

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

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

(PLEASE PRINT OR TYPE)

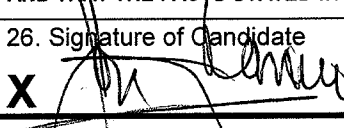

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11 MAR 26 AM 12:17

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):					
<input checked="" type="checkbox"/> Initial Filing of Form		Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy		<input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party	
2. Name of Candidate (in this order: First, Middle, Last) Jose "Pepe" Cancio			3. Address (include post office box or street, city, state, zip code) 799 Crandon Blvd., #307 Key Biscayne, FL 33149		
4. Telephone (305 ) 262-3250		5. E-mail address			
6. Office sought (include district, circuit, group number) Mayor of Miami-Dade County			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer Marilyn Cancio					
11. Mailing Address 12599 NW 107 Ave. 2nd fl.				12. Telephone (786) 693-9191	
13. City Medley	14. County Miami-Dade	15. State FL	16. Zip Code 33178	17. E-mail address Marilyn.Cancio@hdmil.com	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank Wachovia			20. Address 200 S. Biscayne Blvd		
21. City Miami		22. County Miami-Dade		23. State Florida	24. Zip Code 33130
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 March 25, 2011			26. Signature of Candidate 		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>Marilyn Cancio</u> do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.					
March 25, 2011 Date			 Signature of Campaign Treasurer or Deputy Treasurer		

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

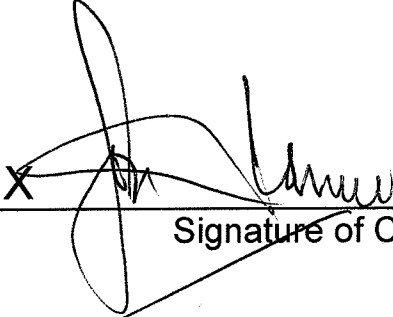
(Please Type)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Jose "Pepe" Cancio ,  
candidate for the office of Mayor of Miami-Dade County ;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X   
\_\_\_\_\_  
Signature of Candidate

3/25/11  
\_\_\_\_\_  
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).

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

Jose "Pepe" Cancio

First Name	Middle Name	Last Name
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Mayor of Miami-Dade County

Office Sought / Organization
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**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

**RECEIVED**  
 11 MAR 26 AM 12:17  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

Received by: \_\_\_\_\_  
Candidate/Chairperson Signature

Date: 3/25/11

Phone No.: (305) 262-3250 Fax No.: 305 267-0698

E-mail address: PCANCIO @ Supermix. CD

Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County



- Candidate (office sought): Mayor Miami Dade County
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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11 MAR 26 AM 12:16  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Jose "Pea" Canco  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Signature of Candidate or Chairperson

3/25/2011  
Date

Day Time Telephone No: (305) 262-3250

Email Address: \_\_\_\_\_

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

# LOYALTY OATH FOR MIAMI-DADE COUNTY MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>Jose</u>	<u>Arturo</u>	<u>CANCIO</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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, Jose "Pepe" Cancio

(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 Mayor. I am a qualified elector of Miami-Dade County, Florida, 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.

**RECEIVED**  
 MIAMI-DADE COUNTY  
 ELECTIONS  
 2011 APR 12 AM 9:09

## CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

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

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. 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.

<u>X</u> <u>[Signature]</u>	<u>305 469 6186</u>	<u>PCANCIO@SUBRENTMIX.COM</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>799 CRANSON Blvd #307 Ft Biscayne FL 33149-2554</u>	<u>FL</u>	<u>33149-2554</u>
Address	City	Zip Code

State of Florida,  
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of April, 2011 by Jose A. Cancio

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]

Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name



**FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS RECEIVED 2010**

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

**FINANCIAL INTERESTS**

LAST NAME - FIRST NAME - MIDDLE NAME  
CANCIO - JOSE - ARTURO

2011 APR 12 AM 9:40  
 FOR OFFICE USE ONLY:

MAILING ADDRESS:  
199 CRANDON BLVD # 307

Key Biscayne 33149-2554 MIAMI-DADE

CITY: MIAMI-DADE COUNTY ZIP: COUNTY:

NAME OF AGENCY:  
Mayor Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

**MIAMI-DADE ELECTIONS**  
 ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2010, 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 Dec 31, 2010 was \$ \$ 2,489,750

**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 \$ 125,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>199 CRANDON BLVD # 307 Key Biscayne FL 33149-2554</u>	<u>\$ 1,800,000</u>
<u>1556 NW 104 Ave Donal FL 33178, 15817 NW 22 St High Springs FL 32643</u>	<u>\$ 1,265,000</u>
<u>40 acres in High Springs FL 32643 90 acres in Alachua County 125 acres Hendry County</u>	<u>\$ 1,005,000</u>
<u>CANCIO GROUP 12509 NW 107 Ave Apt 501, COBASA 31.25% POB HE 25%</u>	<u>\$ 3,250,000</u>
<u>Current Excess 31.25% Investment 25% DOE 25% household, personal effect</u>	<u>\$ 1,298,750</u>

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>BB&amp;T BANK</u>	<u>\$ 95,000</u>
<u>US BANK</u>	<u>\$ 36,000</u>

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all 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 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Central Concrete Services Inc	4300 SW 74 Ave Miami FL 33165	\$ 177,975.08

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
JA Parsons Corp.	POB Soc Cement Co	4300 SW 74 Ave Miami	Trucking

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	/	/	/
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	/	/	/

**RECEIVED**  
 2011 APR 12 AM 9:40  
 MIAMI-DADE ELECTIONS

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.

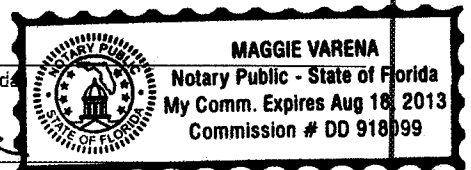
STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of

April, 20 11 by Jose A. Cancio

M. Varena  
 (Signature of Notary Public--State of Florida)

Maggie Varena  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.

