

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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2008 JUN 16 PM 4: 23

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:



Original Appointment



Deputy Treasurer



Reappointment of Treasurer

Name of Candidate

Lourdes R. Aguirre

1. Address (include post office box or street, city, state, zip code)

14341 GLENCAIRN ROAD
MIAMI LAKES, FL. 33016

Telephone (optional)

(786) 999-4173

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

Commissioner District 13

I have appointed the following person to act as my



Campaign Treasurer



Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Lourdes R. Aguirre

5. Mailing Address (If post office box or drawer add street address)

14341 GLENCAIRN ROAD

6. Telephone

786-999-4173

7. City

Miami Lakes

8. County

MIAMI-DADE

9. State

FLORIDA

10. Zip Code

33016

I have designated the following named bank as my



Primary Depository



Secondary Depository

11. Name of Bank

WACHOVIA BANK

12. Street Address

67th AVE.

13. City

Miami Lakes

14. County

MIAMI-DADE

15. State

FLORIDA

16. Zip Code

33014

17. Signature of Candidate

X 

Date

6/16/08

Campaign Treasurer's Acceptance of Appointment

I, Lourdes R. Aguirre

(Please Print or Type)

do hereby accept the appointment as



Campaign Treasurer



Deputy Treasurer

for the campaign of

(District 13)
County Commissioner

who is seeking nomination or election as a

(Party)

candidate to the office of

County Comm Dist. 13

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

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Louredes R. AGUIRRE

candidate for the office of County Commissioner Dist 13 :

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 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Louredes Rosa Aguirre
 First Name Middle Name Last Name

Office: County Commissioner District 13

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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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Received by:
 Candidate Signature

Date: 6/16/08

Phone No.: 786-999-4173 Fax No.: 305-866-0076

E-mail address: Jemica@comcast.net



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

I, Lourdes R. AGUIRRE, candidate for the office of County-Commissioner 13^{DIST}, 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.

Lourdes R. Aguirre
Signature of Candidate

6/16/08
Date

Day Time Phone No.: 786-999-4173

E-mail address: Jemica@comcast.net

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2008 JUN 16 PM 4:29
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<u>Lourdes</u> First Name	<u>ROSA</u> Middle Name/Initial	<u>AGUIRRE</u> 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,

Lourdes R. Aguirre

(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 Miami-Dade County Commissioner Dist. 13
(office)

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, and that I have been a resident elector of the district for which I am qualifying for six (6) 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.

SIGN HERE

Lourdes R. Aguirre
Signature of Candidate

14341 Glencairn Road M.L. (786) 999-4173 303 866-0076
Current Address of Legal Residence Day Phone Fax Number

(786) 413-6077 Jemica@comcast.net
Other Phone Number Email Address

Miami Lakes FL 33016 8/16/08
City State Zip Code Date Signed

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 Lourdes Aguirre

[Signature]
Signature of Notary Public - State of Florida

Personally known to me Identification provided

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Print, Title, Commission # DB53644 and Name of Notary Public
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

