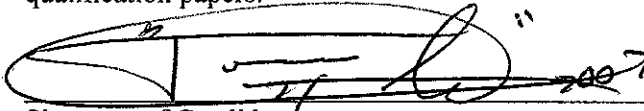


OATH OF WITHDRAWAL

Date: THU, APR 26 2007 6:51PM

I, JOSE G HERNANDEZ RODRIGUEZ, have filed as a candidate for the office of MIAMI DADE COUNTY.

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.


Signature of Candidate

1829 NW 2 CT APT # 2
Address

MIAMI
City,

FLA
State

33136
Zip

Sworn to and subscribed before me this _____ day of _____, 20__.

Signature of Officer Administering the Oath or Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

2007 MAY - 8 PM 2:29

RECEIVED

STATE OF FLORIDA
 APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN DEPOSITORY
 FOR CANDIDATES
 (Section 106.021(1), F.S.)

(PLEASE TYPE)

RECEIVED

2005 DEC 27 AM 11:18

MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: JOSEPH GIRALDO HERNANDEZ RODRIGUEZ
 1. Address (include post office box or street, city, state, zip code):
1829 NW 2 CT #2 MIAMI, FL 33136-0000

Telephone (optional): () 2. Party (Partisan candidates only):
 3. Office (add district, circuit or group number): MIAMI-DADE COUNTY MAYOR

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:
TONYA CHARINDA KORNERGAY

5. Mailing Address (If post office box or drawer add street address):
1829 NW 2 CT APT#2 MIAMI FL 33136
 6. Telephone:

7. City MIAMI 8. County DADE 9. State FL 10. Zip Code 33136-0000

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: BANK OF AMERICA
 12. Street Address:

13. City MIAMI 14. County MIAMI DADE COUNTY 15. State FL 16. Zip Code:

17. Signature of Candidate: X [Signature] Date: DEC/20/2005

Campaign Treasurer's Acceptance of Appointment

I, TONYA CHARINDA KORNERGAY, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of JOSEPH GIRALDO

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

HERNANDEZ RODRIGUEZ . As a duly registered voter in MIAMI DADE COUNTY

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.

DEC/20/2005
 Date

X [Signature]
 Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

RECEIVED
OFFICE USE ONLY

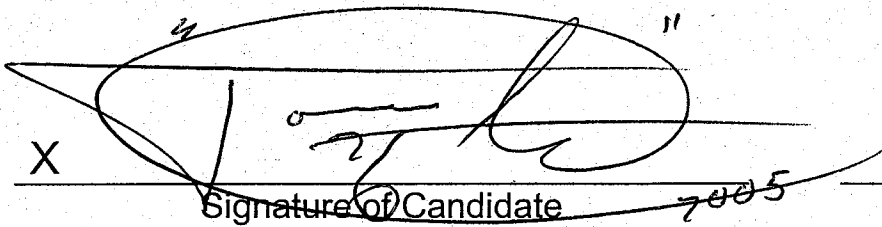
2005 DEC 27 AM 11:18

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Joseph Giraldo Hernandez Rodriguez,

candidate for the office of MIAMI DADE COUNTY;

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

X 
Signature of Candidate 2005

Dec/20/2005
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).