

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

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

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED

2006 JUL 12 PM 3:17

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Xiomara Pazos	1. Address (include post office box or street, city, state, zip code) P.O. Box 661193 Miami Springs, FL 33266
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Telephone (optional) 305-884-1756	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) Commissioner District 6
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Xiomara Pazos

5. Mailing Address (If post office box or drawer add street address) P.O. Box 661193 7550 NW 82 St	6. Telephone 305-884-1756
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7. City Miami Springs - Medley	8. County Miami-Dade	9. State Florida	10. Zip Code 33266 - 33166
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Bank of America	12. Street Address 7400 N.W. 72nd Avenue
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13. City Medley	14. County Miami-Dade	15. State Florida	16. Zip Code 33166
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17. Signature of Candidate <input checked="" type="checkbox"/> <i>Xiomara Pazos</i>	Date July 5, 2006
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Campaign Treasurer's Acceptance of Appointment

I, Xiomara Pazos, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Xiomara Pazos

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Commissioner District 6 . As a duly registered voter in Miami-Dade

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

July 5, 2006
Date

Xiomara Pazos
Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Xiomara Pazos,

candidate for the office of Commissioner District 6;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

July 5th, 2006

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).



Miami-Dade Supervisor of Elections
2700 NW 87th Avenue
Doral, FL 33172 (305) 499-8400

RECEIPT

Candidate:

Xiomara

Pazos

First Name

Middle Name

Last Name

Office: Miami-Dade County Commissioner District # 6

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Commissioner**

MIAMI-DADE
ELECTIONS

2006 JUL 21 AM 9:54

RECEIVED

Received by:

Pazos

Candidate Signature

Date:

July 18th, 2006

*(2004)
Hand
Book
only*



**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

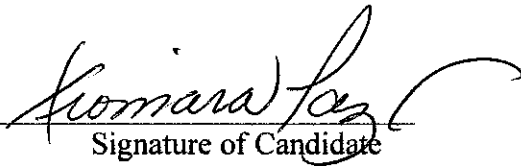
RECEIVED
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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Xiomara Pazos, candidate for the office of Commissioner District 6, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.



Signature of Candidate

July 5th, 2006

Date

305-884-1756

Day time Phone #

Xpazos857@aol.com

E-mail address

MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

Xiomara

First Name

Middle Name/Initial

Pazos

Last Name

2006 JUL 12 PM 3:17

MIAMI-DADE COUNTY
ELECTIONS

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

Xiomara Pazos

(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 office of

Miami-Dade County Commissioner

District #6

(office)

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; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County, and that I have been a resident elector of the district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license property tax receipt homestead exemption receipt
 utility bill lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

Xiomara Pazos
Signature of Candidate

8930 W. Flagler St

Current Address of Legal Residence

() 305-884-1756 ()

Day Phone

Fax Number

()

Other Phone Number

Xpazos857@aol.com

Email Address

Miami

Florida

33174

July 5th, 2006

City

State

Zip Code

Date Signed

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5th day of July, 2006 by Xiomara Pazos

Signature of Notary Public - State of Florida

Personally known to me

Identification provided

Print, Type or Stamp Commissioned Name of Notary Public

Dr. Lie



ANDRES A. YANES

Notary Public, State of Florida
My comm. expires Aug. 28, 2006
No. DD 145740



OFFICIAL RECEIPT
MIAMI-DADE COUNTY - FLORIDA

No. 5331643

RECEIVED FROM Xiomara Pazos

DATE 7 / 12 / 06
MONTH DAY YEAR

ADDRESS 7550 NW 82 ST
STREET ADDRESS
Medley CITY FL STATE 33166 ZIP

CASH \$ _____
CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND NO CENTS

TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Comm Dist. 6

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Security enhanced document. See back for details.

Xiomara Pazos Campaign Account
County Commissioner District 6

0993
63-4/630 FL
1228

PAY TO THE ORDER OF Board of County Commissioners DATE July 5, 2006

Three hundred sixty 00/100 DOLLARS \$ 360.00

Bank of America

FOR _____ Xiomara Pazos

MP

⑈000993⑈ ⑆063000047⑆ 005484542710⑈

GUARDIAN & SAFETY