

**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 11 AM 11:55
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Alexander C. Senderoff	1. Address (include post office box or street, city, state, zip code) 19421 West Saint Andrews Dr Miami, FL 33015
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Telephone (optional) (305) 389-6699	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) Community Council Area 5 Sub A, 52
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Alexander C. Senderoff

5. Mailing Address (If post office box or drawer add street address) 19421 West Saint Andrews Drive	6. Telephone 305-389-6699
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7. City Miami	8. County Miami Dade	9. State Florida	10. Zip Code 33015
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Washington Mutual	12. Street Address 18600 NW 87th Ave
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13. City Miami	14. County Miami Dade	15. State Florida	16. Zip Code 33015
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17. Signature of Candidate <input checked="" type="checkbox"/> 	Date 6/7/08
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Campaign Treasurer's Acceptance of Appointment

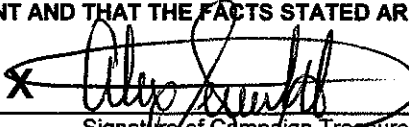
I, Alexander C. Senderoff, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Alexander C. Senderoff

who is seeking nomination or election as a Community Council candidate to the office of
(Party)
Miami Dade County

**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.**

6/7/08
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

FLORIDA
ELECTIONS DEPARTMENT

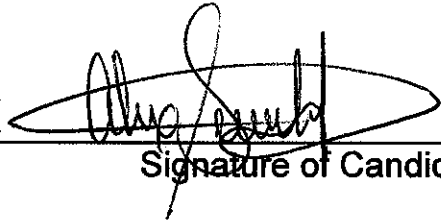
2008 JUN 11 AM 11:53

RECEIVED

I, Alexander C. Senderoff,

candidate for the office of Community Council - Area 5, Sub Area 52;

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

X 
Signature of Candidate

6/7/08
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:

Alexander Christopher Senderoff
 First Name Middle Name Last Name

Office: Community Council 5/52

This is to acknowledge my receipt of the following documents:

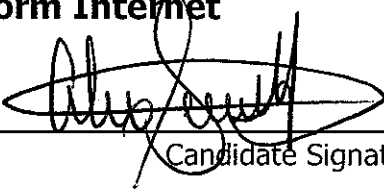
The Election Laws of the State of Florida as of September 2007

- Hard Copy
- Downloaded from Internet

2008 Miami-Dade County Qualifying Handbook

- Hard Copy
- Downloaded form Internet

RECEIVED
 JUN 11 AM 11:53
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: 
 Candidate Signature

Date: 6/7/08

Phone No.: (305) 389-6699 Fax No.: (813) 290-6064

E-mail address: emailalex@earthlink.net

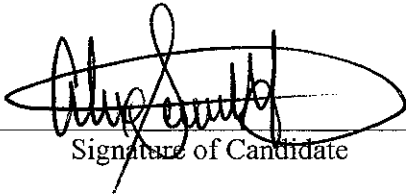


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, Alexander C. Senderoff, candidate for the office of Community Council 5/52, 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

6/7/08

Date

Day Time Phone No.: (305)389-6699

E-mail address: emailalex@earthlink.net

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

2008 JUN 11 AM 11:53

RECEIVED

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	Alexander	C	Senderoff
	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, Alexander C. Senderoff
(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** 5 **Subarea** 52

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 concurrently with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.011, 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 5 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 52 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	(305)389-6699	emailalex@earthlink.net
Signature of Candidate	Daytime Telephone Number	Email Address

19421 West Saint Andrews Dr, Miami	FL	33015
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 11th day of June, 2008 by Alexander Senderoff

Personally Known: _____ or
 Produced Identification:

Type of Identification Produced:

FL Drivers License

NOTARY PUBLIC STATE OF FLORIDA
 Signature of Notary Public – State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public: **Maria Cristina Acosta**
 Commission # **D9730644**
 Expires: **FEB. 27, 2012**
 BONDED THRU ATLANTIC BONDING CO., INC.

RECEIVED
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
 JUN 11 AM 11:53



OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 5331739

RECEIVED FROM Alexander C. Senderoff

DATE 6 / 11 / 08
MONTH DAY YEAR

ADDRESS 19421 W. Saint Andrews Dr.
Hialeah STREET ADDRESS FL 33015
CITY STATE ZIP

CASH \$ _____
CHECKS \$ 100 . 00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Com. Council - S/52

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

DEPT.: Elections

BY: Kerna A. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Alexander C. Senderoff for
Community Council,
Campaign Account

Board of County Commissioners
One hundred

63-8413/2870
Date 6/11/08
95
\$ 100.00
Dollars

Washington Mutual
Washington Mutual Bank
West County Club Financial Ctr 4452
12500 Northwest 87th Avenue Suite 129 1-800-788-7000
Miami, FL 33015 24 hour Customer Service
Memo Qualifying Fee 5/52

Alex Senderoff

FD081 (10/1/00) PAUSE