

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 10 AM 11:22
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate
Marjorie Murillo

1. Address (include post office box or street, city, state, zip code)
26604 SW 122 Place Naranja, Florida 33032

Telephone (optional)
(305) 258-4921

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
Community Council 15/153

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

4. Name of Treasurer or Deputy Treasurer
Marjorie Murillo

5. Mailing Address (If post office box or drawer add street address)
26604 SW 122 Place

6. Telephone
305-608-1722

7. City
Naranja

8. County
Miami

9. State
Florida

10. Zip Code
33032

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

11. Name of Bank
1st National Bank of South Florida

12. Street Address
25151 South Dixie Hyw

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33032

17. Signature of Candidate
 Marjorie Murillo

Date
6-10-08

Campaign Treasurer's Acceptance of Appointment

I, Marjorie Murillo, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Marjorie Murillo

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

Community Council 15/153

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.

June 10, 2008
Date

Marjorie Murillo
Signature of Campaign Treasurer or Deputy Treasurer



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 5331963

RECEIVED FROM Marjorie Murillo DATE 6 / 14 / 08
 ADDRESS 26604 SW 122 Place MONTH DAY YEAR
Naranja STREET ADDRESS FL 33032 CASH \$ _____
 CITY STATE ZIP CHECKS \$ 100.00
 AMOUNT OF: One hundred DOLLARS, AND 00 CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council # 15/153
 THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
 DEPT.: Electrons BY: Ken A. Luter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Marjorie Murillo
Campaign Fund Account

63-514/670

DATE 6-12-08

PAY TO THE ORDER OF Board of County Commissioners \$ 100⁰⁰

One hundred 00/100 DOLLARS

Si National Bank
 of South Florida
 MAIN OFFICE
 HOMESTEAD, FLORIDA 33030

MEMO Qualifying Fee for CC 15/153 Marjorie Murillo MP

Security features included. Details on back.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

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I, Marjorie Murillo
candidate for the office of Community Council 15/153

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

X *Marjorie Murillo*
Signature of Candidate

June 10, 2008
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:

Marjorie Murillo
First Name Middle Name Last Name

Office: Community Council 15/153

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: Marjorie Murillo
Candidate Signature

Date: 6-10-08

Phone No.: 305-608-1722 Fax No.: 305-258-4921

E-mail address: marjmurilla@Comcast.net



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

I, Marjorie Murillo, candidate for the office of Community Council 15/153, 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.

Marjorie Murillo
Signature of Candidate

6-10-08
Date

Day Time Phone No.: 305-608-1722

E-mail address: marjmurillo@comcast.net

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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>Marjorie</u>		<u>Murillo</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, Marjorie Murillo

(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** 15 **Subarea** 153

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 15 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 153 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>Marjorie Murillo</u>	<u>305-608-1722</u>	<u>marjmurillo@comcast.net</u>
	Signature of Candidate	Daytime Telephone Number	Email Address

<u>26604 SW 122 Pl. Miami Fl</u>	<u>33032</u>
Address	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 Marjorie Murillo

Personally Known: _____ or
Produced Identification: 1

Type of Identification Produced:

FL DRIVERS License

Maria Cristina Acosta

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.

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