

**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 Utility Bill
 Voter Information Card Homestead Exemption Receipt
 Property Tax Receipt Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, JAVIER D. SOUTO

(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 COUNTY COMMISSIONER, 10
 (Office) (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.

2018 JUN -7 PM 1:21
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Candidate's Florida Voter Registration Number (located on your voter information card): 109007223

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.]

HA - V - EHR SO - UH - TO


X Javier Souto (305) 221-4675 jdsouto@bellsouth.net
 Signature of Candidate Telephone Number Email Address
2620 S.W. 115 Ave. MIAMI FLORIDA 33165
 Address City State ZIP Code

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me this 6th day of June, 2018.


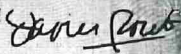
Personally Known: X or
 Produced Identification: _____
 Type of Identification Produced: _____

Signature of Notary Public MIRIAM RIVERO
 Print, Type, or Stamp Commission # FF163025
 EXPIRES: October 24, 2018

Florida *The Sunshine State*
DRIVER LICENSE CLASS E



**JAVIER DE JESUS
SOUTO**
2620 SW 115 AVE
MIAMI, FL 33165-2127
DOB: 12-15-1938 SEX: M
ISSUED: 12-03-2010 HGT: 5-10
EXPIRES: 12-16-2018
REST: A
ENDORSE:



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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OF FINANCIAL INTERESTS

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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
 Javier D. Souto

MAILING ADDRESS:
 2620 SW 115 Avenue

CITY: Miami ZIP: 33165 COUNTY: Miami-Dade

NAME OF AGENCY:
 Miami-Dade County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 County Commissioner District 10

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 \$ 946,000.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home 2620 SW 115 Avenue, Miami FL 33165	\$450,000
Apt 1- 3551 SW 9 Terrace MIAMI FL 33135	\$120,000
Apt 2- 2301 SW 27 Avenue MIAMI FL 33145	\$275,000
Briny Breeze \$159,000 - CD Banks + Car \$368,500	\$518,500

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home 2620 SW 115 Avenue, Miami FL 33165	\$115,000
Apt 2- 2301 SW 27 Avenue MIAMI FL 33145	\$300,000
Credit Cards	\$2,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
Miami-Dade County	111 NW 1 ST MIAMI FL 33128	\$47,737

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 6]

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

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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.

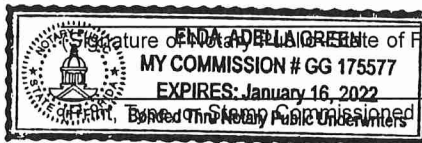
OATH

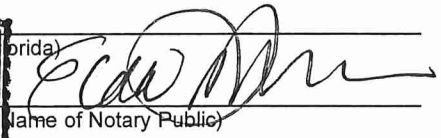
STATE OF FLORIDA
 COUNTY OF Miami Dade

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.

Sworn to (or affirmed) and subscribed before me this 7th day of June, 2018 by Javier Souto






 Name of Notary Public

Personally Known OR Produced Identification

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7359992

RECEIVED FROM: Javier D. Souto

DATE: 6 / 7 / 2018 (MONTH, DAY, YEAR)

ADDRESS: 2620 SW 115th Ave (STREET ADDRESS)

CASH \$ (Amount)

Miami (CITY), FL (STATE), 33165 (ZIP)

CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND 00/100 CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying fee - County Commissioner Dist. 10

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

DEPT.: Elections BY: Yolanda Washington

FOR OFFICE USE ONLY

Table with columns: TRANS, SUBSIDIARY, INDEX CODE, SUBJECT, AMOUNT. The table is currently empty.

107.01-1 6/04

JAVIER D SOUTO CAMPAIGN
2620 SW 115th Ave
Miami, FL 33165

June 7 / 2018 (DATE)

PAY TO THE ORDER OF: Miami-Dade County - THREE HUNDRED & SIXTY DOLLARS \$ 360.00

REGIONS FOR Qualifying Fee County Commissioner Dist 10

Javier Souto (Signature)

Hotland Clarke

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