

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

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

**OFFICE USE ONLY**

Proof of residency provided:

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

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

I, Rebecca Sousa

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box  (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Miami Dade County Commissioner (Office) 39 (District/Group/Seat #)

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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109190130

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Rebecca Sousa

X <u>[Signature]</u>	<u>266-0546</u> <u>(305) 439-1049</u>	<u>reb503@aol.com</u>
Signature of Candidate	Telephone Number	Email Address
<u>6386 SW 10st</u>	<u>West Miami</u>	<u>FL</u>
Address	City	State
		<u>33144</u>
		ZIP Code

STATE OF FLORIDA  
 COUNTY OF Miami-Dade  
 Sworn to (or affirmed) and subscribed before me this 4th day of June, 2018.

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

Signature of Notary Public [Signature]  
 Print, Type, or Stamp Commission Name of Notary Public  
 MIAMI RIVERO  
 MY COMMISSION # FF163025  
 EXPIRES: October 24, 2018

Florida

DRIVER LICENSE



CLASS E



[REDACTED]

505A  
REBECA  
6386 SW 10 ST  
MIAMI, FL 33144

DOB 10/20/1955 SEX F SAFE DRIVER  
EXP 10/20/2026 HGT 5'-04"  
REST A END NONE

ISS 05/01/2018

[REDACTED]



*Rebecca Sosa*

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

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

OF FINANCIAL INTERESTS

RECEIVED FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Sosa Pebera

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MAILING ADDRESS:

1000 SW 57th Ave, Suite 201

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

West Miami 33144 Miami-Dade

CITY: ZIP: COUNTY:

Miami-Dade County

NAME OF AGENCY:

Miami-Dade County Commissioner Dist 6

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner

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, 2017 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 17 was \$ 436,000.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 25,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached	



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2017 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
<i>see attachment</i>		

**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
	<i>N/A</i>		

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>N/A</i>		
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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**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 4<sup>th</sup> day of

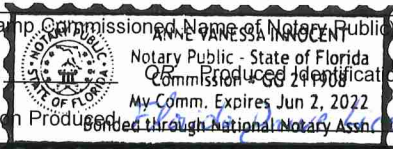
June, 2018 by Rebeca Sosa

*[Signature]*  
 (Signature of Notary Public--State of Florida)

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

Personally Known  OR Produced Identification

Type of Identification Produced Florida License  
 My Comm. Expires Jun 2, 2022



If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

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

**Statement attached to and made a part of Form 1  
Full and Public Disclosure of Financial Interest for Rebeca Sosa  
Commissioner – District 6  
Miami-Dade, County  
2017**

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**Part B – Assets**

Residence at 6386 SW 10 St, Miami, Fl (Owned jointly w/spouse)	Approximately	421,747
Bank Account – Interamerican Bank (checking & savings)	Approximately	61,709
Trust Mark- Life Insurance	Approximately	2,500
Joint bank account w/mother and sister – Interamerican Bank	Approximately	56,978
Joint bank account w/daughter – Interamerican Bank	Approximately	10,205

**Part C – Liabilities**

Interamerican Bank – 9090 SW 24 <sup>th</sup> St, Miami, FL 33165 (Home Equity Line)	Approximately	1,223
Malibu 2014 Lease	Approximately	3,590
Mazda Credit Services (Co-signer)*	Approximately	7,990
Interamerican Bank – 9090 SW 24 <sup>th</sup> St, Miami, FL 33165 (Guarantor)*	Approximately	119,138

**Part D – Income**

School Board of Miami-Dade – 1450 NE 2 <sup>nd</sup> Avenue, Miami, FL 33132	84,470
Miami-Dade Board of County Commissioner – 111 NE 1 <sup>st</sup> Street, #2620, Miami, FL 33128	55,991
Tement Employment, Inc. – 1445 Ross Avenue, #1400, Dallas, TX 75202	3,850

\* Commissioner Sosa co-signed as a guarantor and responsible party in the mortgage of her sons' personal residence. Commissioner Sosa's name is not on the Title or Deed of the property.



