FORM 6

# FULL AND PUBLIC DISCLOSURE OF

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

2012

# PROCESSED

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\*\*\*\*\*\*\*\*\*\*AUTO\*\*MIXED AADC 323 T8 P1 28

Javier D Souto

County Commissioner, District 10

Miami-Dade County

**Elected Constitutional Officer** 

Ste 2 320 111 Nw 1st St

Miami, FL 33128-1930

COMMISSION ON ETHICS DATE RECEIVED

JUL 0 1 2013

ID Code



ID No

30784

Conf. Code

P. Req. Code \*\*\*\*\*

Souto, Javier D

**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, 2012, 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.]

ecomber 31, 20/2 was \$ 621,000.

#### 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.

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** one 2620 SW 115 AVE 33/65 35513W9 terrace - Cond.

LUXOR CONDO 2301 SW 27th AVE

D. S, SAVINGS : Ocean Bank, Regions Univ Credit Union

000 000

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY /33*,00*6 /<del>)</del>,000 000 12,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

			PART D	INCOME				
You may <b>EITHER</b> (1) file a comple identifying each separate source b, below.	te copy of yo and amount	our 2012 federal in of income which	ncome tax retu exceeds \$1,00	ırn, <i>including all</i> 00, including se	W2's, schedules, and attached and attached are sources of incommendations.	tachments, <b>(</b> me, by comp	<b>DR</b> (2) file a pleting the	a sworn statement remainder of Part
I elect to file a copy of my [If you check this box and	2012 federa	al income tax retu by of your 2012 ta	rn and all W2' ax return, you	s, schedules, a need not compl	nd attachments. ete the remainder of Par	t D.]		
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOM	e 5):	ADDRESS OF SOURCE OF INCOME (WILL)			AMOUNT			
Higni Dade Cou	nty P	poard of	County	6mm	issioners	Other	46,	813
Social Securit	3		/	2, 171, 11111		( Sour	24	283
TRA Interes	Ban	anks				000		
		<del></del>						
SECONDARY SOURCES OF INC NAME OF BUSINESS ENTITY	NA	r customers, clier ME OF MAJOR : OF BUSINESS' II	SOURCES		d by reporting personse ADDRESS OF SOURCE	F	RINCIPAL	5]: BUSINESS OF SOURCE
							n. a granna makawakisa	Control of the contro
DA	DT F IN	TEDESTS IN	CDECIEIE	D BUCINES	SES [Instructions on	nage 61		
ra.		SINESS ENTITY:	_		SS ENTITY # 2		SINESS E	NTITY # 3
NAME OF		SINESS ENTITY	# 1	BOOME	00 211111 1 1 2	20	OITEOO E	
BUSINESS ENTITY ADDRESS OF								
BUSINESS ENTITY PRINCIPAL BUSINESS								
ACTIVITY	<del>.</del>							
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST				anna tilliggi me a takka a de Chile adamik atamik		anne a communicación de acción de	magnetic metalogy to galactic com-	
IF ANY OF PARTS A	THROU	GH E ARE CO	ONTINUED	ON A SEPA	RATE SHEET, PLE	ASE CHE	СК НЕІ	RE 🗌
ОАТН				STATE OF FLORIDA DADE				
I, the person whose name appears at the				Sworn to (or affirmed) and subscribed before me this 2ch day of				
beginning of this form, do depose		affirmation		`				_ `
and say that the information disclosed on this form				Jone , 20/3 by Javier D. Souto				
and any attachments hereto is tru	e, accurate,				* (			, i
and complete.				(Signature of Notary PublicState of Florida)				
				MIRIAM RIVERO				
Just mit.				MY COMMISSION # EE15325 EXPIRES: October 24, 2014				
			(Pr	(Print, Type, or Stamp Commission of Paris, of Notary Politician Assoc Co.				
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE				Personally Known OR Produced Identification				
				Type of Identification Produced				
					1976 <u>  19</u> 11 1723 2000 <u> </u>			
FILING INSTRUCTIONS for w INSTRUCTIONS on who mus	hen and w t file this f	here to file thi	s form are le	ocated at the pegin on page	top of page 3.			

OTHER FORMS you may need to file are described on page 6.