

**CANDIDATE OATH -
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Sonia Castro
(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 South Dade Venture CDD, _____
(office) (district #)
_____ ; I am a qualified elector of Miami Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X [Signature] (305) 975-9001 skygrounder@yahoo.com
Signature of Candidate Telephone Number Email Address

1351 NE 41st Pl Homestead FL 33033
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109876543

* 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):

S-O-N-I-A C-A-S-T-R-O

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

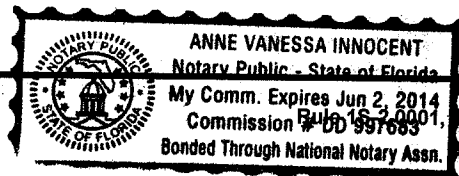
Sworn to (or affirmed) and subscribed before me this 7th day of June, 20 12.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL Driver's License

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public





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Access to Handbook and the Election Laws of the State of Florida - 7 PM 4:42

MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Sonia Maria Castro
First Name Middle Name Last Name

South Dade Venture CDB Seat 4
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:

[X] 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: [Signature] Candidate / Chairperson Signature

Date: 6/7/17

Primary Telephone Number: (305) 975-9001

Alternate Telephone Number: (305) 391-6147

E-mail address: skygrounder@yahoo.com

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

FINANCIAL INTERESTS

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LAST NAME -- FIRST NAME -- MIDDLE NAME :

Castro Natal Sonia Maria

MAILING ADDRESS :

1351 NE 41st PL

Homestead

33033

Dade

CITY :

ZIP :

COUNTY :

South Dade Venture CDD

NAME OF AGENCY :

Assistant Secretary - Seat 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

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MIAMI-DADE ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

2011 PDF Form 1

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Metropolitan Hospital	5959 NW 7th St Miami	Employment

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
South Dade CDD	Taxes	Fort Lauderdale	Public service

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>N/A</i>	<i>N/A</i>

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PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>US Dept of Education</i>	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>N/A</i>	<i>N/A</i>	
ADDRESS OF BUSINESS ENTITY	<i>N/A</i>	<i>N/A</i>	
PRINCIPAL BUSINESS ACTIVITY	<i>N/A</i>	<i>N/A</i>	
POSITION HELD WITH ENTITY	<i>N/A</i>	<i>N/A</i>	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):

DATE SIGNED (required):

Sonia M. Co

6/7/12

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

