

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
RECEIVED

2010 JUN 11 AM 8:38

MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Ruben Pol III

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

7900 SW 12 St. Miami, Fl. 33144

4. Telephone (optional)

(305) 345-9177

5. E-mail address (optional)

rpol3rt@aol.com

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

Community Council 10-103

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

Kenia Pol

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

7900 SW 12 St.

12. Telephone

(305) 265-7831

13. City

Miami

14. County

Miami-Dade

15. State

Fl.

16. Zip Code

33144

17. E-mail address (optional)

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

19. Name of Bank

Interamerican Bank

20. Street Address

9190 Coral Way

21. City

Miami

22. County

Miami-Dade

23. State

Fl.

24. Zip Code

33165

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 10, 2010

26. Signature of Candidate



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

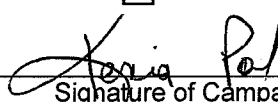
I, Kenia Pol, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

June 10, 2010

Date



Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

RUBEN POL

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

7900 SW 12 ST
MIAMI, FL 33144

4. Telephone (optional)

(305) 345-9177

5. E-mail address (optional)

RPOL3RT@AOL.COM

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

COMMUNITY COUNCIL 10-103

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

RUBEN POL

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

7900 SW 12 ST

12. Telephone

(305) 345-9177

13. City

MIAMI

14. County

MIAMI DADE

15. State

FL

16. Zip Code

33144

17. E-mail address (optional)

RPOL3RT@AOL.COM

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

19. Name of Bank

INTEL AMERICAN BANK

20. Street Address

9190 CORAL WAY

21. City

MIAMI

22. County

MIAMI DADE

23. State

FL

24. Zip Code

33165

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

6/11/2010

26. Signature of Candidate

X 


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

I, RUBEN POL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/11/2010

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

RECEIVED
OFFICE USE ONLY
2010 JUN 11 AM 8:38
MIAMI DADE
ELECTIONS

I, Ruben Pol III,
candidate for the office of Community Council 10-103 ;

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

X 

Signature of Candidate

06/11/2010

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



2010 JUN 11 AM 8:38

Candidate/Chairperson:

MIAMI DADE
 ELECTIONS

Ruben Pol III

First Name

Middle Name

Last Name

Community Council 10-103

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: _____

Ruben Pol III

Candidate/Chairperson Signature

Date: _____

6/11/2010 RP

Phone No.: _____

305-345-9177

Fax No.: _____

305-264-8101

E-mail address: _____

rpol3rt@aol.com

RECEIVED

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

2010 JUN 11 AM 8:39



MIAMI-DADE
ELECTIONS

- Candidate (office sought): Ruben Pol III Community Council 10-103
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Ruben Pol III
(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.

06/11/2010

Signature of Candidate or Chairperson

Date

Day Time Telephone No: 305-345-9177

Email Address: rpol3rt@aol.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 11 AM 8:39

I, <u>RUBEN</u>		<u>POL</u> MIAMI DADE ELECTIONS
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, RUBEN POL III

(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** 10 **Subarea** 103

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 10 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 103 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 <u>Anibal</u>	<u>305-345-9177</u>	<u>RPOL3RT@AOL.COM</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>7900 SW 12 ST</u>	<u>MIAMI</u>	<u>FL</u>	<u>33144</u>
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 Ruben Pol III.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
FL DRIVERS LIC

Maria Cristina Acosta
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public
NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission #DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5997458

RECEIVED FROM Ruben Pol III

DATE 6 / 11 / 10
MONTH DAY YEAR

ADDRESS 7900 SW 12th Street
STREET ADDRESS
Miami CITY FL STATE 33144 ZIP

CASH \$ _____
CHECKS \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Council 10/103

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

DEPT.: Elections

By: A. V. Lumsden

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

RUBEN POL
CAMPAIGN FUND

63-8776 1
2670

Date 6-11-2010 95

Board of County Commissioners

Pay to the order of One hundred \$ 100⁰⁰
00/100 Dollars

IB Interamerican Bank FSB
9190 CORAL WAY
MIAMI, FLORIDA 33166

Memo Qualifying fee Ruben Pol III

26 708 776 91 015004323610095

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Security Features Included: Details on Back.

FOOT AND PALS