

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 -3 PM 4:55
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: Gary J. Dufek
1. Address (include post office box or street, city, state, zip code):
20285 SW 177 Ave.
Miami, FL 33187

Telephone (optional): (305) 233-5195
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number):
Community Council #14, Sub-Area #144

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

4. Name of Treasurer or Deputy Treasurer:
Josephine D. Dufek

5. Mailing Address (If post office box or drawer add street address):
20285 SW 177 Ave.
6. Telephone:
305-233-5195

7. City: Miami 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33187

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

11. Name of Bank: TIB Bank of the Keys
12. Street Address: 777 North Krome Avenue

13. City: Homestead 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33030

17. Signature of Candidate: *X Gary J. Dufek* Date: 5/20/08

Campaign Treasurer's Acceptance of Appointment

I, Josephine D. Dufek, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Gary J. Dufek

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

Community Council #14 Sub-Area #144

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.

5/20/08
Date

X Josephine D. Dufek
Signature of Campaign Treasurer or Deputy Treasurer



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331744

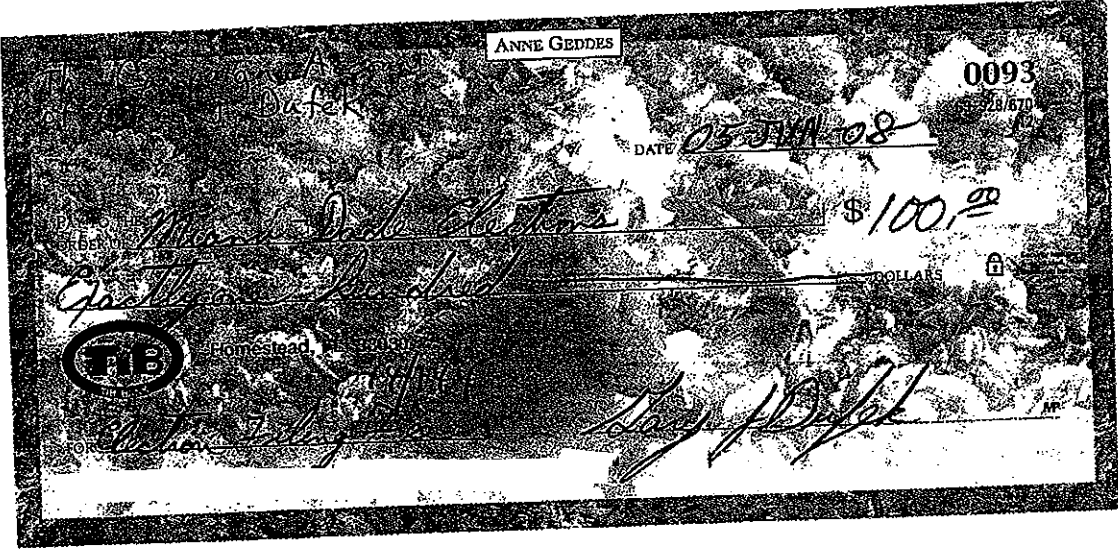
RECEIVED FROM Gary J. Dufek DATE 6 / 12 / 08
ADDRESS 20285 SW 177 Ave. CASH \$
Miami CITY FL STATE 33187 ZIP CHECKS \$ 100.00
AMOUNT OF: One hundred DOLLARS, AND 00 / CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council # 14/144
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections BY: Nena G. Saiter

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS DEPARTMENT

I, Gary J. Dufek
candidate for the office of Community Council #14, Sub-Area #144

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

X *Gary J. Dufek*
Signature of Candidate

05/20/08
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:

GARY JOSEPH DUFEK
 First Name Middle Name Last Name

Office: COMMUNITY COUNCIL #14 SUBAREA #144

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

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: Gary J Dufek
 Candidate Signature

Date: June 02, 2008

Phone No.: (305) 233-5195 Fax No.: (305) 233-7135

E-mail address: DUFEK PARTY @ AOL . COM



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

I, GARY J. DUFER, candidate for the office of COMMUNITY COUNCIL #14 SUB #144, 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.

Gary J. Dufek
Signature of Candidate

JUNE 02, 2008
Date

Day Time Phone No.: (305) 233-5195

E-mail address: DUFER PARTY @ AOL . COM

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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, GARY JOSEPH DUFEEK
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, GARY J. DUFEEK
(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: **Community Council Member Area** 14 **Subarea** 144

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

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 14 for at least six (6) months prior to qualifying.

I have been a resident elector of the Subarea 144 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 Gary J Dufek 305-233-5195 DUFEEKPARTY@AOL.COM
Signature of Candidate Daytime Telephone Number Email Address

20285 SW 177 AVE MIAMI FLA 33187
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 11 day of June, 2008 by Gary Dufek

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

Nancy L Kermode
Signature of Notary Public
Print, Type or Stamp Name of Notary Public
NANCY L. KERMODE
Notary Public - State of Florida
My Commission Expires Jan 7, 2012
Commission # OD 739652
Bonded Through National Notary Assn.

RECEIVED
2008 JUN 13 PM 2:00
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT