

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 16 PM 3:03

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment  Deputy Treasurer  Reappointment of Treasurer

Name of Candidate: Michael "Mike" Rodriguez  
1. Address (include post office box or street, city, state, zip code): 29275 S.W. 187ct. Homestead, FL. 33030

Telephone (optional): (786) 255-3155  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number): District 14 (146) Community Council

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

4. Name of Treasurer or Deputy Treasurer: Michael Rodriguez

5. Mailing Address (If post office box or drawer add street address): 29275 S.W. 187ct.  
6. Telephone: 786-255-3155

7. City: Homestead  
8. County: Miami-Dade  
9. State: FL.  
10. Zip Code: 33030

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

11. Name of Bank: Bank of America  
12. Street Address:

13. City: Homestead  
14. County: Miami-Dade  
15. State: FL.  
16. Zip Code: 33030

17. Signature of Candidate: X Michael Rodriguez  
Date: 6/10/08

Campaign Treasurer's Acceptance of Appointment

I, Michael Rodriguez, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of Michael "Mike" Rodriguez

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

Community Council 14-146

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.

6/10/08

Date

X Michael Rodriguez

Signature of Campaign Treasurer or Deputy Treasurer

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HAMILTON COUNTY  
ELECTIONS DEPARTMENT

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Michael J. Rodriguez,

candidate for the office of community council / 14 (146) ;

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

X Michael J. Rodriguez  
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 87<sup>th</sup> Avenue  
 Miami, FL 33172 (305) 499-8400

**RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK**

**Candidate:**

Michael                      Jesus                      Rodriguez  
 First Name                      Middle Name                      Last Name

**Office:** community council 14' sub-14b

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:** Michael J. Rodriguez  
 Candidate Signature

**Date:** 6/10/08

**Phone No.:** 786-255-3155                      **Fax No.:** \_\_\_\_\_

**E-mail address:** michael7777@adfl.com

**RECEIVED**  
 2008 JUN 16 PM 3:03  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT



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

I, Michael J Rodriguez, candidate for the office of Community Council 14-146, 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.

Michael J Rodriguez  
Signature of Candidate

6/10/08

Date

Day Time Phone No.: 786-255-3155

E-mail address: michael7777@aol.com

**RECEIVED**  
2008 JUN 16 PM 3:08  
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,	Michael	Jesus	Rodriguez
	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, Michael "Mike" Rodriguez

(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 146**

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 99.012, 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 46 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.

<b>X</b> <u>Michael J. Rodriguez</u>	786-255-3155	michael7777@aol.com
Signature of Candidate	Daytime Telephone Number	Email Address

29275 S.W. 187th. Homestead	FL.	33030
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 16<sup>th</sup> day of June, 2008 by Michael Rodriguez

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Type of Identification Produced:  
FL DRIVERS LIC

Maria Cristina Acosta

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

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

RECEIVED  
 COUNTY CLERK  
 MIAMI-DADE COUNTY  
 7:08 PM 6/16/08

