

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

2522

FLORIDA
COMMISSION ON ETHICS

JUL 01 2019

RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

Diaz Jose Luis

MAILING ADDRESS:

8345 NW 12th Street

CITY:

Doral

ZIP:

33126

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade County Elected Constitutional Officer

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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, 2018 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 18 was \$ 454,000 Approximately.**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 \$ 20,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions 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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SEE ATTACHED

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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
SEE ATTACHED		

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
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	CKKM Group, LLC		
ADDRESS OF BUSINESS ENTITY	1985 NW 88 th Court, Doral		
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	MGR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes (JWTS)		
NATURE OF MY OWNERSHIP INTEREST	MGR		

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 County

Sworn to (or affirmed) and subscribed before me this 27th day of

June 20 19 by Jose Luis Diaz

(Signature of Notary Public--State of Florida)

Nelson Gomez

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



NELSON GOMEZ, JR.
MY COMMISSION # **FF 32427**
EXPIRES: **October 5, 2019**
Bonded Thru Budget Notary Services

Personally Known ☒ OR Produced Identification ☐

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:

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]

Signature

June 27, 2019
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 ☐

Statement attached to and made a part of Form 6
Full and Public Disclosure of Financial Interest for Jose L. Diaz
County Commissioner – District 12
Miami-Dade, County
2018

Part B – Assets

Residence at 10211 SW 6 th Street, Sweetwater, Florida	Approximately	281,254
Calusa Campground Lot and Trailer	Approximately	350,000
Boat	Approximately	70,000
Harley Davidson Motorcycle	Approximately	18,000
Automobile	Approximately	30,000
Cash in Bank	Approximately	40,000
Total Assets		789,254

Part C – Liabilities

Miami-Dade Federal Credit Union, 10900 SW 8 ST, Miami, FL 33176	Approximately	169,794
Miami-Dade Federal Credit Union, 10900 SW 8 ST, Miami, FL 33176	Approximately	99,340
Bank of the West, PO Box 4024, Alameda, CA 94501	Approximately	77,307
Harley Davidson Credit Corp, 15129 Palatine, IL 60056	Approximately	9,500
Total Liabilities		355,941

Part D – Income

Miami-Dade County, Florida – 111 NW 1 st , Miami, FL 33128	Approximately	57,085
Oasis HR Solutions 11, Inc.- 4661 SW 71 st Ave, Miami, FL 33174	Approximately	31,846
Genworth Life & Annuity Ins. Co. 2054 Vista Parkway #100, WPB, FL 33411	Approximately	37,601
Total Income		126,532