Financial Statement

For Full-time County and Municipal Employees

ID Number:	Disclosure for Tax Year Ending:	
Last Name:	First Name:	Middle Name:
Filing as (check one): ☐ Miami-Dade County Employee ☐ Municipal Employee of _____ ☐ Advisory Board Member Name of Board _____	BAR CODE	
Title of Position held or sought:	Term/Employment began on:	
Department where employed:	Work address:	
If your home address is exempt from public records pursuant to Florida Statutes § 119.07, please check here ☐	Work Telephone:	
Mailing address (street number and name or P.O. Box, city, state, zip):		

FINANCIAL STATEMENT, as required by Miami Dade Co. Code, § 2-11.1(i). Please list the requested information below. Amounts under $1,000 need not be listed. **If continued on a separate sheet, please check here:** ☐

CASH ASSETS—Balances in savings/checking accounts, savings & loans, banks, credit unions, money market accounts, etc.				
Name of Institution	Address	Account #	Type	Amount
			SUBTOTAL, CASH ASSETS	

	MARKETABLE SECURITIES Subtotal (List in detail on next page)	
	TOTAL MORTGAGES RECEIVABLE Subtotal (List in detail on next page)	
	NET WORTH IN BUSINESS (Attach current statement)	
Address of Real Estate owned:	Type of Property: **REAL ESTATE OWNED** Market Value	
	CASH VALUE OF LIFE INSURANCE	
	PERSONAL PROPERTY (Car, boat, furniture, etc.)	
	OTHER (Describe)	
	SUBTOTAL, OTHER ASSETS	

TOTAL, Cash & Other Assets	

LIABILITIES- List Mortgages Payable, Bank Loans, Finance Companies, Etc.						
Owed To	Address	Account#	Date Incurred	Original Amount	Monthly Payments	**Balance Due**
LIFE INSURANCE PAYMENTS DUE						
ALIMONY AND CHILD SUPPORT PAYMENTS DUE						
NOTE CO-MAKER, ENDORSER OR ORIGINATOR, DUE						
Total Liabilities						

OTHER ASSETS and **MORTGAGES RECEIVABLE**, continued from previous page

MARKETABLE SECURITIES			CURRENT MARKET VALUE	
	Company	# of Shares	Per Share	Total
TOTAL MARKETABLE SECURITIES (Also enter amount in "Other Assets" on first page)				

MORTGAGES RECEIVABLE				
Address	Date	Original Amount	Monthly Payments	Balance Due
TOTAL MORTGAGES RECEIVABLE (Also enter amount in "Other Assets" on first page)				

Total Assets minus Total Liabilities = Net Worth $_____

I hereby swear (or affirm) that the aforesaid information is a true and correct statement.

Signature of Person Disclosing **Date Signed**

FINANCIAL STATEMENT

(Required by the Miami-Dade County Code, Section 2-11.1 (i), as amended)

The term INCOME shall include, but is not limited to, the following items: wages, salaries, tips; bonuses; commissions & fees; dividends, interest; profit from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share of estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes, awards and gifts; fees as an Executor, Administrator, or Director; disability retirement payments; workmen's compensation, insurance; damages, etc.

FILING INSTRUCTIONS

A "Source of Income Form," "Financial Statement," "Form 1," or a copy of personal income tax forms may be filed to satisfy the filing requirement for County employees, municipal employees, and advisory board members. One of these forms must be filed by July 1st of each year. The form should not be used as a substitute for Form 1 for those required to file under the state requirements.

Miami-Dade County personnel and Miami-Dade advisory board members shall file completed forms with:

Supervisor of Elections
Miami-Dade Elections Department
2700 NW 87th Avenue
Miami, FL 33172

or

P.O. Box 521550
Miami, FL 33152-1550

Municipal personnel and municipal advisory board members shall file completed forms with:

Their Respective Municipal Clerk

For further information, contact the Miami-Dade Elections Department at (305) 499-8413 or Municipal Clerk's Office.

Note re: Florida Statutes § 119.07: The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. The following persons are exempt from disclosing their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement officers.