

**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.

RECEIVED

2018 APR -5 PM 4:10

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)

Carlos A. Martinez Garin

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

117 SW 10th Street #1406

4. Telephone

(786) 704 5626

5. E-mail address

cgarinactor@yahoo.com

Miami FL 33130

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

Miami Dade 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

Clara T. Garcia

11. Mailing Address

3775 Poinciana Ave

12. Telephone

786 399 0139

13. City

Miami

14. County

Miami Dade

15. State

FL

16. Zip Code

33133

17. E-mail address

clara@adonaidc.com

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

19. Name of Bank

TD Bank

20. Address

2401 Ponce de Leon Blvd.

21. City

Coral Gables

22. County

Miami Dade

23. State

FL

24. Zip Code

33134

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

04/04/2018

26. Signature of Candidate

X

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

I, Clara T. Garcia, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04/04/2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
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(Section 106.021(1), F.S.)

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ELECTIONS DEPARTMENT

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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 A. Martinez Garin.

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

117 SW. 10th St. #1406
Miami FL. 33130

4. Telephone

(786) 704 5625

5. E-mail address

cgarinctor@yahoo.com

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

Miami Dade 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.

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10. Name of Treasurer or Deputy Treasurer

Carlos A. Martinez Garin.

11. Mailing Address

117 SW. 10th St. #1406

12. Telephone

(786) 704 5626

13. City

Miami

14. County

Miami Dade.

15. State

FL.

16. Zip Code

33130

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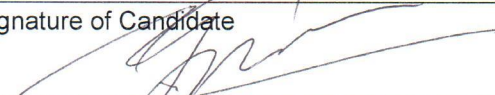
33134

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25. Date

04/05/2018

26. Signature of Candidate

X 

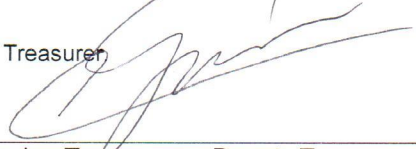
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Carlos A. Martinez Garin., do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

04/05/2018
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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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

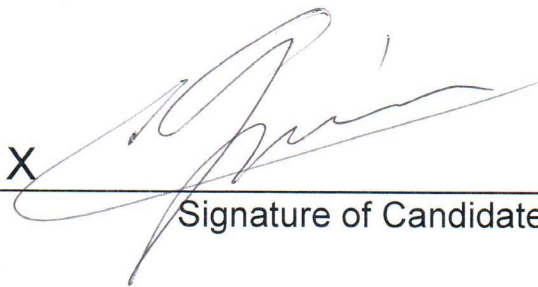
I, Carlos Alberto Martinez Parin,

candidate for the office of Miami Dade County Commissioner District 5;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

04/04/2018
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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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

CARLOS A MARTINEZ GARIN

First Name

Middle Name

Last Name

Miami Dade County Commissioner District 5

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: _____

04/04/2018

Primary Telephone Number: _____

786 704 5626

Alternate Telephone Number: _____

786 399 0139

E-mail address: _____

cgarinactor@yahoo.com

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



Candidate (office sought): Miami Dade County Commissioner District 5
Candidate's Florida Voter Registration Number: 120910833
 Political Committee: _____
 Party Executive Committee: _____
 Other: _____
I, Carlos A. Martinez Garin

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20 APR - 5 PM 4:15
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

(Please print name of Candidate or Chairperson)

I 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.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report ([MD-ED 26](#)) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties ([MD-ED 28](#)) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity ([MD-ED 19](#)) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.

Signature of Candidate or Chairperson

04/04/2018
Date

Day Time Telephone Number: 786 704 5626

Alternate Contact Number: 786 399 0139

Email Address: cgarinactor@yahoo.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.