

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

(PLEASE TYPE)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: Jorge Luis Garciga  
1. Address (include post office box or street, city, state, zip code):  
12155 SW 94 AVE  
Miami, FL 33176

Telephone (optional): (305) 282-7969  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number): Community Council 12

Sub  
126.

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

4. Name of Treasurer or Deputy Treasurer:  
Jorge L. Garciga

5. Mailing Address (If post office box or drawer and street address):  
12155 SW 94 AVE  
6. Telephone:  
305-282-7969

7. City: Miami      8. County: Miami-Dade      9. State: FL      10. Zip Code: 33176

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

11. Name of Bank: Suntrust Bank N.A  
12. Street Address: 8820 SW 136 St  
13. City: Miami      14. County: Miami Dade      15. State: FL      16. Zip Code: 33176

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

**Campaign Treasurer's Acceptance of Appointment**

I, Jorge L. Garciga, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer       Deputy Treasurer      for the campaign of Jorge L. Garciga's Campaign

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_  
(Party)  
Community Council 12 Sub 126

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      [Signature]  
Date      Signature of Campaign Treasurer or Deputy Treasurer



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**STATEMENT OF  
CANDIDATE**

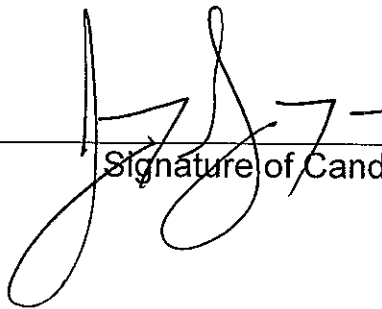
(Section 106.023, F.S.)

(Please Type)

I, Jorge Luis Garciga,  
candidate for the office of Community Council 12 Sub. 126.

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

X

  
Signature of Candidate

6/16/08  
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:**

Jorge                      Luis                      Garciga.  
 First Name                      Middle Name                      Last Name

**Office:** Community Council 12 Sub 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**

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**Received by:** [Signature]  
 Candidate Signature

**Date:** 6/9/08

**Phone No.:** 305-282-7969    **Fax No.:** \_\_\_\_\_

**E-mail address:** garcigaJ@gmail.com.

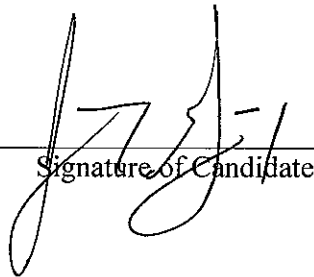


**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

I, Jorge L. Garciga, candidate for the office of Community Council 12 Sub 136, 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

6/16/08  
Date

Day Time Phone No.: 305-282-7969

E-mail address: garcigaJ@gmail.com

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 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>Jorge</u>	<u>Luis</u>	<u>Garciga</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, Jorge Luis Garciga  
(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 12 Subarea 126**

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 12 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 126 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>[Signature]</u>	<u>305-282-7969</u>	<u>garcigaJ@gmail.com</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>12155 SW 94 AVE</u>	<u>Miami</u>	<u>FL</u>	<u>33176</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 16 day of June, 2008 by \_\_\_\_\_.

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

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

**CARMEN MARTINEZ**  
 Notary Public - State of Florida  
 My Commission Expires Aug 23, 2011  
 Commission # DD 78823  
 Bonded Through Midland Notary Assoc.

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