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 MAR 31 PM 1: 35

1. CHECK APPROPRIATE	вох:										
Original Appointment		Change in:	X	Treas	surer/l	Deputy [] Deposi	itory [] Office	<u> </u>	Party
2. Name of Candidate (in th	is orde	r: First, Middle, L	_ast)			dress (inclu	de post of	fice box or	street, cit	y, state,	zip
Nathasha Alvarez	<u> </u>				code)	9 SW 141	Dlago				
4. Telephone (optional)	5. E-ma	ail address (optio	nal)	i i		ni, Florida					
(305) 987-4415						, , , , , , , , , , , , , , , , , ,					
6. Office sought (include dis	strict, ci	ircuit, group num	ıber)			7. If a cand		r a <u>nonpar</u>	<u>tisan</u> offi	ce, ched	k if
School Board Member D)istrict	: 7				applical		it is to run a	as a Write	-In cand	lidate.
8. If a candidate for a partis	<u>an</u> off	ice, check bloc	k and fi	ill in ı	name	of party as	applicab	ole: My in	tent is to	run as a	
☐ Write-In ☐ No Pa	arty Affi	iliation						Pa	rty ca	ndidate.	
9. I have appointed the follo	owing	person to act a	s my		Can	npaign Trea	surer [∠ Depu	ty Treası	ırer	
10. Name of Treasurer or De Nathasha Alvarez	puty Ti	reasurer									
11. Mailing Address (If post of	office be	ox or drawer, als	o includ	de stre	eet ac	ddress)		12. Tele	phone		
9209 SW 141 Place	9							(305) 987-4	1415	
13. City Miami	1	ountý ni-Dade	15. S	tate		Zip Code 186	17. E-m	ail address	(optional)	
18. I have designated the fo	llowin	g bank as my		X	Prima	ry Deposito	ry [Seconda	ary Depo	sitory	
19. Name of Bank			· · · · · · · · · · · · · · · · · · ·	1		et Address	_				
Chase				13	701	SW 88 St	reet		T = 2 = -:		
21. City Miami		22. County Miami-Dade	2			23. State Florida			24. Zip 33186	Code	
						<u> </u>					
UNDER PENALTIES OF PERJURY DESIGN		OF CAMPAIGN DEF								KEASUKE	:R AND
25. Date				26.	Signa	ature of Can			V/		
03/31/10				X		//09h	Oshi	e (<u> </u>	1		-
27. Treasurer'	s Acce	eptance of Appo	ointme	nt (fill	in the	e blanks and	check the	e appropria	te block)		
I,	Nat	hasha Alva	rez				, do he	ereby acce	ot the app	oointmer	nt
	(Pleas	e Print or Type I	Vame)								
designated above as:		Campaign T	reasure	er	X	Deputy Tre	asurer.		7		
03/31/10	0		Χ	مرت	1	Ah O	Sho	1 UN	/		
Date				Sign	<u>, (</u> nature	of Campaig	n Treasu	rer or Dept	ity √reas	urer	

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

OFFICE USE ON	IL,	Y.
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200 NAP 3 PM

(PLEASE PI	RINT OR TYPE)						
1. CHECK APPROPRIATE Original Appointment		Tre	easurer/	Deputy [] Deposito	ory	Office Party
2. Name of Candidate (in the Nathasha Alva		Last)	code	-	·	e box or	street, city, state, zip
(305) 987-4415	5. E-mail address (option			ni, Florida			
Office sought (include di School Board Member I		nber)		7. If a cand applicat	ole:		isan office, check if s a Write-In candidate.
8. If a candidate for a parti	<u>san</u> office, check bloc	k and fill i	in name	of party as	applicable	: My int	ent is to run as a
Write-In No P	arty Affiliation					Pai	rty candidate.
9. I have appointed the fol	lowing person to act a	ıs my [∑ Car	npaign Trea	surer	Deput	y Treasurer
10. Name of Treasurer or De Jorge Azor	eputy Treasurer						
11. Mailing Address (If post 23635 A South D		so include	street ad	idress)		12. Telep	ohone 970-3495
13. City Homestead	14. County Miami Dade	15. State	1	Zip Code 032	17. E-mail	address	(optional)
18. I have designated the f	ollowing bank as my	\boxtimes	Prima	ry Depositor	у 🗆	Seconda	ry Depository
19. Name of Bank Chase		1		et Address SW 88	Street		
21. City Miami	22. County Miami Da	de		23. State Florida			24. Zip Code 33186
UNDER PENALTIES OF PERJUR DESIG	Y, I DECLARE THAT I HAVE NATION OF CAMPAIGN DE						
25. Date 3 - 3	31-10		26. Signa	ature of Can	didate M	OS.	
*	's Acceptance of App	ointment ((fill in the	blanks and	check the	appropria	te block)
I, <u>√orge</u>		Nama			_ , do here	eby accep	t the appointment
designated above as:	(Please Print or Type Campaign	•		Deputy/Trea	asurar		
designated above as:		X		Y B(X	1		
Date		Š	ignaturé	of Campaig	n Treasure	r or Depu	ty Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type)

OFFICE USE ONLY

Date

Nathasha Alvarez

candidate for the office of District 7 School Board Member;

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

Florida Statutes.

X MALCAL MARCA 3/29/10

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 COUNTY



First Name	Middle Na	ime	Last N	Name
School Board Member of District 7				
Office S	ought / Or	ganization		
Γhis is to acknowledge my receipt of the	following	ı documente:		
ring is to acknowledge my receipt of the	TOHOWING	, documents.		
Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		X		
Miami-Dade County Qualifying Handbook		X		
Committee Handbook		×		60 23
Electioneering Committee Handbook		×		
Received by:	she	M		S 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Car	ididate/Ch	airperson Sigr	nature	unit
Date: 3 31 10				
(

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



	col / D /	Nobil 17
☑ Candidate (office sought): ☑	School Bourd	DISTYICTT
☐ Political Committee:		
☐ Party Executive Committee:		
Other:		
l,	Nathasha Alvarez	
(Plea	ase print name of Candidate or Chairper	son)
understand that Campaign Tre comply comply with the Miami-I Additionally, a hard copy of th	easurer's Reports must be Dade County requirements ne Campaign Treasurer's I	e filed electronically in order to
deadline with original signatures	S.	
nothe	he Of	3/3//10
Signature of Candid	ate or Chairperson	Date
Day Time Telephone No:	305-9	87-4415
Email Address:	thediamondo	girl@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

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF MAN - DADE

OFFICE USE ONLY

2010 JUN -8 PM 4:23

MIAINI DADE ELECTIONS

, Nathaho		Alvar	lE
First Name	Middle Name/Initial	Last	Name
citizen of the State of Florida and of pereby solemnly swear or affirm that I w			
mportant: If elected, a candidate must ret	ake the loyalty oath as specifie	d in s. 876.05, Florida Stat	utes, and that oath shall be
led with the records of the governing office	ial or employing governmenta	I agency prior to the app	roval of payment of salary,
xpenses, or other compensation.			
	OATH OF CANDID		
,Nathas	ha Alvo	1647	
(PLEASE PRINT NAME AS YOU WISH IT	O APPEAR ON THE BALLOT — NAME MAY	NOT BE CHANGED AFTER THE EN	O OF QUALIFYING)
m a candidate for the non-partisan offic	ce of <u>School B</u>	oard	
		(office)	(district)
(circuit) (group); I am a qua	alified elector of $M_{\iota A}$	m, - DADe	County, Florida;
am qualified under the Constitution an lected; by executing this form, I hav ualified for no other public office in the ffice I seek; and I have resigned from lorida Statutes.	e taken the oath required e state, the term of which of	by ss. 876.05-876.10, fice or any part thereof	Florida Statutes; I have runs concurrent with the
X htheshe	301 4B7 4	415 thedi	amond sin le yohi
Signature of Candidate	Telephone Number	Email	Address (/
9209 DU WIDI	Min	F.	22186
Address C	ity	State	ZIP Code
worn to (or affirmed) and subscribed	before me this 8 d	ay of	, 20 / <i>0</i>
ersonally Known: or			end.
of the state of th	Signature of Nota	ary Public - State of Florida	
duced Identification:	Print, Type, or Sta	mp Commissioned Name of N	lotary Public
pe of Identification Produced:			
	И	OTARY PUBLIC-STATE OF FLOR	
	į	Maria Cristina Acc	osta 1644
		Expires: FEB. 27, 2	012
	В	ONDED THRU ATLANTIC BONDING CO.	, INC.

100 p 100 p
MIAMIDADE
COUNTY

MIAMI-DADE	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA		110.	5872195
COUNTY		Vonen	Д	
	Address 9209 S W 141 MiaMi STREET AI	DDRESS FL	Cash \$ \$	1,520.
	ne Thousand Five Hundred Twenty D. of: Guolifying Fee - So	ollars, and	CENTS TOTAL \$_ District 7	1,520.
Dерт.: <u>£./</u>	T NOT VALID UNLESS DATED, COMP	. (ED BY AUTHORIZED EM	IPLOYEE OF DEPARTI
TRANS	SUBSIDIARY	INDEX CODE	Subobject	Amount
107.01-1 6/04				
	esho, Olwarez Camp	aign		99999
PAY TO THE ORDER OF_	0		DATE 6/8 NSSION ess Atwenty	99999 / 10 63-8413/2 \$ 1,5 20 - 2 DOLLARS ① SSS