

**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  
2008 JUN - 6 PM 3:41  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: Carlos A. Manrique  
1. Address (include post office box or street, city, state, zip code):  
23 NW 136 PL  
Miami, FL 33184

Telephone (optional): ( )      2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number):  
Community Council 10/106

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

4. Name of Treasurer or Deputy Treasurer:  
Violet Moreno-Manrique

5. Mailing Address (If post office box or drawer add street address):  
23 NW 136 PL  
6. Telephone:  
305 4430242

7. City: Miami      8. County: Dade      9. State: FL      10. Zip Code: 33184

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

11. Name of Bank: WELLS  
12. Street Address: 10495 NW 12 ST

13. City: Miami      14. County: Dade      15. State: FL      16. Zip Code: 33184

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

**Campaign Treasurer's Acceptance of Appointment**

I, Violet Moreno-Manrique, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer       Deputy Treasurer      for the campaign of Carlos A. Manrique

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

Community Council 10/106

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.

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



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CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: CARLOS A. MANRIQUE      1. Address (include post office box or street, city, state, zip code):  
23 NW 136 PL  
Miami, FL 33184

Telephone (optional): ( )      2. Party (Partisan candidates only):      3. Office (add district, circuit, group number):  
Community Council 10/106

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

4. Name of Treasurer or Deputy Treasurer:  
CARLOS A. MANRIQUE

5. Mailing Address (If post office box or drawer add street address): 23 NW 136 PL      6. Telephone: 3/962-3773

7. City: Miami      8. County: Dade      9. State: FL      10. Zip Code: 33184

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

11. Name of Bank: WAMU      12. Street Address: 10495 NW 125T

13. City: Miami      14. County: Dade      15. State: FL      16. Zip Code: 33184

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

**Campaign Treasurer's Acceptance of Appointment**

I, CARLOS A. MANRIQUE, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer       Deputy Treasurer      for the campaign of CARLOS A. MANRIQUE

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

Community Council 10/106

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.

6/6/08  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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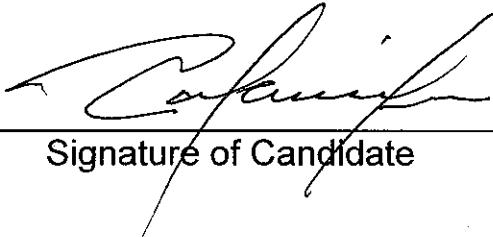
I, Carlos A. Manrique

candidate for the office of Community Council 10/106

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

6/6/08

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).

RECEIVED



Miami-Dade Supervisor of Elections  
2700 NW 87<sup>th</sup> Avenue  
Miami, FL 33172

2008 APR -2 AM 9:37  
(305) 499-8400

MIAMI DADE  
ELECTIONS

**RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK**

**Candidate:**

Ygorlas                      Andres                      Mauricio  
First Name                      Middle Name                      Last Name

Office: Community Council - 10

This is to acknowledge my receipt of the following documents:

**The Election Laws of the State of Florida as of September 2007**

- Hard Copy
- Downloaded from Internet

**2008 Miami-Dade County Qualifying Handbook**

- Hard Copy
- Downloaded form Internet

Received by: [Signature]  
Candidate Signature

Date: 4/2/08

Phone No.: 3/2263555 Fax No.: \_\_\_\_\_

E-mail address: UICAMI@AOL.COM



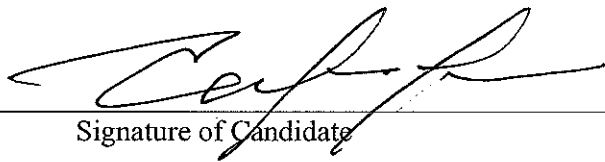
**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, CARLOS A. MAURICIO, candidate for the office of COMMUNITY COUNCIL 10/106, 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.: 305 962 3773

E-mail address: U10CLAM1 @ AOL.COM