

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2012 MAY 29 AM 10:59

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)

Alice A. Pena

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

14390 SW 199 Avenue  
Miami, FL 33196

**4. Telephone**

(305 ) 232-4042

**5. E-mail address**

alipen@msn.com

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

Commission, District 9

**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**

Maria del Carmen Sardina

**11. Mailing Address**

13234 SW 62 Terrace

**12. Telephone**

( 305 ) 342-3168

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33183

**17. E-mail address**

mariasardinas@hotmail.com

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

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Community Bank of Florida

**20. Address**

19990 SW 177 Avenue

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33187

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**

May 29, 2012

**26. Signature of Candidate**

X

*Alice A. Pena*

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

I, Maria del Carmen Sardinas, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

May 29, 2012

Date

X

*Maria del Carmen Sardinas*

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2012 MAY 30 PM 3:43

MIAMI-DADE  
ELECTIONS

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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)**

Alice A. Pena

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

14390 SW 199 Ave.  
Miami, FL 33196

**4. Telephone**

(305) 232-4042

**5. E-mail address**

alipena@usm.com

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

Commission, District 9

**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**

Alice Pena

**11. Mailing Address**

14390 SW 199 Ave.

**12. Telephone**

(305) 232-4042

**13. City**

Miami

**14. County**

Miami Dade

**15. State**

FL

**16. Zip Code**

33196

**17. E-mail address**

alipena@usm.com

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**20. Address**

19990 SW 177 Ave.

**21. City**

Miami

**22. County**

Miami Dade

**23. State**

FL

**24. Zip Code**

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**25. Date**

May 30, 2012

**26. Signature of Candidate**

X

A. Pena

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

I, Alice Pena, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

5/30/12

Date

X

A. Pena

Signature of Campaign Treasurer or Deputy Treasurer

**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)

Alice A. Pena

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

14390 S.W. 199 Ave.  
Miami FL 33194

**4. Telephone**

(305) 232-4042

**5. E-mail address**

alipena@msw.com

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

Commission, District 9

**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

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**9. I have appointed the following person to act as my** ☐ Campaign Treasurer    ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Alice Pena

**11. Mailing Address** 14390 S.W. 199 Ave.

**12. Telephone**

(305) 232-4042

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33196

**17. E-mail address**

alipena@msw.com

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

☒ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

Community Bank

**20. Address**

19990 S.W. 177 Ave.

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33187

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**25. Date**

May 29, 2012

**26. Signature of Candidate**

X

A. Pena

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

I, Alice Pena, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

5/29/12

Date

X

A. Pena

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

**RECEIVED**  
**OFFICE USE ONLY**

2012 MAY 29 AM 10:59

MIAMI-DADE  
ELECTIONS

I, Alice A. Pena,

candidate for the office of Commission, District 9;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

May 29, 2012  
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).



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

RECEIVED

2012 MAY 29 AM 10:59

MIAMI-DADE  
ELECTIONS

**Candidate/Chairperson:**

**Alice**

**A.**

**Pena**

First Name

Middle Name

Last Name

**Commission, District 9**

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:** May 29, 2012

**Primary Telephone Number:** 305-232-4042

**Alternate Telephone Number:** 305-588-6163

**E-mail address:** alipen@msn.com

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



☒ Candidate (office sought): Commission, District 9

Candidate's Florida Voter Registration Number: 109032708

☐ Political Committee: \_\_\_\_\_

☐ Party Executive Committee: \_\_\_\_\_

☐ Other: \_\_\_\_\_

I, Alice A. Pena  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with 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.

 May 29, 2012  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-232-4042

Email Address: alipen@msn.com

*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.*

RECEIVED

2012 MAY 29 AM 11:00  
MIAMI-DADE  
ELECTIONS

**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:

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

**OATH OF CANDIDATE**

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

I, Alice Pena

(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 Commission District 9  
(OFFICE) (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.

X

Alice Pena  
Signature of Candidate

(305)

Telephone Number

232-4042

Email Address

14390 SW 199 Avenue

Address

Miami

City

FL

State

33196

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109032708

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 29<sup>TH</sup> day of MAY, 2012.

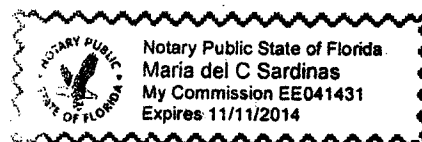
Personally Known: ☒ or

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

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

Maria del C. Sardinas  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





**Voter Information Card**  
Miami-Dade County, FL

**Tarjeta de información del elector**  
Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**  
Konte Miami-Dade, FL

Alice Altagracia Pena  
14390 SW 199Th Ave  
Miami FL 33196

ISSUED  
EMITIDA  
ENPRIME  
10/07/10

**Bring photo identification  
when voting.**

**Para votar, presente una  
identificación con fotografía.**

**Tranpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.**

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

109032708

Voting Location | Ubicacion de la votación | Lokal Biwo Vòt  
Americana Village Condominium  
19800 SW 180 Ave

Precinct No.  
Núm. del recinto  
Nim. Biwo Vòt  
970

Identification Data  
Datos de identificación  
Enfo. Idantifikasyon  
2/15/1941

Registration Date  
Fecha de inscripción  
Dat Enskripsyon  
2/10/1984

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

**Register to Vote**  
Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Ud. puede votar por los representantes de los distritos enumerados abajo.  
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress  
Congreso  
Kongrè  
25

State Senate  
Senado Estatal  
Sena Eta a  
34

State House  
Cámara Estatal  
Lachannm Eta a  
120

County Commission  
Comisión del Condado  
Komisyon Konte  
9

School Board  
Junta Escolar  
Asanble Edikasyon  
7

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
14

Municipal | Municipal | Minisipalite  
UNINCORPORATED M-D





**FORM 6****FULL AND PUBLIC DISCLOSURE OF****2011**

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

**FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:

Pena

Alice

A.

MAILING ADDRESS:

14390 SW 199 Avenue

CITY :

Miami

ZIP :

FL

COUNTY :

Miami Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commission, District 9

CHECK IF THIS IS A FILING BY A CANDIDATE ☒FOR OFFICE  
USE ONLY:

2012 MAY 29 AM 12:00

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 May 29, 20 12 was \$ 255,000.**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 \$ 15,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Home @ 14390 SW 199 Avenue, Miami FL 33196	435,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America, Dallas TX 75266	195,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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
S. S. Pension	Jamaica, NY 11431	18,000
M&M Farms	Miami, FL 33196	5,000
PNS Farms	Miami, FL 33196	16,000
Mutual of Omaha	Omaha, NE 68175	2,000

**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	PNS Farms		
ADDRESS OF BUSINESS ENTITY	Miami FL 33196		
PRINCIPAL BUSINESS ACTIVITY	grove		
POSITION HELD WITH ENTITY	owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
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.

*Alf Sosa*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF MIAMI, DADE

Sworn to (or affirmed) and subscribed before me this 29<sup>TH</sup> day of

MAY, 20 12 by \_\_\_\_\_

*Maria del C. Sardinias*

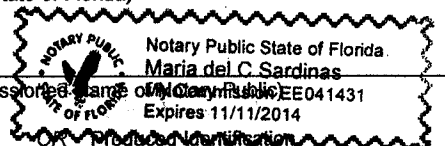
(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) Maria del C. Sardinias

Expires 11/11/2014

Personally Known ☒

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.

# OFFICIAL RECEIPT

## MIAMI-DADE COUNTY-FLORIDA

No. 6741182

RECEIVED FROM Alice Remor

DATE 5 / 30 / 12  
MONTH DAY YEAR

ADDRESS 14390 SW 199 Avenue

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

STREET ADDRESS

Mia Mi

CITY

FL

STATE

33196

**ZIP**

CHECKS \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee-County Commissioner District 9

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

DEPT.: Elections

By: Anne F. Messo Innocent

**FOR OFFICE USE ONLY**

[illegible]

107.01-1 6/04

Alice Pena Campaign Account

DATE 5-30-12 63-899/670

PAY TO THE ORDER OF Board of County Commission

\$ 360.  $\frac{00}{x}$

→ three hundred sixty 00/100

**100 DOLLARS**  Security Features Included. Details on Back.



FOR Qualifying for Dist. #9

M