

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 JUN 27 AM 11:41

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: MIGUEL CERVERA  
1. Address (include post office box or street, city, state, zip code)

Telephone (optional)    2. Party (Partisan candidates only)    3. Office (add district, circuit or group number)  
District 11 SUBAREA 113

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

4. Name of Treasurer or Deputy Treasurer  
MIGUEL CERVERA

5. Mailing Address (If post office box or drawer add street address)    6. Telephone  
(786) 999-3507

7. City MIA.    8. County DADE    9. State FL.    10. Zip Code

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

11. Name of Bank BANK ATLANTIC    12. Street Address 11400 N. KENDALL DR.

13. City MIA.    14. County DADE    15. State FL.    16. Zip Code 33176

17. Signature of Candidate X Miguel Cervera    Date 6-27-06

Campaign Treasurer's Acceptance of Appointment

I, MIGUEL CERVERA, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of MIGUEL CERVERA

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

COMMUNITY COUNCIL . 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.

6-27-06

Date

X

Miguel Cervera  
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, MIGUEL CERVERA,

candidate for the office of COMMUNITY COUNCIL 11/113;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

Miguel Cervera  
Signature of Candidate

6-27-06

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 87<sup>th</sup> Avenue  
 Miami, FL 33172 (305) 499-8400

**RECEIPT**

**Candidate:**

<i>MIGUEL</i>		<i>CERVERA</i>
First Name	Middle Name	Last Name

**Office:** Community Council Area 11 / Subarea # 113

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Community Council**

RECEIVED  
 2006 JUL -3 AM 11:23  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**Received by:** *Miguel Cervera*  
 Candidate Signature

**Date:** 7-3-06



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

I, MIGUEL CERVERA, Candidate for the Office of COMMUNITY COUNCIL 11/113, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission and Community Council Members.

In order to comply with the requirement, I declare that I understand that Campaign Treasurer Reports be filed electronically, and in addition to the original signed report, I further declare that:

I will use the website provided by the Supervisor of Elections.

I will upload the data from my software to the Supervisor of Elections website.

Miguel Cervera  
Signature of Candidate

7-3-06  
Date

RECEIVED  
2006 JUL -3 AM 11:22  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

(786) 999-3507  
Day time Phone #

MCI ND 09 @ AOL  
E-mail address

305 273-0390  
Fax #

This form must be filed within (5) five business days of opening the Campaign Account.

# MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

MIGUEL		CERVERA
--------	--	---------

First Name

Middle Name/Initial

Last Name

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, MIGUEL CERVERA

(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 Community Council Area # 11 Subarea # 113  
(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 subarea for which I am qualifying for three (3) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the subarea 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

*Miguel Cervera*  
Signature of Candidate

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 2006 JUL - 3 AM 11:28  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT  
 (305) 273-0390

Current Address of Legal Residence  
(786) 999-3507

Day Phone

Fax Number

MCIND 09@AOL

Other Phone Number

Email Address

7-3-06

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 3 day of

*[Signature]*  
Signature of Notary Public - State of Florida



Print; Type or Stamp Commissioned Name of Notary Public

Personally known to me       Identification provided



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 5331628

RECEIVED FROM Miguel Cervantes

DATE 7 / 3 / 06  
MONTH DAY YEAR

ADDRESS Add. exempt by law  
STREET ADDRESS

CASH \$ \_\_\_\_\_

CITY STATE ZIP

CHECKS \$ \_\_\_\_\_

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ \_\_\_\_\_

FOR PAYMENT OF: Qualifying Fee - Community Council Area 11 Subarea 113

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

DEPT.: Elections BY: [Signature]

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

ANNE GEUDES

0091  
63-8376/2670  
802

DATE 7-3-06

PAY TO THE ORDER OF BOARD OF COUNTY COMMISSIONERS 100.00

ONE HUNDRED XX/100 DOLLARS

Florida's Most Convenient Bank

FOR FILING Fee Com. Coun

[Signature]

⑆ 26 7083 763⑆ 006 2549173⑆ 0091