

**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 JUN -2 11:10#36
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: **ALFREDO PEREZ**
1. Address (include post office box or street, city, state, zip code):
**5805 BLUE LAGOON DRIVE, SUITE #145
MIAMI, FL 33126**

Telephone (optional): **(305) 265-0007**
2. Party (Partisan candidates only): **NPA**
3. Office (add district, circuit, group number): **CLERK OF THE CIRCUIT COURT**

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

4. Name of Treasurer or Deputy Treasurer:
ODIS L. PEREZ

5. Mailing Address (If post office box or drawer add street address): **5805 BLUE LAGOON DRIVE, SUITE #145**
6. Telephone: **305-265-0007**

7. City: **MIAMI** 8. County: **MIAMI-DADE** 9. State: **FL** 10. Zip Code: **33126**

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: *Alfredo J. Perez* Date: **5/30/08**

Campaign Treasurer's Acceptance of Appointment

I, ODIS L. PEREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ALFREDO PEREZ

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

CLERK OF THE CIRCUIT COURT

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.

5/30/08
Date

Odin L. Perez
Signature of Campaign Treasurer or Deputy Treasurer

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APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate ALFREDO PEREZ	1. Address (include post office box or street, city, state, zip code) 5805 BLUE LAGOON DRIVE, SUITE #145 MIAMI, FL 33126
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Telephone (optional) (305) 265-0007	2. Party (Partisan candidates only) NPA	3. Office (add district, circuit, group number) CLERK OF THE CIRCUIT COURT
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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
ALFREDO PEREZ

5. Mailing Address (If post office box or drawer add street address) 5805 BLUE LAGOON DRIVE, #145	6. Telephone 305-265-0007
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7. City MIAMI	8. County MIAMI-DADE	9. State FL	10. Zip Code 33126
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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
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13. City CORAL GABLES	14. County MIAMI-DADE	15. State FL	16. Zip Code 33134
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17. Signature of Candidate X 	Date 5/30/08
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Campaign Treasurer's Acceptance of Appointment

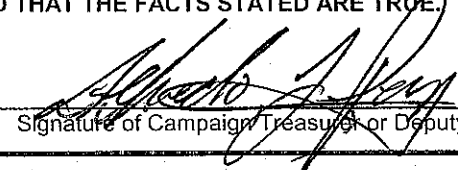
I, ALFREDO PEREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ALFREDO PEREZ

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

CLERK OF THE CIRCUIT COURT

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.

5/30/08 Date **X**  Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

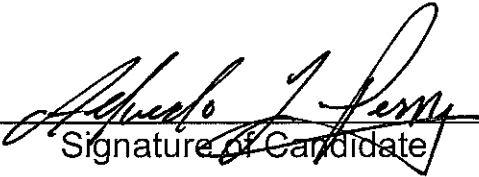
RECEIVED
2008 MAY - 1 PM 12: 10
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, ALFREDO PEREZ,

candidate for the office of CLERK OF THE CIRCUIT COURT,

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

X


Signature of Candidate

4/30/08
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:

ALFREDO		PEREZ
First Name	Middle Name	Last Name

Office: CLERK OF THE CIRCUIT COURT

RECEIVED
 2008 MAY + 1 PM 12: 10
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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: 4/30/08

Phone No.: 305 265 0007 Fax No.: 305 265 2001

E-mail address: ajperezlaw@aol.com

<p>LOYALTY OATH CANDIDATES WITH NO PARTY AFFILIATION <small>(Sections 876.05-876.10, Florida Statutes)</small></p> <p>STATE OF FLORIDA <u>MIAMI-DADE</u>, COUNTY</p>	<p>OFFICE USE ONLY</p> <p style="text-align: right; font-size: small;">RECEIVED 2008 JUN 17 PM 1:24 MIAMI DADE COUNTY ELECTIONS DEPARTMENT</p>
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I,

ALFREDO		PEREZ
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.

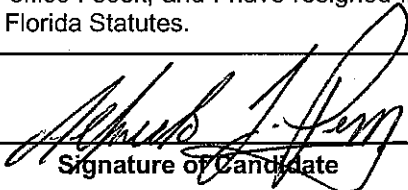
OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, ALFREDO "AL" PEREZ
(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 CLERK OF THE CIRCUIT COURT, _____, _____,
(office) (district) (circuit)

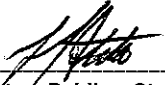
_____ . I am a qualified elector of _____ County, Florida. I am qualified
(group)

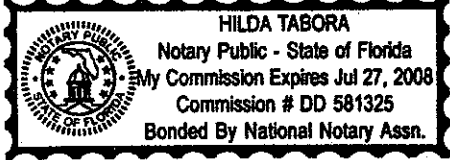
under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X	(305)	265-0007	AJPEREZLAW@AOL.COM
 Signature of Candidate	Telephone Number		Email Address
5805 BLUELAGOON DRIVE, STE 145	MIAMI	FL	33,126.00
Address	City	State	ZIP Code

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2008.

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____


Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331984

RECEIVED FROM Alfredo Perez

DATE 6 / 17 / 08
MONTH DAY YEAR

ADDRESS 5805 Blue Lagoon Dr. #145

CASH \$ _____

Miami CITY FL STATE 33126 ZIP

CHECKS \$ 6,905.48

AMOUNT OF Six thousand nine hundred DOLLARS, AND 48 CENTS TOTAL \$ 6,905.48

FOR PAYMENT OF: Qualifying ^{Five} Fee - Clerk of the Circuit Court

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

DEPT.: Elections BY: Neva A. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1004

ALFREDO PEREZ CAMPAIGN ACCOUNT
95 MERRICK WAY, SUITE 250
CORAL GABLES, FL 33134

DATE 6-17-08 63-1592-670

PAID to the order of Board of County Commissioners \$ 6905.48
Six thousand nine hundred and five dollars — 48/100

BANK OF CORAL GABLES
2295 Galiano St • Coral Gables, FL 33134
305-500-8501

Qualifiers Fee - Clerk of the Circuit Court Alfredo Perez