

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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2010 JUN 11 AM 9:13

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)

MIGUEL A. DIAZ

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

12732 S.W. 60 LANE
MIAMI, FLORIDA 33183-1348

4. Telephone (optional)

(305) 975-6305

5. E-mail address (optional)

mdiaz113@gmail.com

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

Miami Dade County Community Council 11 / 113

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

MIGUEL A. DIAZ

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

12732 S.W. 60 LANE

12. Telephone

(305) 975-6305

13. City

MIAMI

14. County

DADE

15. State

FLORIDA

16. Zip Code

33183-1348

17. E-mail address (optional)

MDIAZ113@GMAIL.COM

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

19. Name of Bank

BANK OF AMERICA

20. Street Address

3025 N.W. 87 AVENUE

21. City

MIAMI

22. County

DADE

23. State

FLORIDA

24. Zip Code

33172

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 11, 2010

26. Signature of Candidate

X 

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

I, MIGUEL A. DIAZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 11, 2010

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY


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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, MIGUEL A. DIAZ
candidate for the office of MIAMI DADE COMMUNITY COUNCIL 11 / 113

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

X



Signature of Candidate

JUNE 11, 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).

RECEIVED

2010 JUN 11 AM 9:13

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



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
Candidate/Chairperson:

MIGUEL A. DIAZ
First Name Middle Name Last Name

MIAMI DADE COUNTY COMMUNITY COUNCIL 11 / 113
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"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: 
Candidate/Chairperson Signature

Date: JUNE 11, 2010

Phone No.: 305-975-6305

Fax No.: N/A

E-mail address: MDIAZ113@GMAIL.COM

RECEIVED

2010 JUN 11 AM 9:1

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



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- Candidate (office sought): MIAMI DADE COUNTY COMMUNITY COUNCIL 11 /113
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, MIGUEL A. DIAZ
(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 11, 2010
 Date

Day Time Telephone No: 305-975-6305

Email Address: MDIAZ113@GMAIL.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

RECEIVED

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

2010 JUN 11 AM 9:14

I,	<u>Miguel</u>	<u>A.</u>	<u>DIAZ</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, Miguel A. Diaz

(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** 113

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 113 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 [Signature] (3) 975-6305 mdiaz113@gmail.com

Signature of Candidate Daytime Telephone Number Email Address

12732 SW 60th Lane Miami FL 33183

Address City State 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 11th day of June, 2010 by Miguel A. Diaz.

Personally Known: _____ or Produced Identification: <u>1</u> Type of Identification Produced: <u>FL Drivers Lic</u>	<u>[Signature]</u> Signature of Notary Public – State of Florida Print, Type or Stamp Commissioned Name of Notary Public
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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5997489

RECEIVED FROM Miguel A. Diaz
 ADDRESS 12732 SW 60th Lane
Miami CITY FL STATE 33 ZIP

DATE 6 / 14 / 10
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 100 .
 TOTAL \$ 100 .

AMOUNT OF: One Hundred DOLLARS, AND 00 CENTS

FOR PAYMENT OF: Qualifying Fee - Community Council 11/113

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

DEPT.: Elections BY: A. Vincent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Security enhanced document. See back for details.

Miguel A. Diaz Campaign Account

0991
63-4/630 FL
1142

DATE 6-14-10

PAY TO THE ORDER OF Board of County Commissioners \$ 100.00

One Hundred dollars DOLLARS

Bank of America

FOR Qualifying fee

⑈000991⑈ ⑆063000047⑆ 898040215290⑈

GUARDIAN & SAFETY HARLAND CLAUDIO BA