



OATH OF WITHDRAWAL

Date: 4/7/10

I, Carlos Pereira, have filed as a candidate for the office of Miami-Dade County Commissioner Dist-8

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.

[Signature]
Signature of Candidate

10405 SW 79th
Address

Miami
City,

Fl.
State

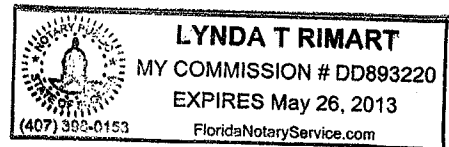
33156
Zip

RECEIVED
2010 APR -7 PM 3:27
MIAMI-DADE
ELECTIONS

Sworn to and subscribed before me this 7 day of April, 2010.

Lynda T. Rimart
Signature of Officer Administering the Oath or Notary Public

Lynda T. Rimart
Print, Type or Stamp Commissioned Name of Notary Public



Personally Known or Produced Identification

Type of Identification Produced

Miami-Dade County

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

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

RECEIVED
2010 FEB 19 PM 12:55
MIAMI DADE COUNTY
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)

CARLOS PEREIRA

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

10405 SW 79 PLACE
MIAMI, FL 33156

4. Telephone (optional)

(305) 215-2980

5. E-mail address (optional)

vote4carlos@live.com

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

MIAMI-DADE COUNTY COMMISSIONER DISTRICT 8

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

JOSE A. RIESCO

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

95 MERRICK WAY #250

12. Telephone

(305) 445-0777

13. City

CORAL GABLES

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33134

17. E-mail address (optional)

JOSE@RIESCOANDCOMPANY.COM

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

19. Name of Bank

BANK OF CORAL GABLES

20. Street Address

2295 GALIANO STREET

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

2/19/10

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

2/19/10
Date

X


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 PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED

2010 FEB -5 PM 1:11

MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Carlos Pereira

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

10405 SW 79th
Miami FL 33156

4. Telephone (optional)

(305) 215-2980

5. E-mail address (optional)

carlos@dconnrethms.com

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

Miami-Dade County Commissioner
District 2

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

Carlos Pereira

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

10405 SW 79th

12. Telephone

(305) 215-2980

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33156

17. E-mail address (optional)

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

19. Name of Bank

Santander

20. Street Address

11333 S Dixie Hwy

21. City

Miami

22. County

Dade

23. State

FL

24. Zip Code

33156

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

2/5/10

26. Signature of Candidate

X 


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

I, Carlos Pereira, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/5/10
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED

2010 FEB -5 PM 1:11

MIAMI DADE
ELECTIONS

I, Carlos Pereira,

candidate for the office of Miami-Dade County Commission;

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

X



Signature of Candidate

2/5/10

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).



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

I, Carlos PENEIRO, candidate for the office of Miami-Dade County Commissioner, 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.

2010 FEB 5 PM 11
RECEIVED
ELECTIONS

[Signature]

Signature of Candidate

2/5/10

Date

Day Time Phone No.: 305-215-2980

Email Address: Carlos@Qconnect.us.com
Carlos

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.



Miami-Dade Supervisor of Elections
 2700 NW 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Carbs Jr PEREIRA
 First Name Middle Name Last Name

Office: Miami - Dade County Commission

This is to acknowledge my receipt of the following documents:

The Election Laws of the State of Florida as of August 2008

- Downloaded from Internet
- CD Rom

Miami-Dade County Qualifying Handbook as of _____

- Downloaded from Internet
- CD Rom
- Other _____

RECEIVED
 2010 FEB -5 PM 1:11
 MIAMI DADE
 ELECTIONS

Received by: [Signature]
 Candidate Signature

Date: 2/5/10

Phone No.: _____ **Fax No.:** _____

E-mail address: _____