

**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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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)

Ivonne Cuesta

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

P.O. Box  
140186  
Coral Gables, FL 33114-0186

**4. Telephone**

(786) 383-2213

**5. E-mail address**

ivonne.cuesta@fox  
judge@gmail.com

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

County Judge, Group 27

**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**

Ivonne Cuesta

**11. Mailing Address**

P.O. Box 140186

**12. Telephone**

(786) 383-2213

**13. City**

Coral Gables

**14. County**

MIA-DADE

**15. State**

FL

**16. Zip Code**

33114

**17. E-mail address**

ivonne.cuesta@foxjudge  
& gmail.com

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

InterAmerican Bank

**20. Address**

1000 SW 57<sup>th</sup> Avenue

**21. City**

Miami

**22. County**

MIA-DADE

**23. State**

FL

**24. Zip Code**

33144

**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**

4/18/2012

**26. Signature of Candidate**

X 

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

I, Ivonne Cuesta, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

4/18/2012  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE  
CANDIDATE OATH

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ELECTIONS DEPARTMENT

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Ivonne Cuesta  
(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 judicial office of County Judge, 11, 11  
(Office) (district #) (circuit #)  
27; my legal residence is Miami-Dade County, Florida; I am a qualified elector  
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X [Signature] 786 383-2213 ivonnecuestafox  
Signature of Candidate Telephone Number Email Address  
Judge@gmail.com

P.O. Box 140186 Coral Gables, FL 33114  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109382876

\* 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):  
ee-vahn kwe-stuh

STATE OF FLORIDA  
COUNTY OF Miami-Dade

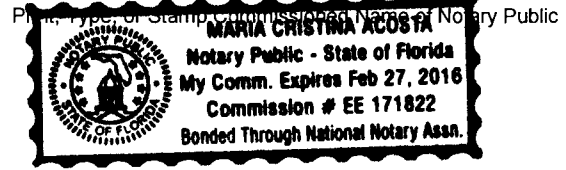
Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of April, 2012.

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

Produced Identification: ✓

Type of Identification Produced: FL DRIVERS Lic

[Signature]  
Signature of Notary Public



**FINANCIAL INTERESTS**

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

LAST NAME — FIRST NAME — MIDDLE NAME:

**CUESTA IVONNE**

MAILING ADDRESS:

**P.O. BOX 140186**

CITY :

**CORAL GABLES**

ZIP :

**33114**

COUNTY :

**MIAMI-DADE**

NAME OF AGENCY :

**11TH JUDICIAL CIRCUIT**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

**COUNTY JUDGE Group # 27**

CHECK IF THIS IS A FILING BY A CANDIDATE

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ID Code

ID No.

Conf. Code

P. Req. Code

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2011, 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 APRIL 18, 20 12 was \$ 228,061.00

**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 \$ 8,700.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
SEE ATTACHED SHEET	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED SHEET	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NOT APPLICABLE	

**PART D -- INCOME**

You may ***EITHER*** (1) file a complete copy of your 2011 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 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 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
STATE OF FLORIDA OFFICE OF PD 11	1320 NW 14TH STREET, MIAMI, FL 33125	\$59,207
		(source 2011 1040A line 15)

**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 5]**

	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			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**OATH**

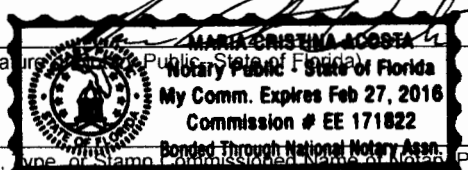
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of

April, 2012 by Ivonne Cuesta

(Signature of Notary Public, State of Florida)  
  
 (Print, type, or stamp name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL DRIVERS Lic

**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.

**ASSETS VALUED OVER \$1,000 PART B**

Single Family Home, Miami-Dade County Folio No. 01-4106-035-0280	\$200,000
2009 Honda CRV	\$12,000
State of Florida Deferred Compensation 457 Nationwide Retirement Solutions	\$9,888
Charles Schwab PCRA	
Proctor and Gamble	\$1,943
Johnson and Johnson	\$1,835
Interamerican Bank	\$29,000
Great Florida Bank	\$28,000
Bank of America	\$12,825
Bank of America (Ben. Interest)	\$2,707

**LIABILITIES IN EXCESS OF \$1,000 PART C**

Great Lakes Student Loans P.O. Box 3059 Milwaukee, WI 53201-3059	\$64,200
Honda Financial Services P.O. Box 1027 Alpharetta, GA 30009-1027	\$5,938

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**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 6741146

RECEIVED FROM Ivonne Cuesta

DATE 4 / 18 / 12  
MONTH DAY YEAR

ADDRESS P.O. Box 140186  
STREET ADDRESS

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

Coral Gables CITY FL STATE 33114-0186 ZIP

CHECKS \$ 5,371.20

AMOUNT OF: Five Thousand Three Hundred Seventy One DOLLARS, AND Twenty CENTS

TOTAL \$ 5,371.20

FOR PAYMENT OF: Qualifying Fee - Judge Group 27

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

DEPT.: Elections

BY: A. Vanessa Innocent

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CAMPAIGN ACCOUNT OF  
IVONNE CUESTA  
P O BOX 140186  
CORAL GABLES, FL 33114-0186

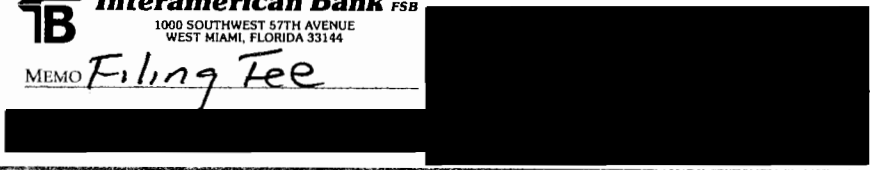
63-8776 2 271  
2670  
DATE 4/18/2012

PAY TO THE ORDER OF Board of County Commissioners \$ 5,371.20  
Five thousand three hundred seventy one DOLLARS

© DELINE WILLET OR DUPLICATE

**Interamerican Bank** FSB  
1000 SOUTHWEST 57TH AVENUE  
WEST MIAMI, FLORIDA 33144

MEMO Filing Fee



MP

SPECIALTY UNIT