

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**

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

LAST NAME — FIRST NAME — MIDDLE NAME

Sosa, Rebeca

MAILING ADDRESS:

1000 SW 57th Avenue

Suite 201

CITY:

West Miami

ZIP:

33144

COUNTY:

Miami-Dade

NAME OF AGENCY:

Elected Constitutional Offices

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner District 6

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE USE ONLY:

64832

FLORIDA
COMMISSION ON ETHICS

JUN 07 2019

RECEIVED
PROCESSED**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2018 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 18 was \$ 550,000.**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 \$ Approximately \$25,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See Attached

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See Attached

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2018 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
See Attached		

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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			

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

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.

STATE OF FLORIDA
COUNTY OF

MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 3rd day of

June, 2019 by Rebecca SOSA

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☒

Statement attached to and made a part of Form 1
Full and Public Disclosure of Financial Interest for Rebeca Sosa
Commissioner – District 6
Miami-Dade, County
2018

Part B – Assets

Residence at 6386 SW 10 St, Miami, FL	Approximately	419,353
Bank Account – Interamerican Bank (checking & savings) Jointly with children	Approximately	116,836
Trust Mark- Life Insurance	Approximately	2,500
Joint bank account w/children – Interamerican Bank	Approximately	1,760
Joint bank account w/children – Interamerican Bank	Approximately	10,228

Part C– Liabilities

Interamerican Bank – 9090 SW 24 th St, Miami, FL 33165 (Home Equity Line)	Approximately	26,227
Mazda Credit Card (Co-signer)	Approximately	5,168

Part D– Income

School Board of Miami-Dade – 1450 NE 2 nd Avenue, Miami, FL 33132	84,470
Miami-Dade Board of County Commissioner – 111 NE 1 st Street, #2620, Miami, FL 33128	55,991
Tement Employment, Inc. – 1445 Ross Avenue, #1400, Dallas, TX 75202	3,850