STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Society 100 804(4) 5.9.)	OFFICEOUS HANKY 2 PM 1: Z/	
(Section 106.021(1), F.S.)	ELECTIONS	
(PLEASE TYPE)		
CHECK APPROPRIATE BOX:		
✓ Original Appointment Deputy Treasurer Reap	pointment of Treasurer Secondary Depository	
	de post office box or street, city, state, zip code)	
Wigning MEDDODA	SW 74 ST.	
NIZAMIZ	FL 33173	
Telephone (optional)  2. Party (Partisan candidates only)	Office (add district, circuit, group number)	
(305) 972-4/62	COUNTY COMMESSION DISTRICT	
I have appointed the following person to act as my Campaign Treas	urer Deputy Treasurer	
4. Name of Treasurer or Deputy Treasurer		
ENRIQUE MIGUEL CORTINAS  5. Mailing Address (If post office box or drawer add street address)	6. Telephone	
	(305) 99 Q-3292	
//09	9. State 10. Zip Code	
CORAL GABLES MIAMI - DADE	FL 33146	
I have designated the following named bank as my X Primary Depository Secondary Depository		
11. Name of Bank  BANK UNITED	12. Street Address	
13. City 14. County	21135 BISCAYNE BLVD 15. State 16. Zip Code	
AVENTURA MIAMI-DADE	fc 33180	
17. Signature of Cardidate  X  Acris M  Veners	Date 5/12/06	
Campaign Treasurer's Acceptance	ce of Appointment	
1. ENRIQUE MIGUEL CORTINAS	, do hereby accept the appointment as	
(Please Print or Type)		
Campaign Treasurer Deputy Treasurer for the campaign of MZLLZE HERRERA		
who is seeking nomination or election as a candidate to the office of (Party)		
(Party)  County Commession Orsmiter to 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.		
12 MAY 2006 X 6 MM		
Date Signature of Campaign Treasurer or Deputy Treasurer		

DS-DE 9 (Rev. 02/06)

	0000 MAY 10 DM 1- 00	
STATE OF FLORIDA	208616AVS# @NLPM 1:26	
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR		
CANDIDATES	MIAMI-DADE	
(Section 106.021(1), F.S.)	ĒLĒCTIONS	
(PLEASE TYPE)		
CHECK APPROPRIATE BOX:		
Original Appointment Deputy Treasurer Reap	ppointment of Treasurer Secondary Depository	
	de post office box or street, city, state, zip code)	
Millie HERRERA 11445	SW745+ ni K(33173	
Telephone (optional) 2. Party (Partisan candidates only)	Office (add district, circuit, group number)	
(305) 972-4162	County Commission DistrICTIC	
I have appointed the following person to act as my Campaign Treas	urer Deputy Treasurer	
4. Name of Treasurer or Deputy Treasurer	•	
Millie Herrera		
5. Mailing Address (If post office box or drawer add street address)	6. Telephone	
11445 5W 74 St	305-972-4162	
7. City 8. County	9. State 10. Zip Code	
MIAMI MIAMI-DADE	FC 33173	
I have designated the following named bank as my Primary Depository Secondary Depository		
11. Name of Bank	12. Street Address	
BANK UNITED	21155 BISCAGNE BLUD	
13. City 14. County	15. State 16. Zip Code	
AVENTURA MIAMIL DADE	FC 33180	
17. Signature of Pandidate	Date	
X placia In Dene	10 5-12-06	
Campaign Treasurer's Acceptan	ce of Appointment	
, millie HERKERA	, do hereby accept the appointment as	
(Please Print or Type)		
Campaign Treasurer Deputy Treasurer for the campaign	7	
who is seeking nomination or election as a candidate to the office of		
COUNTS COMMISSIONER (Party)  OFSTRICT 10  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.		
	()_ \ \ \ .	
5-12-06 X Lane de denene		
	of Campaign Treasurer or Ceputy Treasurer	
<u>.                                      </u>		

DS-DE 9 (Rev. 02/06)

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) 200 FFIGE USE ONLY 1: 27

MIAMI-DADE ELECTIONS

1, millie Herrena,		
candidate for the office of (ounty Commission District 10;		
have received, read and understand the requirements of Chapter 106,		
Florida Statutes.		
x Cano Denera 5/12/06		
Signature of Candidate 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).

DS-DE 84 (Rev. 08/03)

		MIAMI-NANE
	RECEIPT	ELECTIONS
Candidate:		
millie		HORRORA Last Name
First Name	Middle Name	Last Name
Office: Miami-Dade Count	y Commissione	er District # //O
This is to acknowledge my receipt of the following documents:		
☑ Qualifying Handbook for Candidates for Miami-Dade County		
Commissioner		
$\sim h$	·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Received by:	in Oh	Dener
<i>U</i> -	Candidate Si	gnature

2006 MAY 12 PM 1: 34



- 11 - Uragana

## Campaign Treasurer's Reption DADE Filing Requirement Electronic Filing Statement For Miami-Dade County Candidates

I, Intille Heleveria	, candidate for the office of
COUNTY COMMISSIONER DISTRICT, 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 th	at I understand that Campaign Treasurer Reports
be filed on diskettes or CD-ROMS simultaneously w	vith 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 Super	visor of Elections.
Oleria de Denera	5-12-06 Date
Signature of Candidate	Date
305-972-4162	million millio HORRERA. Com
Day time Phone #	millio millio Hornona. 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,	MARIA	m·	HERRERA
	First Name	Middle Name/Initial	Last Name
a citizen o solemnly	of the State of Florida and of the Ur swear or affirm that I will support th	nited States of America, and a ne Constitution of the United State	candidate for public office do hereby s and of the State of Florida.
		OATH OF CANDIDATE (Section 99.021, Florida Statutes)	<del></del>
I,		= Herrera	
am a cai	(PLEASE PRINT NAME AS YOU WISH IT? Indidate for the office of	O APPEAR ON THE BALLOT — NAME MAY NOT BE	
am a oa		Miami-Dade County Con (office)	mmissioner District # 10
Florida a elected. concurre	and the Home Rule Charter of N I have qualified for no other p ent with the office I seek; and I h on 99.012, Florida Statutes.	fliami-Dade County to hold the ublic office in the state, the tenave resigned from any office for	ed under the Constitution and the Laws of office to which I desire to be nominated or rm of which office or any part thereof runs rom which I am required to resign pursuant
resident of the fol	v, certify that I am a qualified elector of the district for which I llowing as proof of my residency driver's license □ u	am qualifying for six (6) months in the district for the prescribed ☐ property tax receipt tility bill ☐ lease agre	Pade County, and that I have been a s prior to qualifying. I am submitting a copy d period:  ☐ homestead exemption receipt sement
CANDIDA	ENALTIES OF PERJURY, I DECLARE TE AND THAT THE FACTS STATED	IN EACH ARE TRUE.	SING LOYALTY OATH AND GATH OF THE SECOND SEC
١١٧	145 SW 74 St		ignature of Candidate =
	Current Address of Legal Resider		y Phone Fax Number
( )	Other Phone Number	mill	iE@millieHerrera com
m	i Ami F/	33173	18-06
City	State	Zip Code	Date Signed
l, the can office an	ndidate whose name appears abo d that the information provided o	ve, do affirm that I meet the min in this form and any attachment	imum residency requirements for this s hereto are true.
State of F	Florida, County of Miami-Dade		
Sworn to	o (or affirmed) and subscribed be	fore me this $18^{-}$ day of $30^{+}$	1, 2006 by Millie Herrera
	MA		Comez
Signature	e of Notary Public – State of Flori	da Print, Type or St	amp Commissioned Name of Notary Public
	<u> </u>	ation provided	•

OFFICIAL RECEIPT  MIAMI-DADE COUNTY-FLORIDA			No	No.5331885		
COUNTY	h.	Ilie Herrera	77	7, 18,06		
	RECEIVED FROM / / / (		DATEMONT			
	AUDRESS III	SW 74 ST.	Cash \$	·		
	Miani	<u> </u>	15 CHECKS \$	<u> 360 . o</u>		
AMOUNT OF:	Three hundred	Sixty Dollars, AND OO CE	NTS TOTAL \$	360 0		
For Payment	OF: Qualifains	Fee- County Commiss	ioner #1	<u> </u>		
		DATED, COMPLETED AND SIGNED BY	AUTHORIZED EI	PLOYEE OF DEPARTMEN		
	ctions	ву:/ О	wa U.	factor		
FOR OFF	ICE USE ONLY					
Trans	Subsidiary	INDEX CODE	Subobject	AMOUNT		
107.01-1 6/04						
107.01 ( 0/04						
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				78 B		
annia di dia mana di		Andrews	ortenning - manningenings - route			
		ALLON FOR COMMISSIONER	· ·	ge = 1013 €		
	1109	MPAIGN FOR COMMISSIONER  HARDEE ROAD	1			
	CORAL	GABLES, FL 33146	DATE 7/18	0 63-9059-2670		
PAY DOTHE	sando (a	with Commissioner	() 6)	J\$ 360.00		
ORDER OF	00/1/200	1 1 100/20		Space Committee		
Tur	Rankinited	Sifte and 100		DOLLARS Description Seek		
	21155 BISCAYNE BLVD - AVENTURA, FLORIOA 3319 305-931-2170 - 1-877-779-2265 www.bankunited.com		) \	\ /		
FOR quali	duino Lee Bi	Claistuet 10 Da	eudhe	Verrera M		
1011-09-00	#001013####2	670905941: 04799017C	) <b>&amp;</b> ∥ <b>*</b>			