

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 13 PM 1:01
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Jorge Barbontin		1. Address (include post office box or street, city, state, zip code) 13049 SW 4th STREET MIAMI, FL 33184	
Telephone (optional) (786) 412-1571	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) Community Council 10 AT LARGE	
I have appointed the following person to act as my		<input checked="" type="checkbox"/> Campaign Treasurer	<input type="checkbox"/> Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer Jorge Barbontin			
5. Mailing Address (If post office box or drawer add street address) 13049 SW 4th STREET		6. Telephone 786 412-1571	
7. City Miami	8. County Dade	9. State Florida	10. Zip Code 33184
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
11. Name of Bank OCEAN BANK		12. Street Address 7650 NW 25th STREET	
13. City MIAMI	14. County DADE	15. State FL	16. Zip Code 33184
17. Signature of Candidate X		Date	

Campaign Treasurer's Acceptance of Appointment

I, Jorge Barbontin, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of JORGE BARBONTIN

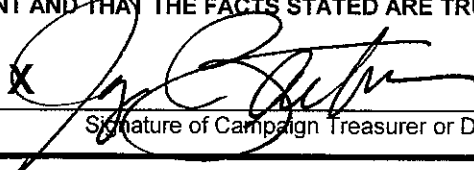
who is seeking nomination or election as a _____ candidate to the office of
(Party)

COMMUNITY COUNCIL 10 AT LARGE

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.

6-13-08

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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2008 JUN 12 AM 9:09

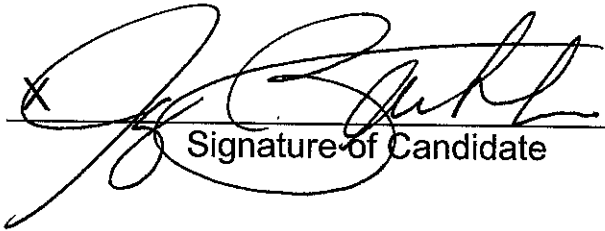
MIAMI DADE
ELECTIONS

I, Jorge Barbentin,

candidate for the office of Community Council Area 10 ATLANTIC

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

Florida Statutes.

X 
Signature of Candidate

6-12-08
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:

Jorge Barbento
 First Name Middle Name Last Name

Office: Community Council 10 At Large

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.: 786 412-1571 Fax No.: NA

E-mail address: jbarbento@bellsouth.net

RECEIVED
 2008 JUN 13 PM 1:01
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT



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

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2008 JUN 13 PM 1:01
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Jorge Barbontin, candidate for the office of Community Council Area 10 AFLAige 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

6/12/08
Date

Day Time Phone No.: 786 412-1571

E-mail address: jbarbontin@bellsouth.net

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED
 2008 JUN 13 PM 1:02
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

STATE OF FLORIDA Miami-Dade County

I, Jorge Barbontin
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, Jorge Barbontin
(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 AT LARGE

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 AT LARGE 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 Jorge Barbontin 786-412-1571 jbarbontin@bellsouth.net
Signature of Candidate Daytime Telephone Number Email Address

Address 13049 SW 48 STREET City Miami State FL Zip Code 33184

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 JUNE, 2008 by Jorge Barbontin.

Personally Known: or
 Produced Identification: _____

Type of Identification Produced:

Marilyn Godoy
 Signature of Notary Public - State of Florida
 Print, Type or Stamp Commissioned Name





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331954

RECEIVED FROM Jorge Barbontin

DATE 6, 13, 08
MONTH DAY YEAR

ADDRESS 13049 SW 4th St.

CASH \$ _____

Miami CITY FL STATE 33184 ZIP

CHECKS \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Quality Fee - Comm. Council - #10 at Large

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT

DEPT.: Elections By: Nora A. Soder

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

