

**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

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2006 JUL 17 PM 12:54
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Nelson Varona 1. Address (include post office box or street, city, state, zip code):
8210 SW 63rd Place
Miami, FL 33143

Telephone (optional): 786-287-1232 2. Party (Partisan candidates only):
Community Council 12-125 3. Office (add district, circuit or group number):
Community Council 12-125

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

4. Name of Treasurer or Deputy Treasurer:
Nelson Varona

5. Mailing Address (If post office box or drawer add street address):
8210 SW 63rd Place 6. Telephone:
786-287-1232

7. City: Miami 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33143

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

11. Name of Bank: Bristol Bank 12. Street Address:
1493 Sunset Drive

13. City: Coral Gables 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33143-5824

17. Signature of Candidate: X [Signature] Date: 7/6/06

Campaign Treasurer's Acceptance of Appointment

I, Nelson Varona, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Nelson Varona

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

Community Council 12-125. 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.**

7/6/06 X [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Nelson Varona,

candidate for the office of Community Council 12-125;

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

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ELECTIONS DEPARTMENT

X



Signature of Candidate

7/6/06

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:

Nelson A. Varona
 First Name Middle Name Last Name

Office: Community Council Area 12 / Subarea # 125

This is to acknowledge my receipt of the following documents:

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

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 ELECTIONS DEPARTMENT

Received by: 
 Candidate Signature

Date: 7/17/06



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

I, Nelson A. Varona, candidate for the office of Community Council 12/125, 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.


Signature of Candidate

2/17/06
Date

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

786-287-1232
Day time Phone #

nvarona1@bellsouth.net
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,

<u>Nelson</u> First Name	<u>A</u> Middle Name/Initial	<u>Varona</u> Last Name
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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,

Nelson Varona

(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 # 12 Subarea # 125
(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

8210 SW 63rd Place
Current Address of Legal Residence

(786) 287-1232 (305) 662-1059
Day Phone Fax Number

() N/A
Other Phone Number

nvarona@bellsouth.net
Email Address

Miami FL 33143 2/17/06
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 17th day of July, 2006 by Nelson Varona

[Signature]
Signature of Notary Public - State of Florida

Personally known to me Identification provided

Print Name: MARIA CRISTINA ACOSTA
Notary Public - State of Florida
My Commission Expires Feb 27, 2008
Stamp Commission # 00287542
Bonded By National Notary Assn.
Name of Notary Public

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