

**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

08 FEB 12 AM 10:36

RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

| | |
|---|--|
| Name of Candidate Rudy Herbello | 1. Address (include post office box or street, city, state, zip code) P.O. Box 942077, Miami, FL 33194 |
|---|--|

| | | |
|--|-------------------------------------|--|
| Telephone (optional) (305) 480-2735 | 2. Party (Partisan candidates only) | 3. Office (add district, circuit, group number) Miami-Dade County Commission District 11 |
|--|-------------------------------------|--|

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

4. Name of Treasurer or Deputy Treasurer
Maria T. Acosta

| | |
|--|---------------------------------------|
| 5. Mailing Address (If post office box or drawer add street address) P.O. Box 942077 | 6. Telephone (305) 480-2735 |
|--|---------------------------------------|

| | | | |
|--------------------------|--------------------------------|-----------------------|------------------------------|
| 7. City Miami, | 8. County Miami-Dade | 9. State FL | 10. Zip Code 33194 |
|--------------------------|--------------------------------|-----------------------|------------------------------|

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

| | |
|---|---|
| 11. Name of Bank Washington Mutual Bank | 12. Street Address 4200 S.W. 152nd Avenue |
|---|---|

| | | | |
|--------------------------|---------------------------------|------------------------|------------------------------|
| 13. City Miami | 14. County Miami-Dade | 15. State FL | 16. Zip Code 33185 |
|--------------------------|---------------------------------|------------------------|------------------------------|

| | |
|--|--------------------------|
| 17. Signature of Candidate X  | Date 2/11/2008 |
|--|--------------------------|

Campaign Treasurer's Acceptance of Appointment

I, Maria T. Acosta, do hereby accept the appointment as
(Please Print or Type)

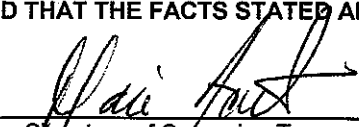
Campaign Treasurer Deputy Treasurer for the campaign of Rudy Herbello

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

Miami-Dade County Commission District 11

**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.**

2/11/2008
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer



OATH OF WITHDRAWAL

Date: 05/30/2008

I, Rudy Herbello, have filed as a candidate for the office of Miami-Dade County Commissioner, District 11.

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.

[Signature]
Signature of Candidate

P.O. Box 942077
Address

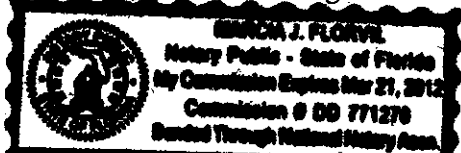
Miami
City,

FL
State

33194
Zip

Sworn to and subscribed before me this 30th day of MAY, 2008

[Signature]
Signature of Officer Administering the Oath or Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced

H 614-720-59-024-0 FLA DRIVE LIC

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

RECEIVED
MIAMI-DADE
ELECTIONS
2008 MAY 30 PM 1:47

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

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 08 FEB 12 AM 10:38
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

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|---|--|
| Name of Candidate Rudy Herbello | 1. Address (include post office box or street, city, state, zip code) P.O. Box 942077, Miami, FL 33194 |
|---|--|

| | | |
|--|-------------------------------------|--|
| Telephone (optional) (305) 480-2735 | 2. Party (Partisan candidates only) | 3. Office (add district, circuit, group number) Miami-Dade County Commission District 11 |
|--|-------------------------------------|--|

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

4. Name of Treasurer or Deputy Treasurer
Rudy Herbello

| | |
|---|---------------------------------------|
| 5. Mailing Address (If post office box or drawer add street address), P.O. Box 942077 | 6. Telephone (305) 480-2735 |
|---|---------------------------------------|

| | | | |
|--------------------------|--------------------------------|-----------------------|------------------------------|
| 7. City Miami, | 8. County Miami-Dade | 9. State FL | 10. Zip Code 33194 |
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|--------------------------|---------------------------------|------------------------|------------------------------|
| 13. City Miami | 14. County Miami-Dade | 15. State FL | 16. Zip Code 33185 |
|--------------------------|---------------------------------|------------------------|------------------------------|

| | |
|--|--------------------------|
| 17. Signature of Candidate X  | Date 2/11/2008 |
|--|--------------------------|

Campaign Treasurer's Acceptance of Appointment

I, Rudy Herbello, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Rudy Herbello

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

Miami-Dade County Commission District 11

**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.**

2/11/2008
 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
RECEIVED**
08 JAN 31 AM 10:43
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

| | |
|---|--|
| Name of Candidate Rudy Herbello | 1. Address (include post office box or street, city, state, zip code) P.O. Box 94277 Miami, FL 33194 |
|---|--|

| | | |
|--|-------------------------------------|--|
| Telephone (optional) (786) 402-8046 | 2. Party (Partisan candidates only) | 3. Office (add district, circuit, group number) Miami-Dade County Commission District 11 |
|--|-------------------------------------|--|

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

4. Name of Treasurer or Deputy Treasurer
Rudy Herbello

| | | |
|---|------------------------------------|-------------------------------------|
| 5. Mailing Address (If post office box or drawer add street address) P.O. Box 94277 | ADDRESS EXEMPT by STATE LAW | 6. Telephone 786-402-8046 |
|---|------------------------------------|-------------------------------------|

| | | | |
|--------------------------|--------------------------------|-----------------------|------------------------------|
| 7. City Miami, | 8. County Miami-Dade | 9. State FL | 10. Zip Code 33194 |
|--------------------------|--------------------------------|-----------------------|------------------------------|

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

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|---|---|------------------------|------------------------------|
| 11. Name of Bank Washington Mutual Bank | 12. Street Address 4200 S.W. 152nd Avenue | | |
| 13. City Miami | 14. County Miami-Dade | 15. State FL | 16. Zip Code 33185 |

| | |
|--|---------------------------------|
| 17. Signature of Candidate X  | Date January 30, 2008 |
|--|---------------------------------|

Campaign Treasurer's Acceptance of Appointment

I, Rudy Herbello , do hereby accept the appointment as
(Please Print or Type)


Campaign Treasurer Deputy Treasurer for the campaign of Rudy Herbello

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

Miami-Dade County Commission District 11

**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.**

January 30, 2008
Date


Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

08 JAN 31 AM 10:43

I, Rudy Herbello,

candidate for the office of Miami-Dade County Commission District 11;

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

X 
Signature of Candidate

1/20/08
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:

Rudy _____ Herbello _____
 First Name Middle Name Last Name

RECEIVED
 08 JAN 31 AM 10:43
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Office: Miami-Dade County Commission 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: January 30, 2008

Phone No.: 786-402-8046 Fax No.: _____

E-mail address: herbello07@bellsouth.net



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

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

08 JAN 31 AM 10:42

RECEIVED

I, Rudy Herbello, candidate for the office of Miami Dade County Commission District 1, 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

01/31/08

Date

Day Time Phone No.: 786-402-8046

E-mail address: herbello07@bellsouth.net



MIAMI-DADE COUNTY
IRREVOCABLE STATEMENT
AND APPLICATION FOR ELECTION
CAMPAIGN FINANCING TRUST FUND

For Participation in
 Initial and Runoff Elections

RECEIVED
 JAN 31 AM 10:42
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

(PLEASE TYPE OR USE BLUE INK)

| | |
|--|---|
| 1. Name of Candidate (First Name, Middle Initial, Last Name) Rudy Herbello | 2. Address (include post office box or street, city, state, zip code) |
|--|---|

| | | |
|---|--|----------------|
| 3. Telephone (optional) (786) 402-8046 | 4. E-mail address: herbello07@bellsouth.net | 5. Fax: () |
|---|--|----------------|

| | |
|---|--|
| 6. Office <input type="checkbox"/> Miami-Dade County Mayor <input checked="" type="checkbox"/> Miami-Dade County Commissioner | 7. (District number if applicable) 11 |
|---|--|

8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter. I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

- a) I agree to abide by the expenditure limits provided Subsection (e)(1).
- b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
- c) I agree to submit to audits of the campaign account by the Commission on Ethics and Public Trust as provided in Subsection (f)(3).
- d) As a candidate for County Commissioner receiving **Public Funds**, I agree to submit at least 300 but not over 360 separate contributions between \$100 and \$500 from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$30,000 as per Subsection (c)(5)a. At least 50% of the contributions are from my district (for the 2006 election cycle).
- e) As a candidate for Mayor receiving **Public Funds**, I agree to submit at least 1,500 but not over 1,800 contributions between \$100 and \$500 dollars from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$150,000 as per Subsection (c)(5)b.

| | |
|--|----------------------|
| 9. Signature of Candidate  | 10. Date 01-31-08 |
|--|----------------------|


Request for Funds

Please choose **one** of the following options:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

| | |
|--|---|
| Name of Receiving Financial Institution: | ABA #: |
| <u>Washington Mutual Bank</u> | |
| Name of Beneficiary Account: | Beneficiary Account #: |
| <u>Campaign Account of</u> | |
| <u>Rudy Herbello</u> | <u>Miami-Dade County Commission District 11</u> |

I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

| | |
|--|--|
| Campaign Account of <u>Rudy Herbello</u> | Name of Candidate |
| |  |
| <u>01/31/08</u> | Signature of Candidate |
| Date | |