

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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2014 JUN -6 PM 2: 16

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

JAVIER D. SOUTO

3. Address (include post office box or street, city, state, zip code)

2620 S.W. 115 Ave.  
MIAMI, FL. 33165.

4. Telephone

(305) 221-4675

5. E-mail address

jdouto@bellsouth.net

6. Office sought (include district, circuit, group number)

County Commissioner, Dist. 10. -  
MIAMI-DADE. -

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JAVIER D. SOUTO

11. Mailing Address

2620 S.W. 115 Ave.

12. Telephone

(305) 221-4675.

13. City

MIAMI

14. County

Miami-Dade

15. State

FL.

16. Zip Code

33165.

17. E-mail address

jdouto@bellsouth.net

18. I have designated the following bank as my  Primary Depository  Secondary Depository

19. Name of Bank

REGIONS BANK.

20. Address

9798 Coral Way (sw. 24 St.) -

21. City

MIAMI

22. County

Miami-Dade

23. State

FL.

24. Zip Code

33165.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

JUNE 6 / 2014 -

26. Signature of Candidate

X

Javier Souto

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, JAVIER D. SOUTO, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

JUNE 6 / 2014 -  
Date

X

Javier Souto  
Signature of Campaign Treasurer or Deputy Treasurer



**RECEIVED**  
**MIAMI-DADE COUNTY**  
**CANDIDATE OATH -**  
**NONPARTISAN OFFICE**

2/14 JUN - 6 PM 12:24

MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**OFFICE USE ONLY**

Proof of residency provided:

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

**OATH OF CANDIDATE**  
 (Section 99.021, Florida Statutes)

JAVIER D. SOUTO

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

I am a candidate for the nonpartisan office of COUNTY COMMISSIONER DIST. 10  
 (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 Javier D. Souto 305.221.4675. jdsouto@bellsouth.net  
 Signature of Candidate Telephone Number Email Address  
2620 S.W. 115 Ave. MIAMI FLA. 33165.  
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109007223

\* 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):

HA - V - EHR SO - UH - TO

STATE OF FLORIDA

COUNTY OF Miami-Dade

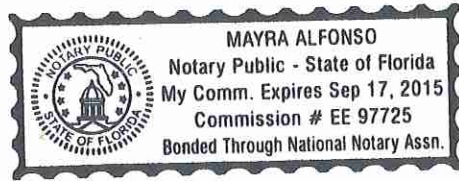
Sworn to (or affirmed) and subscribed before me this 6 day of June, 2014.

Personally Known: \_\_\_\_\_ or

Produced Identification: X

Type of Identification Produced:  
FL Drivers License

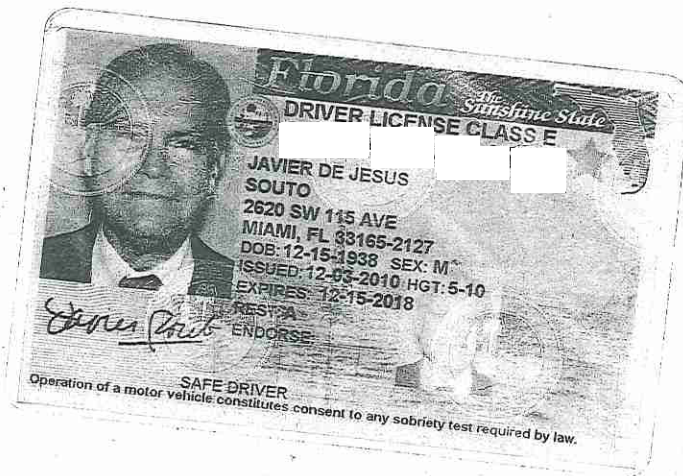
Mayra Alfonso  
 Signature of Notary Public  
 Print, Type, or Stamp Commissioned Name of Notary Public



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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



Florida  
*The Sunshine State*  
DRIVER LICENSE CLASS E

JAVIER DE JESUS  
SOUTO  
2620 SW 115 AVE  
MIAMI, FL 33165-2127  
DOB: 12-15-1938 SEX: M  
ISSUED: 12-03-2010 HGT: 5-10  
EXPIRES: 12-15-2018

REST A  
ENDORSE

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



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Souto, Janier D.

2014 JUN -6 PM 12:24

MAILING ADDRESS:

County Commissioner, District 10

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Miami Dade County, Elected official

CITY: ZIP: COUNTY:

111 NW 1st St. Miami, FL 33128

NAME OF AGENCY:

Miami Dade County Commissioner District 10

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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, 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 Dec 31, 20 13 was \$ 639,828.

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 \$ \_\_\_\_\_

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home 2620 SW 115 AVE - 33165	350,000
3551 Condo SW 9 Terrace	90,000
Luxor Condo 2301 SW 27 AVE	165,000
Briny Breezes fl. H6	80,000
Ford Explorer 2011 + savings, @D - Ocean Bank Resions + Credit Un.	395,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home - Suntrust - 2620 SW 115 AVE 33165	125,672
Condo - Citicorp - 3551 SW 9 Terr.	9,500
Luxor - Seterus - 2301 SW 27 AVE	300,000
Credit Cards - various	5,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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
Miami Dade Board of County Commissioners	Stips	46,863
Other - IRA, Interest etc	(Comp.)	11,000
Social Security		24,960

**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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
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.

*[Handwritten Signature]*

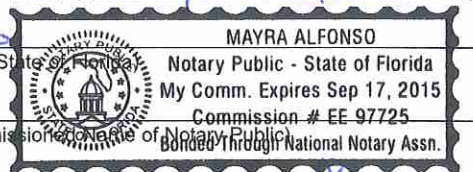
**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 06 day of

June, 2014 by MAYRA ALFONSO

*[Handwritten Signature]*  
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission Number of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification X

Type of Identification Produced FL Drivers License

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.**





**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 6996484

RECEIVED FROM Javier D. Souto  
ADDRESS 2620 SW 115th Ave  
Miami CITY FL STATE 33165 ZIP  
STREET ADDRESS

DATE 6 / 1 / 14  
MONTH DAY YEAR  
CASH \$ \_\_\_\_\_  
CHECKS \$ 360 . 00  
TOTAL \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee - County Commissioner Dist. 10

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

DEPT.: Elections BY: A. J. ...

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JAVIER D SOUTO  
CAMPAIGN ACCOUNT  
Miami Dade County

502  
63-466/631

DATE JUNE 6, 2014

PAY TO THE ORDER OF MIAMI-DADE COUNTY \$ 360  
THREE HUNDRED & SIXTY / 100 = DOLLARS

**REGIONS**  
FOR QUALIFYING Commissioner DISTRICT 10.

JAVIER SOUTO MP

Harland Clarke