

2008 JUN 11 PM 1:40

RECEIVED

MIAMI DADE
ELECTIONS

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

CHECK APPROPRIATE BOX:

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer

Name of Candidate: DOMINGO CASTILLO 1. Address (include post office box or street, city, state, zip code):
14821 SW 169 LANE
MIAMI FL 33187

Telephone (optional): 305-378-9598 2. Party (Partisan candidates only): _____ 3. Office (add district, circuit, group number):
COMMUNITY COUNCIL 11-116

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

4. Name of Treasurer or Deputy Treasurer:
DOMINGO CASTILLO

5. Mailing Address (if post office box or drawer add street address): 14821 SW 169 LANE 6. Telephone: 305-378-9598

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: BANK OF AMERICA 12. Street Address: 13700 SW 152 ST

13. City: MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33187

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

Campaign Treasurer's Acceptance of Appointment

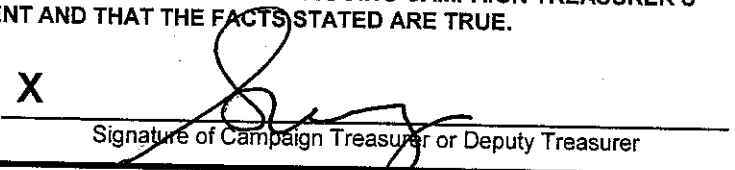
I, DOMINGO CASTILLO, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of DOMINGO CASTILLO

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

COMMUNITY COUNCIL 11-116

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 
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS

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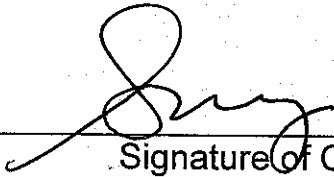
RECEIVED

I, Domingo CASTILLO

candidate for the office of COMMUNITY COUNCIL 11-116

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

X



Signature of Candidate

6/11/01

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:

DOMINGO A. CASTILLO
 First Name Middle Name Last Name

Office: COMMUNITY COUNCIL 11 126

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 by: [Signature]
 Candidate Signature

Date: 6/13/08

Phone No.: 305-378-2598 Fax No.: _____

E-mail address: CAST2122@BELL SOUTH.NET

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

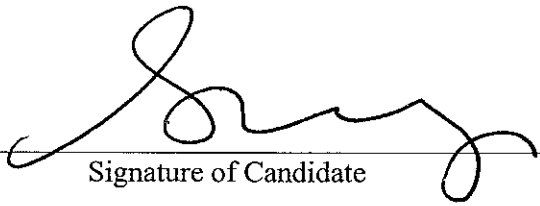


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, BOBINO CASTILLO, candidate for the office of COMMUNITY COUNCIL 11-116, 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.


Signature of Candidate

6/13/08
Date

Day Time Phone No.: 305-378-9898

E-mail address: CAST2122@BELLSOUTH.NET

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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,	<u>DOMINGO</u>	<u>A</u>	<u>CASTILLO</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, DOMINGO CASTILLO
(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 11 Subarea 116**

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 11-116 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 116 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 *[Signature]* 305-378-9558 CAST2122@BELLWORTH.NET

Signature of Candidate Daytime Telephone Number Email Address

14821 SW 169 LANE MIAMI FL 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 13 day of JUN, 2008 by Domingo Castillo.

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: Acosta
 Commission # DD730644
 Expires: FEB. 27, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.

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