

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 18 PM 2:06
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: ALVIN L. Combs
1. Address (include post office box or street, city, state, zip code): MIAMI, FL 33138
8020 NE 4th Ave.

Telephone (optional): 305-758-8310
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): Community Council 7-73

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

4. Name of Treasurer or Deputy Treasurer: ALVIN L. Combs

5. Mailing Address (If post office box or drawer add street address): 8020 NE 4th Avenue
6. Telephone: (305) 758-8310

7. City: Miami 8. County: Dade 9. State: FL 10. Zip Code: 33138

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

11. Name of Bank: Wachovia Bank 12. Street Address: 9899 NE 2nd Ave.

13. City: Miami Shores 14. County: Dade 15. State: FL 16. Zip Code: 33138

17. Signature of Candidate: X Alvin L. Combs Date: 7/17/06

Campaign Treasurer's Acceptance of Appointment

I, ALVIN L. Combs, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ALVIN L. Combs

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

Community Council 7-73 As a duly registered voter in Miami-Dade County
Florida

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.

7/17/06
Date

X Alvin L. Combs
Signature of Campaign Treasurer or Deputy Treasurer

2.

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**STATEMENT OF
CANDIDATE**

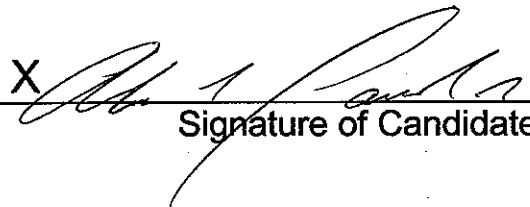
(Section 106.023, F.S.)

(Please Type)

I, Alvin L. Combs

candidate for the office of Community Council 9-93

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

X 
Signature of Candidate

7/17/06
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).

3



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:

Alvin

L

Combs

First Name

Middle Name

Last Name

Office: Community Council Area 7 / Subarea # 73

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: 7/17/06



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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Alvin L. Combs, candidate for the office of Community Council 7th 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

7/17/06
Date

(305) 758-8310
Day time Phone #

shorelineserv@aol.com
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, Alvin L. Combs

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, Alvin L. Combs Alvin L. Combs ^{ac}

(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 # 7 Subarea # 73

(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

1222 NE 91st Mia, FL 33138 305 758-8310 ()

Current Address of Legal Residence

Day Phone

Fax Number

305) 751-3482

Other Phone Number

shoreline@serv@aol.com

Email Address

MIAMI

Florida

33138

7/17/06

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 17 day of July, 2006 by X

Lois E. Lindley
Signature of Notary Public - State of Florida

Lois E. Lindley
Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided



RECEIVED
 2006 JUL 18 PM 2:05
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331886

RECEIVED FROM Alvin L Combs DATE 7-1-18-06
MONTH DAY YEAR

ADDRESS 8020 NE 4 Ave CASH \$
STREET ADDRESS

Miami CITY FL STATE 33138 ZIP CHECKS \$ 100.00

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

FOR PAYMENT OF: Qualifying Fee - Comm. Council 7/73

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

DEPT.: Elections By: MARIA ACOSTA

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

9870 530724 (1000/BX Rev 04) 88-643/670

Name The Campaign Account of Alvin L. Combs
Account
No. *2000028835899 Date 7/18/06

Pay to the Order of Board of County Commissioners \$ 100.00
One hundred & no/100 Dollars

Look for: Micro Print signature line and Wachovia logo on back. If not present, do not cash.

WACHOVIA Wachovia Bank, National Association
Pompano, FL 33069

For CC 7-73 Alvin L Combs MP

⑆067006432⑆