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

10 JUN 14 PM 2: 06

MIAGREDIA SE LOUDNIY ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:									
Original Appointment Change in: Trea	surer/Deputy 🔀 Depository 🔲 Office 🔲 Party								
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip								
Alex L D4Z	3516 SW 2657								
4. Telephone (optional) 5. E-mail address (optional)	Migmi, FL								
(786) 597-7302 AIRX DINZSCHOUBOUTH & GILL'ICOL 33/33									
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if									
School District 6, School Board	applicable: My intent is to run as a Write-In candidate.								
8. If a candidate for a <u>partisan</u> 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									
11. Mailing Address (If post office box or drawer, also include st	treet address) 12. Telephone								
$35.16 \text{Sw} 26^{57} $	()								
13. City 14. County 15. State 16. Zip Code 17. E-mail address (optional)									
Mism. Mism Dist FL 33133									
18. I have designated the following bank as my	Primary Depository Secondary Depository								
15. Name of Bank	0. Street Address								
Bonk Atlanzic	8705 NW SS Line								
21. City 22. County	23. State 24. Zip Code 3 3 1 7 2								
Doral Mian, - Dask									
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 2	26. Signature of Candidate								
06/14/2010 X alshing									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
, do hereby accept the appointment (Please Print or Type Name)									
designated above as: Campaign Treasurer	Donuty Transurer								
X Advisor / avicas 5									
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.)

(PLEASE PRINT OR TYPE)

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MIABILITÀ DE COUNTY ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX: Original Appointment	Change in:	☐ Trea	surer/Deputy	▼ Depositor	y 🗆	Office Party			
2. Name of Candidate (in this order	: First, Middle, La	est)		clude post office	box or s	treet, city, state, zip			
Alex L Dinz			3516	SW 26	ST				
4. Telephone (optional) 5. E-ma	il address (option	al)			•				
(786) 597-7302 HICKDING	schouboundes	mailicon	Mism., 33133						
6. Office sought (include district, ci	rcuit, group numb	er)		· ·	<u>nonparti</u>	san office, check if			
School Bound, Distri	cî 6		appl	licable: My intent is	to run a	s a Write-In candidate.			
8. If a candidate for a partisan off	ice, check block	and fill in	name of party	y as applicable:	My int	ent is to run as a			
☐ Write-In ☐ No Party Affi	liation				Par	ty candidate.			
9. I have appointed the following	person to act as	my 🗀] Campaign ⅂	Treasurer 🔀	Deput	y Treasurer			
10. Name of Treasurer or Deputy Tr	easurer								
Alex L Diaz			····						
11. Mailing Address (If post office b	ox or drawer, also	include st	reet address)		12. Telep	phone			
3516 SW 26 ST ()									
13. City 14. C M, '5m.' M,'	county cmi-Dage	15. State		de 17. E-mail Alex D. 42		(optional) bourn (USMa.'I, Com			
18. I have designated the following	ig bank as my	K	Primary Depo	ository	Seconda	ry Depository			
19. Name of Bank		20). Street Addre						
Bank Atlantic	-		8705	WW tate	35	Lang			
21. City	22. County		23. S	tate		24. Zip Code			
DUYLI	Michi-Der	slê.	<i>+</i>	L		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		20	6. Signature of						
06/14/2010 X alf LDB									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, A / ex L D.' a Z , do hereby accept the appointment (Please Print or Type Name)									
(Please Print or Type Name)									
designated above as:	Campaign T	reasurer	□ Deput □ Deput	y Treasurer.					
06/14/2010		X	alls	2					
Date		Si	gnature of Cán	npaign Treasure	r or Depu	ıty Treasurer			

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



AICX	L			142		
First Name	Middle Na	me	Last	ast Name		
School Board Office S	0.'s7	r.'cT 6				
Office o	ought? Of	gamzadon				
This is to acknowledge my receipt of the	following	documents:				
		Downloaded	CD Dam	Other		
Handbooks Available	Edition	from Internet	CD-Rom	Other		
The Election Laws of the State of Florida		V				
Miami-Dade County Qualifying Handbook		V				
Committee Handbook						
Electioneering Committee Handbook						
	1 8/2		'	m		
Received by: UF L	ndidate/Cl	nairperson Sig	nature			
Date: 06/14/10						
Phone No.: 786-597-7302				AH III: 38		

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



Candidate (office sought): School Board, D.'57	rici 6
☐ Political Committee:	
☐ Party Executive Committee:	
□ Other:	pope
I, Alex L D.'a Z (Please print name of Candidate or Chairperson)	LECTION IN THE
understand that Campaign Treasurer's Reports must be filed ecomply comply with the Miami-Dade County requirements. Additionally, a hard copy of the Campaign Treasurer's Reports Miami-Dade County Elections Department website and subredeadline with original signatures.	must be printed from the
a4 122	0611412010
Signature of Candidate or Chairperson	Date
Day Time Telephone No: 786-597-7302	
Email Address: Alex D'42 Schoolboard(gmail Co	·M

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.

STATEMENT OF CANDIDATE

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

OFFICE USE ONLY

10 JUN 14 AM 11: 38

ELECTIONS OF ARTMENT

Alex L Diaz
andidate for the office of School Board, District 6
ave received, read and understand the requirements of Chapter 106,
lorida Statutes.
(alf 19/2 06/14/2010
Signature of Candidate 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).

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA
COUNTY OF Miami- Dade

OFFICE USE ONLY

10 JUN 14 AM 11: 38

MIATA DALL COUNTY ELECTIONS DEPARTMENT

, Alex First Name		I	
·	L	Diaz	
Litalianing	Middle Name/Initial	Last Na	ame
citizen of the State of Florida and of ereby solemnly swear or affirm that I mportant: If elected, a candidate must reled with the records of the governing of expenses, or other compensation.	III support the Constitution of the lovalty oath as specifically	of the United States and of ed in s. 876.05, Florida Statut	the State of Florida. es, and that oath shall be
	OATH OF CANDIE (Section 99.021, Florida Sta		
, Alex Dia	Z_ TO APPEAR ON THE BALLOT NAME M.		
(PLEASE PRINT NAME AS YOU WISH	TO APPEAR ON THE BALLOT NAME M.	AY NOT BE CHANGED AFTER THE END C	of Qualifying)
am a candidate for the non-partisan of	ce of <u>School Ba</u>		
		(office)	(district)
(circuit) (group); I am a q	alified elector of	Miami - Dade	County, Florida;
	e state, the term of which of any office from which I a	office or any part thereof r m required to resign pursi でえ AlexDによる	uns concurrent with the uant to Section 99.012, Chaulboard (Sprail)
Signature of Candidate	Telephone Number		Address
3516 SW 2657	M, am.	FL	33133
Address	ity	State	ZIP Code
Sworn to (or affirmed) and subscrib Personally Known: or Produced Identification:	Signature of N	day of	, 20 / <i>C</i> .
Personally Known: or	Signature of N	otary Public – State of Florida Stamp Commissioned Name of No	,

MLDADE	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA											No. 6478856							
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	R	ECEIVE	D FROM	1_4	QX	1	<i>DK</i>	_					DATE_	MON	<u>0</u> /		<u>^</u> __	VEAD	<u>) </u>
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Qualityles fee School Board: District 6