

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

2008 JUN 11 PM 1:52

RECEIVED

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: PATRICE MICHEL 1. Address (include post office box or street, city, state, zip code):
13782 SW 156 ST
MIAMI FL 33177

Telephone (optional): (305) 979-2726 2. Party (Partisan candidates only): NPA 3. Office (add district, circuit, group number):
COMMUNITY COUNCIL 14-142

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

4. Name of Treasurer or Deputy Treasurer:
PATRICE MICHEL

5. Mailing Address (If post office box or drawer add street address): 13782 SW 156 ST 6. Telephone: 305-979-2726

7. City: MIAMI 8. County: DADE 9. State: FL 10. Zip Code: 33177

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

11. Name of Bank: WASHINGTON MUTUAL 12. Street Address: 9785 NW 41 ST

13. City: MIAMI 14. County: DADE 15. State: FL 16. Zip Code: 33177

17. Signature of Candidate: X Patricia Michel Date: 6/11/08

Campaign Treasurer's Acceptance of Appointment

I, PATRICE MICHEL, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of PATRICE MICHEL

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

COMMUNITY COUNCIL 14-142

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.

6/11/08 X Patricia Michel
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED
2008 JUN 11 PM 1:52
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, PATRICE MICHEL,

candidate for the office of COMMUNITY COUNCIL - 14-142;

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

Florida Statutes.

X Patrice Michel

Signature of Candidate

6/10/08

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:

PATRICE MICHEL
First Name Middle Name Last Name

Office: COMMUNITY Council 14-142

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
2008 JUN 11 PM 1:52
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Received by: Patrice Michel
Candidate Signature

Date: 6/10/08

Phone No.: 305 979-2726 Fax No.: 305-884-4363

E-mail address: RYASIM@MSN.COM



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

RECEIVED
2008 JUN 11 PM 1:52
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, PATRICE MICHEL, candidate for the office of COMMUNITY Council 14-142 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.

Patrice Michel
Signature of Candidate

6/10/08
Date

Day Time Phone No.: 305 979 2726

E-mail address: pyasim@msn.com

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>PATRICE</u>	<u>MICHEL</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, PATRICE MICHEL
(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** 142

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 142 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>Patrice Michel</u>	305 979-2726	PYASIM@MSN.COM
Signature of Candidate	Daytime Telephone Number	Email Address

Address 13782 SW 156 St City MIAMI State FL Zip Code 33177

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 11th day of June, 2008 by Patrice Michel.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:

FL Drivers Lic

Signature of Notary Public – State of Florida
 Print, Type or Stamp Commissioned Name of Notary: **Maria Cristina Acosta**
 Commission # **DD730644**
 Expires: **FEB. 27, 2012**
 BONDED THRU ATLANTIC BONDING CO., INC.