

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
10 JUN 14 AM 10:32
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)

DEBORAH M. CENTENO

4. Telephone (optional)
(786) 286-1085

5. E-mail address (optional)
deborahmc23@hotmail.com

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

11591 N.W. 2nd STREET #206
MIAMI, FLORIDA 33172

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

MIAMI DADE COUNTY COMMUNITY COUNCIL 10/101

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

DEBORAH M. CENTENO

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

11591 N.W. 2nd STREET #206

12. Telephone

(786) 286-1085

13. City
MIAMI

14. County
DADE

15. State
FLORIDA

16. Zip Code
33172

17. E-mail address (optional)
deborhmc23@hotmail.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. 87th 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 14, 2010

26. Signature of Candidate

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

I, Deborah M. Centeno, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 14, 2010

Date

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, DEBORAH M. CENTENO ,
candidate for the office of MIAMI DADE COMMUNITY COUNCIL 10/101 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

JUNE 14, 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**



Candidate/Chairperson:

Deborah M. Centeno
 First Name Middle Name Last Name

Miami Dade County Community Council 10/10
 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		<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: 6/14/2010

Phone No.: 786-286-1085 Fax No.: _____

E-mail address: deborahmc23@hotmail.com

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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



Candidate (office sought): MIAMI DADE COUNTY COMMUNITY COUNCIL 10/101

Political Committee: _____

Party Executive Committee: _____

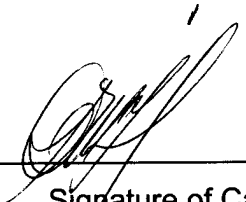
Other: _____

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, DEBORAH M. CENTENO
(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 14, 2010
Signature of Candidate or Chairperson Date

Day Time Telephone No: 786-286-1085

Email Address: deborahmc23@hotmail.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

10 JUN 14 AM 10:33

I, Deborah M. Centeno
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, Deborah M. Centeno

(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** 101

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 101 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] 786-286-1085 deborahme23@hotmail.com
Signature of Candidate Daytime Telephone Number Email Address

Address City State Zip Code

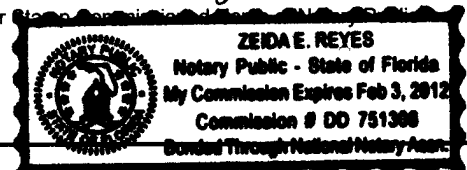
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade
Sworn to (or affirmed) and subscribed before me this 14th day of June, 2010 by Deborah M. Centeno

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:

[Signature]
Signature of Notary Public - State of Florida





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5997475

RECEIVED FROM Deborah M. Centeno
ADDRESS 11591 N.W. 2nd ST., #206
MIAMI FL 33172
CITY STREET ADDRESS STATE ZIP

DATE 6 / 14 / 2010
MONTH DAY YEAR

CASH \$

CHECKS \$ 100.00

AMOUNT OF: One-hundred DOLLARS, AND CENTS TOTAL \$ 100.00

FOR PAYMENT OF: QUALIFYING FEE FOR COMMUNITY COUNCIL 10/101
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Zaida Reyes

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Security enhanced document. See back for details.

Deborah M. Centeno
Campaign Account

0992
63-4/630 FL
1142

DATE 6/14/2010

PAY TO THE ORDER OF Board of County Commissioners \$ 100.00
One hundred & 00/100 DOLLARS

Bank of America

FOR Qualifying Fee

GUARDIAN & SAFETY
Holland Clarke BA