

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

2006 JUL 11 PM 4:46

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: LEONARDO A. PEREZ
1. Address (include post office box or street, city, state, zip code):
18120 N.W. 84 AVE - MIAMI FL. 33015

Telephone (optional): (305) 542-6327
2. Party (Partisan candidates only):
3. Office (add district, circuit or group number): COUNCIL. COMM. 5/55

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

4. Name of Treasurer or Deputy Treasurer:
LEONARDO A. PEREZ

5. Mailing Address (If post office box or drawer add street address): 18120 N.W. 84 AVE.
6. Telephone: 305 542-6327

7. City: MIAMI 8. County: DADE 9. State: FL. 10. Zip Code: 33015

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

11. Name of Bank: BANK OF AMERICA 12. Street Address: 18400 N.W. 67 AVE.

13. City: MIAMI 14. County: DADE 15. State: FL. 16. Zip Code: 33015

17. Signature of Candidate: [Signature] Date: 7/11/06

Campaign Treasurer's Acceptance of Appointment

I, LEONARDO A. PEREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of LEONARDO A. PEREZ

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

Comm. COUNCIL 5/55 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.**

7/11/06
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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ELECTIONS DEPARTMENT

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

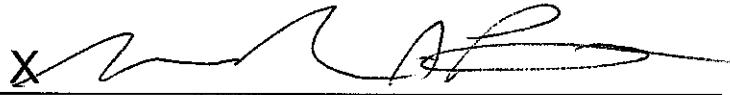
(Please Type)

I, LEONARDO A. PEREZ,

candidate for the office of Community Council 5/55;

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

Florida Statutes.

X 

Signature of Candidate

7/11/06

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
Miami, FL 33172

RECEIVED

(305) 499-8400
2006 JUL 11 PM 4:46

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

Candidate:

LEONARDO

First Name

A.

Middle Name


PEREZ

Last Name

Office: Community Council Area 5 / Subarea # 55

This is to acknowledge my receipt of the following documents:

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

Received by: 

Candidate Signature

Date: 7/11/06

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

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, LEONARDO A. PEREZ, candidate for the office of Comm. Council 5/53, 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.

A handwritten signature in black ink, appearing to read "L. A. Perez", written over a horizontal line.

Signature of Candidate

7/11/06

Date

305 542-6327

Day time Phone #

JACKSTOWING@aol.com

E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

RECEIVED

2006 JUL 11 PM 4:46

(PLEASE PRINT)

I,

LEONARDO

A.

PEREZ

First Name

Middle Name/Initial

Last Name

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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, LEONARDO "JACK" PEREZ

(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 # 5 Subarea #55
(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

Signature of Candidate

18120 N.W. 84 AVE.

Current Address of Legal Residence

(305) 542-6307 ()

Day Phone

Fax Number

()

Other Phone Number

Email Address

Miami

City

FL.

State

33015

Zip Code

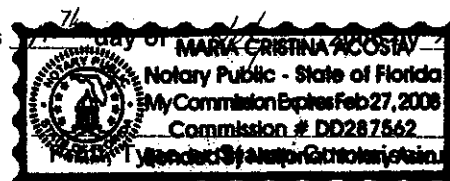
7/11/06

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



Leonardo Perez

Signature of Notary Public – State of Florida

- Personally known to me
- Identification provided



OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 5331641

RECEIVED FROM Leonardo Perez

DATE 7 / 11 / 06
MONTH DAY YEAR

ADDRESS 18120 NW 84 Ave.

CASH \$ _____

Miami STREET ADDRESS
FL 33015
CITY STATE ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Community Council 5/55

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

DEPT.: Election BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CAMPAIGN ACCOUNT OF LEONARDO A. PEREZ

DATE 7/11/06

PAY TO THE ORDER OF Board of County Commissioners \$ 100.00

ONE HUNDRED 00 DOLLARS

Bank of America

FOR Comm Council 5/55 [Signature]

000991 ⑆023000047⑆ 008981899947⑆

0991 69-4/630 FL 134B

GUARDIAN & SAFETY