


**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

**OFFICE USE ONLY**

(PLEASE TYPE)

**CHECK APPROPRIATE BOX:**

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate <b>Miriam "Mimi" Planas</b>		1. Address (include post office box or street, city, state, zip code) <b>8937 SW 12th Street, Miami, FL 33174</b>	
Telephone (optional) ( 786 ) 443-9875	2. Party ( <b>Partisan candidates only</b> )	3. Office (add district, circuit, group number) <b>Miami Dade County Commissioner, Dist.10</b>	
I have appointed the following person to act as my		<input checked="" type="checkbox"/> Campaign Treasurer	<input type="checkbox"/> Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer <b>Miriam "Mimi" Planas</b>			
5. Mailing Address (If post office box or drawer add street address) <b>8937 SW 12th Street</b>		6. Telephone <b>786-443-9875</b>	
7. City <b>Miami</b>	8. County <b>Dade</b>	9. State <b>Florida</b>	10. Zip Code <b>33174</b>
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
11. Name of Bank <b>US Century Bank</b>		12. Street Address <b>2301 N.W. 87th Avenue</b>	
13. City <b>Miami</b>	14. County <b>Dade</b>	15. State <b>FL</b>	16. Zip Code <b>33174</b>
17. Signature of Candidate <b>X</b> 		Date <b>7/13/09</b>	

**Campaign Treasurer's Acceptance of Appointment**

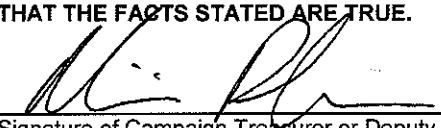
I, Miriam "Mimi" Planas, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Miriam "Mimi" Planas

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_  
(Party)

Miami Dade County Commissioner, District 10

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

**7/13/09**        
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED

09 MAR -3 AM 8:36

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

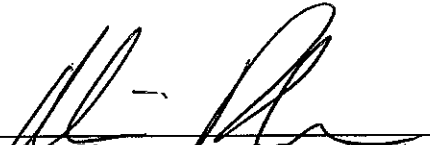
I, Miriam Margarita Planas,

candidate for the office of Miami-Dade County District 10 Commissioner;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

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

03.03.2009

\_\_\_\_\_  
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).

RECEIVED

2010 JUN 10 AM 8:41

Receipt of Handbook and the Election Laws of the State of Florida



Candidate/Chairperson:

MIRIAM MARGARITA PLANAS

First Name

Middle Name

Last Name

Miami Dade County Commission, District 10

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"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: M. Planas  
Candidate/Chairperson Signature

Date: 6/10/10

Phone No.: 786-443-9875 Fax No.: \_\_\_\_\_

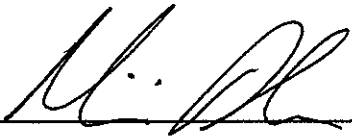
E-mail address: mimiplanas@mimiplanas2010.com

MIAMI-DADE

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

I, Miriam "Mimi" Planas, candidate for the office of Miami Dade County Commission, District 16 understand the Miami-Dade County policy regarding the submittal of Campaign Treasurer's Reports for Candidates who qualify with the Miami-Dade County Elections Department.

In order to comply with the requirement, I understand that Campaign Treasurer's Reports must be filed electronically. A hard copy must then be printed from the Miami-Dade County Elections website, contain original signatures, and be submitted by the reporting deadline.

  
Signature of Candidate

10/29/09  
Date

Day Time Phone No.: 786-443-9875  
Email Address: mimiplanas@mimiplanas1020.com

RECEIVED  
09 NOV -2 PM 1:03  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed.

LOYALTY OATH FOR MIAMI-DADE COUNTY  
COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

2010 JUN 10 AM 8:41

I, <u>Miriam</u>	<u>MARGARITA</u>	<u>PLANAS</u> DADE COUNTY
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Miriam "Mimi" PLANAS

(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 office of Miami-Dade County Commissioner District 10

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; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license
- property tax receipt
- homestead exemption receipt
- utility bill
- lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

X [Signature] 786-443-9875 mimiplanas@mimiplanas2010.com

Signature of Candidate      Daytime Telephone Number      Email Address

Address 8937 S.W. 12st City Miami State FL Zip Code 33174

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida,  
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of June, 2010 by  
Miriam Planas

Personally Known: \_\_\_\_\_ or  
Produced Identification: ✓

Type of Identification Produced:

FL Drivers Lic

[Signature]

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA  
 Maria Cristina Acosta  
 Commission #DD730644  
 Expires: FEB. 27, 2012  
 BONDED THRU ATLANTIC BONDING CO., INC.

