

<p><b>STATE OF FLORIDA</b>  <b>APPOINTMENT OF CAMPAIGN TREASURER</b>  <b>AND DESIGNATION OF CAMPAIGN</b>  <b>DEPOSITORY FOR CANDIDATES</b>          (Section 106.021(1), F.S.)</p> <p>(PLEASE TYPE)</p>	<p><b>OFFICE USE ONLY</b></p>
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**CHECK APPROPRIATE BOX:**

Original Appointment    
  Deputy Treasurer    
  Reappointment of Treasurer    
  Secondary Depository

Name of Candidate <b>Cristina Miranda</b>	1. Address (include post office box or street, city, state, zip code) <b>P.O. Box 310512, Miami, FL 33231-0512</b>
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Telephone (optional) ( )	2. Party (Partisan candidates only) <b>N/A</b>	3. Office (add district, circuit, group number) <i>County</i> <b>Miami-Dade County, 11th Cir., Group 30</b>
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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  
**Ed Torgas**

5. Mailing Address (If post office box or drawer add street address) <b>1001 Brickell Bay Drive, 9th Floor</b>	6. Telephone <b>305-373-5500</b>
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7. City <b>Miami</b>	8. County <b>Dade</b>	9. State <b>FL</b>	10. Zip Code <b>33131</b>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank <b>Sun Trust</b>	12. Street Address <b>201 Alhambra Circle</b>
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13. City <b>Coral Gables</b>	14. County <b>Miami-Dade</b>	15. State <b>FL</b>	16. Zip Code <b>33134</b>
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17. Signature of Candidate 	Date <b>10/12/07</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, Ed Torgas, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer    
  Deputy Treasurer    
 for the campaign of Cristina Miranda

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

Miami-Dade County, 11th Cir., Group 30 . As a duly registered voter in Miami-Dade County

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.**

10/9/07  
Date

**X**   
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.)

**OFFICE USE ONLY**

(PLEASE TYPE)

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate  
**Cristina Miranda**

1. Address (include post office box or street, city, state, zip code)  
**P.O. Box 310512, Miami, FL 33231-0512**

Telephone (optional)  
(      )

2. Party (Partisan candidates only)  
**N/A**

3. Office (add district, circuit, group number) *County*  
**Miami-Dade County, 11th Cir., Group 30**

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

4. Name of Treasurer or Deputy Treasurer  
**Tony Argiz**

5. Mailing Address (If post office box or drawer add street address)  
**1001 Brickell Bay Drive, 9th Floor**

6. Telephone  
**305-373-5500**

7. City  
**Miami**

8. County  
**Dade**

9. State  
**FL**

10. Zip Code  
**33131**

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

11. Name of Bank  
**Sun Trust**

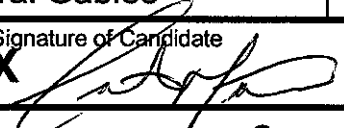
12. Street Address  
**201 Alhambra Circle**

13. City  
**Coral Gables**

14. County  
**Miami-Dade**

15. State  
**FL**

16. Zip Code  
**33134**

17. Signature of Candidate  
**X** 

Date  
**10/12/07**

**Campaign Treasurer's Acceptance of Appointment**

I, **Tony Argiz**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of **Cristina Miranda**

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

**Miami-Dade County, 11th Cir., Group 30** . As a duly registered voter in **Miami-Dade County**

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.**

**10/9/07**  
Date

**X**   
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

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

2008 APR 30 PM 3:28

RECEIVED

CHECK APPROPRIATE BOX:

- Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: Cristina Miranda      1. Address (include post office box or street, city, state, zip code): P.O. Box 310512, Miami, FL. 33231-0512

Telephone (optional): ( )      2. Party (Partisan candidates only): N/A      3. Office (add district, circuit, group number): Miami-Dade County, 11<sup>th</sup> Cir, Group 30

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

4. Name of Treasurer or Deputy Treasurer: Cristina Miranda

5. Mailing Address (If post office box or drawer add street address): P.O. Box 310512 (address exempt by law)      6. Telephone: (786) 236-0413

7. City: Miami      8. County: Dade      9. State: FL      10. Zip Code: 33231-0512

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

11. Name of Bank: SUN TRUST      12. Street Address: 201 ALHAMBRA CIRCLE

13. City: Coral Gables      14. County: Miami-Dade      15. State: FL      16. Zip Code: 33134

17. Signature of Candidate: X       Date: \_\_\_\_\_

**Campaign Treasurer's Acceptance of Appointment**

I, Cristina Miranda, do hereby accept the appointment as  
(Please Print or Type)

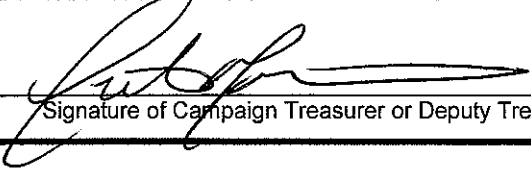
Campaign Treasurer       Deputy Treasurer      for the campaign of Cristina Miranda

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

Miami-Dade County, 11<sup>th</sup> Cir. Group 30

**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.**

4/30/08  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE  
FOR JUDICIAL OFFICE**

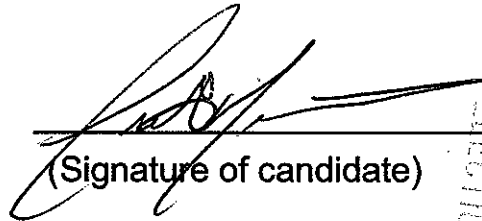
(Section 105.031(5), F.S.)

(Please Type)

OFFICE USE ONLY

I, Cristina Miranda

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.

  
(Signature of candidate)

10/4/07  
(Date)

RECEIVED  
2007 OCT 12 PM 1:01  
MIRANDA  
ELECTIONS

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

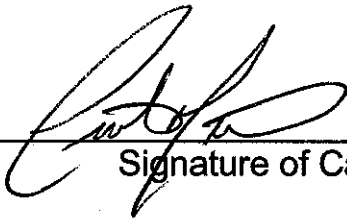
OFFICE USE ONLY

I, Cristina Miranda,

candidate for the office of County Court Judge;

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

X



Signature of Candidate

10/4/07

Date

PAID-DATE  
ELECTIONS

2007 OCT 12 PM 1:02

RECEIVED

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 87<sup>th</sup> Avenue  
 Miami, FL 33172 (305) 499-8400

**RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK**

**Candidate:**

Cristina                      MARIA                      MIRANDA  
 First Name                      Middle Name                      Last Name

**Office:** County Court Judge

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 APR 30 PM 3:28  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**Received by:** [Signature]  
 Candidate Signature

**Date:** 4/30/08

**Phone No.:** (786) 236-0413      **Fax No.:** \_\_\_\_\_

**E-mail address:** CristinaMiranda@sprint.blackberry.net

**JUDICIAL OFFICES  
LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

\_\_\_\_\_, COUNTY

OFFICE USE ONLY  
RECEIVED

2007 OCT 12 PM 1:16

MIAMI-DADE  
ELECTIONS

I, <u>Cristina</u>	<u>M</u>	<u>MIRANDA</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 105.031, Florida Statutes)

I, Cristina Miranda  
(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 judicial office of County Judge, Miami-Dade County, 11th (office) (district) (circuit)

30 (group) . My legal residence is Miami-Dade County, Florida. I am a qualified elector

of the state and of the territorial jurisdiction of the court to which I seek election. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be elected or in which I desire to be retained. 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

X [Signature] (786) 236-0413

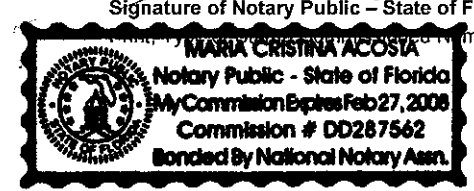
Signature of Candidate Daytime Telephone Number

P.O. Box 310512 MIAMI, FL. 33231-0512  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 12 day of Oct, 2007.

Personally Known: \_\_\_\_\_ or  
Produced Identification: FL Drivers Lic  
Type of Identification Produced:  
FL Drivers Lic

[Signature]  
Signature of Notary Public - State of Florida





**OFFICIAL RECEIPT**

MIAMI-DADE COUNTY-FLORIDA

No. 5331726

RECEIVED FROM Cristina Miranda

DATE 4 / 30 / 08  
MONTH DAY YEAR

ADDRESS P.O. Box 310512  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Miami CITY FL STATE 33231 ZIP

CHECKS \$ 5,480.80

AMOUNT OF: Five Thousand Four Hundred and eighty 80/100 DOLLARS, AND 80 CENTS TOTAL \$ 5,480.80

FOR PAYMENT OF: Qualifying Fee - County Court Group - 30

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

DEPT.: Elections BY: MARIA ACOSTA

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JUDGE CRISTINA MIRANDA  
CAMPAIGN ACCOUNT

1001  
63-215/631

DATE 4/30/08

PAY TO THE ORDER OF Board of County Commissioners \$ 5,480.80

Five thousand four hundred eighty 80/100 DOLLARS

**SUNTRUST** ACH RT 061000104

FOR Qualifying Fee

Security Features Details on Back.

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