

**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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: RUBEN POL III 1. Address (include post office box or street, city, state, zip code)
7900 SW 12 ST
MIAMI, FL 33144

Telephone (optional): (305) 264-7474 2. Party (Partisan candidates only):
COMMUNITY COUNCIL 10(103) 3. Office (add district, circuit, group number)

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

4. Name of Treasurer or Deputy Treasurer
RUBEN POL

5. Mailing Address (If post office box or drawer add street address):
7900 SW 12 ST 6. Telephone:
305-264-7474

7. City: MIAMI 8. County: MIAMI-DADE 9. State: FL 10. Zip Code: 33144

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

11. Name of Bank: INTERAMERICAN BANK 12. Street Address:
9190 SW 24 ST
13. City: MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33165

17. Signature of Candidate: X  Date: 6-9-08

Campaign Treasurer's Acceptance of Appointment

I, RUBEN POL, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of RUBEN POL III

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

Community Council 10(103) (Party)

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.

6-9-08

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS DEPARTMENT

I, RUBEN POL III,
candidate for the office of Community Council 10(103) ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

x 

Signature of Candidate

6/9/08

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:

RUBEN

POL III

First Name

Middle Name

Last Name

Office: Community Council 10 (103)

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

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 ELECTIONS DEPARTMENT

Received by: 
 Candidate Signature

Date: 6/09/08

Phone No.: 305-345-9177 Fax No.: _____

E-mail address: RPOL3 RT @ AOL.COM



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

I, RUBEN POL III, candidate for the office of COMMUNITY CONCIL 10 (103) 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.

Ruben Pol III

Signature of Candidate

6/09/08

Date

Day Time Phone No.: 305-345-9177

E-mail address: RPOL3RT@AOL.COM

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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,	<u>RUBEN</u>	<u>POL</u>	<u>III</u>
	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, RUBEN POL III

(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** 10 **Subarea** 103

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 10 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 103 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 <u>Ruben Pol III</u>	<u>305-345-9177</u>	<u>RPOL3RT@AOL.COM</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>7900 SW 12 ST</u>	<u>MIAMI</u>	<u>FL</u>	<u>33144</u>
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 10th day of June, 2008 by Ruben Pol III

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



NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

