

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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2010 JAN 20 PM 3:29

FLORIDA
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Heather Pernas

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

P.O. Box 940674
Miami, FL 33194

4. Telephone (optional)

()

5. E-mail address (optional)

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

County Commissioner Dist. 12

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

Heather Pernas

11. Mailing Address (If post office box or drawer, also include street address)

P.O. Box 940674 - 350 SW 125th Avenue

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33184

17. E-mail address (optional)

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

19. Name of Bank

Bank of America

20. Street Address

6901 SW 117th Avenue

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33183

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

1/20/2010

26. Signature of Candidate

X 

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

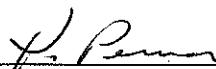
I, Heather Pernas, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

1/20/2010

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2010 JAN 27 PM 1:49
ELECTIONS DEPARTMENT

RECEIVED

I, Heather Pernas
candidate for the office of County Commissioner Dist. 12

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

X

H. Pernas

Signature of Candidate

1/27/2010

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).

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



Candidate/Chairperson:

HEATHER

First Name

PERNAS

Middle Name

Last Name

County Commissioner Dist. 12

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	2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook	2010	<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
2010 JUN 27 PM 1:49
COUNTY CLERK'S OFFICE

Received by:

J. Pernas

Candidate/Chairperson Signature

Date:

1.27.2010

Phone No.:

786-468-7315

Fax No.:

E-mail address:

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



☒ Candidate (office sought): County Commissioner Dist. 12

☐ Political Committee: _____

☐ Party Executive Committee: _____

☐ Other: _____

I, Heather Perras
(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.

J. Perras 1.27.2010
Signature of Candidate or Chairperson Date

Day Time Telephone No: 786-468-7315

Email Address: _____

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.

**LOYALTY OATH FOR MIAMI-DADE COUNTY
COUNTY COMMISSIONER**

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

2010 JUN 11 PM 3:02

I, Heather

Pernas

Pernas

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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, Heather Pernas

(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 12

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

Heather Pernas

786-468-7315

hpernas@ymail.com

Signature of Candidate

Daytime Telephone Number

Email Address

Address PO Box 940674

City Miami

State FL

Zip Code 33194

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 11th day of JUNE, 2010 by

Heather PERNAS.

Personally Known: or

Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



Maria Cristina Acosta
Commission #DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

PUBLIC FINANCING ACKNOWLEDGEMENT STATEMENT

(Miami-Dade Code Section 12-22)

(Please Type or use Blue Ink)

I, Heather Perras,

Candidate for the Office of; County Commissioner Dist. 12;

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.

RECEIVED
2010 JAN 27 PM 1:49
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

X

H. Perras

Signature of Candidate

1.27.2010

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>Heather Pernas</i>		2. Address (include post office box or street, city, state, zip code) <i>P.O. Box 940674 Miami FL 33194</i>	
3. Telephone (optional) <i>(786) 468 7315</i>	4. E-mail address:	5. Fax: ()	
6. Office <input type="checkbox"/> Miami-Dade County Mayor <input checked="" type="checkbox"/> Miami-Dade County Commissioner		7. (District number if applicable) <i>Dist. 12</i>	
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 <input checked="" type="checkbox"/> <i>H. Pernas</i>	10. Date <i>1-27-2010</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 #:

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

HEATHER PERNAS

Name of Candidate

1-27-2010

Date

☒

H. Pernas

Signature of Candidate

OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 5997467

RECEIVED FROM HEATHER PERNAS

DATE 6 / 11 / 10
MONTH DAY YEAR

ADDRESS P.O. Box 940674
STREET ADDRESS

CASH \$ _____ . _____

STREET ADDRESS Miami FL 33194
CITY STATE ZIP

CHECKS \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00 CENTS TOTAL \$ 360.

FOR PAYMENT OF: Qualifying Fee - County Commissioner District 12

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

DEPT.: Elections By: A. Vincent

FOR OFFICE USE ONLY

[illegible]

107.01-1 6/04

Heather Perras
campaign account of

0991

63-27631-769

DATE 6-11-18

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00
three hundred sixty and 00/100 DOLLARS

DOLLARS  Security features are included. Details on back.

Bank of America



FOR qualifying Sec DIBT.12

Arthur Penn

000991 10631002771 229025347338