

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

2014 JUN 13 PM 12: 54

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)

Jose Miguel Soto

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

14620 S.W. 142nd Place
Miami, FL 33186

4. Telephone

(305) 609-9496

5. E-mail address

jmsoto@bellsouth.net

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

Community Council 11/At-Large

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

Jose M. Soto

11. Mailing Address

14620 S.W. 142nd Place

12. Telephone

(305) 609-9496

13. City

Mimai

14. County

Miami-Dade

15. State

FL

16. Zip Code

33186

17. E-mail address

jmsoto@bellsouth.net

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

19. Name of Bank

SunTrust

20. Address

11700 N. Kendall Dr.

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33186

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

6/13/2014

26. Signature of Candidate

X 

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

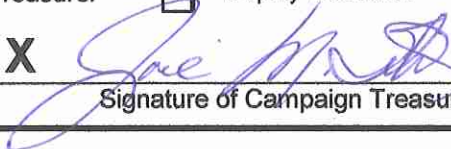
I, Jose M. Soto, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/13/2014

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Soto, Jose Miguel

MAILING ADDRESS :

14620 SW 142ND PL

CITY :

Miami

ZIP :

33186

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council 12 / AT-LARGE

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Miami-Dade County Public Schools</i>	<i>4601 SW 152 Ave, Miami, FL 33148</i>	<i>EDUCATION - TEACHER</i>

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>None</i>			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

<i>None</i>

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

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 ELECTIONS DEPARTMENT

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
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		

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

SIGNATURE (required):

DATE SIGNED (required):

Joe M. Soto

6/13/14

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment

or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7064014

RECEIVED FROM Jose Miguel Soto
 ADDRESS 14620 SW 142 Pl
STREET ADDRESS
Miami FL 33186
CITY STATE ZIP

DATE 6 / 13 / 14
MONTH DAY YEAR

CASH \$ _____
 CHECKS \$ 100.00

AMOUNT OF: ONE Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Community Council 11/AT Large

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
 DEPT.: Elections BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Jose Miguel Soto - Campaign Account

63-215/631 98

DATE 6/13/14

PAY TO THE ORDER OF Miami-Dade County \$ 100⁰⁰
One hundred only DOLLARS

SUNTRUST ACH # 061000104
 MEMO Community Council 11/AT Large Qualifying Fee

[Signature]