

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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MIAMI-DADE ELECTIONS

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)

Calixto GARCIA

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

6965 HARDING AVE #501 MIAMI BEACH FL 33141

4. Telephone

(305) 336-1770

5. E-mail address

calgarcia@ad.com

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

Commissioner district five (5)

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

Calixto GARCIA

11. Mailing Address

6965 HARDING AVE #501

12. Telephone

( )

13. City

Miami Beach

14. County

Miami Dade

15. State

FL

16. Zip Code

33141

17. E-mail address

calgarcia@ad.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Regions Bank

20. Address

2205 SW 8th St

21. City

Miami

22. County

Miami Dade

23. State

FL

24. Zip Code

33135

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

05/31/12

26. Signature of Candidate

X Calixto Garcia

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

I, Calixto GARCIA, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

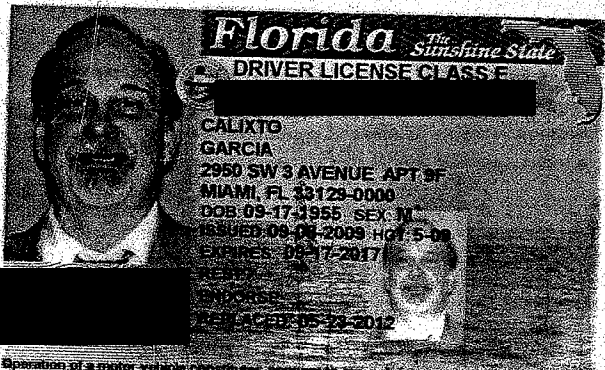
5/31/12 Date

X Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI-DADE  
ELECTIONS



**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS**

**CALIXTO GARCIA**  
2950 SW 3 AVENUE APT 3F  
MIAMI FL 33129-0000  
DOB: 09-17-1955 SEX: M  
ISSUED: 06-08-2009 HGT: 5-09  
EXPIRES: 09-17-2017  
RESEX:  
ENDORSE:  
REPLACED: 05-23-2012

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

**MIAMI-DADE COUNTY  
CANDIDATE OATH -  
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

**OATH OF CANDIDATE**

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

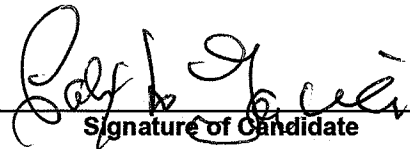
I, **CALIXTO GARCIA**

(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 nonpartisan office of **COMMISSIONER DISTRICT 5** (OFFICE) **5** (DISTRICT/AREA/SUBAREA)

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; I have resigned from any office from 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

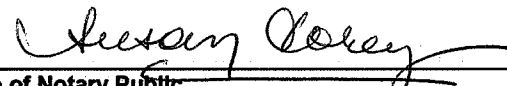
|   |                       |                          |              |
|---|-----------------------|--------------------------|--------------|
| <b>X</b>  | <b>(305) 336-1780</b> | <b>drcgarcia@aol.com</b> |              |
| Signature of Candidate  | Telephone Number      | Email Address            |              |
| <b>2950 SW 3RD Ave 9F</b>   | <b>MIAMI</b>          | <b>FL</b>                | <b>33129</b> |
| Address   | City                  | State                    | Zip Code     |

Candidate's Florida Voter Registration Number (located on your voter information card): **109221476**

STATE OF FLORIDA  
COUNTY OF **MIAMI DADE**

Sworn to (or affirmed) and subscribed before me this **30** day of **MAY**, 20 **12**.

Personally Known: \_\_\_\_\_ or  
Produced Identification:   
Type of Identification Produced: \_\_\_\_\_

  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA  
Susan Anne Corey  
Commission # DD897014  
Expires: JULY 26, 2013  
BONDED THRU ATLANTIC BONDING CO., INC.

RECEIVED  
 2012 MAY 31 PM 11:11  
 MIAMI-DADE  
 ELECTION

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

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

## FINANCIAL INTERESTS

FOR OFFICE USE ONLY: 0812 MAY 31 PM 1:11

LAST NAME — FIRST NAME — MIDDLE NAME:  
Garcia Calixto

MAILING ADDRESS:  
2950 SW 3rd Ave

9F

CITY: Miami ZIP: 33129 COUNTY: Miami Dade

NAME OF AGENCY:  
Commission Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
Commissioner District 5 Miami Dade County

CHECK IF THIS IS A FILING BY A CANDIDATE

MIAMI-DADE ELECTIONS  
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 December 31, 20 11 was \$ 355465.00

### 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 \$ 12000.00

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

| DESCRIPTION OF ASSET (specific description is required - see instructions page 4) | VALUE OF ASSET |
|---|----------------|
| Kia Sorento 2007 (Car)  | 7000.00        |
| 2950 SW 3Rd Ave Miami Fl. (home)  | 66000.00       |
|   |                |
|   |                |
|   |                |

### PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| <del> </del>                 | 0                   |
| <del> </del>                 |                     |
| <del> </del>                 |                     |
| <del> </del>                 |                     |

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| <del> </del>                 | 0                   |
| <del> </del>                 |                     |
| <del> </del>                 |                     |

**PART D -- INCOME**

**RECEIVED**

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.

2012 MAY 31 PM 1:11

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.]

MIAMI-DADE  
ELECTIONS

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|-----------------------------|--------|
| Self Employed                              | 822 SW 8TH MID FL.          | 165865 |
| RENTAL ✓                                   | 7909 E. DR. MIA BEACH FL    | 600    |
| SALE (WOOD) JEWELRY                        | 4142 NO. JOHNSON MB FL      | 2000   |

**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 |
|-------------------------|---|-------------------|---------------------------------------|
|                         |   |                   |                                       |
|                         |   |                   |                                       |
|                         |   |                   |                                       |

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 5]

|   | 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               |                     |                     |                     |

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 30 day of

MAY, 2012 by \_\_\_\_\_

Susan Corey  
 (Signature of Notary Public--State of Florida)

Paulo Lucia  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

NOTARY PUBLIC-STATE OF FLORIDA  
 Susan Anne Corey  
 Commission # DD897014  
 Expires: JULY 26, 2013

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.



Access to Handbook and the  
Election Laws of the State of Florida

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MIAMI-DADE  
ELECTIONS

Candidate/Chairperson:

CALIXTO

GARCIA

First Name

Middle Name

Last Name

COMMISSIONER DISTRICT 5 MIAMI DADE COUNTY

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)  
*Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.*
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)  
*Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.*

Acknowledged by:

Candidate / Chairperson Signature

Date: 05/29/2012

Primary Telephone Number: 305 336-1780

Alternate Telephone Number: 786-233-1953

E-mail address: drcgarcia@aol.com

