

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 -3 AM 11:31

MIAMI-DADE
ELECTIONS

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

2008 MAY 28 PM 4:11

RECEIVED

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: CARLOS A. GIMENEZ
1. Address (include post office box or street, city, state, zip code):
4061 SOUTH LEJUNE ROAD
MIAMI, FL 33146

Telephone (optional): (305) 733-4097
2. Party (Partisan candidates only):
3. Office (add district, circuit, grade number): DISTRICT 7 COUNTY COMMISSION

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

4. Name of Treasurer or Deputy Treasurer:
HOWARD L. GOLDSTEIN

5. Mailing Address (If post office box or drawer add street address):
1001 BRICKELL BAY DRIVE, SUITE 1400
6. Telephone:
305-371-6200

7. City: MIAMI 8. County: DADE 9. State: FLORIDA 10. Zip Code: 33131

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

11. Name of Bank: MELLON UNITED NATIONAL BANK
12. Street Address: 1399 S.W. 1ST AVENUE

13. City: MIAMI 14. County: DADE 15. State: FLORIDA 16. Zip Code: 33130

17. Signature of Candidate: [Signature] Date: 7/3/07

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of CARLOS GIMENEZ

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


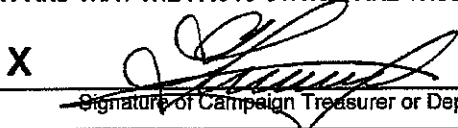
MIAMI-DADE COUNTY COMMISSIONER As a duly registered voter in MIAMI-DADE

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.

7/3/07
Date

[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 <div style="text-align: right;"> RECEIVED MIAMI-DADE COUNTY ELECTIONS DEPARTMENT 2008 MAY 28 10:04 </div>	
CHECK APPROPRIATE BOX: <input type="checkbox"/> Original Appointment <input checked="" type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Reappointment of Treasurer <input type="checkbox"/> Secondary Depository			
Name of Candidate CARLOS A. GIMENEZ		1. Address (include post office box or street, city, state, zip code) 4061 S. LEJEUNE ROAD COCONUT GROVE, FL 33146	
Telephone (optional) ()	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) DISTRICT 7 - County Commissioner	
I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer CARLOS A. GIMENEZ			
5. Mailing Address (If post office box or drawer add street address) 4061 S. LEJUENE ROAD			6. Telephone 305-371-6200
7. City COCONUT GROVE	8. County MIAMI-DADE	9. State FLORIDA	10. Zip Code 33146
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank MELLON UNITED NATIONAL BANK		12. Street Address	
13. City MIAMI	14. County MIAMI-DADE	15. State FLORIDA	16. Zip Code 33131
17. Signature of Candidate 			Date
Campaign Treasurer's Acceptance of Appointment			
I, CARLOS A. GIMENEZ , do hereby accept the appointment as (Please Print or Type)			
<input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer for the campaign of CARLOS A. GIMENEZ			
who is seeking nomination or election as a NON-PARTISAN candidate to the office of (Party)			
MIAMI-DADE County Commissioner . 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.			
11/2/11 Date		<input checked="" type="checkbox"/>  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
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
2008 MAY 28 PM 4:04

CHECK APPROPRIATE BOX:
 Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: **CARLOS A. GIMENEZ**
 1. Address (include post office box or street, city, state, zip code):
**4061 S. LEJEUNE ROAD
 COCONUT GROVE, FL 33146**

Telephone (optional): () 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number):
DISTRICT 7 - County Commissioner

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

4. Name of Treasurer or Deputy Treasurer:
ADAM A. CEDRATI

5. Mailing Address (If post office box or drawer add street address):
2370 N.E. 135TH STREET, #207
 6. Telephone:
305-371-6200

7. City: **NORTH MIAMI** 8. County: **MIAMI-DADE** 9. State: **FLORIDA** 10. Zip Code: **33181**

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

11. Name of Bank: **MELLON UNITED NATIONAL BANK** 12. Street Address:
1399 S.W. 1ST AVE.

13. City: **MIAMI** 14. County: **MIAMI-DADE** 15. State: **FLORIDA** 16. Zip Code: **33130**

17. Signature of Candidate:  Date:

Campaign Treasurer's Acceptance of Appointment

I, **ADAM A. CEDRATI**, do hereby accept the appointment as
 (Please Print or Type)


Campaign Treasurer Deputy Treasurer for the campaign of **CARLOS A. GIMENEZ**

who is seeking nomination or election as a **NON-PARTISAN** (Party) candidate to the office of

MIAMI-DADE County Commissioner. 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.

11/2/2007 Date  Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2007 JUL -3 AM 11:31

2008 MAY 28 PM 4:04
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIVED

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

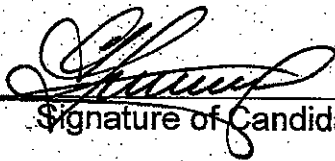
I, CARLOS GIMENEZ

candidate for the office of MIAMI DADE COUNTY COMMISSIONER DISTRICT 7

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

7/3/07
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 OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

CARLOS ANTONIO GIMENEZ
 First Name Middle Name Last Name

Office: County Commissioner - District 7

This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida as of September 2007**
- Hard Copy
- Downloaded from Internet

- 2008 Miami-Dade County Qualifying Handbook**
- Hard Copy
- Downloaded form Internet

RECEIVED
 2008 MAY 28 PM 4: 04
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Received by:
 Candidate Signature

Date: 5-20-2008

Phone No.: 305-733-4097 Fax No.: N/A

E-mail address: CAGIMENEZ@AOL.COM

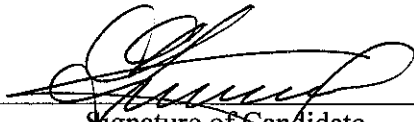


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, CARLOS A. GIMENEZ, candidate for the office of COUNTY COMMISSIONER - DISTRICT 7, 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 electronically simultaneously with and in addition to the original signed report, I further declare that:

I will use the software provided by the Supervisor of Elections.



Signature of Candidate

5.20.2008
Date

Day Time Phone No.: 305.733.4097

E-mail address: CAGIMENEZ@AOL.COM

RECEIVED
2008 MAY 28 PM 4: 04
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

CARLOS	A	GIMENEZ
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,

CARLOS A. GIMENEZ

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)

am a candidate for the office of **Miami-Dade County**
(office)

RECEIVED
2008 MAY 28 PM 4:14
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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 district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district 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 of Candidate

4061 South LEJEUNE ROAD
Current Address of Legal Residence

(305) 733-4097 ()

Day Phone

Fax Number

()

Other Phone Number

CAGIMENEZ@AOL.COM

Email Address

Miami

FLORIDA

33146

5.20.2008

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 20th day of May, 2008.

Signature of Notary Public - State of Florida

Personally known to me Identification provided



Print, Type or Stamp Commissioned Name of Notary Public



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331730

RECEIVED FROM Carlos A. Gimenez

DATE 5 / 29 / 08
MONTH DAY YEAR

ADDRESS 4061 S. LeJeune Rd.

CASH \$ _____

Coconut Grove STREET ADDRESS CITY STATE ZIP
FL 33146

CHECKS \$ 360 . 00

AMOUNT OF: Three hundred sixty DOLLARS, AND 00/xx CENTS

TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - District #7

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

DEPT.: Elections BY: Nena G. Brito

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CARLOS A. GIMENEZ 09-07
CAMPAIGN FUND
4061 S. LEJEUNE RD.
COCONUT GROVE, FL 33146

63-98411
670
0112001490
DATE 5-28-08

116

PAY TO THE ORDER OF BOARD OF County Commissioners \$ 360.00/100

THREE HUNDRED SIXTY AND 00/100 DOLLARS

Mellon United National Bank
Miami, Florida

MEMO Qualifying FEE - #7

[Signature]