

RECEIVED

2014 JUN 17 AM 11:51

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

DANIEL DIAZ

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

9735 SW 73 STREET MIAMI, FLORIDA 33173

4. Telephone

(786) 477-3973

5. E-mail address

DDCCEK123@GMAIL.COM

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

MIAMI DADE COUNTY COMMUNITY COUNCIL #12/123

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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

DANIEL DIAZ

11. Mailing Address

9735 SW 73 STREET

12. Telephone

(786) 477-3973

13. City

MIAMI

14. County

DADE

15. State

FLORIDA

16. Zip Code

33173

17. E-mail address

DDCCEK123@GMAIL.COM

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

19. Name of Bank

TD BANK

20. Address

11480 NORTH KENDALL DRIVE

21. City

MIAMI

22. County

DADE

23. State

FLORIDA

24. Zip Code

33176

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

06/16/2014

26. Signature of Candidate

[Handwritten Signature]

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

I, DANIEL DIAZ, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

06/16/2014

Date

[Handwritten Signature]

Signature of Campaign Treasurer or Deputy Treasurer



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

RECEIVED
2014 JUN 17 AM 11:51
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

DANIEL

DIAZ

First Name

Middle Name


Last Name

MIAMI DADE COUNTY COMMUNITY COUNCIL #12/123

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: 06/16/2014

Primary Telephone Number: 786-477-3973

Alternate Telephone Number: _____

E-mail address: DDCCEK123@GMAIL.COM

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

RECEIVED

2014 JUN 17 AM 11:51

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate (office sought): MDC COMMUNITY COUNCIL #12/123

Candidate's Florida Voter Registration Number: 121728640

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, DANIEL DIAZ
(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.

 06/16/2014
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 786-477-3973

Alternate Contact Number: _____

Email Address: DDCCEK123@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.



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 7064033

RECEIVED FROM Daniel Diaz
 ADDRESS 9735 SW 73 Street
MIAMI CITY FL STATE 33173 ZIP

DATE 6 / 17 / 14
MONTH DAY YEAR

CASH \$ _____
 CHECKS \$ 100 . 00
 TOTAL \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee - Community Council 12/123

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
 DEPT.: Elections By: A. Jamesse Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Daniel Diaz Campaign Account
Miami Dade Florida

Date 06/16/14 0099 63-1482/670

Pay to the Order of Miami Dade County \$ 100.00
One Hundred Dollars

TD Bank
 America's Most Convenient Bank®

For Qualifying Fee Community Council 12/123 [Signature] MP