

CONFIDENTIAL

FORM 6**FULL AND PUBLIC DISCLOSURE****2018**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

46064

FLORIDA
COMMISSION ON ETHICS

SEP 03 2019

RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

Martinez, Joe A.

MAILING ADDRESS:

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

Miami-Dade

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County Commissioner

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 August 28, 20 19 was \$ 372,603.08.**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 \$ 125,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Furniture \$35,000: Jewelry \$80,000: Clothing \$10, 000	\$125,000.00
Residence (estimate per tax roll)	\$577,401.00
Saving Account	\$10, 000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Bank Mortgage P.O BOX 2153 Birmingham, Alabama 35287	\$305, 000.00
Regions Bank (second mortgage) P.O Box 2153 Birmingham, Alabama 35287	\$25,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
GMC Financing (612.37/Month for 16 months) P.O Box 100 Williamsville, NY 14231	\$9,797.92

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
Miami-Dade County	111 N.W 1st Street, Miami, FL 33129	\$48,546.00
Centurion Security Group	13501 SW 128TH Street, Miami, FL 33186	\$31,220.00

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

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 DADE

Sworn to, (or affirmed) and subscribed before me this 28 day of

Aug., 2019, by ARCADIO O. MARTELL
[Signature]
(Signature of Notary Public--State of Florida)

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

Personally Known ☒ OR



ARCADIO O. MARTELL

MY COMMISSION # GG 050744

EXPIRES: March 27, 2021

Bonded thru Budget Notary Services

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
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Florida Retirement System	State of Florida	\$ 58, 697.00
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