINING. this this ACQUE JACQUE Notary F My Comp Stary Edining Drepared this	day of Circle LINE ANGHEL-N Public - Stelle of n Expires Mar 2 nough Mational Notation is form for you	Florida 3, 2017 7802 ary Assn. P
I, the person whose name app beginning of this form, do depe and say that the information di and any attachments hereto is and complete. SIGNATURE OF REPORTING if a certified public accountant she must complete the following the the follow	ers required to complete I CERTIFY THAT I HA TH ears at the use on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE tilicensed under Chapter 473 ng statement;	STATE OCOUNTY Sworn to (Signature (Print, Type Personall Type of lo	RAINING s training pursuan LETED THE RE OF FLORIDA WC (or affirmed) and sub CONOTATE Public St pe, or Stamp Commis y Known dentification Produced good standing with	t to section 11 QUIRED TR CUIRED TR Control Secribed before me Control Secribed bef	AINING. this this ACQUE JACQUE Notary F My Comp Stary Edining Drepared this	day of Circle LINE ANGHEL-N Public - Stelle of n Expires Mar 2 nough Mational Notation is form for you	Florida 3, 2017 7802 ary Assn. P
I, the person whose name appropriate the person whose name appropriate and say that the information distribution and any attachments hereto is and complete. SIGNATURE OF REPORTING if a certified public accountant she must complete the following the interest of the public accountant she must complete the following the interest of the public accountant she must complete the following the interest of the public accountant she must complete the following the interest of the public accountant she must complete the following the interest of the public accountant she must complete the following the public accountant she must complete the following the public accountant she must complete the following the public accountant she must be a public accountant she are a public accountant she must be a public accountant she must be a public accountant she are a public acc	ers required to complete I CERTIFY THAT I HA TH ears at the use on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE tilicensed under Chapter 473 ng statement: tutes, and the instructions to	STATE OCOUNTY Sworn to (Signature (Print, Type Personall Type of lo	RAINING s training pursuan LETED THE RE OF FLORIDA WC (or affirmed) and sub CONOTATE Public St pe, or Stamp Commis y Known dentification Produced good standing with	t to section 11 QUIRED TR CUIRED TR Control Secribed before me Control Secribed bef	AINING. this this ACQUE JACQUE Notary F My Comp Stary Edining Drepared this	day of Circle LINE ANGHEL-N Public - Stelle of n Expires Mar 2 nough Mational Notation is form for you	Florida 3, 2017 7802 ary Assn. P
I, the person whose name appropriate the person whose name appropriate and say that the information distant and any attachments hereto is and complete. SIGNATURE OF REPORTING If a certified public accountant she must complete the following the must complete the following the correct. Signature	ers required to complete I CERTIFY THAT I HA TH ears at the use on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE I licensed under Chapter 473 ng statement: tutes, and the instructions to	STATE OCOUNTY Sworn to Sworn to (Signature (Print, Ty) Personall Type of lo	RAINING s training pursuant LETED THE RE OF FLORIDA OF (or affirmed) and sub- LUNC	t to section 11 QUIRED TR COLLEGE MANAGEMENT COLLEGE Signer College Management College Management College and believed to the section of the Florida Bar produce with Art. Wedge and believed to the section of the s	AINING. this this this this ACQUE Notary Notary Author And Common this Author And Common this Author And Common this Author And Common this Author Author And Common this Author Author And Common this Author	day of da	Florida 3, 2017 7802 ary Assn. P
I, the person whose name approbeginning of this form, do deperant say that the information distant and any attachments hereto is and complete. SIGNATURE OF REPORTING If a certified public accountant she must complete the following the fol	ers required to complete I CERTIFY THAT I HA TH ears at the use on eath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE I licensed under Chapter 473 ng statement: tutes, and the instructions to	STATE OCOUNTY Sworn to Sworn to (Signature (Print, Ty) Personall Type of lo	RAINING s training pursuant LETED THE RE OF FLORIDA OF (or affirmed) and sub- LUNC	t to section 11 QUIRED TR COLLEGE MANAGEMENT COLLEGE Signer College Management College Management College and believed to the section of the Florida Bar produce with Art. Wedge and believed to the section of the s	AINING. this this this this ACQUE Notary Notary Author And Common this Author And Common this Author And Common this Author And Common this Author Author And Common this Author Author And Common this Author	day of da	Florida 3, 2017 7802 aly Assn. P

PART	D	TNEC	CON	4.17
CATE I		1174	E B11	J€ ES.

,	P	ART D INCOME					
copy of your 2015 federal incor	me tax return, including all W2s, so	nedules, and attachments. Pla	ease redact any soc	ources of income: Or attach a complete tial 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.]							
1	OME (See instructions on page 5	: .					
NAME OF SOURCE OF INC			URCE OF INCOME	AMOUNT			
		777 N. CAPIT.		20,000			
		7, 1	.6.2000				
a .	INCOME [Major customers, clients,						
NAME OF BUSINESS ENTITY	NAME OF MAJOR SO OF BUSINESS' INC		IDRESS SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
		,					
	A DE E DISTONACIO NA CID						
	PART E - INTERESTS IN SP			and a			
NAME OF	BUSINESS ENTITY#1	BUSINESS EN	111Y#2	BUSINESS EI所TY#3又			
BUSINESS ENTITY	17/50			m = 2			
ADDRESS OF BUSINESS ENTITY				C1 28 m			
PRINCIPAL BUSINESS ACTIVITY				92 7			
POSITION HELD WITH ENTITY				00 (n 11)			
I OWN MORE THAN A 5%	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
NATURE OF MY				N			
OWNERSHIP INTEREST							
	PA	RT F - TRAINING					
For office	ers required to complete and	oual ethics training purs	uant to section	112.3142, F.S.			
Ž.	I CERTIFY, THAT I HAVE						
O.	VIH	STATE OF FLORIDA					
		COUNTY OF					
 the person whose name app beginning of this form, do depo 	•	Sworn to (or affirmed) and	subscribed before	me this day of :			
and say that the information di			.20 by				
and any attachments hereto is				<u> </u>			
and complete.		(Signature of Notary Public	-State of Florida)				
		(Print, Type, or Stamp Con	missioned Name o	of Notary Public)			
,		Personally Known	OR Produ	uced Identification			
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of Identification Produ		and a superior of the superior			
If a certified public accountant she must complete the follow	t licensed under Chapter 473, or	attorney in good standing v	vith the Florida Ba	ir prepared this form for you, he or			
l	·	repared the CE Form 6 in a	ccordance with Ar	t. II. Sec. 8, Florida Constitution,			
Section 112.3144, Florida Sta	tutes, and the instructions to the	form. Upon my reasonable	knowledge and be	elief, the disclosure herein is true			
and correct.	•			*			
				,			
Signatu				Date			
•		of relieve the filer of th	e resnonsibilite	to sign the form under eath.			
	《中央公司》在1997年1997年1997年			(Company)			
RICANDA CASTANIA PROPERTA		ALLERY COST Y COLOT AS	שועם יחישישובים ישי	ASE CHECK HERE			

000 471 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): ADDRESS OF SOURCE OF INCOME NAME OF SOURCE OF INCOME EXCEEDING \$1,000 SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses 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 PART E - INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENSITY # 375 NAME OF LLJ: BUSINESS ENTITY ADDRESS OF --- 1 BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY 111 POSITION HELD WITH ENTITY 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. STATE OF FLORIDA ()ATH COUNTY OF I, the person whose name appears at the Sworn to (or affirmed) and subscribed before me this beginning of this form, do depose on eath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, (Signature of Notary Public-State of Florida) and complete. (Print, Type, or Stamp Commissioned Name of Notary Public) OR Produced Identification 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: , 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

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

and correct.

FD 00047/

5 - 25 -

RECEIVED

2016 JUN 17 AM 11:01

NIAMBOADE COUNTY-ELECTIONS DEPARTMEN

BLANCTER PREFERS SELLED S VESSION PERS

ence herar

Herayers.

CALCORDED DE DESENSE DE LA COMPANSION DE

istorišņem Broedžanem

<u> 1 markulos jousinssi SET</u> 2 markulos parailistas saassi

Park Hing Fari

2 384 ²47 (322)

Code verilo. Súlicio Altrianación codimerto.

122

Servera y

Succession & Edgeston Pik

ryntrimitus Acestriis

faters houseds Caregorius

"A Company that has created and serviced Employee Benefit Programs for over 36 years".

-10-60

Harris 1994

September Opentersber

Britis Private

<u>reletent</u> Reletent Der

ELECTIONS MIANI-DADE

SOLE TOW 28 PM 5:02

GBARDORN

March 31, 2016, quarter-to-date statement

Page > 1 of 1

RECEIVED



2016 JUN 17 AM 11:01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Client Services > 800-662-2739

vanguard.com

Retirement summary

2016 contributions

\$0.60

2016 distributions

0.00

Federal Money Mkt Fund (R/O-IRA)

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

CARLOS A GIMENEZ 4061 S LEJUNE RD MIAMI FL 33146

0.30%

Đate	Transaction	Amount	Share Pirce	Shares Transactéd	Total Shares Owned	Value
	Beginning balance on 12/31/2015		\$1.60		1,879.730	\$1,879.73
01/29	income dividend	\$0.40	1 OD	0,400	1,880.130	
02/29	Income dividend	0.44	1.08	0.440	1,880.570	
03/31	Income dividend	0.48	1.00	0.480	1,861.050	
	Ending balance on 3/31/2016		\$1.00		1,881 050	\$1,881.0

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

Beginning on January 1, 2012, new tax roles 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 Do not after or photocopy this investment slip. 2016 Tux year contribution 2015 Tax year contribution 2016 Rollover Total Amount

Carlos A. Gmienez

THE VANGUARD GROUP PO BOX 105431 ATLANTA GA 30348-9532 Nationwide

RECEIVED

2016 JUN 17 AMII: 01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT CONTACT US

Have questions? Give us a call.

1-877-677-3578

Series les est e-mail

19-410-19-77-20 ce 19-4-9-77-25-75-71-71-71-70-7-0-

My Funds as of 06/10/2016

view non-some and a poster | Research englance forth



By Asset Class

		1.36%	
	nations ce Class	1.36%	\$1,614.52
		6.83%	
		6.83%	\$8,128.01
	nassinents	91.81%	
	Fact Sheet	55.60%	\$66 ,226.02
Properties	oney Market Fund Fact Sheet	36.21%	\$43,123,14
OAO-UMM SKOLTSAM	Total:	%00.00 #	\$119,891.68

30,40-14414

2018 HAY 58 DA 21 05

GEARIORY

Fund Name	Collars	Total %	
Stable Yalue/Cash Management			
YT PLUS Fund	\$110,665.65	57.03	
Fond			
VT Vantagepoint Infilth Focused	\$13,629.87	7.0h	-5388 3453
Ealanced/Asset Allocation			
VT Vantagepoint Milestone 2015	569,771.12	36.0%	
T	;;;3,083,70	100.0%	



2016 JUN 17 AM 11:01

RECEIVED

MIAMI-DADE COUNTY ECTIONS DEPARTMENT

MISMI-BADE MISMI-BADE MISMI-BADE

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

PROCESSED

SCANNED

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 2 9 2016

RECEIVED

ID Code

ID No.

97170

Conf. Code

Gimenez, Carlos Antonio

*********AUTO**MIXED AADC 323 T8 P1 7 Carlos Antonio Gimenez Mayor, Miami-Dade County Miami-Dade County Elected Constitutional Officer Ste 2910 111 NW 1st St

Miami FL 33128-1930 նիրակվերըընկալիրըիրուներդիրելեկներ

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.]

, 20 16 was \$ 1,509, 203 My net worth as of

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 \$ ____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Commission # EE PE7802 Bonded Through Handrai Voluny Asser

PART C -- LIABILITIES

ctions on page 4): BICITIES IN EXCESS OF SHOW

NAME AND ADDRESS OF CREDITOR -P.O. BOX 6243, SIDOS FALLS

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

I recturity cordinates and a securities a	and amount of income which		INCOME	44 - 100 ATT ATT ATT		
	and amount of income which ex me tax return, including all W2:				ources of income. Or attachial security or account num	a complete
	aw requires triese documents t	be posted to the	Commission's websi	ite.		.55.5 55.676
I elect to file a copy of r [If you check this box ar	ny 2015 federal income tax ret nd attach a copy of your 2015	urn and all W2' tax return, you	s, schedules, and atta need not complete th	achments. e remainder of Pa	art D.]	
PRIMARY SOURCES OF INCO		ge 5):				
NAME OF SOURCE OF INC	The state of the s		ADDRESS OF SOUR	RCE OF INCOME	AM	MOUNT
	FOR CITY OF	777	14. CAPITO	L ST.	20,0	200
	F+PENSION	WASHI		6.2000		
SECONDARY SOURCES OF I			sinesses owned by re	eporting person-s	ee instructions on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES INCOME		RESS DURCE	PRINCIPAL BU ACTIVITY OF S	
jt .					ACTIVITION O	BOUNCE
			-	***************************************		
i de la companya de l I	ART E _ INTEDECTO IN	SDECTETED	DUCINECCEO II.			
•	PART E - INTERESTS IN BUSIŅESS ENTITY #		BUSINESS ENTI			
NAME OF BUSINESS ENTITY	XIA		BOSINESS ENTI	11 # 2	BUSINESS ENTITY :	# 3
ADDRESS OF	11/11			***		
BUSINESS ENTITY PRINCIPAL BUSINESS						William Wall
ACTIVITY POSITION HELD				1 1		
WITH ENTITY	***					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
and make an employed and the	THE DRIVE HAR ENDER HE WAS A	DA DO F. O		and the second		
For office	ers required to complete	PART F - T				
	I CERTIFY THAT I HA	AVE COMP	s training pursua LETED THE R	FOLUEED T	112.3142, F.S.	
Control of Links of Links	that have write the second and the statement		OF FLORIDA I		A A	41,5 46 94 XX
\sim				· - ' N	200	
	ATH	COUNT	OF	iami-Da	ICV E	
i, the person whose name appe	ears at the	COUNT	OF	3	ne this 28th day of	1
i, the person whose name apper beginning of this form, do depo	ears at the se on oath or affirmation	Sworn to	OF	bscribed before n	1 1.	
i, the person whose name apper beginning of this form, do depo and say that the information dis	ears at the se on oath or affirmation sclosed on this form	Sworn to	(or affirmed) and sul	bscribed before n	1 0	
i, the person whose name apper beginning of this form, do depo	ears at the se on oath or affirmation sclosed on this form	Sworn to	(or affirmed) and sul	bscribed before in the by Co	ylos A Gim	
i, the person whose name apper beginning of this form, do depo and say that the information dis and any attachments hereto is	ears at the se on oath or affirmation sclosed on this form	Sworn to	(or affirmed) and sultance (or affirmed) and sul	bscribed before m	ACOUELINE ANGHEL-NOVICK	enez 1
i, the person whose name apper beginning of this form, do depo and say that the information dis and any attachments hereto is	ears at the se on oath or affirmation sclosed on this form	Sworn to (Signature) (Print, Ty	(or affirmed) and sultance (or affirmed) and sul	bscribed before m	ACOUELINE ANGHEL-NOVICK Stary Public - State of Florida Colons: Explicity Mar 23, 201	enez 1
i, the person whose name apper beginning of this form, do depot and say that the information distant any attachments hereto is and complete.	ears at the use on oath or affirmation sclosed on this form true, accurate,	Sworn to (Signature) (Print, Ty	(or affirmed) and sultance of Notary Publication of Notary Publication of Stamp Community Known	bscribed before m	ACOUELINE ANGHEL-NOVICK	enez
I, the person whose name apper beginning of this form, do depot and say that the information dis and any attachments hereto is and complete.	ears at the use on oath or affirmation sclosed on this form true, accurate,	Sworn to Sworn to (Signatur (Print, Ty Personal	(or affirmed) and sultance of Notary Public-Compe, or Stamp Competer of Known	bscribed before m	ACQUELINE ANGHEL-NOVICK MARY Public - State of Florida Cloring English Mar 23, 201 Commission & En 867802 Commission & En 867802 Commission & English Hotary Assert	enez 1
I, the person whose name apper beginning of this form, do depot and say that the information distant and any attachments hereto is and complete. SIGNATURE OF REPORTING	ears at the use on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473	Sworn to Sworn to (Signatur (Print, Ty Personal	(or affirmed) and sultance of Notary Public-Compe, or Stamp Competer of Known	bscribed before m	ACQUELINE ANGHEL-NOVICK MARY Public - State of Florida Cloring English Mar 23, 201 Commission & En 867802 Commission & En 867802 Commission & English Hotary Assert	enez 1
I, the person whose name apper beginning of this form, do depot and say that the information dis and any attachments hereto is and complete.	ears at the use on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473	Sworn to Sworn to (Signatur (Print, Ty Personal Type of I	(or affirmed) and sult (or affirmed) and (or a	bscribed before m	ACQUELINE ANGHEL-NOVICK MARY Public - State of Florida Cloring English Mar 23, 201 Commission & Et 867-802 and Thomas Martonal Notary Asser	enez Du, he or
i, the person whose name apper beginning of this form, do depose and say that the information distand any attachments hereto is and complete. SIGNATURE OF REPORTING If a certified public accountant she must complete the following the section 112.3144, Florida Stati	ears at the see on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473 ag statement:	Sworn to Sworn to (Signature) (Print, Ty Personal Type of I	(or affirmed) and sultance of Notary Publication Produced good standing with	bscribed before m	ACOUELINE ANGHEL-NOVICK Mary Public - State of Florida Commission & EE 967802 Oct Through Research Rotary Asser prepared this form for you	enez Du, he or
I, the person whose name apper beginning of this form, do depot and say that the information distant and any attachments hereto is and complete. SIGNATURE OF REPORTING	ears at the see on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473 ag statement:	Sworn to Sworn to (Signature) (Print, Ty Personal Type of I	(or affirmed) and sultance of Notary Publication Produced good standing with	bscribed before m	ACOUELINE ANGHEL-NOVICK Mary Public - State of Florida Commission & EE 967802 Oct Through Research Rotary Asser prepared this form for you	enez Du, he or
i, the person whose name apper beginning of this form, do depose and say that the information distand any attachments hereto is and complete. SIGNATURE OF REPORTING If a certified public accountant she must complete the following the section 112.3144, Florida Stati	ears at the see on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473 ag statement:	Sworn to Sworn to (Signature) (Print, Ty Personal Type of I	(or affirmed) and sultance of Notary Publication Produced good standing with	bscribed before m	ACOUELINE ANGHEL-NOVICK Mary Public - State of Florida Commission & EE 967802 Oct Through Research Rotary Asser prepared this form for you	enez Du, he or
i, the person whose name apper beginning of this form, do depose and say that the information distand any attachments hereto is and complete. SIGNATURE OF REPORTING If a certified public accountant she must complete the following the section 112.3144, Florida Stati	ears at the see on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473 and statement:	Sworn to Sworn to (Signature) (Print, Ty Personal Type of I	(or affirmed) and sultance of Notary Publication Produced good standing with	bscribed before m	ACOUELINE ANGINEL-NOVICK Mary Public - State of Florida Control State of Florida Control State of Florida Control State of Florida Record Record Rotary Asser prepared this form for you II, Sec. 8, Florida Consti ief, the disclosure herein	enez Du, he or
beginning of this form, do deposed and say that the information distant and any attachments hereto is and complete. SIGNATURE OF REPORTING If a certified public accountant she must complete the following I, Section 112.3144, Florida Statiand correct.	ears at the see on oath or affirmation sclosed on this form true, accurate, OFFICIAL OR CANDIDATE licensed under Chapter 473 ag statement: utes, and the instructions to	Sworn to Sworn to (Signatur (Print, Ty Personal Type of I	(or affirmed) and sultance of Notary Publication Produce a good standing with the CE Form 6 in account my reasonable known	bscribed before many by Company of the Florida Barroduce with Art. owledge and belongers.	ACQUELINE ANGMEL-NOVICK MARY Public - State of Florida Cloridat Explain Mar 23, 201 Commission - EE 867802 and Incommission - EE 867802 prepared this form for your prepa	ou, he or itution, is true

RECEIVED

2016 JUN 17 AM 11:01

LICAMI-DADE COUNTY ELECTIONS DEPARTMENT

PRESS IDER

Liganoports.

85.00 SM 50 000 8685090006000

Jacobs Parties

Carlo Square Company TET

CANDIDA CARROLLINEAR THE

BATTON FORTIN MONROOP, A STRUCK CO.

The first state of the first sta

ASSESSED BY

Superman & Sussemer P.4

Federal Republications Federal Republications

Expedit reside Consulator

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

Constitutions

Hillian SA

Suph Castration

State Street

<u>3:5-033-3-47</u> <u>3:5-77-3:49</u> Front Page > 1 of 1

RECEIVED



2016 JUN 17 AM 11: 01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT Client Services > 800-662-2739

vanguard.com

Retirement summary

2016 contributions

\$0.00

2016 distributions

0.00

Federal Money Mkt Fund (R/O-IRA)

CARLOS A GIMENEZ 4061 S LEJUNE RD MIAMI FL 33146

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

0.30%

	Ending balance on 3/31/2016		\$1.00		1.881 050	\$1,881,05
03/31	Income dividend	0 48	1.00	0.480	1,881.050	
02/29	Income dividend	0.44	1.00	0 440	1,880.570	
01/29	Income dividend	\$0.40	1 00	0 400	1,880 130	
	Beginning balance on 12/31/2015		\$1 00		1,879.730	\$1,879.73
Date	Transaction	Amount	Share Price	Share's Transacted	Total Shares Owned	Value

^{*}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 I	Market Fund
Make checks payable to. The V	anguard Fiduciary Trust Company - 0033
Do not after or photocopy this inv	vestment slip.
2016 Tax year contribution	s ,
2015 Tax year contribution	s 🔲 , 🔲 🖂 🖂 🖂
2016 Rollover s ,	
Total Amount \$,	

Carlos A. Gimenez

THE VANGUARD GROUP PO BOX 105431 ATLANTA GA 30348-9532



Nationwide

CHELOS GWENET

RECEIVED 2016 JUN 17 AM 11:01

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CONTACT US

Have questions? Give us a call.

1-877-877-3678

Send us an e-mail

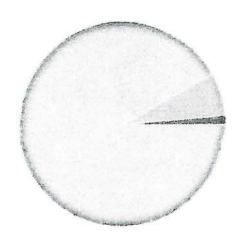
457 - MAMILITADE COURT - FLORICA

My Funds as of 06/10/2016

View milestrient election | Research available funds



By Asset Class



		% of Balance	Fund Vidue
	TO STATE OF THE PARTY OF THE	1.36%	ACT OF THE PARTY O
nati ce C		1.36%	\$1,614.52
		6.83%	
Na Carlotte Control of the Control o		6.83%	\$8,128.01
Short-Term investments		91.81%	
Invesco Short-Term Investme Trust - Liquid Assets Portfolio Private Class Prospectus Fact Sheet		55.60%	\$ 66 ,226.02
Nationwide Money Market Fur Prospectus Fact Sheet	nd	36.21%	\$43,123.14
	Totale	ADD DOE!	2440 004 CO

Total:

\$119,091.69

Fund Name	Dollars	Total %	
Stable Value/Cash Management			
VT PLUS Fund	\$110,665.65	57.0%	
5ond			
VT Vantagepoint Infiltn Focused	\$13,629.87	7.0%	
Balanced/Asset Allocation			
VT Vantagepoint Willestone 2015	569,771.18	36.0%	20
Total	\$194,066.70	100.0%	



2016 JUN 17 AMII: 01

RECEIVED

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Fund Profiles

Fund Name	Fund Code
STABLE VALUE/CASH MANAGEMENT	

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.

2016 JUN 17 AMII: 01

Plan: (401) MIAMI DADE COUNTY V