

**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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2012 MAR 16 AM 11:35

MIAMI-DADE COUNTY  
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)**

Manuel Machado

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

**4. Telephone**

(786 ) 325-9270

**5. E-mail address**

**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**

Manuel Machado

**11. Mailing Address**

**12. Telephone**

( 786 ) 325-9270

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

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

**19. Name of Bank**

Century Bank

**20. Address**

14651 SW 56 Street

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

Florida

**24. Zip Code**

33175

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**

3-16-2012

**26. Signature of Candidate**




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

I, Manuel Machado, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

3-16-2012

Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Manuel Machado ,

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

3-16-2012

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).

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



Candidate (office sought): miami-Dade County Commissioner, District 11

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

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

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

I, Manuel Machado  
(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

3-16-12  
Date

Day Time Telephone Number: 786-325-9270

Alternate Contact Number: \_\_\_\_\_

Email Address: 

*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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2012 MAR 16 AM 11:33  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**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 checked="" 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             |

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MARCH 16 AM 11:28  
MIAMI-DADE  
ELECTIONS

**OATH OF CANDIDATE**

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

I, MANNY MACHADO  
(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, District 11  
(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 [Signature]  
Signature of Candidate

(786) 325-9270  
Telephone Number

[Redacted]  
Email Address

[Redacted]  
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109809446

STATE OF FLORIDA  
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 16 day of March, 2012

Personally Known: \_\_\_\_\_ or  
Produced Identification:   
Type of Identification Produced:  
\_\_\_\_\_

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

NOTARY PUBLIC-STATE OF FLORIDA  
Blanca L. Lacayo  
Commission #DD780720  
Expires: JUNE 21, 2012  
BONDED THRU ATLANTIC BONDING CO., INC.