

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

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

(PLEASE TYPE)

**OFFICE USE ONLY**

**RECEIVED**  
2006 JUL - 6 PM 12:51  
MIAMI-DADE  
ELECTIONS

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate  
**Rebeca Sosa**

1. Address (include post office box or street, city, state, zip code)  
**6386 SW 10 Street, West Miami, Fl. 33144**

Telephone (optional)  
**(305 ) 266-0546**

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)  
**County Commission, District 6**

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

4. Name of Treasurer or Deputy Treasurer  
**Carlos M. Trueba CPA**

5. Mailing Address (If post office box or drawer add street address)  
**1985 NW 88th Ct. Suite#101**

6. Telephone  
**305-593-2644**

7. City  
**Doral**

8. County  
**Miami-Dade**

9. State  
**Florida**

10. Zip Code  
**33172**

I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank  
**Interamerican Bank**

12. Street Address  
**9190 Coral Way**

13. City  
**Miami**

14. County  
**Miami-Dade**

15. State  
**Florida**

16. Zip Code  
**33165**

17. Signature of Candidate  
**X** *Rebeca Sosa*

Date  
*July 6, 2006*

**Campaign Treasurer's Acceptance of Appointment**

I, Carlos M. Trueba CPA, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Rebeca Sosa

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
(Party)

County Commission, District 6 . As a duly registered voter in Miami-Dade County

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

*July 6, 2006*  
Date

**X** *[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY  
RECEIVED

2005 APR 17 AM 12:08

FLORIDA COUNTY  
ELECTIONS DEPARTMENT

I, Rebeca Sosa

candidate for the office of Commissioner District 6

have received, read and understand the requirements of Chapter

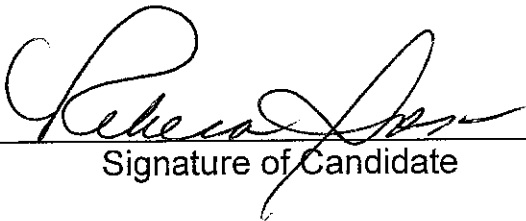
Florida Statutes.

RECEIVED  
MIRIAM DADE  
ELECTIONS

05 APR 19 PM 3:10

RECEIVED

X



Signature of Candidate

4-12-05

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).



Miami-Dade Supervisor of Elections  
 2700 NW 87<sup>th</sup> Avenue  
 Doral, FL 33172 (305) 499-8400

**RECEIPT**

**Candidate:**

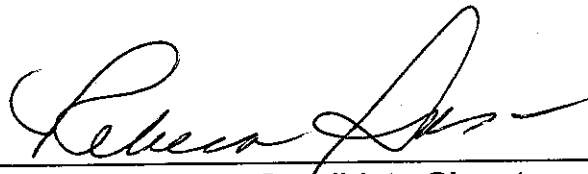
Rebeca	Sosa
First Name	Last Name

**Office: Miami-Dade County Commissioner District #6**

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Commissioner

RECEIVED  
 05 APR 19 PM 3:10  
 MIAMI-DADE  
 ELECTIONS

Received by:   
 Candidate Signature

Date: 4-12-05

RECEIVED  
 2005 APR 17 AM 12:08  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT



**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

MIAMI-DADE  
ELECTIONS

2006 JUL -6 PM12:51

RECEIVED

I, Rebeca Sosa, candidate for the office of Miami-Dade County Commissioner #6, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

*Rebeca Sosa*  
Signature of Candidate

July 6, 2006  
Date

305-266-0546  
Day time Phone #

Reb503@aol.com  
E-mail address

# MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Rebeca</i>		<i>Sosa</i>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

## 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 office of Miami-Dade County Commissioner District # 6  
(office)

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.

## CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County, and that I have been a resident elector of the district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- voter registration card
- driver's license
- property tax receipt
- homestead exemption receipt
- utility bill
- lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

### SIGN HERE

*Rebeca Sosa*

Signature of Candidate

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 2006 JUL 6 PM 12: 51  
 MIAMI-DADE  
 ELECTIONS

6386 S.W 10st  
Current Address of Legal Residence

(305) 266-0546 ( )  
Day Phone Fax Number

( )  
Other Phone Number

RebS03@aol.com  
Email Address

West Miami Florida 33144  
City State Zip Code

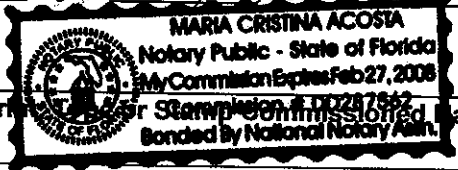
Date Signed

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of July, 2006 by Rebeca Sosa

*[Signature]*  
Signature of Notary Public – State of Florida



\_\_\_\_\_  
Name of Notary Public

- Personally known to me
- Identification provided

