

FD 2848

FORM 6		FULL AND PUBLIC DISCLOSURE		2015
Please print or type your name, mailing address, agency name, and position below:			OF FINANCIAL INTERESTS	
LAST NAME — FIRST NAME — MIDDLE NAME:			RECEIVED 2016 JUN 20 PM 3:53 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT 64189 PROCESSED	
Zapata, Juan Carlos				
MAILING ADDRESS:				
11200 SW 145 Avenue				
CITY: ZIP: COUNTY:				
Miami 33186 Miami-Dade				
NAME OF AGENCY:				
Miami-Dade County Commission				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
Miami-Dade County Commissioner, District 11				
CHECK IF THIS IS A FILING BY A CANDIDATE ☒ In Addition to being filed as an officeholder				

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 December 31, 20 15 was \$ 834,571.53

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 \$ 110,000 (Apx., including all household goods under \$1,000)

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	VALUE OF ASSET
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	
Home - 11200 SW 145 Avenue, Miami, Florida 33186	\$201,669
Regions Bank, Checking Account, PO Box 1107 Birmingham, AL	\$8,787.80
See additional Appendix with all other assets	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Bank, Line of Credit, P.O. Box 1107 Birmingham, AL	\$148,285.12
American Express, P.O. BOX 650448 Dallas TX 75265-0448	\$4,011.09
Visa, P.O. Box 6013, Sioux Falls, SD 57117-6013	\$6,941.23

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 W2s, 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 NW 1 St Miami, FL	\$46,254
Zapata Consulting	PO Box 143751 Coral Gables, FL	\$126,000

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Zapata Consulting	TY-Lin International	2 Harrison St., San Francisco, CA	Engineering
Zapata Consulting	Select Management Resource	3440 Preston Ridge Rd # 500, Alpharetta, GA 30005	Title Lending

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	N/A	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 20th day of

JUNE, 20 16 by JUAN CARLOS ZAPATA
Mariano J. Rodriguez
 (Signature of Notary Public--State of Florida)

MARIANO J. RODRIGUEZ
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL Lic

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, CARLOS M. TRUEBA CPA, 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 ☒