

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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2011 MAR 25 PM 2:44

ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Julio Robaina

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

4308 S.W. 62 Ave
South Miami, FL 33155

4. Telephone

(305) 669-5678

5. E-mail address

jrstaterep117@aol.com

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

Miami-Dade County Commission District 7

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

Julio Robaina

11. Mailing Address

4308 S.W. 62 Ave.

12. Telephone

(305) 669-5678

13. City

South Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33155

17. E-mail address

jrstaterep117@aol.com

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

19. Name of Bank

First National Bank Of South Miami

20. Address

7887 North Kendall Drive

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33156

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

03-25-11

26. Signature of Candidate

X

Julio Robaina

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

I, Julio Robaina, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03-25-11

Date

X

Julio Robaina

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS DEPARTMENT

I, Julio Robaina ,
candidate for the office of Miami-Dade County Commissioner District 7 ;

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

X



Signature of Candidate

03-25-11

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).

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



Candidate/Chairperson:

Julio Robaina

First Name

Middle Name

Last Name

Miami-Dade County Commission District 7

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

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 ELECTIONS DEPARTMENT

Received by: _____

Candidate/Chairperson Signature

Date: 03-25-11 _____

Phone No.: 305-669-5678 _____

Fax No.: _____

E-mail address: jrstaterep117@aol.com _____

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




- Candidate (office sought): Miami-Dade County Commission District 7
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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ELECTIONS DEPARTMENT

I, Julio Robaina
(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.

 03-25-11
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-669-5678

Email Address: jrstaterep117@aol.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 COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>JULIO</u>	—	ROBALWA
	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,	<u>JULIO</u>	<u>ROBALWA</u>	
	(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 Miami-Dade County Commissioner		District

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 MIAMI-DADE
 ELECTIONS

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 Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least 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.

X	<u>Julio Robaina</u>	<u>305-669-5678</u>	<u>FR STATE REP 117 @ A06, com</u>
	Signature of Candidate	Daytime Telephone Number	Email Address
	<u>4308 S.W. 62 AVE. MIAMI, FL.</u>	<u>33155</u>	
	Address	City	State
		State	Zip Code

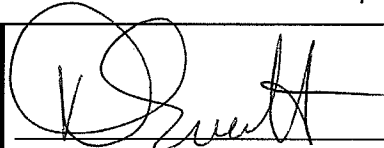
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida,
County of Miami-Dade

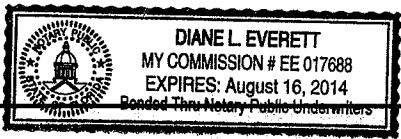
Sworn to (or affirmed) and subscribed before me this 13 day of April, 2011 by Julio Robaina

Personally Known: or
Produced Identification: _____

Type of Identification Produced: _____



Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF 2010

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

ROBALWA, Julio

FOR OFFICE USE ONLY: APR 14 AM 10:30

MAILING ADDRESS:

4308 S.W. 62 AVE

MIAMI-DADE ELECTIONS

CITY:

MIAMI, FL. 33155 MIAMI-DADE

ID No.

NAME OF AGENCY:

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI-DADE COUNTY COMMISSIONER DIST 7

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 12-30, 20 was \$ 645,180.⁰⁰/₀₀

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$

70,000.⁰⁰/₀₀

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
(PRIMARY HOME) 4308 S.W. 62 AVE. MIAMI, FL. 33155	380,000. ⁰⁰ / ₀₀
(SECONDARY HOME) 2314 W. INDIAN HEAD DR. TALLAHASSEE FL. 32301	140,000. ⁰⁰ / ₀₀
2 RENTAL CONDO'S - 2731 BLAKESTONE RD. UNIT 39 50% OWNED UNIT 139	80,000. ⁰⁰ / ₀₀
AT & T STOCK	238,000. ⁰⁰ / ₀₀
AUDI Q5 (SUV)	45,000. ⁰⁰ / ₀₀

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANKUNITED / GREENTREE MORTGAGE / POB-30101 TAMPA FL. 33620	104,000. ⁰⁰ / ₀₀
Q5 AUDI TROPICAL C.V. 8000 NW 75T. MIAMI FL.	24,820. ⁰⁰ / ₀₀
GMAC MORTGAGE (2 RENTAL CONDO'S) POB-4622 WATER PA -56704 (50% OWNED)	109,000. ⁰⁰ / ₀₀

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
FL. HOUSE OF REPRESENTATIVES	6262 SW 40 ST. #2E MIAMI FL. 33155	30,000.00
A T & T	7325 SW 48TH MIAMI FL. 33155	9,000.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 MIAMI DADE
 ELECTIONS

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13 day of

April, 2011 by Julio Robaina


 (Signature of Notary Public--State of Florida)


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission Name of Notary Public) DIANE L. EVERETT
 MY COMMISSION # EE 017688
 August 16, 2014
 Bonded Thru Notary Public Underwriters

Personally Known Other

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

