

**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 COUNTY
ELECTIONS DEPARTMENT

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)

OMAR FERNANDEZ

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

2950 SW 113 AVENUE
MIAMI, FLORIDA 33165

4. Telephone

(786) 664-8434

5. E-mail address

omarez24@gmail.com

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

MIAMI DADE COUNTY
COMMUNITY COUNCIL #10/105

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

OMAR FERNANDEZ

11. Mailing Address

2950 SW 113 AVENUE

12. Telephone

(786) 664-8434

13. City

MIAMI

14. County

MIAMI
DADE

15. State

FLORIDA

16. Zip Code

33165

17. E-mail address

omarez24@gmail.com

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

19. Name of Bank

CHASE BANK

20. Address

2495 NW 87 AVENUE

21. City

MIAMI

22. County

MIAMI
DADE

23. State

FLORIDA

24. Zip Code

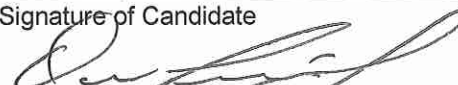
33172

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

06/11/2014

26. Signature of Candidate

X 

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

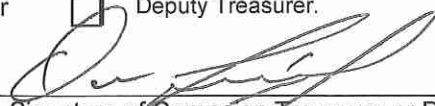
I, OMAR FERNANDEZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/11/2014

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS DEPARTMENT

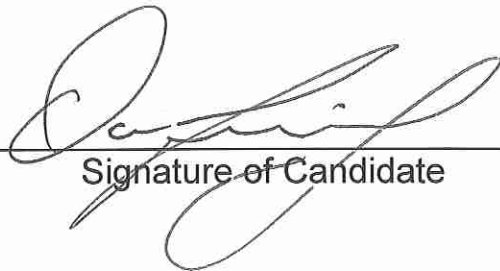
I, OMAR FERNANDEZ ,

candidate for the office of MIAMI DADE COUNTY COMMUNITY COUNCIL #10/105 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

06/11/2014

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).



Access to Handbook and the
Election Laws of the State of Florida

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

OMAR

FERNANDEZ

First Name

Middle Name

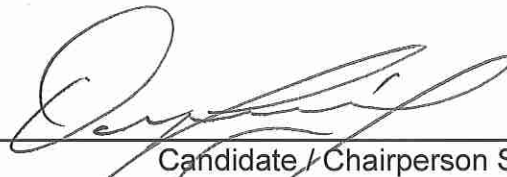
Last Name

MIAMI DADE COUNTY COMMUNITY COUNCIL #10/105

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: 
Candidate / Chairperson Signature

Date: 06/11/2014

Primary Telephone Number: 786-664-8434

Alternate Telephone Number: _____

E-mail address: omare24@gmail.com

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

Candidate (office sought): MDC COMMUNITY COUNCIL #10/105

Candidate's Florida Voter Registration Number: 109446937

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, OMAR FERNANDEZ
(Please print name of Candidate or Chairperson)

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.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

 06/11/2014
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 786-664-8434

Alternate Contact Number: _____

Email Address: omare24@gmail.com

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