

**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
 ELECTIONS
 2007 JUL 17 11:42
 SUB AREA 106

CHECK APPROPRIATE BOX:

Original Appointment
 Deputy Treasurer
 Reappointment of Treasurer
 Secondary Depository

Name of Candidate: Johnny G. Farias
 1. Address (include post office box or street, city, state, zip code):
3120 SW 144 Avenue
MIAMI FL 33175

Telephone (optional) (): _____
 2. Party (Partisan candidates only): _____
 3. Office (add district, circuit, group number): Community Council Area 10
Subarea 106

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

4. Name of Treasurer or Deputy Treasurer: Bobbi Farias

5. Mailing Address (If post office box or drawer add street address): PO Box 653223
 6. Telephone: _____

7. City: Miami
 8. County: Dade
 9. State: Florida
 10. Zip Code: 33265-3223

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

11. Name of Bank: Washington Mutual
 12. Street Address: 4200 SW 152nd Avenue

13. City: Miami
 14. County: Dade
 15. State: Florida
 16. Zip Code: 33185

17. Signature of Candidate: [Signature]
 Date: 7-17-07

Campaign Treasurer's Acceptance of Appointment

I, Bobbi Farias, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer
 Deputy Treasurer
 for the campaign of Johnny Farias
 who is seeking nomination or election as a Community Council candidate to the office of
 (Party) Area 10 Subarea 106

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.**

7/17/07
 Date

Bobbi Farias
 Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

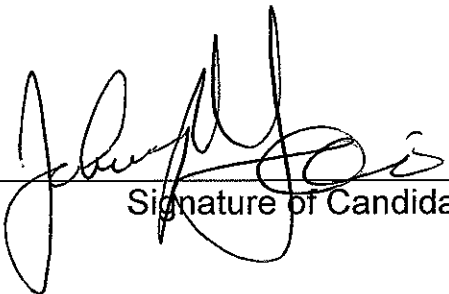
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ELECTIONS

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I, Johnny G. Farias
candidate for the office of Community Council ;
Area 10 Sub area 106
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

7-17-07
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:

Johnny G Farias
 First Name Middle Name Last Name

Office: Community Council
 Area 10 Subarea 106

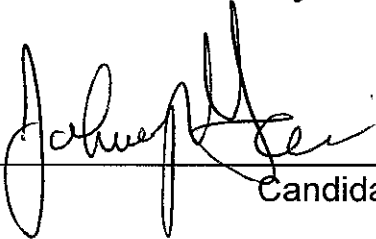
This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida August 2006
- 2006 Candidate and Campaign Treasurer Handbook
- 2008 Miami-Dade County Qualifying Handbook

MIAMI-DADE
ELECTIONS

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RECEIVED

Received by: 
 Candidate Signature

Date: 7-17-07

Phone No.: _____ Fax No.: _____

E-mail address: Farias Group @ Gmail . com

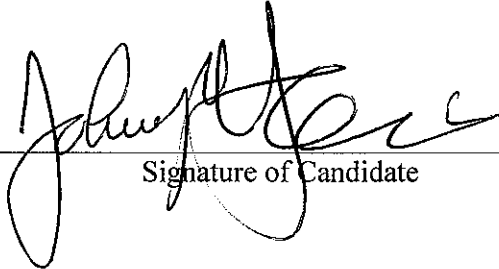


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, Johnny Farias, candidate for the office of Community Council Area 10 sub 106, 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

7/17/07
Date

Day Time Phone No.: _____

E-mail address: Farias Group @ GMAIL. com

MIAMI-DADE
ELECTIONS

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MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

Johnny	G	Farias
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,

Johnny G Farias

(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 County**

(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 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

Johnny G Farias
Signature of Candidate

3120 SW 144 Ave
Current Address of Legal Residence

Day Phone

Fax Number

()
Other Phone Number

Farias Group @ Gmail . com
Email Address

Miami
City

FL
State

33179
Zip Code

7-17-07
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, 2007 by Johnny G. FARIAS

Marcia J. Florvil
Signature of Notary Public – State of Florida

MARCIA J. FLORVIL
Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided

