

MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

RECEIVED
 2014 JUN -4
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Rebeca Sosa
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of County Commissioner
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X [Signature] 305-266-0544 rebso3@aol.com
 Signature of Candidate Telephone Number Email Address

6386 SW 105th West Miami FL 33144
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109190130

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

re-be-ca So-sa

STATE OF FLORIDA

COUNTY OF Miami Dade

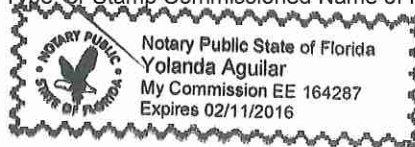
Sworn to (or affirmed) and subscribed before me this 3rd day of JUNE, 20 14.

Personally Known: or

Produced Identification:

Type of Identification Produced:
FLORIDA DRIVERS LICENSE

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



Florida *The Sunshine State*
DRIVER LICENSE CLASS F



REBECA
SOSA
6366 SW 10 ST
MIAMI, FL 33144-0000
DOB: 10-20-1995 SEX: F
ISSUED: 07-09-2010 HGT: 5'00"
EXPIRES: 10-20-2018
REBECA
ENDORSE:

Rebeca Sosa

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST**

2013

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Sosa Rebeca

MAILING ADDRESS:
1000 SW 57th Avenue

Suite #201

CITY : ZIP : COUNTY :
West Miami 33144 Miami=Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Commissioner District 6

CHECK IF THIS IS A FILING BY A CANDIDATE

2014 JUN -4 AM 11:33
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 13 was \$ Appr. \$165,000.00.

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.

The aggregate value of my household goods and personal effects (described above) is \$ Appr. \$27,500

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

**Statement attached to and made a part of Form 1
Full and Public Disclosure of Financial Interest for Rebeca Sosa
Commissioner – District 6
Miami-Dade, County**

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Part B – Assets

Residence at 6386 SW 10 St, Miami, FL (Owned jointly w/spouse)	Approximately	248,646.00
Investment in Eagle Consulting Corp. (50% shares owned jointly w/husband)	Approximately	59,300.00
Bank Account – Interamerican Bank (checking & savings)	Approximately	33,626.00
Trust Mark – Life Insurance	Approximately	2,500.00
Joint bank account w/mother and sister – Interamerican Bank	Approximately	59,200.00
Joint bank account w/daughter – Interamerican Bank	Approximately	103.00

Part C – Liabilities

Interamerican Bank – 9090 SW 24 th St, Miami, FL 33165 (Home Equity Line)	Approximately	4,874.00
Honda Credit – Atlanta, GA (Lease Honda Accord)	Approximately	23,950.00
Chevrolet Camaro – Lease		12,400.00
Isabel Diaz – 6386 SW 10 th St, Miami, FL	Approximately	36,700.00
Visa Credit Card & American Express	Approximately	3,060.00
Ever Bank – 10415 SW 7 th St, Miami, FL 33174 (co-sign daughter)	Approximately	189,400.00
Interamerican Bank – 9090 SW 24 th St, Miami, FL 33165 (co-sign son)	Approximately	129,457.00

* Commissioner Sosa co-signed as a guarantor and responsible party in the mortgage of her daughter's and sons' personal residence. Commissioner Sosa's name is not on the Title or Deed of the properties.

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 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
School Board of Miami-Dade	1450 NE 2nd Avenue, Miami, FL 33132	83,254.55
Miami-Dade Board of County Commissioner	111 NE 1st Street, #2620, Miami, FL 33128	47,448.70
Tenet Employment, Inc.	1445 Ross Avenue, #1400, Dallas, TX 75202	2,950.00

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			

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

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 ELECTIONS DEPARTMENT

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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 - Miami-Dade
 COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this 4 day of

June, 20 14 by _____
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission # of Notary Public)
MARIANO J. RODRIGUEZ
 Notary Public - State of Florida
 My Comm. Expires Oct 20, 2016
 Commission # EE 211907
 Bonded Through National Notary Assn.
 Personally Known
 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.

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirements**

Candidate (office sought): Miami-Dade County Commission District 6

Candidate's Florida Voter Registration Number: #109190130

Political Committee: _____

Party Executive Committee: _____

Other: _____

2014 JUN -4 AM 11:33
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

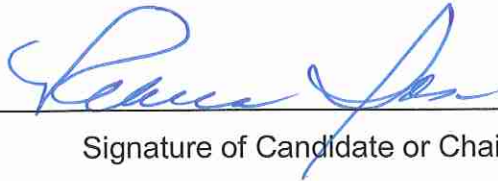
RECEIVED

Rebeca Sosa

I, _____
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.



Signature of Candidate or Chairperson

6-4-14

Date

Day Time Telephone Number: 305-439-1049

Alternate Contact Number: 305-593-2644

Email Address: rebso3@aol.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6996474

RECEIVED FROM Rebeca Sosa

DATE 6 / 14 / 14
MONTH DAY YEAR

ADDRESS 1985 NW 88th Ct. Suite 101
STREET ADDRESS

CASH \$ _____

Doral CITY FL STATE 33172 ZIP

CHECKS \$ 360 .⁰⁰

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00 CENTS

TOTAL \$ 360 .⁰⁰

FOR PAYMENT OF: Qualifying Fee - County Commissioner District 6

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: A. Vanessa Lamoreaux

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

REBECA SOSA CAMPAIGN ACCOUNT
1985 NW 88TH CT. SUITE 101
DORAL, FL 33172

CITY NATIONAL BANK
www.citynational.com

1007
63-436/660

6/4/2014

PAY TO THE ORDER OF Miami-Dade County

\$ ****360.00**

Three Hundred Sixty and 00/100 DOLLARS

Miami-Dade County
2700 nw 87th Avenue
Miami, FL 33172

MEMO COMMISSION
Qualifying Fees District 6

AUTHORIZED SIGNATURE

REBECA SOSA CAMPAIGN ACCOUNT

Miami-Dade County

Qualifying Fees

6/4/2014

1007

360.00