

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 APR 29 AM 11:01

RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: CESAR AUGUSTO NAVARRETE
 1. Address (include post office box or street, city, state, zip code):
201 NW 109 AVE #101
MIAMI FL. 33172

Telephone (optional): (786) 375-1606
 2. Party (Partisan candidates only):
 3. Office (add district, circuit, group number):
COMMUNITY COUNCIL 10/101

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

4. Name of Treasurer or Deputy Treasurer:
CANDIDATE TREASURER, CESAR AUGUSTO NAVARRETE

5. Mailing Address (if post office box or drawer add street address):
SAME
 6. Telephone:

7. City: MIAMI 8. County: DADE 9. State: FLORIDA 10. Zip Code: 33172

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

11. Name of Bank: BANK ATLANTIC
 12. Street Address:
869 SW 107 AVE

13. City: MIAMI 14. County: DADE 15. State: FL. 16. Zip Code: 33174

17. Signature of Candidate: X [Signature] Date:

Campaign Treasurer's Acceptance of Appointment

I, CESAR AUGUSTO NAVARRETE, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of CESAR AUGUSTO NAVARRETE
 who is seeking nomination or election as a COMMUNITY COUNCIL candidate to the office of
 (Party)

Community Council 10/101

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.

4-29-08 X [Signature]
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

08 APR - 7 AM 10:41

RECEIVED

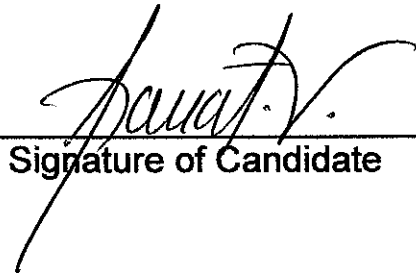
I, CESAR AUGUSTO NAVARRETE,

candidate for the office of COMMUNITY COUNCIL DISTRICT #10
SUB-AREA 101

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

Florida Statutes.

X


Signature of Candidate

4-7-08

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:

CESAR

A.

NAVARRETE

First Name

Middle Name

Last Name

Office: Community Council #10/101

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: 4-7-08

Phone No.: 786-375-1606 **Fax No.:** _____

E-mail address: NAVARRETE-A-CESAR@HOTMAIL.COM

RECEIVED
08 APR - 7 AM 10:42
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

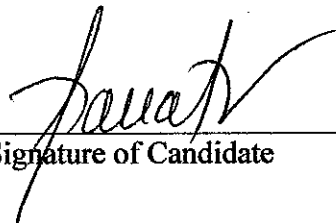


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, CESAR AUGUSTO NAVARRETE, candidate for the office of COMMUNITY COUNCIL #10/101, 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

4-7-08

Date

Day Time Phone No.: 786-375-1606

E-mail address: NAVARRETE_A-CESAR@HOTMAIL.COM

RECEIVED
08 APR - 7 AM 10:42
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	CESAR	A	NAVARRETE
	First Name	Middle Name/Initial	Last Name

I, 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, CESAR A. NAVARRETE
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)

am a candidate for the office of: **Community Council Member Area 10 Subarea 101**

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, and 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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 10 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 101 for at least three (3) 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.

X *[Signature]* 786-375-1606 Navarrete_A_cesar@hotmail.com
 Signature of Candidate Daytime Telephone Number Email Address

201 NW 109 AVE #101 MIAMI FL 33172
 Address City State Zip Code

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 16th day of JUNE, 2008 by CESAR NAVARRETE

Personally Known: _____ or
 Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC

[Signature]
 Signature of Notary Public STATE OF FLORIDA
 Print, Type or Stamp Commissioned Name of Notary Public **Maria Cristina Acosta**
 Commission # **DD730644**
 Expires: **FEB. 27, 2012**
 BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331731

RECEIVED FROM Cesar Augusto Navarrete DATE 6 / 2 / 08
MONTH DAY YEAR

ADDRESS 201 NW 109th Ave Apt. 101 CASH \$ _____
STREET ADDRESS

Miami CITY FL 33172 CHECKS \$ 100.00
CITY STATE ZIP

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fec. Comm. Council 10/101

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

DEPT.: Elections By: Marin C Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CAMPAIGN ACC. OF CESAR AUGUSTO NAVARRETE 1156

201 NW 109TH AVE 101
 MIAMI, FL 33172
 PH: 305-207-3339

DATE 06.02.08 63-8376/2670
1122

PAY TO THE ORDER OF BOARD OF COUNTY COMMISSION QUALIFY \$ 100.00

ONE HUNDRED 00/100 DOLLARS

BankAtlantic Florida's Most Convenient Bank
 FIU Avenue #122
 569 SW 107th Avenue
 Miami, FL 33174
 1-888-7-DAY-BANK

FOR Qualify 10/101