

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
RECEIVED

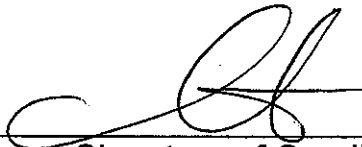
2010 JUN 11 AM 10:54

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, MIGUEL A. MARTINEZ,
candidate for the office of MIAMI DADE COMMUNITY COUNCIL 10/11/10,

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).

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



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

MIGUEL A. MARTINEZ
First Name Middle Name Last Name

MIAMI DADE COUNTY COMMUNITY COUNCIL 10 / 106
Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Table with 5 columns: Handbooks Available, Edition, Downloaded from Internet, CD-Rom, Other. Rows include 'The Election Laws of the State of Florida', 'Miami-Dade County Qualifying Handbook', 'Committee Handbook', and 'Electioneering Committee Handbook'.

Received by: [Signature]
Candidate/Chairperson Signature

Date: JUNE 11, 2010

Phone No.: 305-975-3952 Fax No.: N/A

E-mail address: martinezdmd98@gmail.com

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



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- Candidate (office sought): MIAMI DADE COUNTY COMMUNITY COUNCIL 10 / 106
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, MIGUEL A. MARTINEZ
(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.

 JUNE 11, 2010
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-975-3952

Email Address: martinezdmd98@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**

(Sections 876.05-876.10, Florida Statutes)

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STATE OF FLORIDA Miami-Dade County

I, <u>MIGUEL</u>	<u>A.</u>	<u>MARTINEZ</u>
First Name	Middle Name/Initial	Last Name

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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. MARTINEZ
(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.

X [Signature] 305 975 3952 MARTINEZDD098@GMAIL.COM
Signature of Candidate Daytime Telephone Number Email Address

2004 SW 143 rd PL MIAMI FL 33175
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 Martinez.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
FL Drivers Lic

[Signature]
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.

