

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED

2010 JUN 11 PM 2:13

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Javier D. Souto

3. Address (include post office box or street, city, state, zip code)

2620 SW 115 Avenue
Miami, Florida, 33165

4. Telephone (optional)

(305) 221-4675

5. E-mail address (optional)

javiersoutocampaign@gmail.com

6. Office sought (include district, circuit, group number)

County Commission District 10

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Laura Cepero

11. Mailing Address (If post office box or drawer, also include street address)

1550 NW 100 Way

12. Telephone

(305) 495-8141

13. City

Plantation

14. County

Broward

15. State

Florida

16. Zip Code

33322

17. E-mail address (optional)

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Regions Bank

20. Street Address

9798 Coral Way

21. City

Miami

22. County

Dade

23. State

Florida

24. Zip Code

33165

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

June 4, 2010

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Laura Cepero, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

June 4, 2010

Date

X

Cepero
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Javier D. Souto,

candidate for the office of County Commissioner for District 10;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

June 4, 2010

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).

RECEIVED

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



2010 JUN 11 PM 2:13

Candidate/Chairperson: MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Javier D. Souto
First Name Middle Name Last Name

County Commissioner for District 10
Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Table with 5 columns: Handbooks Available, Edition, Downloaded from Internet, CD-Rom, Other. Rows include 'The Election Laws of the State of Florida', 'Miami-Dade County Qualifying Handbook', 'Committee Handbook', and 'Electioneering Committee Handbook'.

Received by: [Signature]
Candidate/Chairperson Signature

Date: June 4, 2010

Phone No.: (305) 221-4675

Fax No.:

E-mail address: javiersoutocampaign@gmail.com

RECEIVED Campaign Treasurer's Report
Electronic Filing Requirements
2010 JUN 11 PM 2:13 for Miami-Dade County



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- Candidate (office sought): County Commissioner for District 10
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Javier D. Souto
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Signature of Candidate or Chairperson

June 4, 2010

Date

Day Time Telephone No: (305) 793-0052

Email Address: javiersoutocampaign@gmail.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

LOYALTY OATH FOR MIAMI-DADE COUNTY

COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

2010 JUN 11 PM 2:13

I,

Javier

D.

Souto

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,

Javier D. Souto

(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 10

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.

X

305-793-0052 javiersoutocampaign@gmail.com

Signature of Candidate

Daytime Telephone Number

Email Address

Address 2620 SW 115th Avenue City Miami State FL Zip Code 33165

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 11th day of June, 20010 by

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



