


# OATH OF WITHDRAWAL

Date: 6-30-08

I, Rafael J. Torres, have filed as a candidate for the office of Community Council 12.

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.

  
Signature of Candidate

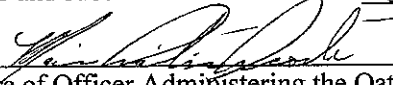
8701 S.W. 107 Ave # 144 E  
Address

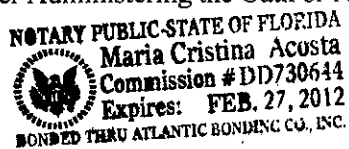
MIAMI  
City,

FL  
State

33173  
Zip

Sworn to and subscribed before me this 30<sup>th</sup> day of June, 2008.

  
Signature of Officer Administering the Oath or Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or  Produced Identification

Type of Identification Produced

FL DRIVERS LIC.

## Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

RECEIVED  
2008 JUN 30 AM 10:16  
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.)

(PLEASE TYPE)

OFFICE USE ONLY

**RECEIVED**  
 2008 JUN 17 PM 4:56  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     
  Deputy Treasurer     
  Reappointment of Treasurer

Name of Candidate <span style="font-size: 1.2em;">Rafael Torres</span>	1. Address (include post office box or street, city, state, zip code) <span style="font-size: 1.2em;">8401 S.W. 107 Ave # 144 E MIAMI 33173</span>
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Telephone (optional) ( )	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <span style="font-size: 1.2em;">Community Council 12-(124)</span>
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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  
Rafael Torres

5. Mailing Address (If post office box or drawer add street address) <span style="font-size: 1.2em;">8401 S.W. 107 Ave # 144 E</span>	6. Telephone
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7. City <span style="font-size: 1.2em;">MIAMI</span>	8. County <span style="font-size: 1.2em;">Dade County</span>	9. State <span style="font-size: 1.2em;">FL.</span>	10. Zip Code <span style="font-size: 1.2em;">33173</span>
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I have designated the following named bank as my     
  Primary Depository     
  Secondary Depository

11. Name of Bank <span style="font-size: 1.2em;">First Bank</span>	12. Street Address <span style="font-size: 1.2em;">15780 S.W. 72 St</span>
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13. City <span style="font-size: 1.2em;">MIAMI</span>	14. County <span style="font-size: 1.2em;">Dade County</span>	15. State <span style="font-size: 1.2em;">FL.</span>	16. Zip Code <span style="font-size: 1.2em;">33143</span>
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17. Signature of Candidate <span style="font-size: 1.2em;">X </span>	Date <span style="font-size: 1.2em;">6-16-08</span>
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**Campaign Treasurer's Acceptance of Appointment**

I, Rafael Torres, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     
  Deputy Treasurer     
 for the campaign of Rafael Torres

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

Community Council 12 (124)

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     
 X   
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

2008 JUN 17 PM 4:56

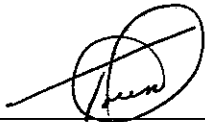
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I, Rafael Torres

candidate for the office of Community Council 12 sb 124;

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:**

Rafael JOAQUIN TOMES  
 First Name Middle Name Last Name

Office: Community Council 12 - sub 124

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: \_\_\_\_\_  
 Candidate Signature

Date: 6-16-08

Phone No.: ~~305~~ 305-210-9842 Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

RECEIVED  
 2008 JUN 17 4:59  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

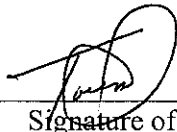


**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

I, Rafael Torres, candidate for the office of Community Council 12 (114) 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.: 786-210-9842

E-mail address: \_\_\_\_\_

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

2008 JUN 17 PM 5:00

RECEIVED

# LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>Rafael</u>	<u>J.</u>	<u>Torres</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, RAFAEL RAFAEL TORRES  
(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 124

RECEIVED  
 2008 JUN 17 17:50  
 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 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 12 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 124 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 [Signature] 786-210-9842

Signature of Candidate      Daytime Telephone Number      Email Address

8401 SW 107 Ave Apt 144-E Miami, FL 33173

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: FDL

Type of Identification Produced:  
FDL-1620-730-35-424-0

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

