

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 AUG 10 AM 9:21

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)

Albert Harum-Alvarez

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

7998 SW 98th terrace
 Miami, FL 33156

4. Telephone (optional)

(305) 331-1500

5. E-mail address (optional)

albert@electalbert.com

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

Miami-Dade
 County Commission - 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

Louis Huertas, Jr.

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

9721 SW 119th street

12. Telephone

(305) 253-2699

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33176

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Suntrust Bank

20. Street Address

11333 South Dixie Highway

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

8-4-2010

26. Signature of Candidate

X 

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

I, Louis Huertas Jr., do hereby accept the appointment
 (Please Print or Type Name)

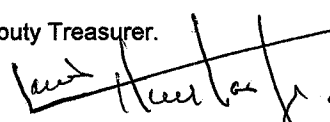
designated above as:

Campaign Treasurer Deputy Treasurer.

8-4-2010

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

MIAMI-DADE
ELECTIONS

2010 FEB 25 AM 11:23

RECEIVED

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Albert E. Harum-Alvarez

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

7998 SW 98 Terrace
Miami, FL 33156

4. Telephone (optional)

()

5. E-mail address (optional)

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

Miami-Dade County Commission
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

Albert E. Harum-Alvarez

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

7998 SW 98 Terr.

12. Telephone

(305) 331-1500

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

SunTrust Bank

20. Street Address

11333 S. Dixie Hwy

21. City

Pinecrest

22. County

Miami-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

2/19/2010

26. Signature of Candidate

X 

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

I, Albert Harum-Alvarez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/19/2010

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2010 APR -2 PM 10:07

I, Abel Acum Alvarez,

candidate for the office of Miami-Dade County Commission District 8;

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

Florida Statutes.

X

Abel Acum Alvarez

Signature of Candidate

2/19/2010

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:

Albert

Edward

Harum Alvarez

First Name

Middle Name

Last Name

Miami-Dade County Commission 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	<i>2009</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook	<i>2010</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook			<input type="checkbox"/>	
Electioneering Committee Handbook			<input type="checkbox"/>	

Received by: _____

Albert OD

Candidate/Chairperson Signature

Date: _____

4/1/2010

Phone No.: _____

305 331-1500

Fax No.: _____

E-mail address: _____

albert@electalbert.com

2010 APR 2 AM 10:01

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



- Candidate (office sought): Miami-Dade County Commission, District 8
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Albert Harum Alvarez
(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.

Albert Alvarez 2/28/2010
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305 331-1500

Email Address: albert@electalbert.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.

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

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

I,	<u>Albert</u>	<u>Edward</u>	<u>Harum-Alvarez</u>
	First Name	Middle Name/Initial	Last Name

2010 JUN 11 PM 3:28

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)

HARUM-ALVAREZ

I, A.E. "Albert" Harum-Alvarez

(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 8

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] 305 331-1500 albet@smallco.net

Signature of Candidate Daytime Telephone Number Email Address

Address 7998 SW 98 Terr. City Miami State FL Zip Code 33156

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 _____

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



Maria Cristina Acosta

Commission # DD730644

Expires: FEB. 27, 2012

BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6411490

RECEIVED FROM Albert Harum Alvarez

DATE 6, 14, 10
MONTH DAY YEAR

ADDRESS 7998 SW 98 Ter
Miami STREET ADDRESS FL 33156 1009
CITY STATE ZIP

CASH \$ _____
CHECKS \$ 360 . -
TOTAL \$ 360 . -

AMOUNT OF: Three hundred & six dollars / xx / 100
DOLLARS, AND CENTS

FOR PAYMENT OF: Camp. qualifying

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

DEPT.: Electors

BY: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

ALBERT E HARUM-ALVAREZ
CAMPAIGN ACCOUNT
7998 SW 98TH TER
MIAMI, FL 33156-2520

1009
63-215/631

June 14, 2010
Date

PAY to the order of Miami-Dade Board of County Commissioners \$ 360.00

Three hundred sixty & 00/100 Dollars

SUNTRUST ACH RT 061000104

For qualifying fee

Security Features Details on Back.

Harland Clarke

COLONIAL CLASSIC®