

**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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ELECTIONS DEPT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Lazaro R. Gonzalez

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

820 Granada Groves Ct.
Coral Gables, FL 33134

4. Telephone (optional)

(305) 445-7364

5. E-mail address (optional)

lazarorgonzalez@hotmail.com

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

Miami Dade County Mayor

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

Edison Samways Jr.

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

1800 NW 24th Ave, #614

12. Telephone

(305) 582-9421

13. City

Miami

14. County

Miami Dade

15. State

FL

16. Zip Code

33125

17. E-mail address (optional)

esamways@gmail.com

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

19. Name of Bank

CHASE BANK

20. Street Address

1400 NW 17th AVE

21. City

MIAMI

22. County

MIAMI DADE

23. State

FL

24. Zip Code

33125

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

4/20/10

26. Signature of Candidate

X

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

4/20/2010

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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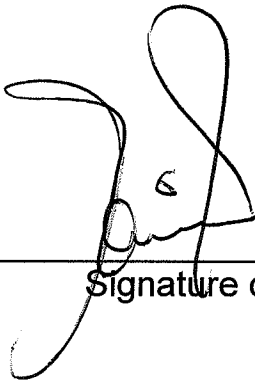
FLORIDA DEPARTMENT OF
ELECTIONS

I, Lazaro R. Gonzalez,

candidate for the office of Mayor;

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

X



Signature of Candidate

4/21/10

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).

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

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>LÁZARO</u>	<u>R</u>	<u>GONZÁLEZ</u>
	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, LÁZARO R. GONZÁLEZ

(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 Mayor

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 a resident of Miami-Dade County for at least three (3) years 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.

<u>X</u>	<u>[Signature]</u>	<u>305 445 7364</u>	<u>LAZARO R GONZALEZ@HOTMAIL.COM</u>
	Signature of Candidate	Daytime Telephone Number	Email Address

<u>820 GRANADA GROVES CT. CORAL GABLES FL</u>	<u>33134</u>
Address	Zip Code

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.

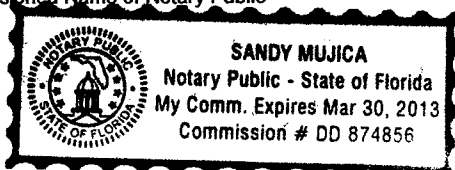
State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 20 day of APRIL, 2010 by _____

Personally Known: _____ or
Produced Identification:

Type of Identification Produced: FL DRIVER LICENSE
6524-536-46-047-0
EXP 2/7/11

[Signature]
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



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



Candidate/Chairperson:

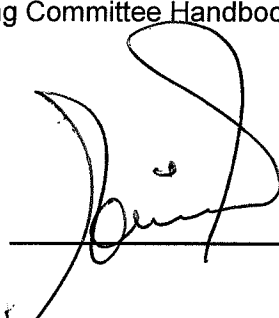
Lazaro R. Gonzalez

First Name	Middle Name	Last Name
Office Sought / Organization		
Mayor		

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 ELECTIONS DEPARTMENT

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: 
 Candidate/Chairperson Signature

Date: 4/21/10

Phone No.: 305 445 7364 Fax No.: _____

E-mail address: LAZARO R GONZALEZ @ HOTMAIL.COM

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



Candidate (office sought): Lazaro R. Gonzalez

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Lazaro R. Gonzalez
(Please print name of Candidate or Chairperson)

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ELECTIONS DEPARTMENT

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.

Signature of Candidate or Chairperson

4/21/10
Date

Day Time Telephone No: 305 445 7364

Email Address: LAZARO R GONZALEZ@HOTMAIL.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.