

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

OFFICE USE ONLY

(PLEASE TYPE)

2006 JUL 13 12:56

MANITOWOC
ELECTRICAL

RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Juan Carlos Acosta
1. Address (include post office box or street, city, state, zip code):
8610 S.W. 2nd street
Miami FL 33144

Telephone (optional): (305) 6066982
2. Party (Partisan candidates only):
Community Council #10 at large
3. Office (add district, circuit, group number):

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

4. Name of Treasurer or Deputy Treasurer:
Juan Carlos Acosta

5. Mailing Address (if post office box or drawer, add street address):
8610 S.W. 2nd street Miami FL 33144
6. Telephone:
305 606 6982

7. City: Miami 8. County: Miami Dade 9. State: FL 10. Zip Code: 33144

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

11. Name of Bank: Intercredit bank NA
12. Street Address: 6400 S.W. 8th street

13. City: West Miami 14. County: Miami Dade 15. State: FL 16. Zip Code: 33144

17. Signature of Candidate: [Signature] Date: 7/13/06

Campaign Treasurer's Acceptance of Appointment

I, Juan Carlos Acosta, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Juan Carlos Acosta

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

Community Council #10 at large 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.**

7/13/06 [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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2006 JUL 13 PM 12:35
MIAMI-DADE
ELECTIONS

I, Juan Carlos Acosta
candidate for the office of Community Council #10 at large

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X [Signature]
Signature of Candidate

7/13/06
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:

 Juan *Carlos* *Acosta*
 First Name Middle Name Last Name

Office: Community Council Area 10 / Subarea # at large

This is to acknowledge my receipt of the following documents:

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

Received by: *[Signature]*
 Candidate Signature

Date: *7/13/06*

RECEIVED
 2006 JUL 13 PM 1:02
 MIAMI-DADE ELECTIONS

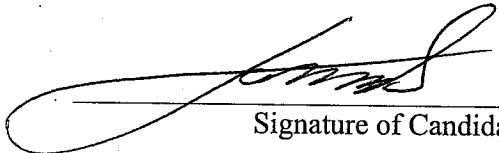


**Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, Joan Carlos Hoosta, Candidate for the Office of Community Council #10 at HRP 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

7/13/06
Date

305-6066982
Day time Phone #

pedroloosbaertel@yahoo.es
E-mail address

786-2759098
Fax #

This form must be filed within (5) ^{MIAMI-DADE ELECTIONS} five business days of opening the Campaign Account.

2006 JUL 13 PM 12:56

RECEIVED

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Juan</i>	<i>Carlos</i>	<i>Acosta</i>
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,

Juan Carlos Acosta

(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 # *at large*
(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

Juan Carlos Acosta
Signature of Candidate

RECEIVED
MIAMI-DADE ELECTIONS
2006 JUL 13 PM 1:03

8610 S.W. 2nd Street
Current Address of Legal Residence

(305) 6066982 ()
Day Phone Fax Number

(786) 2959007
Other Phone Number

pedroluisbortel@yahoo.es
Email Address

Miami
City

FL
State

33144
Zip Code

7/13/06
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.

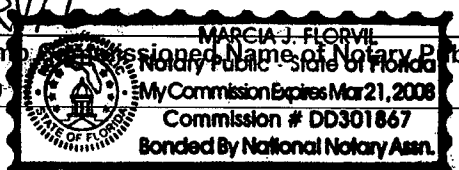
State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13 day of July, 2006 by JUAN CARLOS ACOSTA

Marcia J. Florvil
Signature of Notary Public - State of Florida

MARCIA J. FLORVIL
Print, Type or Stamp

Personally known to me Identification provided





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331879

RECEIVED FROM Juan Carlos Acosta

DATE 7 / 17 / 06
MONTH DAY YEAR

ADDRESS 8610 SW 2 ST
STREET ADDRESS

CASH \$

Miami FL 33144
CITY STATE ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Com. Council Area 10 at large

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

DEPT.: Elections BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

*Campaign Account of Juan Carlos Acosta
Community Council #10 at large*

63-11819670
320

DATE 7/17/06

BY THE ORDER OF Board of County Commissioners \$ 100.00
One Hundred and 00/100 DOLLARS

INTERCREDIT BANK N.A.
6400 S.W. 8th Street
Miami, Florida 33144

for qualifying fee Community Council #10

⑆067011812⑆ 140228005⑆