

**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 18 PM 3:51
MIAMI-DADE
ELECTIONS
RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Omar Fernandez
1. Address (include post office box or street, city, state, zip code):
10764 SW 225 Terrace
Miami, FL 33170

Telephone (optional): (786) 326-0022 2. Party (Partisan candidates only): N/A 3. Office (add district, circuit or group number): Community Council / 15-SU.#1 AT Large

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

4. Name of Treasurer or Deputy Treasurer:
Omar Fernandez

5. Mailing Address (If post office box or drawer add street address): 10764 SW 225 Terrace 6. Telephone: (786) 326-0022

7. City: Miami 8. County: Dade 9. State: FL 10. Zip Code: 33170

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

11. Name of Bank: Bank of America 12. Street Address: NW 87 AVE Doral Fla 33172

13. City: Miami 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33170

17. Signature of Candidate: X  Date: 7-18-06

Campaign Treasurer's Acceptance of Appointment

I, Omar Fernandez, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Omar Fernandez et al
who is seeking nomination or election as a N/A candidate to the office of

Community Council #1 (Party) 15 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.

7/18/06 X 
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

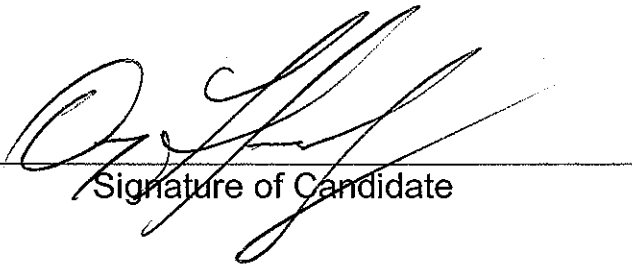
MIAMI-DADE
ELECTIONS

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I, Omar Fernandez
candidate for the office of Community Council 15 Sub: A+B+C
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X


Signature of Candidate

7/18/06
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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

Candidate:

Omar

First Name

Middle Name

Fernandez

Last Name

Office: Community Council Area 15 / 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:

7/18/06

RECEIVED

2006 JUL 18 PM 4:55

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



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

I, Omar Fernandez, candidate for the office of Community Council-15-At Large 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.

[Handwritten Signature]
Signature of Candidate

7/18/06
Date

786-326-0022
Day time Phone #

E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

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I,

| | | |
|---------------------------|--|-------------------------------|
| <u>OMAR</u> First Name | <u>MIAMI-DADE COUNTY ELECTIONS DEPARTMENT</u> Middle Name/Initial | <u>FERNANDEZ</u> 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,

OMAR FERNANDEZ

(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 # 15 Subarea # 1A 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

[Signature]
Signature of Candidate

RECEIVED
2006 JUL 18 PM 4:57
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

10464 SW 225 Ter.

Current Address of Legal Residence

(786) 326-0022 ()

Day Phone

Fax Number

(786) 357-0999

Other Phone Number

Email Address

MIAMI

City

FLA.

State

33170

Zip Code

7-18-06

Date Signed

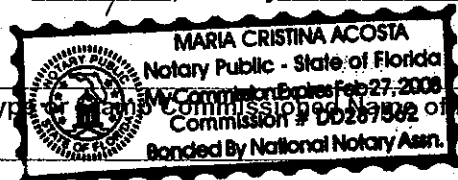
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 18th day of July, 2006 by OMAR FERNANDEZ

[Signature]
Signature of Notary Public - State of Florida

Print, Type



Personally known to me

Identification provided



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331766

RECEIVED FROM Amar Fernandez
ADDRESS 10764 SW 225 Terrace
Miami CITY FL STATE 33170 ZIP

DATE 7, 18, 06
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 100.00
TOTAL \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

FOR PAYMENT OF: Qualifying Fee - Comm. Council 15/1 (At large)
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections By: Norm A. Suter

FOR OFFICE USE ONLY

| TRANS | SUBSIDIARY | INDEX CODE | SUBJECT | AMOUNT |
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107.01-1 6/04

CAMPAIGN A/C OF Amar Fernandez

DATE 7/18/06

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

One Hundred DOLLARS

Bank of America

FOR Qualifying Fee Comm-Council 15-At Large

000992 063000047 008983495377