## 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

2010 APR -7 PM 2:57

MAMIDADE ELECTIONS

1. CHECK APPROPRIATI  Original Appointmen		Change in:	Tro	easurer/	Deputy [	Deposito	ory [	] Office	☐ Party
2. Name of Candidate (in Obdulio Piedra	this orde	er: First, Middle, L	.ast)	code	•	·	ce box or	street, city,	state, zip
4. Telephone (optional)	5. E-ma	ail address (optio	nal)		0 SW 105 ecrest, FL				
(305) 342-9618	ojpied	dra@bellsou	th.net		,				
6. Office sought (include of	district, c	ircuit, group num	ber)		1		nonpar	<u>tisan</u> office	, check if
Miami-Dade Board of (	County	Commissione	r, Distric	t #8	applica		is to run a	as a Write-I	n candidate.
8. If a candidate for a par	<u>tisan</u> off	fice, check blocl	k and fill	in name	of party as	applicable	e: My in	tent is to ru	n as a
☐ Write-In ☑ No	Party Aff	iliation					Pa	rty cand	lidate.
9. I have appointed the fo	llowing	person to act as	s my	X Ca	mpaign Trea	surer	Depu	ity Treasure	er er
10. Name of Treasurer or E Fernando Aran	Deputy T	reasurer							
11. Mailing Address (If pos		ox or drawer, als	o include	street a	ddress)		12. Tele	•	
255 University Dri			1	<u> </u>		 		) 665-34	100
13. City Coral Gables	ł	County ni-Dade	15. Stat	I	. Zip Code 134	17. E-mai faran@a		(optional) com	
18. I have designated the	followir	ng bank as my	X	Prima	ary Deposito	ry 🗌	Seconda	ary Deposit	ory
19. Name of Bank Great Florida Bank			1		et Address N.W. 79 (	Court, Su	ite 200		
21. City Miami Lakes		22. County			23. State			24. Zip Co	ode
		Miami-Dade		. /	<u> FL</u>			33016	
UNDER PENALTIES OF PERJU	RY, I DEC GNATION	LARE THAT I HAVE OF CAMPAIGN DEF	POSITORY A	FOREGO	ING FORM FOI THE PACTS S	R APPOINTMI STATED IN IT	ARE TRUE	MPAIGN TRE	EASURER AND
25. Date 4 6 201	0		,	26. Sign <b>X</b>	ature of Gan	didate (le)	Ku		7
27. Treasure	r's Acc	eptance of Appo	intment	(fill in th	e blanks and	I check the	appropria	ate block)	
I,		ernando Ara				, do here	eby acce <sub>l</sub>	ot the appoi	intment
		e Print or Type N	•	_					
designated above as:	X	] Campaign T		$ \underline{\sqcup}$	Deputy Tre	asurer.			
4/6/2010	2		<u>X</u> (-	J\	<u>`</u>				
/ / Date			S	Signature	of Campaig	n Treasure	r or Depu	uty Treasure	er

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

OFFICE USE ONLY		
	2010 APR 7 P	

(Section 106.021(1), F.S.)	The state of the s									
(PLEASE PRINT OR TYPE)										
1. CHECK APPROPRIATE BOX:	U.									
☑ Original Appointment Change in: [ ] T	Treasurer/Deputy Depository Office Part									
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip									
Obdulio Piedra	code)									
4. Telephone (optional) 5. E-mail address (optional)	— 7520 SW 105 Terr. Pinecrest, FL 33156									
(305) 342-9618 ojpiedra@bellsouth.net	t									
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if									
Miami-Dade Board of County Commissioner, Distri	rict #8 applicable:									
	My intent is to run as a Write-In candidate									
8. If a candidate for a <u>partisan</u> office, check block and fill	8. If a candidate for a <u>partisan</u> 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	9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer										
Herman Chavez	a desidence)									
11. Mailing Address (If post office box or drawer, also include 7510 SW 105 Terr,										
13. City 14. County 15. Sta	( 305 ) 606-5938   ate   16. Zip Code   17. E-mail address (optional)									
Pinecrest Miami-Dade FL	33156 herman@villagerealtysfl.com									
18. I have designated the following bank as my	Primary Depository Secondary Depository									
19. Name of Bank	20. Street Address									
	15050 N.W. 79 Court, Suite 200									
21. City  22. County	23. State 24. Zip Code									
Miami Lakes Miami-Dade	FL 33016									
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE DESIGNATION OF CAMPAIGN DEPOSITORY	IE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.									
25. Date / / / 2	26. Signature of Candidate									
4/6/2010	x fluid The									
27. Treasurer's Acceptance of Appointment	t (fill in the blanks and check the appropriate block)									
I, Herman Chavez	, do hereby accept the appointment									
(Please Print or Type Name)										
designated above as: Campaign Treasurer	r Deputy Treasurer									
4/6/2010 X										
	Signature of Campaign Treasurer or Deputy Treasurer									

## STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106 024(4), F.S.)

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

PECEIVED OFFICE USE ONLY

2010 APR -7 PM 2:57

MIAINI DADE ELECTIONS

				The State of the S	ALCINO					
1. CHECK APPROPRIATE I  Original Appointment		nange in: 🐧	Treas	surer/Dep	puty [	Depositor	ory 🔲	Office		Party
2. Name of Candidate (in the Obdulio Piedra	is order: First, I	Middle, Las	C	code)			ce box or stre	et, city, s	tate, z	zip
	5. E-mail addres ojpiedra@b	` •	<sup>al)</sup>   F		SW 105 7 rest, FL 3					
6. <b>Office sought</b> (include dis Miami-Dade Board of Co	ounty Commi	nissioner, [	District #8	£8	applicab	ble: My intent is	a <u>nonpartisa</u> is to run as a	_		
8. <b>If a candidate for a <u>partis</u></b> Write-In No Pa	san office, che arty Affiliation	ck block a	and fill in n	ame of	party as	applicable	: My intent	nt is to run candid		
9. I have appointed the follo			ny 🗌	Campa	aign Treas	surer 🔀	Deputy T	Treasurer		
10. Name of Treasurer or De Obdulio Piedra				-						
11. Mailing Address (If post o 7520 SW 105 Terr,							12. Telepho ( 305 ) 3	342-961	18	
13. City Pinecrest	14. County Miami-Dade		15. State -L	16. Zip 33156	ip Code 6		l address (op @bellsouth.	. ,		
18. I have designated the fo	llowing bank	as my	⊠ P	rimary [	Depository	у	Secondary [	Depositor	у	
19. Name of Bank Great Florida Bank			1	Street Ac 050 N.V		Court, Suit	ite 200			
21. City Miami Lakes	22. Cot Miam	ounty ni-Dade			23. State FL			4. Zip Cod 3016	le	
	(, I DECLARE THA NATION OF CAMP		SITORY AND	THAT THE	HE FACTS S	STATED IN IT A		AIGN TREA!	SURER	≀ AND
25. Date 4/6 / 2010		·	X	U	<u> </u>	ulw				
27. Treasurer's	s Acceptance		$\sim$	n the bla	anks and	check the e	appropriate t	olock)		
I,	Obdulio (Please Print o	WWW.411				_ /do/here	eby accept th	ne appoint	tment	
designated above as:		mpaign Trea	asured		Deputy Trea	urer.	li_			
Date		X		ature of	Campaig	n Treasurer	r or Deputy T	Treasurer	,	

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

**OFFICE USE ONLY** 

candidate for the office of	County Comr	missioner, District #8
have received, read and under	stand the require	ments of Chapter 106,
Florida Statutes.		THE PROPERTY OF THE PROPERTY O
x Orable Pri		4/7/10
Signature of Candid	ate	Date

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



Obdulio			Piedr	a
First Name	Middle Na	me	Last	Name
County Commissioner, District #8 Office S	Sought / Or	ganization		
	ought? Of	ga:a		
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		×		
Miami-Dade County Qualifying Handbook		X		
Committee Handbook		X		
Electioneering Committee Handbook		X		
Received by:	he	In .		
	ndidate/Ch	airperson Sigr	nature	
Date: 4 7 10				10 PM 2:57
Date: 4(1)				

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



	County Commissioner, District #8
⊠ Candidate (office sought):	
☐ Political Committee:	
☐ Party Executive Committee:	
☐ Other:	
	\alpha \tau \tau \tau \tau \tau \tau \tau \ta
I,(Please print nam.	Obdulio Piedra
	Reports must be filed electronically in order to
	paign Treasurer's Reports must be printed from the tment website and submitted by the reporting
Oralo Rela	1 4/7/10
Signature of Candidate or Cl	hairperson Date
Day Time Telephone No:	305-342-9618
Email Address:	ojpiedra@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.

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

(Sections 876.05-876.10, Florida Statutes) 2010 JUN 11 PH 2: 49

STA	TE OF FLORIDA Miami-Dade Co	unty	MIANALTERS								
I,	OBDULIO		EFFEDRA	EPARTMENT							
	First Name	Middle Name/Initial	La	st Name							
	zen of the State of Florida and of the Ur nnly swear or affirm that I will support th										
I,	OBĪ	OATH OF CANDIDAT (Section 99.021, Florida Statutes)	•								
am a	(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 .										
Flori electronic	I am a qualified elector of <b>Miami-Dade County</b> , 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.										
Miar I am UŅĒ	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										
X	MAND OATH/OF CANDIDATE	~ 305-3A2-9618		a@bellsottn.net							
	Signature of Candidate	Daytime Telephone	Number	Email Address							
75	320 SW 105TERRAC	e Pinecuest	FL	33156							
Addre	ess	City	State	Zip Code							
this State Cour Swo	, 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 // day of, 2000 by										
Perso Produ	or ced Identification: or ced Identification: of Identification Produced:	Signature of Notary Public – Stat Print, Type or Stamp Commissioner	d Name of Notary Fubl Maria ( Commis	sion #DD730644 FEB. 27, 2012							

### OFFICIAL RECEIPT

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