

RECEIVED

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

2008 JAN -2 AM 10: 37

MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
CARLOS ALVAREZ

1. Address (include post office box or street, city, state, zip code)
C/O JOSE A. RIESCO CPA
95 MERRICK WAY #250
CORAL GABLES, FL 33134

Telephone (optional)
(305) 445-0777

2. Party (Partisan candidates only)
NON-PARTISAN

3. Office (add district, circuit, group number)
MAYOR, MIAMI-DADE COUNTY

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

4. Name of Treasurer or Deputy Treasurer
JOSE A. RIESCO, CPA

5. Mailing Address (If post office box or drawer add street address)
95 MERRICK WAY, #250

6. Telephone
305-445-0777

7. City
CORAL GABLES

8. County
MIAMI-DADE

9. State
FL

10. Zip Code
33134

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

11. Name of Bank
BANK OF CORAL GABLES

12. Street Address
2295 GALIANO STREET

13. City
CORAL GABLES

14. County
MIAMI-DADE

15. State
FL

16. Zip Code
33134

17. Signature of Candidate
X 

Date
1/2/08

Campaign Treasurer's Acceptance of Appointment

I, JOSE A. RIESCO, CPA, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of CARLOS ALVAREZ

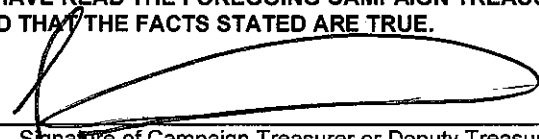
who is seeking nomination or election as a NON-PARTISAN candidate to the office of
(Party)

MAYOR, MIAMI-DADE COUNTY . 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.

1-2-08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

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ELECTIONS

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CARLOS ALVAREZ

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C/O JOSE A. RIESCO CPA
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CORAL GABLES, FL 33134

Telephone (optional)
(305) 445-0777

2. Party (Partisan candidates only)
NON-PARTISAN

3. Office (add district, circuit, group number)
MAYOR, MIAMI-DADE COUNTY

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

4. Name of Treasurer or Deputy Treasurer
CARLOS ALVAREZ

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95 MERRICK WAY, #250

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MIAMI-DADE

15. State
FL

16. Zip Code
33134

17. Signature of Candidate
X 

Date
1/2/08

Campaign Treasurer's Acceptance of Appointment

I, CARLOS ALVAREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of CARLOS ALVAREZ

who is seeking nomination or election as a NON-PARTISAN candidate to the office of
(Party)

MAYOR, MIAMI-DADE COUNTY . As a duly registered voter in MIAMI-DADE

County, Florida, I am qualified to accept this appointment.

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1/2/08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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OFFICE USE ONLY

2008 JAN -2 AM 10:37

MIAMI-DADE ELECTIONS

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

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CARLOS ALVAREZ

1. Address (include post office box or street, city, state, zip code)
C/O JOSE A. RIESCO CPA
95 MERRICK WAY #250
CORAL GABLES, FL 33134

Telephone (optional)
305) 445-0777

2. Party (Partisan candidates only)
NON-PARTISAN

3. Office (add district, circuit, group number)
MAYOR, MIAMI-DADE COUNTY

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

4. Name of Treasurer or Deputy Treasurer
JEANNINE RIESCO

5. Mailing Address (If post office box or drawer add street address)
95 MERRICK WAY, #250

6. Telephone
305-445-0777

7. City
CORAL GABLES

8. County
MIAMI-DADE

9. State
FL

10. Zip Code
33134

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2295 GALIANO STREET

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CORAL GABLES

14. County
MIAMI-DADE

15. State
FL

16. Zip Code
33134

17. Signature of Candidate
X 

Date
1/2/08

Campaign Treasurer's Acceptance of Appointment

I, JEANNINE RIESCO, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of CARLOS ALVAREZ

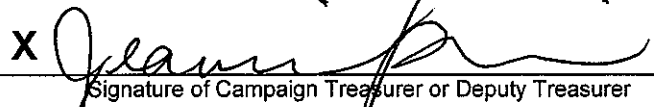
who is seeking nomination or election as a NON-PARTISAN candidate to the office of
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ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

1/2/08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2008 JAN -2 AM 11: 37

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

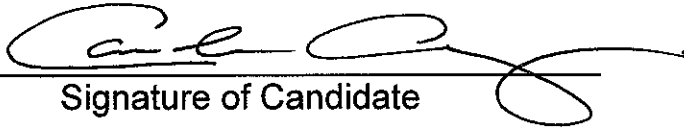
OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

I, CARLOS ALVAREZ,

candidate for the office of MAYOR, MIAMI DADE COUNTY ;

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

X



Signature of Candidate

Date

1/2/08

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:

Carlos Alvarez
 First Name Middle Name Last Name

Office: Mayor Miami Dade

This is to acknowledge my receipt of the following documents:

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

Received by: [Signature]
 Candidate Signature

RECEIVED
 2008 APR 14 AM 10:30
 MIAMI DADE
 ELECTIONS

Date: 1-2-08

Phone No.: 786-270-8303 Fax No.: 305-446-8576

E-mail address: jose@jarcpa.net



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

I, Carlos Alvarez, candidate for the office of Mayor, Miami-Dade, 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

1-2-08
Date

Day Time Phone No.: 786-270-8303

E-mail address: jose@jarcpa.net

RECEIVED
APR 1 2008
MIAMI DADE
ELECTIONS
AM 10:30

LOYALTY OATH FOR MIAMI-DADE COUNTY MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	CARLOS	—	ALVAREZ
	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, CARLOS ALVAREZ

(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 Mayor

RECEIVED
JUN 16 AM 9:15
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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 Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years 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.

X Carlos Alvarez (305) 665-3321

Signature of Candidate	Daytime Telephone Number	Email Address
------------------------	--------------------------	---------------

Address	City	State	Zip Code
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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 14 day of June, 2008 by Carlos Alvarez

Personally Known: or
Produced Identification: _____

Type of Identification Produced:
N/A

Jeannette Vazquez
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

JEANNETTE VAZQUEZ
 MY COMMISSION #DD427323
 EXPIRES: MAY 09, 2009
 Bonded by 1st State Insurance

Jeannette Vazquez,



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. **5331732**

RECEIVED FROM Carlos Alvarez

DATE 6 / 3 / 08
MONTH- DAY YEAR

ADDRESS 95 Merrick Way - Ste 250
Coral Gables FL 33134
STREET ADDRESS CITY STATE ZIP

CASH \$ _____
CHECKS \$ 2,659.55
TOTAL \$ 2,659.55

AMOUNT OF: Two thousand six hundred DOLLARS, AND 55 CENTS
fifty nine

FOR PAYMENT OF: _____

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

DEPT.: Qualifying Fee - Mayor BY: Rena A. Butler

FOR OFFICE USE ONLY Electrons

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CARLOS ALVAREZ
CAMPAIGN ACCOUNT
95 MERRICK WAY STE 250
CORAL GABLES, FL 33134

1053
63-1592-670

DATE 0/3/08

RAY TO THE ORDER OF Board of County Commissioners

Two thousand six hundred fifty nine and 55/100 DOLLARS

BANK OF CORAL GABLES
2235 Galiano St - Coral Gables, FL 33134
305-604-4501

FOR: Qualifying fee for Mayor

[Signature]