

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

2014 JUN 17 AM 9:00

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)

Marjorie C. Figueira

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

4963 N.W. 93 Doral  
Circle East  
Doral, FL 33178

**4. Telephone**

(786) 218 7017

**5. E-mail address**

marjoriecfigueira@gmail.com

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

County Commissioner District 12

**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**

Marjorie C. Figueira

**11. Mailing Address**

4963 N.W. 93 Doral Circle East

**12. Telephone**

(786) 218 7017

**13. City**

Doral

**14. County**

Dade

**15. State**

FL

**16. Zip Code**

33178

**17. E-mail address**

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

**19. Name of Bank**

Bank of America

**20. Address**

3025 N.W. 87 Avenue

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33172

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**

6/17/14

**26. Signature of Candidate**

X *Marjorie C. Figueira*

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

I, Marjorie C. Figueira, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/17/14  
Date

X

*Marjorie C. Figueira*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

RECEIVED  
OFFICE USE ONLY

2014 JUN 17 AM 9:00

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Marjorie C. Figueira,

candidate for the office of County Commissioner ;  
District 12

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Marjorie C. Figueira  
Signature of Candidate

6/17/14  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



Access to Handbook and the **RECEIVED**  
Election Laws of the State of Florida

2014 JUN 17 AM 9:00

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Marjorie                      C.                      Figueira  
 First Name                      Middle Name                      Last Name

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County Commissioner District 12

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Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Marjorie C. Figueira  
Candidate / Chairperson Signature

Date: 6/17/14

Primary Telephone Number: 786 218 7017

Alternate Telephone Number: \_\_\_\_\_

E-mail address: marjoriecfigueira@gmail.com



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

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License                  | <input type="checkbox"/> Utility Bill                |
| <input checked="" type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt              | <input type="checkbox"/> Lease Agreement             |

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

Marjorie C. Figueira

(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, 12  
(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 Marjorie C. Figueira 786 218 7017 marjoriecfigueira  
@gmail.com  
Signature of Candidate Telephone Number Email Address  
4963 NW 93 Doral Circle East, Doral, FL 33178  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109057588

\* 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):

Mar jeh ree Figehra

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of June, 20 14.

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

Produced Identification:

Type of Identification Produced:

FL Drivers Lic.

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



**Voter Information Card**

Miami-Dade County, FL

**Tarjeta de información del elector**

Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**

Konte Miami-Dade, FL

**Marjorie Carmen Figueira**  
11261 NW 52Nd Ln  
Doral FL 33178

ISSUED  
EMITIDA  
ENPRIME

04/02/12

**Bring photo identification  
when voting.**

**Para votar, presente una  
identificación con fotografía.**

**Tranpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.**

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

119575223

Voting Location | Ubicación de la votación | Lokal Biwo Vòt  
**Eugenia B Thomas Elementary School**  
5950 NW 114 Ave

Precinct No. Núm. del recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de inscripción Dat Enskripsyon
452	6/7/1946	3/28/2012

Party Affiliation | Afiliación partidista | Pati Politik

**NO PARTY AFFILIATION**

**Penelope Townsley**

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Ud, puede votar por los representantes de los distritos enumerados abajo.  
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
25	40	112
County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
12	5	0

Municipal | Municipal | Minisipalite  
**DORAL**



**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:  
*Figueira Marjorie C.*

MAILING ADDRESS:  
*4963 N.W. 93 Doral Circle East*

*Doral*                      *33178*                      *Miami-Dade*

CITY:                                      ZIP:                                      COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
*County Commission District 12*

CHECK IF THIS IS A FILING BY A CANDIDATE

**RECEIVED**  
 2014 JUN 17 AM 10:54  
 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 6/17/14, 20\_\_ was \$ 53,000.

**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 \$ 118,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>Household goods and personal effects</i>	<i>\$95,000</i>
<i>Cash / Bank Accounts</i>	<i>\$ 23,000</i>

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Car</i>	<i>\$ 50,000</i>
<i>Visa</i>	<i>7,000</i>
<i>IRS</i>	<i>8,000</i>

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

**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
Retirement	FL Ret System	5,700
Social Security	US. Gov	2,400

**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			

**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  
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of

June, 20 14 by Marjorie Carmen Figueira  
Anne Vanessa Innocent

(Signature of Notary Public)  
  
 ANNE VANESSA INNOCENT  
 (Print, Type, or Stamp from Commissioned Notary Public of Florida)  
 My Comm. Expires Jun 2, 2018  
 Personally Known  Commission Produced   
 Type of Identification Produced PA driver's license

Marjorie C. Figueira  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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. 7064036

RECEIVED FROM Marjorie C. Figueira

DATE 6 / 1 / 17 / 14  
MONTH DAY YEAR

ADDRESS 4963 NW 93 Doral Circle East  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Doral CITY FL STATE 33178 ZIP

CHECKS \$ 360

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

TOTAL \$ 360

FOR PAYMENT OF: Qualifying Fee - County Commissioner District 12

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

DEPT.: Elections BY: A. J. Innocent

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

MARJORIE C. FIGUEIRA  
CAMPAIGN ACCOUNT

0991  
63-4/630 FL  
1142

DATE June 17, 2014

PAY TO THE ORDER OF Miami-Dade County \$ 360.00

Three Hundred Sixty and 00/100 DOLLARS

Bank of America

FOR Qualifying Fee County Commissioner District 12 Marjorie C. Figueira MP