

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

RECEIVED

10 JUN 15 AM 11:07

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

ALBERTO SANTANA

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

10811 SW 69 DRIVE
MIAMI, FL 33173

4. Telephone (optional)

()

5. E-mail address (optional)

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

Community Council 12/123

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

ALBERTO SANTANA

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

10811 SW 69 DRIVE

12. Telephone

(305) 282-9289

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33173

17. E-mail address (optional)

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Bank of America

20. Street Address

6901 SW 117 Ave.

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33183

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

6/15/2010

26. Signature of Candidate

X 

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

I, ALBERTO SANTANA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/15/2010

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

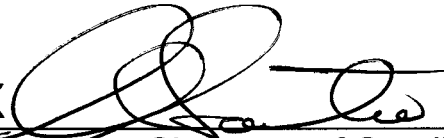
(Please Type)

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FLORIDA COUNTY
ELECTIONS DEPARTMENT

I, ALBERTO SANTANA,
candidate for the office of Community Council 12/123;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

6/15/2010
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



10 JUN 15 AM 11:07

MIAMI-DADE COUNTY
Candidate/Chairperson

ALBERTO

First Name

C.

Middle Name

SANTANA

Last Name

Community Council 12/123

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 type="checkbox"/> | |
| Electioneering Committee Handbook | | | <input type="checkbox"/> | |

Received by:

Candidate/Chairperson Signature

Date:

6/15/2010

Phone No.:

305-282-9289

Fax No.:

E-mail address:

ALBERTO.SANTANA@BELL SOUTH.NG

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



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- Candidate (office sought): Community Council 12/123
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, ALBERTO SANTANA
(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.

Signature of Candidate or Chairperson

6/15/2010

Date

Day Time Telephone No: 305-282-9289

Email Address: AL SANTANA @ BOLL SOUTH.NC

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

10 JUN 15 AM 11:07

| | | |
|-------------------|---------------------|----------------|
| I, <u>ALBERTO</u> | <u>BUDS</u> | <u>SANTANA</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, ALBERTO SANTANA
(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 12 Subarea 123**

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 123 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.

| | | |
|------------------------|--------------------------|-------------------------------|
| <u>[Signature]</u> | <u>305-282-9289</u> | <u>ALSANTANA@MDCSOUTH.NET</u> |
| Signature of Candidate | Daytime Telephone Number | Email Address |

Address 10611 SW 69 DR City Miami State FL Zip Code 33173

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 15th day of June, 2010 by Alberto L. Santana

Personally Known: or
Produced Identification: ✓

Type of Identification Produced:

FL Drivers Lic

[Signature]

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.

