

**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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11 OCT -7 AM 9:47

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

Patricia Marino-Pedraza

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

3100 Ponce De Leon Blvd.
Coral Gables, FL 33134

4. Telephone

(305) 569-2502

5. E-mail address

pmarinopedraza@jud11.flcourts.org

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

County Court Judge, Group 1
11th Circuit

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

Michael A. Catalano

11. Mailing Address

1531 NW 13th Court

12. Telephone

(305) 325-9818

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33125

17. E-mail address

MCatalanoLaw@gmail.com

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

19. Name of Bank

Gibraltar Bank

20. Address

1575 San Ignacio

21. City

Coral Gables

22. County

Miami Dade

23. State

FL

24. Zip Code

33146

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

10/5/11

26. Signature of Candidate



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

I, Michael A. Catalano, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/5/11
Date


Signature of Campaign Treasurer or Deputy Treasurer

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10. Name of Treasurer or Deputy Treasurer

Patricia Marino-Pedraza

11. Mailing Address

3100 Ponce De Leon Blvd.

12. Telephone

(305) 569-2502

13. City

Coral Gables

14. County

Miami-Dade

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25. Date

10/5/11

26. Signature of Candidate

[Signature]

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

I, Patricia Marino-Pedraza, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/5/11
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

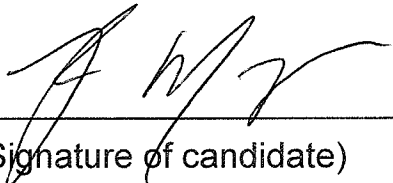
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Patricia Marino-Pedraza

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



(Signature of candidate)

10/5/11

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Patricia Marino-Pedraza,

candidate for the office of County Court Judge, Group 1;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

10/5/11
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).

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



- Candidate (office sought): County Court Judge - Group 1
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Patricia Marino-Pedraza
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with 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

10/5/11
Date

Day Time Telephone No: (305) 569-2502

Email Address: pmarinopedraza@jud11.flcourts.org

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.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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



Candidate/Chairperson:

Patricia Lea Marino-Pedraza
First Name Middle Name Last Name

County Court Judge - Group #1
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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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: [Signature]
Candidate/Chairperson Signature

Date: 10/5/11

Phone No.: (305) 569-2502 Fax No.: (305) 415-1001

E-mail address: pmarinopedraza@jud11.flcourts.org

JUDICIAL OFFICE
CANDIDATE OATH

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Patricia Marino-Pedraza
(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 judicial office of County Court Judge, 11th
(office) (district #) (circuit #)
1; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X [Signature] 305 569-2502 pmarinopedraza@jud11.flcourts.org
Signature of Candidate Telephone Number Email Address

3100 Ponce De Leon Blvd, Coral Gables, FL 33134
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109682949

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

puhtrishuh Muhreeno-Puhdrahzah

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5 day of October, 2011.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

