

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

(PLEASE TYPE)

RECEIVED
OFFICE USE ONLY

2006 JUN 23 AM 11:10

MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

BEATRIZ SUAREZ

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

12362 S.W. 122 PLACE
MIAMI, FL. 33186

Telephone (optional)

786-293-1138

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

COMMUNITY COUNCIL 011

SUBSECTION
115

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

MICHAEL TAUBEN

5. Mailing Address (If post office box or drawer add street address)

12362 SW. 122 PLACE

6. Telephone

786-293-1138

7. City

MIAMI

8. County

MIAMI-DADE

9. State

FLORIDA

10. Zip Code

33186

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

BANK OF AMERICA

12. Street Address

12570 S.W. 120TH ST.

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FLORIDA

16. Zip Code

33186

17. Signature of Candidate

X

Beatriz Suarez

Date

6.21.2006

Campaign Treasurer's Acceptance of Appointment

I, MICHAEL TAUBEN, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of BEATRIZ SUAREZ

who is seeking nomination or election as a

candidate to the office of

COMMUNITY COUNCIL 011 SUBSECTION 115
As a duly registered voter in MIAMI-DADE (Party)

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.

JUNE 21, 2006

Date

X Michael Tauben

Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

BEATRIZ SUAREZ

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

12362 S.W. 122 PLACE
MIAMI, FL. 33186

Telephone (optional)

(786) 293-1138

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

COMMUNITY COUNCIL 011

SUB SECTION 115

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

BEATRIZ SUAREZ

5. Mailing Address (If post office box or drawer add street address)

12362 S.W. 122 PLACE

6. Telephone

786-293-1138

7. City

MIAMI

8. County

MIAMI-DADE

9. State

FLORIDA

10. Zip Code

33186

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Secondary Depository

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BANK OF AMERICA

12. Street Address

12570 S.W. 120TH ST.

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FLORIDA

16. Zip Code

33186

17. Signature of Candidate

X 

Date

6-21-06

Campaign Treasurer's Acceptance of Appointment

I, BEATRIZ SUAREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of

BEATRIZ SUAREZ

who is seeking nomination or election as a

candidate to the office of

COMMUNITY COUNCIL 011 As a duly registered voter in MIAMI-DADE
^(Party) SUB SECTION 115

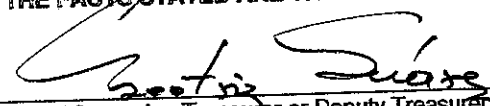
County, Florida, I am qualified to accept this appointment.

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.

6-21-06

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2006-11-10
OFFICE USE ONLY

MIAMI-DADE
ELECTIONS

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, BEATRIZ SUAREZ,

candidate for the office of COMMUNITY COUNCIL 011;
SUB AREA 115

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

Florida Statutes.

X

Beatriz Suarez
Signature of Candidate

6.22.06

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 87th Avenue
Doral, FL 33172

(305) 499-8400

RECEIVED

2006 JUL -7 PM 3:53

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

Candidate:

BEATRIZ

First Name

Middle Name

SUAREZ

Last Name

Office: Miami-Dade County Commissioner District # ^(MT) 11 / 115

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Commissioner

Received by:

Beatriz Suarez
Candidate Signature

Date:

July 7, 2006

RECEIVED

2006 JUL -7 PM 3:53

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT



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

I, BEATRIZ SUAREZ, candidate for the office of COMMUNITY COUNCIL 11/115, 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.

Beatriz Suarez
Signature of Candidate

July 7, 2006
Date

786-293-1138
Day time Phone #

bettyta11@yahoo.com
E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,	BEATRIZ		SUAREZ
	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, BEATRIZ SUAREZ

(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 #011 Subarea #115
(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:

- voter registration card
 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.

#109785800

SIGN HERE

Beatriz Suarez
Signature of Candidate

MIAMI-DADE ELECTIONS
 JUN 23 AM 11:10
 LIVED

12362 S.W 122 PLACE, MIAMI FL 33186 (786) 293 1138 (786) 293 1138

Current Address of Legal Residence

Day Phone

Fax Number

096) 293-1138

Other Phone Number

bettyta11@yahoo.com

Email Address

MIAMI FLORIDA 33186 6.22-2006

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 22nd day of June, 2006 by _____

Luis Ruiz
Signature of Notary Public - State of Florida



Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me
 Identification provided 109785800

