

**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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2018 MAY -4 PM 5:00

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)

Alfredo Santamaria

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

11905 SW 49 STREET  
Miami ; FL 33175

4. Telephone

(706) 3823135

5. E-mail address

alfredosantamaria2016@gmail.com

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

MDC Commission District 10

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

ANA MARIA ENRIQUEZ

11. Mailing Address

11905 SW 49 STREET Miami FL 33175

12. Telephone

(305) 494 0783

13. City

Miami

14. County

Miami Dade

15. State

Florida

16. Zip Code

33175

17. E-mail address

PECKY01@hotmail.com

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

19. Name of Bank

Wells Fargo Bank

20. Address

8201 NW 36 Street

21. City

Doral

22. County

MDC

23. State

FL

24. Zip Code

33166

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

May 04<sup>th</sup> 2018

26. Signature of Candidate

X

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

I, Dona Maria Enriquez, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

May 4<sup>th</sup> 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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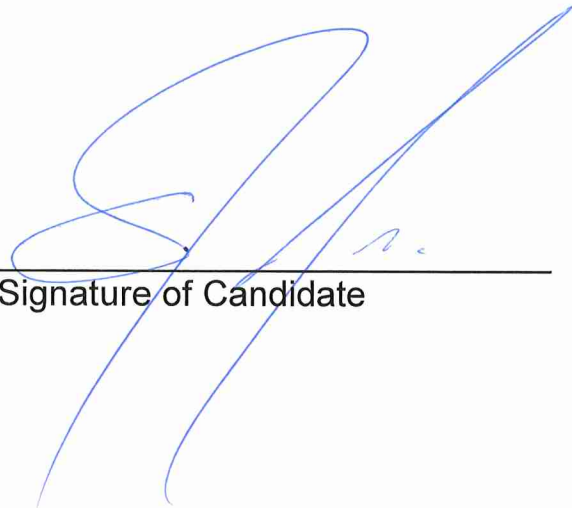
MIAMI-DADE  
ELECTIONS

I, Alfredo Santamaria,

candidate for the office of MDC Commissioner District 10;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
\_\_\_\_\_  
Signature of Candidate

May 4th 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 ELECTIONS

Candidate/Chairperson:

Alfredo

Sontomaria

First Name

Middle Name

Last Name

MDC Commissioner DISTRICT 10

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: Alfredo Sontomaria
Candidate / Chairperson Signature

Date: May 4th 2018

Primary Telephone Number: 786 382 3135

Alternate Telephone Number: N/A

E-mail address: alfredsontomaria2016@gmail.com

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



Candidate (office sought): MDC Commissioner District 10  
Candidate's Florida Voter Registration Number: 116 264 765

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

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

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

I, Alfredo Santamaria

2018 MAY -4 PM 5:00  
MIAMI-DADE  
ELECTIONS  
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*(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.

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

\_\_\_\_\_  
Date May 4<sup>th</sup> 2018

Day Time Telephone Number: 786 382 3135

Alternate Contact Number: N/A

Email Address: alfredosantamaria2016@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.*

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MIAMI-DADE ELECTIONS

**IRREVOCABLE STATEMENT  
FOR CANDIDATES VOLUNTARILY ABIDING  
BY CAMPAIGN FINANCING LIMITS**

(Section 12-22 of the Code of Miami Dade County)

(Please Type or use Blue Ink)

I, Alfredo Santamaria,

Mayor

Candidate for the Office of  Miami-Dade Commissioner, District # 10 ;

**have not made application to receive contributions from the Election Campaign Financing Trust.**

I wish to voluntarily abide by the applicable expenditure limit set forth in Section 12-22 of the Code of Miami-Dade County which are as follows:

	Initial Election	Run-off Election
Mayor	\$650,000	\$450,000
Board of County Commissioners	\$200,000	\$150,000

I understand that if I exceed the expenditure ceilings subsequent to filing this Statement, I must within 15 days from the date I exceed the limits, pay to the Election Campaign Trust Fund an amount equal to the amount of the excess expenditures and/or the amount of the excess personal contributions or loans.

I further understand that such an amount is not an allowable campaign expense and must be paid from my personal funds.

X \_\_\_\_\_  
Signature of Candidate

May 4th 2018  
Date

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**PUBLIC FINANCING ACKNOWLEDGEMENT STATEMENT**

(Miami-Dade Code Section 12-22)

(Please Type or use Blue Ink)

2018 MAY

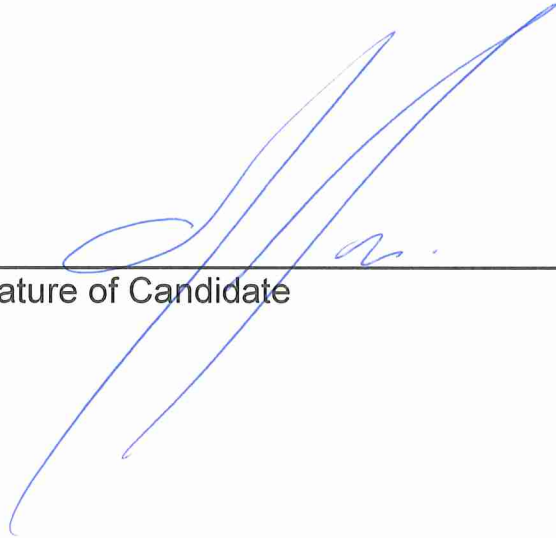
MIAMI-DADE  
ELECTIONS

I, Alfredo Santamaria

Candidate for the Office of; MDC Commissioner District 10;

have received, read, understand and agree to abide by Section 12-22 of the Miami-Dade County Code regarding the Election Campaign Financing Trust Fund.

X \_\_\_\_\_  
Signature of Candidate



\_\_\_\_\_ May 4<sup>th</sup> 2018  
Date



**MIAMI-DADE COUNTY  
IRREVOCABLE STATEMENT  
AND APPLICATION FOR ELECTION  
CAMPAIGN FINANCING TRUST FUND**

For Participation in  
Initial and Runoff Elections

(PLEASE TYPE OR USE BLUE INK)

1. Name of Candidate (First Name, Middle Initial, Last Name)  <i>Alfredo Santamaria</i>	2. Address (include post office box or street, city, state, zip code)  <i>11905 SW 49 Street Miami ; Florida 33175</i>
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3. Telephone (optional) <i>(786) 382 3135</i>	4. E-mail address: <i>alFredSantamaria2016@gmail.com</i>	5. Fax: ( )
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6. Office <input type="checkbox"/> Miami-Dade County Mayor <input checked="" type="checkbox"/> Miami-Dade County Commissioner	7. (District number if applicable) <i>DISTRICT 10</i>
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8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter. I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

- a) I agree to abide by the expenditure limits provided Subsection (e)(1).
- b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
- c) I agree to submit to audits of the campaign account by the Commission on Ethics and Public Trust as provided in Subsection (f)(3).
- d) As a candidate for County Commissioner receiving **Public Funds**, I agree to submit at least 300 but not over 360 separate contributions between \$100 and \$500 from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$30,000 as per Subsection (c)(5)a. At least 50% of the contributions are from my district (for the 2006 election cycle).
- e) As a candidate for Mayor receiving **Public Funds**, I agree to submit at least 1,500 but not over 1,800 contributions between \$100 and \$500 dollars from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$150,000 as per Subsection (c)(5)b.

9. Signature of Candidate <i>X</i>	10. Date <i>May 4<sup>th</sup> 2018</i>
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**Request for Funds**

Please choose **one** of the following options:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

Name of Receiving Financial Institution:

ABA #:

*Wells Fargo N/A yet*

*N/A yet*

Name of Beneficiary Account:

Beneficiary Account #:

Campaign Account of

I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

Campaign Account of *N/A yet*

Name of Candidate

*May 4<sup>th</sup> 2018*  
Date

**X**

Signature of Candidate

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