#### 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 USFOREY)

2010 JUN 11 AM 10: 54

MIAMI DAUE COUNTY ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE I	вох:	Change in:		reasi	ırer/D	eputy	7 Depo	ository		Office		Party				
2. Name of Candidate (in th	is order: F								oox or		, state,					
MIGUEL A. MAR			,	c	Address (include post office box or street, city, state, zip code)											
4. Telephone (optional) 5	. E-mail a	address (option	nal)		2004 S.W. 143 PLACE MIAMI, FLORIDA 33175-8071											
(305) 975-3952 n	nartinez	dmd98@gn	nail.co		VIIAIV	II, FLORI	DA 33	170-0	ו זטנ							
6. Office sought (include dis	trict, circu	uit, group numl	ber)	l		7. If a cand		for a <u>n</u>	onpart	<u>isan</u> offic	e, chec	k if				
MIAMI DADE COUNTY COMMUNITY COUNCIL 10 / to 6   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 follo	wing pe	rson to act as	my	X	Cam	paign Trea	surer		Depu	ty Treasur	ег					
10. Name of Treasurer or De MIGUEL A. MARTINEZ		surer							,							
11. Mailing Address (If post office box or drawer, also include street address)  12. Telephone																
2004 S.W. 143 PLACE (305) 975-3952																
13. City	14. Cou	inty	15. St		1	Zip Code				(optional)						
MIAMI	DADE			_	33175-8071 martinezdmd98@gmail.com											
18. I have designated the fo	llowing	bank as my		<	Primar	y Depositor	'y 	∐ S	econda	ry Deposi	tory					
19. Name of Bank BANK OF AMERICA				_		: Address W. 87 A\	/ENU	Ε								
21. City		2. County		<del>'</del>	23. State 24. Zip Code											
MIAMI		DADE			FLORIDA 33172											
UNDER PENALTIES OF PERJURY DESIGN	, I DECLAR NATION OF	RE THAT I HAVE I CAMPAIGN DEP	READ TH	IE FOR Y AND	EGOIN THAT	IG FORM FOR	R APPON	NTMEN IN IT AR	OF CA	MPAIGN TR	EASURE	R AND				
25. Date				26.	Signat	ture of Can	didate									
JUNE 11, 2010				X		X	/**									
27. Treasurer'	s Accept	tance of Appo	intmen	t (fili i	in the	blanks and	<b>)</b> check	the ap	propria	te block)						
ı, <b>V</b>	IIGUEL	_ A. MART	INEZ	•			_ ødo	hereby	/ accep	t the appo	intmen	t				
	(Please I	Print or Type N	lame)													
designated above as:	$\boxtimes$	Campaign T	reasure	r		Deputy 7 rg	asurer.									
JUNE 11, 2	2010		<b>X</b> (				T		- D	tv Treasur						
Date				5100	at it 🗗 i	ory:amnaid	m rea:	surer C	ır Denti	iv reasu	ᆫ					

## STATEMENT OF CANDIDATE

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

## OFFICE USE ONLY RECEIVED

2010 JUN 1 1 AM 10: 54

MIAMI DADE GOUNTY ELECTIONS DEPARTMENT

. MARTINEZ
DADE COMMUNITY COUNCIL 10/14/6,
he requirements of Chapter 106,
JUNE 11, 2010 Date
the qualifying officer within 10 days after t

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 2010 JUN 11 AM IO: 5 Election Laws of the State of Florida



MIAMI DADE COUNTY COMMUNITY COUNCIL 10

MIAMI DADE COUNTY COMMUNITY COUNCIL 10

MIAMI DADE COUNTY COMMUNITY COUNCIL 10

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		×			
Miami-Dade County Qualifying Handbook		×			
Committee Handbook					
Electioneering Committee Handbook		wast			

Received by:	Candidate/Chairperson Signature	
	Canadato Champerton Olgitataro	
Date: JUNE 11, 2010		
Phone No.: 305-975-3952	Fax No.: N/A	
E-mail address: martinezdmd98@g	mail.com	

# Campaign Treasurer's Report 2010 JUN 11 AM 10: 54 for Mismi Dedication



Signature of Candidate of Day Time Telephone No:	·	
Signature of Candidate of		
	JUNE 11, 2010	
	campaign Treasurer's Reports must be printed frepartment website and submitted by the re	
understand that Campaign Treasur comply comply with the Miami-Dade	urer's Reports must be filed electronically in o e County requirements.	rder t
I,(Please prin	int name of Candidate or Chairperson)	
	MIGUEL A. MARTINEZ	
Other:		
☐ Party Executive Committee:		
Political Committee:		,
•		
□ Candidate (office sought):	MIAMI DADE COUNTY COMMUNITY COUNCIL 10 / \	ما⊄

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 VED COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes) 2010 JUN 11 AM 10: 54 STATE OF FLORIDA Miami-Dade County CUUNT 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) ARTINET PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) Community Council Member Area 10 Subarea am a candidate for the office of : 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 \(\sqrt{1}\) for at least six (6) months prior to qualifying.  $\square$  I have been a resident elector of the Subarea 100 for at least three (3) months prior to qualifying. 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. 3**0**S 97S 39 52 MARTINEL DENIES **Daytime Telephone Number** Email Address Signature of Candidate Address City State 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  $\frac{1}{16}$  day of  $\frac{\sqrt{a_N c}}{\sqrt{a_N c}}$ , 2000 by  $\frac{\sqrt{a_N c}}{\sqrt{a_N c}}$ Personally Known: \_ Produced Identification: Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name Of Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012 Type of Identification Produced:

BONDED THRU ATLANTIC BONDING CO., INC.

## OFFICIAL RECTIPT

No. 5997490

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