

**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
08 JUN -9 PM 12:55
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

Joe A. Martinez

1. Address (include post office box or street, city, state, zip code)

**c/o Federico Garcia
8221 Coral Way, Miami 33135**

Telephone (optional)
(305) 554-5545

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
County Commissioner- Dist. 11

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

4. Name of Treasurer or Deputy Treasurer
Federico Garcia

5. Mailing Address (If post office box or drawer add street address)
8221 Coral Way, Miami 33135

6. Telephone
305-266-9293

7. City
Miami

8. County
Miami-Dade

9. State
Florida

10. Zip Code
33155

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

11. Name of Bank
Bank United

12. Street Address
255 Alhambra Circle, S#100

13. City
Coral Gables

14. County
Miami-Dade

15. State
Florida

16. Zip Code
33134

17. Signature of Candidate


Date
10/30/07

Campaign Treasurer's Acceptance of Appointment

I, **Federico Garcia**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **Joe Martinez**

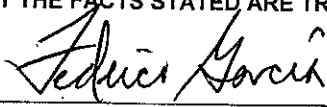
who is seeking nomination or election as a _____ candidate to the office of

Miami-Dade County (Party)
Commissioner, District 11 . 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.**

10/30/07
Date


Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

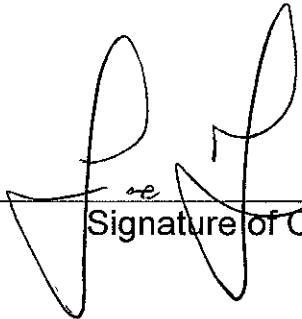
OFFICE USE ONLY
MIAMI DADE
ELECTIONS

I, Joe A. Martinez,

candidate for the office of Miami-Dade County Commissioner-Dist. 11,

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

X



Signature of Candidate

11/9/07
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).

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Miami-Dade Supervisor of Elections
2700 NW 87th Avenue
Miami, FL 33172

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(305) 499-8400

MIAMI-DADE
ELECTIONS

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

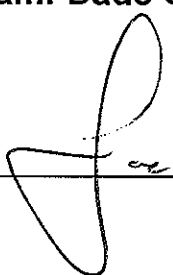
Candidate:

<u>Joe</u>	<u>Angel</u>	<u>Martinez</u>
First Name	Middle Name	Last Name

Office: Miami-Dade County Commissioner - District 11

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

Received by: 
Candidate Signature

Date: 11/9/07

Phone No.: 305-266-9293 Fax No.: 305-266-3747

E-mail address: _____

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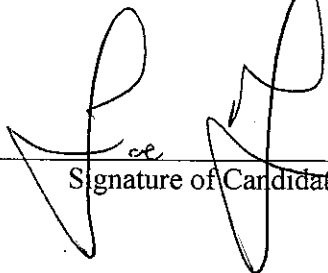
**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

MIAMI DADE
ELECTIONS

I, Joe A. Martinez, candidate for the office of Commissioner - Dist. 11, 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

11/9/07

Date

Day Time Phone No.: 305-266-9293

E-mail address: _____

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

Joe	A.	Martinez
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,

Joe Martinez

(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 Commissioner - Dist. 11
(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

[Handwritten Signature]
Signature of Candidate

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2008 JUN - 6 PM 5:41
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Current Address of Legal Residence

Day Phone

Fax Number

Other Phone Number

Email Address

1401 SW 107 Avenue, Suite 301-E, Miami, 33174

6/6/08

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 6 day of June, 2008 by

[Handwritten Signature]
Signature of Notary Public – State of Florida

ARCADIO O. MARTELL
MY COMMISSION # DD393114
EXPIRES: March 27, 2009

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided

