

**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 E. MUNOZ FONTANILLS

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

100 LINCOLN RD (Apt # 323)  
MIAMI BEACH, FL. 33139-2013

4. Telephone

(786) 541-3938

5. E-mail address

MUNOZ.FONTANILLS@GMAIL.COM

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

COUNTY COMMISSIONER DISTRICT 5

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

CARLOS E. MUNOZ FONTANILLS

11. Mailing Address

100 LINCOLN RD (Apt # 323)

12. Telephone

(786) 541-3938

13. City

MIAMI BEACH

14. County

MIAMI DAD

15. State

FL

16. Zip Code

33139

17. E-mail address

rojgedeanas@gmail.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

401 LINCOLN RD

21. City

MIAMI BEACH

22. County

MIAMI DAD

23. State

FL

24. Zip Code

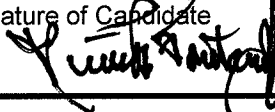
33139

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

09-22-2011

26. Signature of Candidate

X 

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

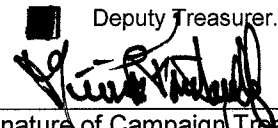
I, CARLOS E. MUNOZ FONTANILLS, do hereby accept the appointment  
(Please Print or Type Name)

designated above, as:     Campaign Treasurer     Deputy Treasurer.

09/22/2011

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI-DADE ELECTIONS

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.

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 E. MUNOZ FONTANILS

3. Address (include post office box or street, city, state, zip code) 100 LINCOLN RD (Apt #323) MIAMI BEACH, FL 33139-2013

4. Telephone (786) 541-3938

5. E-mail address RAMOSARTURO49@YAHOO.COM

6. Office sought (include district, circuit, group number) COUNTY COMMISSIONER DISTRICT 5

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 ARTURO N RAMOS

11. Mailing Address 5200 SW 8th St Suite #204-A

12. Telephone (305) 303-4280

13. City CORAL GABLES

14. County MIAMI DADE

15. State FL

16. Zip Code 33134

17. E-mail address RAMOSARTURO49@YAHOO.COM

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

19. Name of Bank BANK OF AMERICA

20. Address 401 LINCOLN ROAD

21. City MIAMI BEACH

22. County MIAMI DADE

23. State FL

24. Zip Code 33139

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 09-21-2011

26. Signature of Candidate X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, Arturo N. Ramos, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer Date 09/21/2011 Signature of Campaign Treasurer or Deputy Treasurer

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



Candidate (office sought): COUNTY COMMISSIONER DISTRICT 5

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, CARLOS E. MUNOZ FONTANILLS  
(Please print name of Candidate or Chairperson)

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MIAMI-DADE  
ELECTIONS

RECEIVED

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

09-22-2011

Date

Day Time Telephone No: 786-541-3938

Email Address: MUNOZFONTANILLS@GMAIL.COM  
JORGE ARNAS@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.*