

(PLEASE PRINT OR TYPE)

1. CHECK APPROPRIATE BOX:

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

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

BEATRIZ SUAREZ

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

12362 SW 122 PLACE
MIAMI, FLORIDA 33186

4. Telephone (optional)

(786) 293-1138

5. E-mail address (optional)

Tauben19@Yahoo.com

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

COMMUNITY COUNCIL 11 SUB AREA 115

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

MICHAEL TAUBEN

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

12362 SW 122 PLACE MIAMI, FLORIDA 33186

12. Telephone

(786) 5643460

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL.

16. Zip Code

33186

17. E-mail address (optional)

Tauben19@Yahoo.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

BANK OF AMERICA

20. Street Address

12570 SW 120 STREET

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL.

24. Zip Code

33186

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

JUNE 3 2010

26. Signature of Candidate

X

27.

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

 I, Michael Tauben, do hereby accept the appointment
 (Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

JUNE 3 2010

Date

X

Michael Tauben

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
RECEIVED

2010 JUN -7 AM 11:33

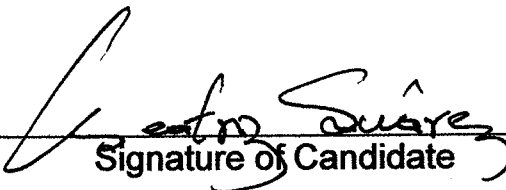
MIAMI DADE
ELECTIONS

I, BEATRIZ SUAREZ,

candidate for the office of COMMUNITY COUNCIL 11 /115;

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

Florida Statutes.

X 
Signature of Candidate

6/3/2010
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



2010 JUN -7 AM 11:34

Candidate/Chairperson:

MIAMI-DADE
ELECTIONS

BEATRIZ

SUAREZ

First Name

Middle Name

Last Name

COMMUNITY COUNCIL 11/115

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

Received by:

A handwritten signature in black ink, appearing to read "Beatriz Suarez".

Candidate/Chairperson Signature

Date:

6/7/10

Phone No.: 786-293-1138

Fax No.: 786-293-1138

E-mail address:

Tauben 19 @ Yahoo. com

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

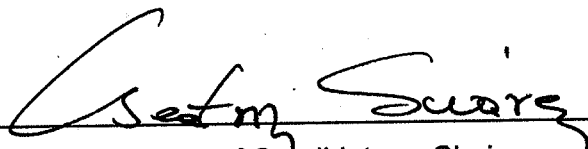


- ☒ Candidate (office sought): BEATRIZ SUAREZ COMMUNITY COUNCIL 11 SUB AREA 115
- ☐ Political Committee: _____
- ☐ Party Executive Committee: _____
- ☐ Other: _____

I, BEATRIZ SUAREZ
(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.


Signature of Candidate or Chairperson

JUNE 6, 2010

Date

Day Time Telephone No: 786-564-3460

Email Address: tauben19@yahoo.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

COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

2010 JUN -7 AM 11:34

I, BEATRIZ SUAREZ
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, BEATRIZ SUAREZ
(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: **Community Council Member Area** 11 **Subarea** 115

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 Unincorporated Miami-Dade County

- ☒ I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- ☒ I have been a resident elector of the Council Area 11 for at least six (6) months prior to qualifying.
- ☒ I have been a resident elector of the Subarea 115 for at least three (3) 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

Beatriz Suarez
Signature of Candidate

305-458-8212
Daytime Telephone Number

rsuarez19@yahoo.com
Email Address

Address 12362 S.W. 122 PL City MIAMI State FL Zip Code 33186

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 5 day of June, 2010 by Beatriz Suarez

Personally Known: or

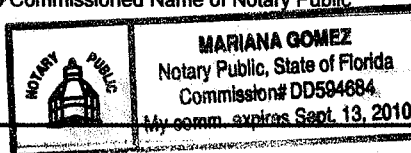
Produced Identification:

Type of Identification Produced:

FILE

Mariana Gomez
Signature of Notary Public — State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



Cambridge Act Beatriz Suarez
Community Council 11/11/15

0991
63-4/630 FL
1253

PAY TO THE ORDER OF BOARD of County Commissioners DATE June 6, 2010

ONE Hundred and No/100 \$ 100 No/100

Bank of America DOLLARS

FOR BEATRIZ SUAREZ CAMPAIGN