

**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 25 PM 12:58

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Carla Ascencio-Savola	1. Address (include post office box or street, city, state, zip code) 8770 Sunset Dr. #443 Miami, FL 33173
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Telephone (optional) (305) 598-8244	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) Community Council 12-Sub 122
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Carla Ascencio Savola

5. Mailing Address (If post office box or drawer add street address) 8770 Sunset Dr. #443	6. Telephone 305 598-8244
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7. City Miami	8. County Dade	9. State FL	10. Zip Code 33173
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Washington Mutual	12. Street Address 8740 Sunset Dr.
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13. City Miami	14. County Dade	15. State FL	16. Zip Code 33173
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17. Signature of Candidate X 	Date 7/25/07
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Campaign Treasurer's Acceptance of Appointment

I, **Carla Ascencio-Savola**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **Carla Ascencio-Savola**

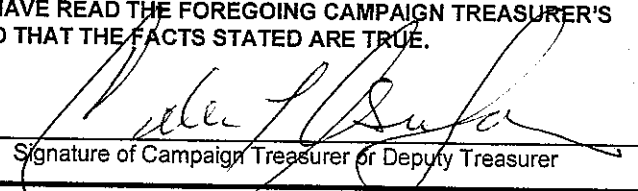
who is seeking nomination or election as a _____ candidate to the office of _____

Community Council 12-Sub 122 (Party) 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.**

7/25/07
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

MIAMI-DADE
ELECTIONS

2007 JUL 25 PM 12:15

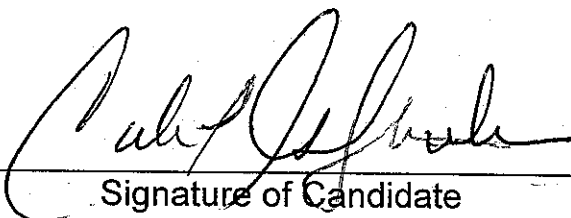
RECEIVED

I, Carla Ascencio-Savola

candidate for the office of Community Council District 12
Sub. 122

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

Florida Statutes.

X 
Signature of Candidate

5/14/07
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:

Carla

First Name

Ascencio-Savola

Middle Name

Last Name

Office: Community Council District 12-Sub122

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 JUN 13 PM 12: 10
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: _____

Carla Savola
 Candidate Signature

Date: 6/13/08

Phone No.: 305 807-5669 **Fax No.:** 305 598-8244

E-mail address: CSAVOLA @ ADK.COM



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

I, Carla Ascencio-Savola, candidate for the office of Community Council 12-Sub122, 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

6/13/08
Date

RECEIVED
 2008 JUN 13 PM 12:11
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Day Time Phone No.: 305 807-5669

E-mail address: CSAVOLA @ AOL.COM

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>Carla</u>	<u>Ascencio-Savola</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, Carla Ascencio-Savola
(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: **Community Council Member Area** 12 **Subarea** 122

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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 12 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 122 for at least three (3) 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.

<u>X</u> <u>Carla Ascencio-Savola</u>	<u>305 807-5669</u>	<u>CSAVOLA@ADL.COM</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>7410 SW 82 CT</u>	<u>Miami</u>	<u>FL</u>	<u>33143</u>
Address	City	State	Zip Code

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 13th day of JUNE, 2008 by Carla Ascencio-Savola

Personally Known: _____ or
 Produced Identification:

Type of Identification Produced:
FL Drivers Lic.

Maria Cristina Acosta
 Signature of Notary Public - State of Florida
 Print, Type or Stamp Commission Number, Name of Notary Public
NOTARY PUBLIC STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

RECEIVED
 JUN 13 PM 12:10
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

