

**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

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2008 JUN -4 PM 12:19
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: Whilmer "Whilly" Bermudez 1. Address (include post office box or street, city, state, zip code)
13935 SW 106 Terrace
Miami, FL 33186

Telephone (optional): (305) 807-1621 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number)
County Commissioner District 11

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

4. Name of Treasurer or Deputy Treasurer
Whilmer "Whilly" Bermudez

5. Mailing Address (If post office box or drawer add street address): 1825 Ponce De Leon Blvd. #424 6. Telephone: 305-807-1621

7. City: Coral Gables 8. County: Miami Dade 9. State: Florida 10. Zip Code: 33134

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

11. Name of Bank: Bank of America 12. Street Address: 13230 SW 8th St.

13. City: Miami 14. County: Miami Dade 15. State: Florida 16. Zip Code: 33182

17. Signature of Candidate: X [Signature] Date: 6/4/08

Campaign Treasurer's Acceptance of Appointment

I, Whilmer "Whilly" Bermudez, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Whilly Bermudez

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

County Commissioner District 11 (Party)

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.

6/4/08 Date X [Signature] Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

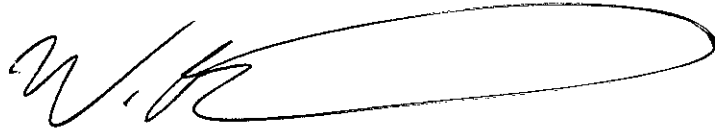
(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
MIAMI DADE
ELECTIONS

I, Whilmer (Whilly) Bernudez
candidate for the office of County Commissioner District 11

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

X 

Signature of Candidate

2/1/08

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:

Whilly Bernandez
 First Name Middle Name Last Name

Office: 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

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 2007 DEC 13 PM 12:41
 MIAMI-DADE
 ELECTIONS

Received by: [Signature]
 Candidate Signature

Date: 12/12/07

Phone No.: 305-807-1621 Fax No.: 305-8472397

E-mail address: Whilly5@aol.com



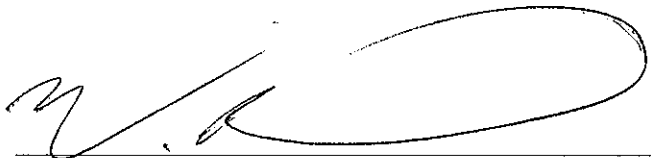
**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

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ELECTIONS DEPARTMENT

I, Whilly Bermudez, candidate for the office of County Commissioner District 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

6/4/08
Date

Day Time Phone No.: 305-807-1621

E-mail address: whilly5@aol.com

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

Whilmer	Manuel	Bernandez
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, Whilly Hernandez

(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 - County Commissioner District 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 utility bill property tax receipt lease agreement homestead exemption receipt

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]
Signature of Candidate

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

13935 SW 106 Terrace
Current Address of Legal Residence

(305) 807-1021
Day Phone

Fax Number

()
Other Phone Number

Whilly5@aol.com
Email Address

Miami, FL
City State

33196
Zip Code

6/4/08
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 4th day of June, 2008 by Whilmer Hernandez

[Signature]
Signature of Notary Public – State of Florida

NOTARY PUBLIC STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided

