

RECEIVED

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

OFFICE USE ONLY
2006 JUL 13 PM 12:29

MIAMI-DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Carlos A. Manrique
1. Address (include post office box or street, city, state, zip code):
23 NW 136th Place
Miami, Florida 33182

Telephone (optional): () 2. Party (Partisan candidates only):
3. Office (add district, circuit, group number):
Community Council - 10 AREA 106

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

4. Name of Treasurer or Deputy Treasurer:
Violet Moreno-Manrique

5. Mailing Address (If post office box or drawer add street address):
23 NW 136th Place
6. Telephone:
305 962-3773

7. City: Miami 8. County: Miami-Dade 9. State: FL. 10. Zip Code: 33182

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

11. Name of Bank: Washington Mutual 12. Street Address: NW 125th & 107 Ave.

13. City: Miami 14. County: Dade 15. State: FL 16. Zip Code: 33182

17. Signature of Candidate: *[Signature]* Date: 7/12/06

Campaign Treasurer's Acceptance of Appointment

I, Violet Moreno-Manrique, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Carlos A. Manrique

who is seeking nomination or election as a candidate to the office of

Community Council - 10 / sub 106 (Party) Miami-Dade
As a duly registered voter in

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.

7/12/06 Date X *[Signature]* 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.)

(PLEASE TYPE)

RECEIVED
OFFICE USE ONLY
2006 JUL 14 PM 2:37
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: CARLOS A. MANRIQUE 1. Address (include post office box or street, city, state, zip code):
23 NW 130 PL
Miami, FL 33182

Telephone (optional): () 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number):
Comm. Council 10 Sub 106

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

4. Name of Treasurer or Deputy Treasurer:
CARLOS A. MANRIQUE

5. Mailing Address (If post office box or drawer add street address): 23 NW 130 PL 6. Telephone: 305 996-3559

7. City: Miami 8. County: Dade 9. State: FL 10. Zip Code: 33182

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

11. Name of Bank: Wash Mutual 12. Street Address: 12th Ave & NW 107 Ave

13. City: Miami 14. County: Dade 15. State: FL 16. Zip Code: 33182

17. Signature of Candidate: [Signature] Date: 7/14/06

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of CARLOS A. MANRIQUE

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

Comm Council 10 - Sub 106 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.**

7/14/06 [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2006 JUL 13 PM 12: 29

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)


OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

I, Carlos A. Manrique,

candidate for the office of Community Council - 10 (AREA 106) ;

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

Florida Statutes.

X 
Signature of Candidate

7/12/06
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 (305) 499-8400

RECEIPT

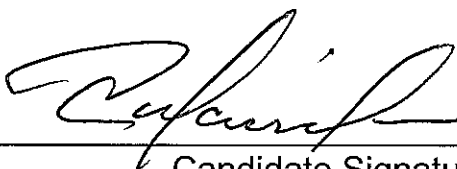
Candidate:

Carlos A. Maurique
 First Name Middle Name Last Name

Office: Community Council Area 10 / Subarea # 506

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: 7/12/06

RECEIVED
 2006 JUL 13 PM 1:07
 MIAMI-DADE
 ELECTIONS



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

RECEIVED

2006 JUL 13 PM 12: 29

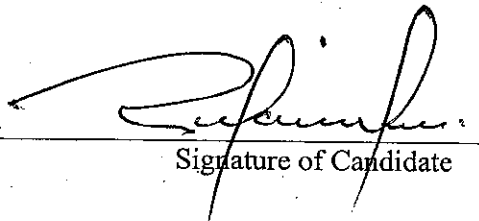


I, Carlos A. Manrique, Candidate for the Office of
Community Council - 10 *sub 100*, have received, read, and understand the Miami-Dade
County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County
Commission and Community Council Members.

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.



Signature of Candidate

7/12/06

Date

305 226-3555

Day time Phone #

viocam@aol.com

E-mail address

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, Carlos A. MANRIQUE
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, Carlos A. Manrique
(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 # 10 Subarea # 106
(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]
Signature of Candidate

RECEIVED

2006 JUL 13 PM 1:06

23 NEW 136 P (305) 995-1834
Current Address of Legal Residence Day Phone Fax Number

() VIOCAM @ AOL.COM
Other Phone Number Email Address

Miami FL 33182 7/13/06
City State Zip Code Date Signed

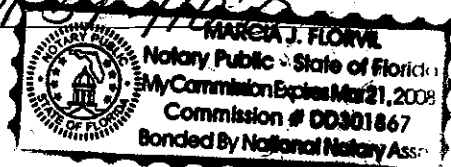
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13 day of July, 2006 by Carlos A. Manrique

Marcia J. Florvit Marcia J. Florvit
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. 5331647

RECEIVED FROM Carlos A. Manrique

DATE 7 / 14 / 06
MONTH DAY YEAR

ADDRESS 23 NW 136th Place

CASH \$ _____

Miami CITY STREET ADDRESS FL STATE 33182 ZIP

CHECKS \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Quality Fee - Comm. Council - 10/106

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

DEPT.: Elections BY: Rena A. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

