

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

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED

09 APR 22 AM 10:21

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate MARTA PEREZ	1. Address (include post office box or street, city, state, zip code) 1208 AGUILA AVENUE CORAL GABLES, FL 33134
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Telephone (optional) (786) 426-8430	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit, group number) SCHOOL BOARD - DISTRICT 8
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
JOSE A. RIESCO, CPA

5. Mailing Address (If post office box or drawer add street address) 95 MERRICK WAY #250	6. Telephone 305-445-0777
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7. City CORAL GABLES	8. County MIAMI-DADE	9. State FL	10. Zip Code 33134
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BANK OF CORAL GABLES	12. Street Address 2295 GALIANO STREET
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13. City CORAL GABLES	14. County MIAMI-DADE	15. State FL	16. Zip Code 33134
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17. Signature of Candidate X <i>Marta Perez</i>	Date 4-21-09
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Campaign Treasurer's Acceptance of Appointment

I, JOSE A. RIESCO, CPA, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of MARTA PEREZ

who is seeking nomination or election as a N/A candidate to the office of
(Party)

SCHOOL BOARD - DISTRICT 8

**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.**

4/21/09
Date

X *[Signature]*
Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE TYPE)

OFFICE USE ONLY

09 APR 22 AM 10: 22

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate
MARTA PEREZ

1. Address (include post office box or street, city, state, zip code)
1208 AGUILA AVENUE
CORAL GABLES, FL 33134

Telephone (optional)
(786) 426-8430

2. Party (Partisan candidates only)
N/A

3. Office (add district, circuit, group number)
SCHOOL BOARD - DISTRICT 8

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
MARTA PEREZ

5. Mailing Address (If post office box or drawer add street address)
1208 AGUILA AVENUE

6. Telephone
786-426-8430

7. City
CORAL GABLES

8. County
MIAMI-DADE

9. State
FL

10. Zip Code
33134

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank
BANK OF CORAL GABLES

12. Street Address
2295 GALIANO STREET

13. City
CORAL GABLES

14. County
MIAMI-DADE

15. State
FL

16. Zip Code
33134

17. Signature of Candidate
 Marta Perez

Date
4-21-09

Campaign Treasurer's Acceptance of Appointment

I, MARTA PEREZ, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of MARTA PEREZ

who is seeking nomination or election as a N/A candidate to the office of
(Party)

SCHOOL BOARD - DISTRICT 8

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.

4-21-09

Date

Marta Perez
Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate MARTA PEREZ	1. Address (include post office box or street, city, state, zip code) 1208 AGUILA AVENUE CORAL GABLES, FL 33134
---	---

Telephone (optional) (786) 426-8430	2. Party (Partisan candidates only) N/A	3. Office (add district, circuit, group number) SCHOOL BOARD - DISTRICT 8
--	---	---

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
JEANNINE RIESCO

5. Mailing Address (If post office box or drawer add street address) 95 MERRICK WAY #250	6. Telephone 305-445-0777
--	-------------------------------------

7. City CORAL GABLES	8. County MIAMI-DADE	9. State FL	10. Zip Code 33134
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BANK OF CORAL GABLES	12. Street Address 2295 GALIANO STREET
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13. City CORAL GABLES	14. County MIAMI-DADE	15. State FL	16. Zip Code 33134
---------------------------------	---------------------------------	------------------------	------------------------------

17. Signature of Candidate X <i>Marta Perez</i>	Date 4-21-09
---	------------------------

Campaign Treasurer's Acceptance of Appointment

I, JEANNINE RIESCO, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of MARTA PEREZ

who is seeking nomination or election as a N/A candidate to the office of
(Party)

SCHOOL BOARD - DISTRICT 8

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.

<u>4/21/09</u> Date	X <i>Jeannine Riesco</i> Signature of Campaign Treasurer or Deputy Treasurer
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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY


RECEIVED

09 APR 22 AM 10: 22

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, MARTA PEREZ,
candidate for the office of SCHOOL BOARD - DISTRICT 8;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

4-21-09
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 11 AM 11:16

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



MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

- Candidate (office sought): MIAMI-DADE SCHOOL BOARD - DISTRICT 8

- Political Committee: _____


- Party Executive Committee: _____

- Other: _____

I, MARTA PEREZ
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the 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.

 6/3/10
Signature of Candidate or Chairperson Date

Day Time Telephone No: 786-426-8430

Email Address: marta774@bellsouth.net

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.

RECEIVED

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



10 JUN 15 AM 11:31

MIAMI-DADE COUNTY ELECTION DEPARTMENT

MARTA

PEREZ

First Name

Middle Name

Last Name

MIAMI-DADE COUNTY SCHOOL BOARD- DISTRICT 8

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

Received by:

Marta Perez

Candidate/Chairperson Signature

Date:

6/11/10

Phone No.:

786-426-8430

Fax No.:

305-446-8576

E-mail address:

marta774@bellsouth.net

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

OFFICE USE ONLY

RECEIVED

2010 JUN 11 AM 11:10

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

MARTA		PEREZ
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First Name

Middle Name/Initial

Last Name

I,

a citizen of the State of Florida and of the United States of America, and being [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.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

MARTA PEREZ

(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 non-partisan office of SCHOOL BOARD, 8,
(office) (district)

; I am a qualified elector of MIAMI-DADE County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

Marta Perez (786) 426-8430 marta774@bellsouth.net
Signature of Candidate Telephone Number Email Address

1208 AGUILA AVENUE CORAL GABLES FL 33134
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 3rd day of June, 2010.

Personally Known: or

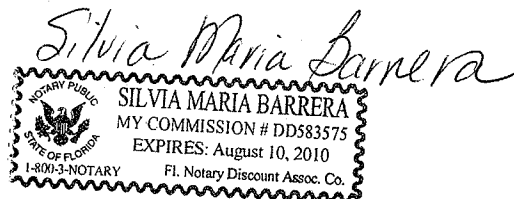
Produced Identification: N/A

Type of Identification Produced:

N/A

Silvia Maria Barrera
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5997459

RECEIVED FROM Marta Perez

DATE 6 / 11 / 10
MONTH DAY YEAR

ADDRESS 95 Merrick Way Suite 250
STREET ADDRESS

CASH \$ _____

Coral Gables FL 33134
CITY STATE ZIP

CHECKS \$ 1,520.00

AMOUNT OF: One Thousand Five Hundred and Twenty DOLLARS, AND 00 CENTS

TOTAL \$ 1,520.00

FOR PAYMENT OF: Qualifying Fee - School Board Dist 8

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

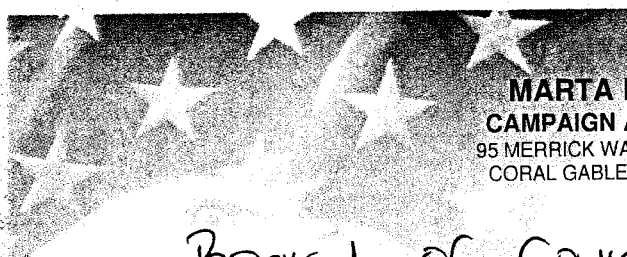
DEPT.: Elections

By: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



MARTA PEREZ
CAMPAIGN ACCOUNT
95 MERRICK WAY, SUITE 250
CORAL GABLES, FL 33134

1001

DATE 6/3/10

63-1592-670

PAY TO THE ORDER OF Board of County Commissioners \$ 1520.00
one - thousand five hundred twenty + 00/100 DOLLARS

BANK OF CORAL GABLES
2295 Galiano St • Coral Gables, FL 33134
305-500-9501

FOR Qualifying Fee (2010)

[Signature]

⑈001001⑈ ⑈067015928⑈ 10010718⑈