

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

(PLEASE TYPE)

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 OFFICE USE ONLY

2006 MAR -1 PM 4: 23

MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

JAVIER D. SOUTO

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

2620 SW 115 Avenue
 Miami, Fl. 33165

Telephone (optional)

(305) 271-4675

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number) #10
 Miami Dade County Commissioner District

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Laura CEPERO

5. Mailing Address (If post office box or drawer add street address)

1550 NW 100th WAY

6. Telephone

954-915-0993

7. City

Plantation

8. County

Broward

9. State

Fl

10. Zip Code

33322

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

Regions Bank

12. Street Address

9798 Coral Way

13. City

Miami

14. County

Miami-Dade

15. State

Fl.

16. Zip Code

33165

17. Signature of Candidate

X

[Handwritten Signature]

Date

2/28/2006

Campaign Treasurer's Acceptance of Appointment

I, Laura CEPERO, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of

JAVIER D. SOUTO

who is seeking nomination or election as a

candidate to the office of

Miami-Dade

(Party)

County Commissioner District #10

As a duly registered voter in

Broward

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.

3/1/2006

Date

X

[Handwritten Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

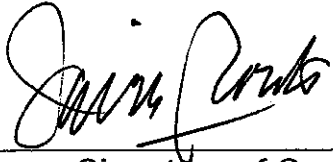
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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Javier D. SOUTO
Miami Dade
candidate for the office of COUNTY COMMISSIONER DISTRICT #10 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

2/28/2006

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:

Javier D SOUTO
 First Name Middle Name Last Name

Office: Miami-Dade County Commissioner District # 10

This is to acknowledge my receipt of the following documents:

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

Received by: _____
Candidate Signature

Date: 2/28/2006

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT



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

I, Javier D. Souto, candidate for the office of Miami-Dade County Commissioner District #10 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.

Javier D. Souto

Signature of Candidate

2/28/2006

Date

305-793-0052

Day time Phone #

lauracepero@bellsouth.net

E-mail address

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

JAVIER	D	SOUTO
--------	---	-------

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, 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)

am a candidate for the office of Miami-Dade County Commissioner

District # 10

(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.

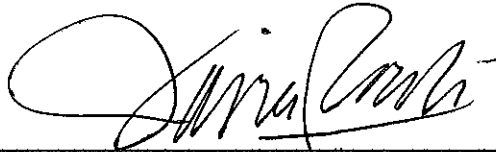
CANDIDATE CERTIFICATION

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



Signature of Candidate

2620 SW 115 Ave

Current Address of Legal Residence

(305) 267-2792 ()

Day Phone

Fax Number

(305) 878-9671

Other Phone Number

Campaign@JavierSouto.com

Email Address

Miami

City

FL

State

33165

Zip Code


July 7, 2006

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 7th day of July, 2006 by _____



Signature of Notary Public - State of Florida



Laura L. Cepero
Commission #DD207863

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided

Bonded Thru

Atlantic Bonding Co., Inc.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331637

RECEIVED FROM JAVIER D. SOUTO DATE 7 / 17 / 06
MONTH DAY YEAR
 ADDRESS 2620 SW 115 Avenue CASH \$ _____
STREET ADDRESS
Miami CITY FL STATE 33165 ZIP CHECKS \$ 360.00
 AMOUNT OF: Three Hundred & Sixty DOLLARS, AND NO CENTS TOTAL \$ 360.00

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

RECEIVED
 2006 JUL -7 PM 3:17
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

JAVIER D SOUTO
CAMPAIGN FOR DADE COUNTY COMMISSIONER
 2620 S.W. 115th Avenue
 Miami, FL 33165

1033
63-666/632

DATE 7/7/2006

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00
Three hundred & Sixty / 100 DOLLARS

REGIONS BANK

FOR Qualifying Fees - County Comm. Dist. 10 Repsent.

⑆063206663⑆ 83 1036 4156⑈ 1033

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