

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

RECEIVED

2006 JUL -6 AM 9:31

MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Katy Sorenson
1. Address (include post office box or street, city, state, zip code):
13200 SW 69 Ave
Pinecrest, FL 33156

Telephone (optional): () 2. Party (Partisan candidates only):
3. Office (add district, circuit, group number):
County Commission D-8

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

4. Name of Treasurer or Deputy Treasurer:
Alfonsina Sergio

5. Mailing Address (If post office box or drawer add street address):
9261 Caribbean Blvd.
6. Telephone:

7. City: Cutler Bay 8. County: Dade 9. State: FL 10. Zip Code: 33157

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

11. Name of Bank: SoFISA Bank 12. Street Address: 20351 Old Cutler Rd.

13. City: Cutler Bay 14. County: Dade 15. State: FL 16. Zip Code: 33189

17. Signature of Candidate: X Katy Sorenson Date: 7/6/06

Campaign Treasurer's Acceptance of Appointment

Alfonsina Sergio, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Katy Sorenson

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

County Commissioner D-8 . As a duly registered voter in Miami-Dade

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 5, 2006
Date

X Alfonsina Sergio
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
OFFICE USE ONLY

2005 JUL 11 AM 11:45

MIAMI-DADE
ELECTIONS

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, KATY SORENSON,

candidate for the office of County Commissioner D-8;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

Katy Sorenson
Signature of Candidate

7/11/5
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 87th Avenue
 Doral, FL 33172 (305) 499-8400

RECEIPT

Candidate:

KATY SORENSON
 First Name Middle Name Last Name

Office: Miami-Dade County Commissioner District # 8

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Commissioner**

MIAMI-DADE
ELECTIONS

2006 JUL -6 PM 2:29

RECEIVED

Received by: Katy Sorenson
 Candidate Signature

Date: 7/6/6



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

MIAMI-DADE
ELECTIONS

2006 JUL -6 PM 2: 29

RECEIVED

I, Katy Sorenson, candidate for the office of County Commissioner, D-8, 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.

Katy Sorenson
Signature of Candidate

7/6/6
Date

305 375 5218
Day time Phone #

katysorensma@bellsouth.net
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,

<u>KATY</u> First Name	<u></u> Middle Name/Initial	<u>SORENSEN</u> Last Name
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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,

KATY SORENSEN

(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
(office)

RECEIVED
MIAMI-DADE COUNTY ELECTIONS
2006 JUL - 6 AM 9:30
District # 8

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

Katy Sorenson
Signature of Candidate

13200 SW 69 Ave. Pinecrest, FL 33156
Current Address of Legal Residence

(305) 375 5218 (305) 372 6073
Day Phone Fax Number

(305) 726 8980
Other Phone Number

Katysorenson@bellsouth.net
Email Address

City State Zip Code Date Signed 7/6/6

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.

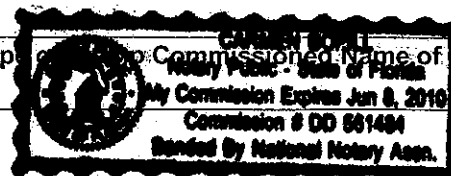
State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6th day of July, 2006 by KATY SORENSEN

Learnes P. Fu
Signature of Notary Public - State of Florida

Print, Type Name of Commissioned Name of Notary Public

Personally known to me Identification provided





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331632

RECEIVED FROM Katy Sorenson
 ADDRESS 13200 SW 69 Ave.
Pinecrest CITY FL STATE 33156 ZIP

DATE 7, 6, 06
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 360.00
 TOTAL \$ 360.00

AMOUNT OF: Three hundred sixty DOLLARS, AND 00 CENTS

FOR PAYMENT OF: Qualifying Fee - County Commissioner # 8

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
 DEPT.: Elections By: Nena A. Saiter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1180

KATY SORENSON CAMPAIGN ACCOUNT

DATE July 5, 2006 63-1459/670

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00

Three hundred sixty no/100 DOLLARS

SOFISA Bank of Florida, Miami, Florida
 Old Cutler Office

FOR Qualifying Fee - FCC District 8

Alfonsina Sergio MP

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