

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

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

(PLEASE PRINT OR TYPE)

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**MIAMI-DADE
ELECTIONS**

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

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)

Carlos Amaro

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

17000 NW 67 th Avenue # 438
Hialeah, FL 33015

4. Telephone

(786) 443-9535

5. E-mail address

caamaro1@hotmail.com

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

Miami Dade County Commissioner District 13

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

Alex Evans, CPA

11. Mailing Address

1500 Ponce de Leon, 2nd Floor

12. Telephone

(305) 446-2269

13. City

Coral Gables

14. County

Miami Dade

15. State

FL

16. Zip Code

33134

17. E-mail address

cpaintl@bellsouth.net

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

19. Name of Bank

Bank Atlantic

20. Address

2121 Ponce de Leon

21. City

Coral

22. County

Gables

23. State

Florida

24. Zip Code

33134

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

04/09/2011

26. Signature of Candidate



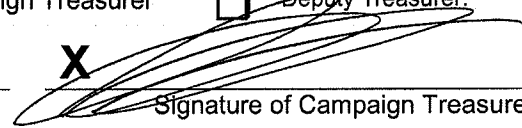
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Alex Evans, CPA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04/09/2011

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

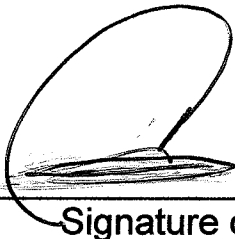
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MIAMI-DADE
ELECTIONS

I, Carlos Amaro,
candidate for the office of Miami Dade County Commissioner District 13 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

04/11/11

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:

Carlos

Amaro

First Name

Middle Name

Last Name

Miami Dade County Commissioner, District 13

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"/>	<p align="center"> RECEIVED 2011 APR 11 PM 4:49 MIAMI-DADE ELECTIONS </p>
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"/>	

Received by: _____

Candidate/Chairperson Signature

Date: 04/01/11

Phone No.: 786-443-9535

Fax No.: _____

E-mail address: caamaro1@hotmail.com

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



- Candidate (office sought): Miami Dade County Commissioner District 13
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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MIAMI-DADE
ELECTIONS

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I, Carlos Amaro
(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.

04/11/2011

Signature of Candidate or Chairperson

Date

Day Time Telephone No: 786-443-9535

Email Address: caamaro1@hotmail.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>Carlos</u>	<u>A.</u>	<u>AMARO</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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, Carlos Amaro

(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, District 13**. 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 a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Lease Agreement |

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. 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.

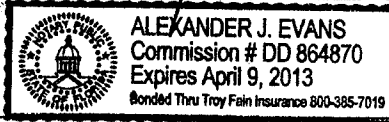
X [Signature] CAAMARO1@ttdmail.com

Signature of Candidate	Daytime Telephone Number	Email Address
<u>17000 N.W. 67th Avenue, Hialeah</u>	<u>FL</u>	<u>33015</u>
Address	City	State
		Zip Code

State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11 day of April, 2011 by CARLOS AMARO

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

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 MIAMI-DADE
 ELECTIONS

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

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Amaro Carlos

MAILING ADDRESS:

17000 NW 67 th Avenue # 438

CITY :

Hialeah, Fl

ZIP :

33015

COUNTY :

Miami Dade

NAME OF AGENCY :

Miami Dade County District 13

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY

2011 APR 12 PM 3:40

ID MIAMI-DADE ELECTIONS

ID No.

Conf. Code

P. Req. Code

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 December 31 st, 20 10 was \$ 359,500.00

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 \$ 1,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Condo. 1800 Sunset Harbour # 1006, Miami Beach	\$525,000.00
Condo, 5401 Collins Avenue # 322, Miami Beach	\$145,000.00
Condo 17000 NW 67 th Avenue # 438, Hialeah	\$ 125,000
Florida Prepaid College Account	\$ 8,000.00
Minas Group, Inc. / Market Value	\$50,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank United 7815 NW 148 th Street, Miami Lakes 33016	\$195,000
Bank United 7815 NW 148 th Street, Miami Lakes 33016	\$120,000
Chase P.O. Box 78065, Phoenix Arizona 85062-8065	\$180,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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.

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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
N/A	MIAMI-DADE ELECTIONS	

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 # 3
NAME OF BUSINESS ENTITY			
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			

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

OATH

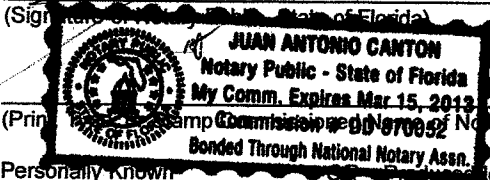
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12th day of

April, 2011 by Carlos A. Amaro

[Handwritten Signature]



(Print Name of Notary Public)

Personally Known Identification

Type of Identification Produced

FLDL A560-101-54-243-0

Exp 7-3-20

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

[Handwritten Signature]

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.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6482022

RECEIVED FROM CARLOS AMARO

DATE 4 / 12 / 2011
MONTH DAY YEAR

ADDRESS 17000 NW 67 AVE, #438
STREET ADDRESS
HiALEAH CITY FL STATE 33015 ZIP

CASH \$

CHECKS \$ 360.00

AMOUNT OF: Three-hundred sixty DOLLARS, AND no CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying fee for BCC - District 13

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Gilda Ryles

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Security enhanced document. See back for details.

CAMPAIGN ACCOUNT OF CARLOS AMARO

0983
63-8376/2670

DATE 4/12/11

PAY TO THE ORDER OF: BOARD OF COUNTY COMMISSIONERS \$ 360.00

THREE HUNDRED SIXTY DOLLARS EXACTLY DOLLARS

Florida's Most Convenient Bank

FOR REGISTRATION FEE DISTRICT 13

GUARANTY SAFETY