

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 PM 3:42

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)

BOBBI J. FARIAS

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

3120 S.W. 144 AVENUE  
MIAMI, FLORIDA 33175

4. Telephone (optional)

( )

5. E-mail address (optional)

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

COMMUNITY COUNCIL 10  
SUB-AREA 106

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

CHRISTINA M. FARIAS

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

3120 S.W. 144 AVENUE

12. Telephone

( )

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL.

16. Zip Code

33175

17. E-mail address (optional)

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

19. Name of Bank

CHASE BANK

20. Street Address

4200 S.W. 152 AVENUE

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FLORIDA

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 11, 2010

26. Signature of Candidate

X *B. Farias*

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

CHRISTINA M. FARIAS

I, \_\_\_\_\_, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

JUNE 11, 2010

Date

X

*Christina Farias*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

I, BOBBI J. FARIAS,

candidate for the office of COMMUNITY COUNCIL 10 SUB-AREA 106;

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

Florida Statutes.

X

B. Farias  
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).

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

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MIAMI-DADE

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

Candidate/Chairperson:

BOBBI	J.	FARIAS
First Name	Middle Name	Last Name

COMMUNITY COUNCIL 10 SUB-AREA 106

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	OCT 2009	<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: B. Farias  
Candidate/Chairperson Signature

Date: JUNE 11, 2010

Phone No.: (786) 286-7834

Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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



2010 JUN 11 PM 3:43

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

- Candidate (office sought): COMMUNITY COUNCIL 10 SUB-AREA 106
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, BOBBI J. FARIAS  
*(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.

B. Farias  
Signature of Candidate or Chairperson

JUNE 11, 2010  
Date

Day Time Telephone No: (786) 286-7834

Email Address: \_\_\_\_\_

*This form must be filed with the qualifying officer within 10 days after the Appointment of*

# LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>Bobbi</u>	<u>J</u>	<u>Farias</u>
	<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

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, Bobbi Farias

(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** 106

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 106 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.**

<b>X</b> <u>B. Farias</u>	<u>786 286 78 34</u>	<u>Bobbi Farias@gmail.com</u>
<small>Signature of Candidate</small>	<small>Daytime Telephone Number</small>	<small>Email Address</small>
<u>3120SW 144 AVE</u>	<u>Miami</u>	<u>FL 33175</u>
<small>Address</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

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 11 day of June, 20010 by \_\_\_\_\_.

Personally Known: <input checked="" type="checkbox"/> or Produced Identification: _____  Type of Identification Produced:  _____	<div style="text-align: center;"> </div> <p style="text-align: center;"><b>Signature of Notary Public – State of Florida</b> Print, Type or Stamp Commissioned Name of Notary</p> <div style="text-align: right;"> </div>
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RECEIVED  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT  
 JUN 14 AM 11:30



# OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 5997476

RECEIVED FROM Bobbi FARIAS

DATE 6 / 14 / 10  
MONTH DAY YEAR

ADDRESS 3120 SW 144 Av  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Miami CITY FL STATE 3375 ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council 10/106

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

DEPT.: Elections By: MARIA Acosta

### FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Campaign Account of Bobbi Farias  
For Community Council 10/106

63-8413 40324  
2670

9990

Date 6-14-10

Pay to the order of Board of County Commissioners \$ 100.00  
One Hundred and 00/100 Dollars

Based on the terms of the back of this receipt. © 2004 JPMorgan Chase Bank, N.A. All rights reserved. Security Features included. Details on Back.



JPMorgan Chase Bank, N.A.  
Miami, Florida 33165  
www.Chase.com

Memo qual. fting fee

POSH AND PALS