

**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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2012 MAY 25 AM 10: 59

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)

MIGUEL MARTINEZ

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

P.O. BOX 655356  
MIAMI, FLORIDA 33265

**4. Telephone**

(305 ) 975-3952

**5. E-mail address**

MAMARTINEZ106@GMAIL.COM

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

COMMUNITY COUNCIL #10 SUB-AREA 106

**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**

MIGUEL MARTINEZ

**11. Mailing Address**

P.O. BOX 655356

**12. Telephone**

( 305 ) 975-3952

**13. City**

MIAMI

**14. County**

DADE

**15. State**

FLORIDA

**16. Zip Code**

33265

**17. E-mail address**

MAMARTINEZ106@GMAIL.COM

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

BANK OF AMERICA

**20. Address**

3025 N.W. 87 AVENUE

**21. City**

MIAMI

**22. County**

DADE

**23. State**

FLORIDA

**24. Zip Code**

33172

**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**

05/25/2012

**26. Signature of Candidate**

X

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

I, MIGUEL MARTINEZ, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

05/25/2012

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS

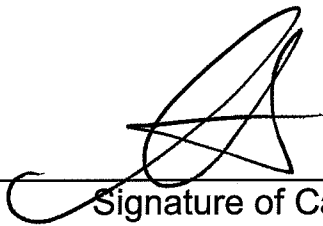
I, MIGUEL MARTINEZ ,

candidate for the office of COMMUNITY COUNCIL #10 SUB-AREA 106 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

05/25/2012

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).



Access to Handbook and the  
Election Laws of the State of Florida

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ELECTIONS

Candidate/Chairperson:

MIGUEL

MARTINEZ

First Name

Middle Name

Last Name

COMMUNITY COUNCIL #10 SUB-AREA 106

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- ☒ Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)  
*Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.*
- ☐ Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)  
*Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.*

Acknowledged by: \_\_\_\_\_

Candidate / Chairperson Signature

Date: 05/25/2012

Primary Telephone Number: 305-975-3952

Alternate Telephone Number: 305-975-3952

E-mail address: MAMARTINEZ106@GMAIL.COM

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



MIAMI-DADE  
ELECTIONS

☒ Candidate (office sought): COMMUNITY COUNCIL #10 SUB-AREA 106

Candidate's Florida Voter Registration Number: # 109463522

☐ Political Committee: \_\_\_\_\_

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

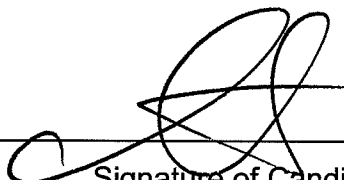
☐ Other: \_\_\_\_\_

I, MIGUEL MARTINEZ

(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

05/25/2012

\_\_\_\_\_  
Date

Day Time Telephone No: 305-975-3952

Email Address: MAMARTINEZ106@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 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             |

**OATH OF CANDIDATE**

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

I, **MIGUEL MARTINEZ**

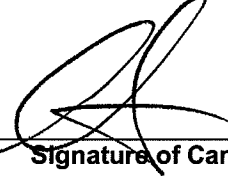
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of **COMMUNITY COUNCIL**  
(OFFICE)

**#10-106**  
(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 of Candidate

(305)975-3952

Telephone Number

MAMARTINEZ106@GMAIL.COM

Email Address

P.O. BOX 655356

Address

MIAMI

City

FL

State

33265

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): **109463522**

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 25<sup>th</sup> day of May, 2012.

Personally Known: \_\_\_\_\_ or

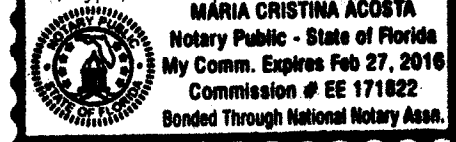
Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS Lic

  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



## FORM 1

## STATEMENT OF

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

## FINANCIAL INTERESTS

2012 JUN -5 AM 8:34

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MARTINEZ

MIGUEL

MAILING ADDRESS :

P.O. BOX 655356

FOR OFFICE  
USE ONLY:MIAMI-DADE  
ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

CITY :

MIAMI

ZIP :

33265

COUNTY :

DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMUNITY COUNCIL #10 SUB-AREA 106

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

2011 PDF Form 1

## \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):



DECEMBER 31, 2011

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

| NAME OF SOURCE<br>OF INCOME | SOURCE'S<br>ADDRESS            | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------|--------------------------------|--|
| GUINER DENTAL               | 560 E 49 ST<br>MIAMI, FL 33013 | DENTAL   |
|                             |                                |  |
|                             |                                |  |
|                             |                                |  |

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

| NAME OF<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|--|----------------------|--|
| N/A                        | N/A  | N/A                  | N/A                                      |
|                            |  |                      |  |
|                            |  |                      |  |

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

|     |
|-----|
| N/A |
|     |
|     |
|     |
|     |

FILING INSTRUCTIONS for  
when and where to file this form  
are located at the bottom of page 2.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.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

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ELECTIONS

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

N/A

**PART E — LIABILITIES** [Major debts - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

N/A

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

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

N/A

N/A

N/A

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

06/05/2012

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

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ELECTIONS





FOR # 10-106 Quality 120 FRR