

**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
ELECTIONS

2008 JAN 30 PM 3:39

RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate NATACHA SEIJAS MILLAN	1. Address (include post office box or street, city, state, zip code) 15505 Miami Lakeway North, Unit 201 Hialeah, Florida 33014
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Telephone (optional) (305) 821-4752	2. Party (Partisan candidates only) Non-Partisan	3. Office (add district, circuit, group number) County Commissioner District 13
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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
Daniel Hernandez

5. Mailing Address (If post office box or drawer add street address) 344 West 65 Street	6. Telephone 305-558-3551
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7. City Hialeah	8. County Miami-Dade	9. State Florida	10. Zip Code 33012
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank U.S. Century Bank	12. Street Address 18590 NW 67 Avenue		
13. City Miami	14. County Miami-Dade	15. State Florida	16. Zip Code 33015

17. Signature of Candidate X <i>Natasha Seijas Miller</i>	Date 1/21/08
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Campaign Treasurer's Acceptance of Appointment

I, DANIEL HERNANDEZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of NATACHA SEIJAS MILLAN

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

County Commissioner District 13

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.

1/21/08
Date

X *Daniel Hernandez*
Signature of Campaign Treasurer or Deputy Treasurer

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STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Natacha Seijas Millan,

candidate for the office of Miami-Dade County Commissioner District 13 ;

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

X *Natacha Seijas Millan*
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

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RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

NATACHA SEIJAS MILLAN
 First Name Middle Name Last Name

Office: MIAMI DADE COUNTY COMMISSIONER, DISTRICT 13

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: *Natasha Seijas Millan*
 Candidate Signature

Date: *1/08*

Phone No.: 305-821-4752 Fax No.: N/A

E-mail address: N/A



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

MIAMI-DADE
ELECTIONS

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I, NATACHA SEIJAS MILLAN, candidate for the office of County Commissioner District 13, 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.

Natasha Seijas Millan
Signature of Candidate

1/25/08
Date

Day Time Phone No.: 305-821-4752

E-mail address: N/A

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

NATACHA	SEIJAS MILLAN
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,

NATACHA SEIJAS MILLAN

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFICATION PERIOD)

am a candidate for the office of Miami-Dade County
(office)

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ELECTIONS

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

Natasha Seijas Millan
Signature of Candidate

15505 Miami Lakeway North, Unit 201	(305) 821-4752	() N/A
Current Address of Legal Residence	Day Phone	Fax Number
()	N/A	
Other Phone Number	Email Address	

Miami Lakes	Florida	33014	
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.

Sworn to (or affirmed) and subscribed before me this 15 day of January, 2008 by NATACHA SEIJAS MILLAN

Emma del Castillo
Signature of Notary Public - State of Florida

Emma del Castillo
Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided



