

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

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MIAMI-DADE
ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)

Antonio Miguel Miyar

1950 W Oakmont Dr.
Hialeah FL 33015

4. Telephone (305) 898 8239 5. E-mail address tonymiyar@yahoo.com

6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:
Mayor Miami Dade 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
Duysevi Karan-Miyar

11. Mailing Address 1950 W Oakmont Dr. 12. Telephone (305) 984 8994

13. City Hialeah 14. County Dade 15. State FL 16. Zip Code 33015 17. E-mail address tonymiyar@yahoo.com

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

19. Name of Bank Bank Atlantic 20. Address 1455 W 49th St

21. City Hialeah 22. County Miami-Dade 23. State FL 24. Zip Code 33012

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 2/13/2012 26. Signature of Candidate

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Duysevi Karan-Miyar, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/13/2012
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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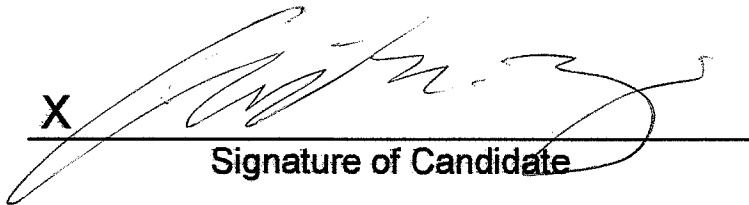
I, Antonio M. Myar,

candidate for the office of Mayor of Miami Dade;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X


Signature of Candidate

2/13/2012
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**



Candidate/Chairperson:

Antonio Miguel Miyar
 First Name Middle Name Last Name

Mayor - Miami Dade County
 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"/>	
Miami-Dade County Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Received by:

[Signature] 2/13/2012
 Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305-8988239

Alternate Contact Number: 305-9848994

Email Address: tonymiyar@yahoo.com

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



Candidate (office sought): Antonio Miyar (Mayor-Dade) ^{Miami}

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Antonio Miyar
(Please print name of Candidate or Chairperson)

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understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

[Signature]
Signature of Candidate or Chairperson

2/13/2012
Date

Day Time Telephone Number: 305-898 8239

Alternate Contact Number: 305-984 8994

Email Address: tonymiyar@yahoo.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.

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Tony Miyar

(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 nonpartisan office of Mayor of Miami Dade County
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; 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 am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X

[Signature]
Signature of Candidate

305 898 8239
Telephone Number

tonymiyar@yahoo.com
Email Address

19510 W Oakmont Dr. Hialeah FL
Address City State

33015
Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109151624

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of February

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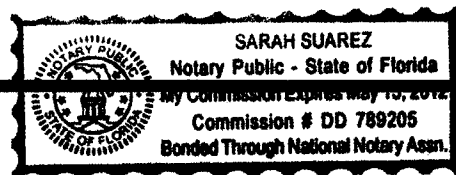
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:

[Signature]

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



PUBLIC FINANCING ACKNOWLEDGEMENT STATEMENT

(Miami-Dade Code Section 12-22)

(Please Type or use Blue Ink)

I, Antonio M. Miyar,

Candidate for the Office of; Mayor of Miami-Dade

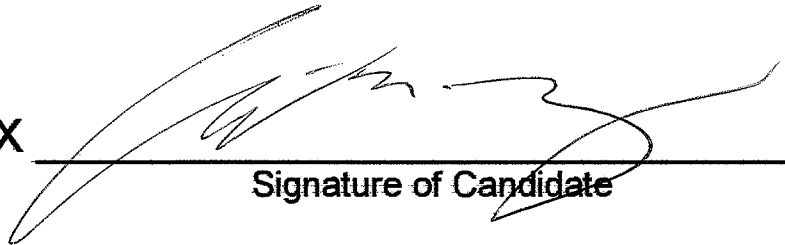
have received, read, understand and agree to abide by Section 12-22 of the Miami-Dade County Code regarding the Election Campaign Financing Trust Fund.

MIAMI-DADE
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Signature of Candidate

2/13/2012

Date



MIAMI-DADE COUNTY
 IRREVOCABLE STATEMENT
 AND APPLICATION FOR ELECTION
 CAMPAIGN FINANCING TRUST FUND

For Participation in
 Initial and Runoff Elections
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(PLEASE TYPE OR USE BLUE INK)

1. Name of Candidate (First Name, Middle Initial, Last Name) Antonio M. Miyar	2. Address (include post office box or street, city, state, zip code) 19510 W Oakwood Dr. Hialeah FL 33015
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3. Telephone (optional) (305) 898 8239	4. E-mail address: tonymiyar@yahoo.com	5. Fax: (305) 677 0133
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6. Office <input checked="" type="checkbox"/> Miami-Dade County Mayor <input type="checkbox"/> Miami-Dade County Commissioner	7. (District number if applicable)
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8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter. I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

- a) I agree to abide by the expenditure limits provided Subsection (e)(1).
- b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
- c) I agree to submit to audits of the campaign account by the Commission on Ethics and Public Trust as provided in Subsection (f)(3).
- d) As a candidate for County Commissioner receiving **Public Funds**, I agree to submit at least 300 but not over 360 separate contributions between \$100 and \$500 from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$30,000 as per Subsection (c)(5)a. At least 50% of the contributions are from my district (for the 2006 election cycle).
- e) As a candidate for Mayor receiving **Public Funds**, I agree to submit at least 1,500 but not over 1,800 contributions between \$100 and \$500 dollars from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$150,000 as per Subsection (c)(5)b.

9. Signature of Candidate 	10. Date 2/13/2012
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Request for Funds

Please choose **one** of the following options:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

Name of Receiving Financial Institution: Bank Atlantic ABA #:

Name of Beneficiary Account: Campaign Account of Miyar for Mayor Beneficiary Account #:
Antonio Miyar (Tony Miyar)

I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

Campaign Account of Tony Miyar
 Name of Candidate

2/13/2012 Date Signature of Candidate