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2012 JAN 13 PM 3:25

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)

Johnny G Farias

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

3120 SW 144 Avenue
Miami, Florida 33175

4. Telephone

(786) 286-7815

5. E-mail address

vote4johnny@gmail.com

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

Miami-Dade County Commissioner District 11

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

Bobbi Farias

11. Mailing Address

PO BOX 653223

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33265-3223

17. E-mail address

vote4johnny@gmail.com

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

19. Name of Bank

Chase Bank

20. Address

4200 SW 152 Avenue

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33185

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

January 13, 2012

26. Signature of Candidate

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

I, Bobbi Farias, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

1-13-11

Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, JOHNNY G FARIAS,

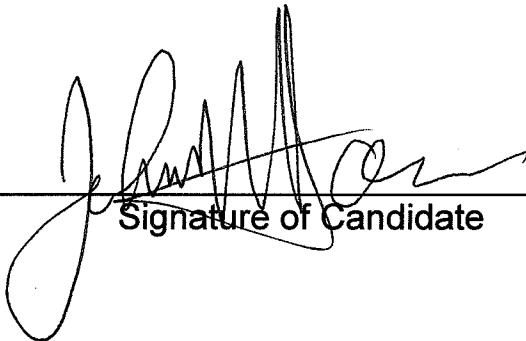
candidate for the office of Miami-Dade County Commissioner ;

District 11

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

January 13, 2012

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:

<i>Johnny</i>	<i>G</i>	<i>Farias</i>
First Name	Middle Name	Last Name
<i>Miam-Dade County Commissioner</i>		<i>District 11</i>
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"/>	
Miami-Dade County Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by:

<i>[Signature]</i>	<i>1/13/2012</i>
Signature of Candidate or Chairperson	Date

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ELECTIONS

Day Time Telephone Number: *(786) 286-7815*

Alternate Contact Number: _____

Email Address: *Vote 4 Johnny @ gmail.com*

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



Candidate (office sought): Miam - Dade County Commissioner Dist 11

Political Committee: _____

Party Executive Committee: _____

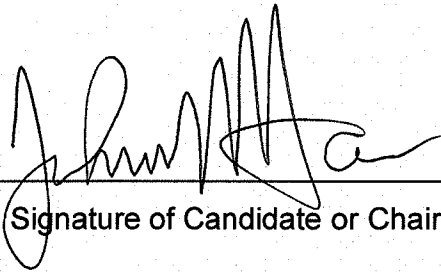
Other: _____

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I, Johnny G. Farias
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

 _____
Signature of Candidate or Chairperson Date 1/13/11

Day Time Telephone Number: (786) 286-7815

Alternate Contact Number: _____

Email Address: Vote 4 Johnny@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.

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

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

OATH OF CANDIDATE

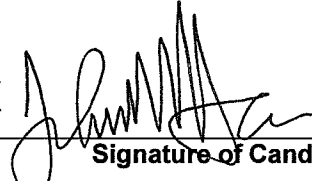
(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Johnny G Farias
(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 nonpartisan office of Miami Dade County Commissioner
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; I have resigned from any office from 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

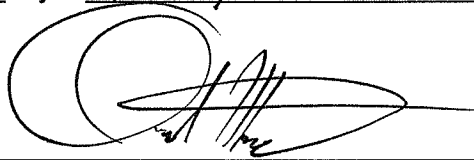
X 	(786) 286 7815	vote4johnny@gmail.com
Signature of Candidate	Telephone Number	Email Address
<u>3120 Sw 144 Ave</u>	<u>Miami</u>	<u>FL</u>
Address	City	State
		<u>33175</u>
		Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109375537

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13th day of January, 20 12.

Personally Known: or _____
Produced Identification: _____
Type of Identification Produced: _____



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

NOTARY PUBLIC-STATE OF FLORIDA
Daniel Hurtado
Commission # DD923407
Expires: SEP 24, 2013
BONDED THRU ATLANTIC BONDING CO., INC.