

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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2010 JUN 11 AM 8:26

MIAMI DADE
 CLERK OF COURTS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Toufic Suhail Zakharia

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

6000 SW 30th Street

4. Telephone (optional)

(305) 803 2462

5. E-mail address (optional)

Toufic2akharia@gmail.com

Miami, FL 33155

6. Office sought (include district, circuit, group number)

Westchester Community Council
 101102

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Francisco Rafael Leon

11. Mailing Address (If post office box or drawer, also include street address)

11600 SW 69 Ave.

12. Telephone

(305) 878-3988

13. City

Pinecrest

14. County

Miami Dade

15. State

FL

16. Zip Code

33156

17. E-mail address (optional)

teflon@ucdavis.edu

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Bank Atlantic

20. Street Address

869 SW 107th Avenue

21. City

Miami

22. County

Miami Dade

23. State

FL

24. Zip Code

33174

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/11/10

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Francisco Rafael Leon, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

6/5/10

Date

X

Francisco Rafael Leon

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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STATE
COUNTY


I, Toufic Zatharia,

candidate for the office of Westchester Council / 101102;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

6/10/10

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).

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Receipt of Handbook and the Election Laws of the State of Florida



Candidate/Chairperson:

Toufic

S

Zakharie

First Name

Middle Name

Last Name

Westchester Council 10/102

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: _____

Candidate/Chairperson Signature

Date: _____

6/10/10

Phone No.: _____

305-803-2462

Fax No.: _____

E-mail address: _____

Toufic.Zakharie@mail.com

2010 JUN 11 AM 8:25

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**

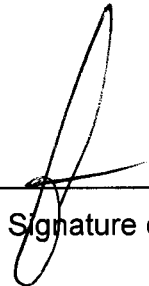


- Candidate (office sought): Westchester council 10/102
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Toufic Zakharig
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.


6/11/10

 Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-803-2462

Email Address: Toufic Zakharig@gmail.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

I,	Toufic	Suhail	Zakharía
	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, Toufic Zakharía

(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** 10 **Subarea** 102

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 102 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
- Voter Information Card 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 305-803-2462 Toufic.Zakharía@maih.com

Signature of Candidate Daytime Telephone Number Email Address

6000 SW 30th Street Miami, Florida 33155

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 10 day of June, 20012 by Toufic Zakharía.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
FL DRIVERS LIC

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.

