MIAMI-DADE COUNTY	OFFICE USE ONLY			
CANDIDATE OATH –	Proof of residency provided:	C. St. Cat. Cell. Switch advise Press.		
NONPARTISAN OFFICE	Proof of residency provided.			
(Do not use this form if a Judicial or School Board Candidate)	☐ Driver's License	Utility Bill		
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	Voter Information Card Property Tax Receipt	Homestead Exemption Receipt Lease Agreement		
☐ Write-in candidate				
	DATE OATH 1, Florida Statutes)			
I. Sophia Lacayo	-,			
(Print name above as you wish it to appear on the ballot. If your la (See page 2 — Compound Last Names). No change can be made after the ballot, the name must be printed above for oath purposes.)	- 1, 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m - 1 m			
am a candidate for the nonpartisan office of Miami-Dade Co	ounty Commissioner	District 12		
Posterior de la companya del companya de la companya del companya de la companya	(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 Thave read the foregoing Oath of Candidate and that the facts stated in such are true.				
Candidate's Florida Voter Registration Number (located on you	r voter information card): $\frac{12^4}{12^4}$	1137409		
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.] so-fi-a La-ka-yo				
x & Clly (786	s) 376-6651 so	pphia@sophialacayo.com		
Signature of Candidate Tele	phone Number	Email Address		
10560 NW 68 Terrace Dor	al FL	33178		
Address City	State	ZIP Code		
STATE OF FLORIDA				
COUNTY OF Miami-Dade	^			
Sworn to (or affirmed) and subscribed before me by physical or online or presence this day of the presence the pr				



Voter Information Card Miami-Dade County, FL

Tarjeta de Información del Elector Condado de Miaroj-Dade, El

> Kat Enfòmasyon Votè Konte Miami-Dade, FL

Sophia Gruttshenka Lacayo Siero 10560 NW 68Th Ter Doral FL 33178

ISSUED EMITTEDA ENPRIME

Bring photo identification when voting.

02/16/21

Para votar, presente una identificación con fotografía.

Registration No. Núm. de Inscripción Nim. Enskripsyon

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

121137409

Voting Location | Centro de Votación | Lokal Biwo Vot

Ronald W. Reagan/Doral Senior High S 8600 NW 107 Ave

Precinct No. Núm. del Recinto Nim. Biwo Vôt Date of Birth Fecha de Nacimiento Dat Nesans Registration Date Fecha de Inscripción Dat Enskripsyon

462

7/14/1978

9/9/2013

Party Affiliation | Affiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Christina White
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

with are eligible to vitte for the representatives from the districts insteal below.

Led, punde vinar per los representantes de los distritos enumerodos abajo.

W elijib pou w vote pou reprezentan ki nan distrik ki ekri anba la yo.

Congress Congreso Kongrè 25 State Senate Senado Estatal Sena Eta

36

State House Cámara Estatal Lachanm Eta

thanm Eta 103

County Commission Comission del Condado Komisson Konte School Board Junta Escolar Asanble Edikasyon

5

Community Council Consejo Comunitario Konsey Kominote

12

N/A

Municipality | Municipio | Minisipalite

DORAL



2022 JUN-9 PM 12: 21
HIANI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6 FULL AND PUBLIC DISCLO	DSURE	2021
Please print or type your name, mailing address, agency name, and position below:	STS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		
Lacayo, Sophia		
MAILING ADDRESS:		72
10560 NW 68th Terrace		
		RECEI
CITY: ZIP: COUNTY:		SIA 6
Doral 33178 Miami-Dade		
NAME OF AGENCY :		AGG I
Miami-Dade County Commission		JE S
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami-Dade County Commissioner - District 12		PHIZ: 21 E COUNTY E PARTMENT
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, 2021 or a more of culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so plotted. My net worth as of $\frac{\text{June 7}}{\text{June 7}}$, 20 $\frac{22}{\text{June 8}}$ was \$ $\frac{24}{\text{June 9}}$	ease see the instruction	200 PM 100 PM 10
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and nume furnishings; clothing; other household items; and vehicles for personal use, whether owned or I The aggregate value of my household goods and personal effects (described above) is \$	ismatic items; art objects; l eased.	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ns p.4)	VALUE OF ASSET
See Part B Assets attached.		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):		
NAME AND ADDRESS OF CREDITOR	ì	AMOUNT OF LIABILITY
See Part C - Liabilities attached.		
DOTE STORE OF STANDARD STANDAR		
IOINT AND SEVERAL HARMITIES NOT REPORTED ABOVE.		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	i i	AMOUNT OF LIABILITY
None		

		PART D IN	COME		
copy of your 2021 federal incor attaching your returns, as the la	ne tax return, including all W2s	, schedules, and at e posted to the Cor urn and all W2's, so	tachments. Please redact any nmission's website. hedules, and attachments.	ory sources of income. Or attach a complete social security or account numbers before of Part D.]	
PRIMARY SOURCES OF INCO	OME (See instructions on pag	je 5):			
NAME OF SOURCE OF INC			RESS OF SOURCE OF INCO	OME AMOUNT	
See Part D - Income atta	ached.				
		,			
SECONDARY SOURCES OF I	NCOME [Major customers, clie	nts, etc., of busines	sses owned by reporting person	on-see instructions on page 5]:	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None			1		
	PART E INTERESTS IN	SPECIFIED BI	ISINESSES Unstructions	on page 61	
	BUSINESS ENTITY #		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	None	None		None	
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS				- B	
ACTIVITY POSITION HELD				23 73	
WITH ENTITY I OWN MORE THAN A 5%					_
INTEREST IN THE BUSINESS				35 1	
NATURE OF MY OWNERSHIP INTEREST					
PART F - TRAINING This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6] I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
0	ATH	STATE OF I	LORIDA	(0	
		COUNTY O		for me by means of	
I, the person whose name app beginning of this form, do dep		Physical	presence or and subscribed be	fore me by means of ization, this day of	
and say that the information d		lune	2/22 m	Sophia Lacayo	
and any attachments hereto is		2014	111,2	30/11-2 1-0(0170	8
and complete.		(Signature o	f Notary Rubit - State of Fion	ENRIQUE YABOR Notary Public - State of Florida	Ü
X 1)	11110	(D) I T	V 90	Commission # HH 060866	
M	lect			Bonded through National Notary Assit.	
SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDATE	Personally k	nown	+obacea identification	
		Type of Ider	tification Produced		*****
		3, or attorney in go	ood standing with the Florid	a Bar prepared this form for you, he or	œ.
she must complete the follow				th A.t. II. Co C. Florido Constitution	
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.					
and correct.	tutes and the instructions to	the form, opon n			
- What				6-9-2022	
and a second	re C		6		

MIAMI-DADE COUNTY

Part B Assets			
Household goods and personal effect	<u></u>		\$ 475,000.00
Cash - Bank Accounts	Bank of America	\$ 12,098.00	
8	Wells Fargo	\$ 86,283.81	
	Bank of America	\$ 18,000.00	\$ 116,381.81
Loan to Ana Maria Siero			\$ 125,000.00
Lacayo Trade Group, Inc.	100% owned by Sophia Lacayo		\$ 10,520,000.00
QC Tax Pro System, LLC	100% owned by Sophia Lacayo		\$ 4,825,000.00
MTL Nationwide Group, LLC	30% owned by Sophia Lacayo - value of 1	100% is \$450,000	\$ 135,000.00
PW Empoderate Organization Corp	100% owned by Sophia Lacayo		\$ 250,000.00
Mujer Empoderate Org, Inc.	100% owned by Sophia Lacayo		\$0.00 Non profit
Lacayo Trade Franchasing Inc.	100% owned by Sophia Lacayo		\$ 750,000.00
Lacayo Trade Franchising I	nc, is the holding company for:		
QC Pro Sweetwater, Inc.	100% owned by Lacayo Trade Franchising	g, Inc.	
QC Pro South Miami, Inc.	100% owned by Lacayo Trade Franchising	g, Inc.	
QC Pro Airport, Inc.	100% owned by Lacayo Trade Franchising	g, Inc.	
QC Pro Hialeah, Inc.	100% owned by Lacayo Trade Franchising	g, Inc.	
QC Trade Group, LLC	100% owned by Sophia Lacayo		\$ 230,000.00
Lacayo Real Estate Group, LLC	100% owned by Sophia Lacayo		\$ 7,380,000.00
Lacayo Trading Group, Inc.	100% owned by Sophia Lacayo		\$0.00
TOTAL			\$ 24,806,381.81
Part C - Liabilities			
Credit card - Capital One			\$1,500
TOTAL			\$1,500
Part D- Income			
		K-1 Income	Salary
Lacayo Trade Group, Inc. 20	of NW 107 tre, sente 200, Deval FL	- 33178	\$360,000
QC Trade Group, LLC	" " " "	\$ 18,824.40	\$36,000
PW Empoderate Organization Corp	1, " " " " "		\$36,000
	1, ,, (6 1)	\$ 47,746.95	\$72,000
QC Tax Pro System, LLC	1) 11 11 11	\$ 189,750.51	\$144,000
TOTAL		\$ 256,321.86	\$648,000

TOTAL INCOME

\$904,321.86

100	ASSES NO.
MIAMI-DAD	E
COUNTY	

OFFICIAL RECEIPT

No.7900398

OUNTY OUNTY	MIAMI-DADE COUNTY	–FLORIDA	6	06 09	22
	RECEIVED FROM SOO	na Locayo	DATE	MONTH DAY	YEAR
	ADDRESS 10566	NW 68 Tellace		\$	_·
	Doral	STREET ADDRESS 33	CHECKS	s 360	00
AMOUNT OF:_	MOS MUND (69)	SIXTY DOLLARS, AND CO.CO	ZIP CENTS TOTAL	s 360	∞_
or Payment	m. I	5 -1 0	missione	District 12	
	1 1	ATED, COMPLETED AND SIGNE			ARTMENT.
DEPT.:	electors	. By:	(11,0)	astro	
FOR OFF	ICE USE ONLY				
Trans	SUBSIDIARY	INDEX CODE	SUBOBJECT	Amount	*
07.01-1 6/04					
		Sophia Lacayo- Carm	ogian Account	-	
	1 (2)				0099
	1		_6-	9-2022 Date	
	Pa	y to the Migmi-Dade	Court	1\$ 360	wh
	, Oi		2	Dollars	Security Features Dotalis on
	4.7	thee hundled Sixty	77	- Delidis	Features Details on Back.
		FARGO Florida wellstargo.com			
	-	Mani-Dade lany Com	hict 12 t	61100	MP
	- I-	Mayni- Dade (Box 9 Com)	TI SI CON PER PROPERTY OF THE	A CONTRACTOR OF THE PARTY OF TH	Printed Associated States and Associated States
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