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2008 JUN 16 PM 12:43
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: JOSE A. BERMUDEZ
1. Address (include post office box or street, city, state, zip code): 336 NW 114 AVE #104 MIAMI, FL 33172

Telephone (optional): (305) 218-4585
2. Party (Partisan candidates only): N/A
3. Office (add district, circuit, group number): COMMUNITY COUNCIL 10/101

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

4. Name of Treasurer or Deputy Treasurer: JOSE A. BERMUDEZ

5. Mailing Address (If post office box or drawer add street address): 336 NW 114 AVE
6. Telephone: 305-218-4585

7. City: MIAMI 8. County: MIAMI-DADE 9. State: FL 10. Zip Code: 33172

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

11. Name of Bank: CITIBANK 12. Street Address: 2001 BISCAYNE BLVD

13. City: MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33137

17. Signature of Candidate:  Date: 6/16/08

Campaign Treasurer's Acceptance of Appointment

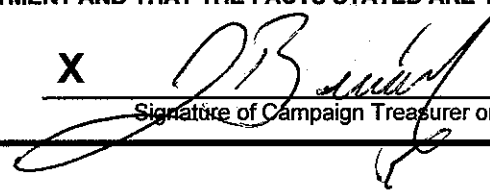
JOSE A. BERMUDEZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of JOSE A. BERMUDEZ

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

COMMUNITY COUNCIL 10/101

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.

6/16/08 
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

JOSE A. BERMUDEZ

I, _____,

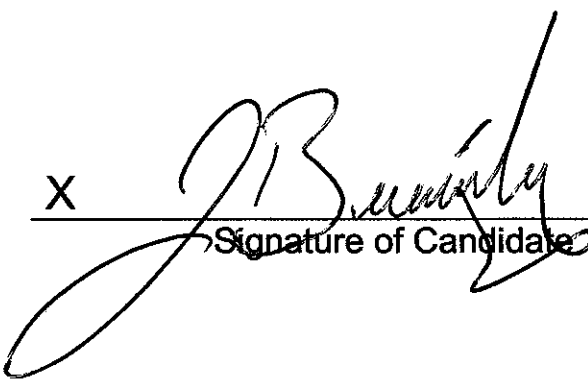
candidate for the office of _____ COMMUNITY COUNCIL 10/101 _____;

have received, read and understand the requirements of Chapter 106

Florida Statutes.

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ELECTIONS DEPARTMENT

X



Signature of Candidate

6/16/2008

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:

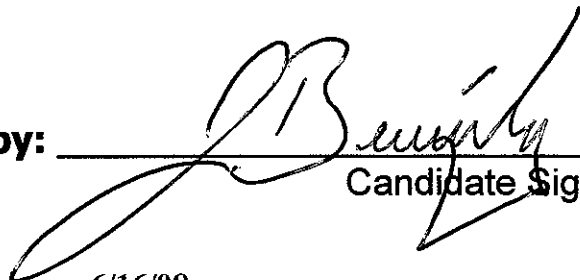
JOSE	A.	BERMUDEZ
First Name	Middle Name	Last Name

Office: COMMUNITY COUNCIL 10/101

This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida August 2006
- 2006 Candidate and Campaign Treasurer Handbook
- 2008 Miami-Dade County Qualifying Handbook

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Received by: 
 Candidate Signature

Date: 6/16/08

Phone No.: (305) 218-4585 Fax No.: _____

E-mail address: JOSE@VOTEBERMUDEZ.COM

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>JOSE</u>	<u>A</u>	<u>BERMUDEZ</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, JOSE A. BERMUDEZ
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)
 am a candidate for the office of: **Community Council Member Area 10 Subarea 107**

RECEIVED
 2008 JUN 15 10:31 AM
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

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 101 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>Bermudez</u>	<u>305-218-4585</u>	
Signature of Candidate	Daytime Telephone Number	Email Address
<u>3306 NW 114 AVE #104 MIAMI, FL</u>	<u>33172</u>	
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 16th day of JUNE, 2008 by Jose A Bermudez

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 Name of Notary Public
NOTARY PUBLIC STATE OF FLORIDA
Maria Cristina Acosta
 Commission # DD730644
 Expires: FEB. 27, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.

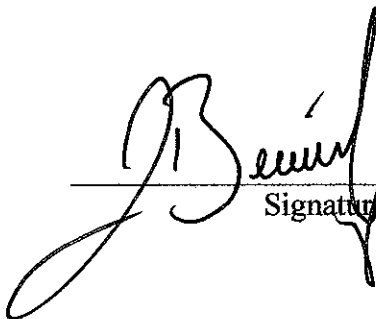


**Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, Jose A. BERMUDEZ, Candidate for the Office of COMMUNITY COUNCIL 10/101, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission and Community Council Members.

In order to comply with the requirement, I declare that I understand that Campaign Treasurer Reports be filed electronically, and in addition to the original signed report, I further declare that:

- I will use the website provided by the Supervisor of Elections.
- I will upload the data from my software to the Supervisor of Elections website.


Signature of Candidate

6/16/08
Date

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

305.218.4585
Day time Phone #

Jose@VOTE.BERMUDEZ.COM
E-mail address

Fax #

This form must be filed within (5) five business days of opening the Campaign Account.

