

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

ELECTIONS ADMINISTRATION
09 MAY -6 PM 12:00
MAY 6 2009

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Rebeca Sosa	1. Address (include post office box or street, city, state, zip code) 6386 SW 10th Street, Miami, FL 33144
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Telephone (optional) (305) 266-0546	2. Party (Partisan candidates only) -----	3. Office (add district, circuit, group number) Commissioner District 6
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Carlos M. Trueba, CPA

5. Mailing Address (If post office box or drawer add street address) 1985 NW 88th Court, Suite #101	6. Telephone 305-593-2644
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7. City Doral	8. County Miami-Dade	9. State Florida	10. Zip Code 33172
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank City National Bank	12. Street Address 8725 NW 18th Terrace
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13. City Miami	14. County Miami-Dade	15. State Florida	16. Zip Code 33172
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17. Signature of Candidate  Date **4/30/09**

Campaign Treasurer's Acceptance of Appointment

I, Carlos M. Trueba , do hereby accept the appointment as
(Please Print or Type)

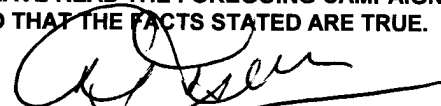
Campaign Treasurer Deputy Treasurer for the campaign of Rebeca Sosa

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Commissioner District 6

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

April 30, 2009
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

09 JUN 23 PM 2:42

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Rebeca Sosa	1. Address (include post office box or street, city, state, zip code) 6386 SW 10th Street, Miami, FL 33144
----------------------------------	---

Telephone (optional) (305) 266-0546	2. Party (Partisan candidates only) -----	3. Office (add district, circuit, group number) Commissioner District 6
--	--	--

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Manuel Feijoo

5. Mailing Address (If post office box or drawer add street address) 2221 Country Club Drive	6. Telephone 305-260-9248
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7. City Coral Gables	8. County Miami-Dade	9. State Florida	10. Zip Code 33144
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank City National Bank	12. Street Address 8725 NW 18th Terrace
--	--

13. City Miami	14. County Miami-Dade	15. State Florida	16. Zip Code 33172
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17. Signature of Candidate <input checked="" type="checkbox"/> 	Date 4/30/09
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Campaign Treasurer's Acceptance of Appointment

I, Manuel Feijoo , do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Rebeca Sosa

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Commissioner District 6

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

4/30/09
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

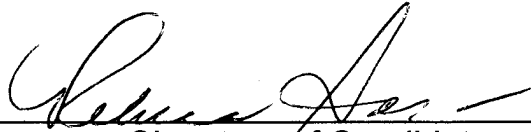
(Please Type)

OFFICE USE ONLY

FLORIDA CAMPAIGN
FINANCING DEPARTMENT
ELECTRONIC DEPARTMENT

09 MAY -6 PM 12:52

I, Rebeca Sosa,
candidate for the office of Commissioner District 6;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

4/30/09
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).

Receipt of Handbook and the
Election Laws of the State of Florida



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Rebecca

First Name

Middle Name

Sosa

Last Name

County Commissioner District #6
Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook			<input type="checkbox"/>	
Electioneering Committee Handbook			<input type="checkbox"/>	

Received by: _____

Rebecca Sosa

Candidate/Chairperson Signature

Date: _____

6/10/10

Phone No.: _____

305-266-0546

Fax No.: _____

E-mail address: _____

Rebsosa@aol.com

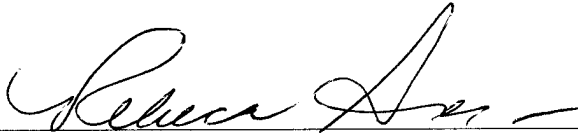


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, Rebeca Sosa, candidate for the office of Commissioner District 6, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed electronically simultaneously with and in addition to the original signed report, I further declare that:

- I will use the software provided by the Supervisor of Elections.


Signature of Candidate

4/30/09
Date

Day Time Phone No.: 305-593-2644 ext 107

E-mail address: cpazos@rtc-cpa.com

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
09 MAY -6 PM 12:52

**LOYALTY OATH FOR MIAMI-DADE COUNTY
COUNTY COMMISSIONER**

(Sections 876.05-876.10, Florida Statutes)

2010 JUN 10 11:48

STATE OF FLORIDA Miami-Dade County

I,	<u>Rebeca</u>		<u>Sosa</u>
	First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Rebeca Sosa

(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 office of **Miami-Dade County Commissioner** District # 6

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.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license property tax receipt homestead exemption receipt
 utility bill lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

<u>X</u> <u>Rebeca Sosa</u>	<u>305-266-0546</u>	<u>Rebs03@aol.com</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>6386 SW 108th West Ham.</u>	<u>FL</u>	<u>33144</u>
Address	City	State
		Zip Code

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.
**State of Florida,
 County of Miami-Dade**

Sworn to (or affirmed) and subscribed before me this 1 day of June, 20010 by _____.

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

Gloria Palacios
 Signature of Notary Public - State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public



OFFICIAL RECEIPT
MIAMI-DADE COUNTY - FLORIDA

No. 5997452

RECEIVED FROM Rebeca Sosa

DATE 6 / 10 / 10
MONTH DAY YEAR

ADDRESS 1985 NW 88 COURT STE. 101
STREET ADDRESS

CASH \$ _____

Doral CITY FL STATE 33172 ZIP

CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND NO CENTS

TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Comm. Dist 6

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

DEPT.: ELECTIONS BY: MARIA ACOSTA

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1006

REBECA SOSA CAMPAIGN ACCOUNT
1985 NW 88TH COURT STE. 101
DORAL, FL 33172

CITY NATIONAL BANK
OF FLORIDA
MIAMI, FLORIDA 33172
63-436-660

6/8/2010

PAY TO THE ORDER OF Board of County Commissioners

\$ **360.00

Three Hundred Sixty and 00/100*****

DOLLARS

Board of County Commissioners
111 NW 1st Street
Miami, FL 33128

[Redacted Signature Area]

MEMO

Qualifying Fees

AUTHORIZED SIGNATURE

REBECA SOSA CAMPAIGN ACCOUNT

Board of County Commissioners

Qualifying Fees

6/8/2010

1006

360.00

Security features. Details on back.