

RECEIVED

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

OFFICE USE ONLY
2007 JUL 10 AM 8:50

MIAMI-DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Renier Diaz de la Portilla 1. Address (include post office box or street, city, state, zip code): 4440 NW 107 Avenue, #205, Miami FL 33178

Telephone (optional): (305) 528-6909 2. Party (Partisan candidates only): N/A 3. Office (add district, circuit, group number): School Board, District 5

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

4. Name of Treasurer or Deputy Treasurer: Ana Maria Rodriguez

5. Mailing Address (If post office box or drawer add street address): 4440 NW 107 Avenue, #205 6. Telephone: 305-773-4355

7. City: Doral 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33178

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

11. Name of Bank: Washington Mutual 12. Street Address: 8700 SW Coral Way

13. City: Miami 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33165

17. Signature of Candidate: X Renier Diaz de la Portilla Date: 7/10/2007

Campaign Treasurer's Acceptance of Appointment

I, Ana Maria Rodriguez, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Renier Diaz de la Portilla

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

School Board District 5 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.

July 9, 2007
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)

OFFICE USE ONLY

RECEIVED
2008 JUN 17
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: Renier Diaz de la Portilla 1. Address (include post office box or street, city, state, zip code): 4440 NW 107th ave, #205

Telephone (optional): (305) 325 1079 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number): School Board Dist. 5

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

4. Name of Treasurer or Deputy Treasurer: Renier Diaz de la Portilla

5. Mailing Address (If post office box or drawer add street address): 4440 NW 107th avenue #205 6. Telephone: (305) 325 1079

7. City: Miami 8. County: Dade 9. State: FL 10. Zip Code: 33178

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

11. Name of Bank: Washington Mutual 12. Street Address: 8700 SW Coralway

13. City: Miami 14. County: Dade 15. State: FL 16. Zip Code: 33165

17. Signature of Candidate: X Renier Diaz de la Portilla Date: 6-17-2008

Campaign Treasurer's Acceptance of Appointment

I, Renier Diaz de la Portilla, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Renier Diaz de la Portilla

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

Miami-Dade School Board Dist. 5

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.

6/17/2008
Date

X Renier Diaz de la Portilla
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

MIAMI-DADE
ELECTIONS

2006 OCT 31 AM 9:26

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I, Renier Diaz de la Portilla,

candidate for the office of School Board - Dist. 5

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

X Renier Diaz de la Portilla
Signature of Candidate

10/31/2006
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).

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

RECEIVED
 2008 JUN 17 AM 10:53
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

STATE OF FLORIDA

Miami-Dade, COUNTY

I, <u>Renier</u>	<u>D.</u>	<u>Diaz de la Portilla</u>
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, Renier Diaz de la Portilla
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of School Board, 5,
(office) (district) (group)

My legal residence is 4440 NW 107 Avenue, #205, Miami Dade County, Florida. I am qualified under the Constitution and the Laws of Florida 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.

X <u>Renier Diaz de la Portilla</u>	<u>(305) 995-1398</u>	
Signature of Candidate	Daytime Telephone Number	Email Address

<u>4440 NW 107 Avenue, #205 Miami</u>	<u>FL</u>	<u>33178</u>
Address	City	State ZIP Code

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2008.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:
FL Drivers Lic

[Signature]
 Signature of Notary Public – State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
 Commission #DD730644
 Expires: FEB. 27, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.

