

**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 PM 12:47

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)

*Marjorie Murillo*

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

*26604 SW 122 Pl  
Miami, FL 33032*

4. Telephone (optional)

*(305) 258-4921*

5. E-mail address (optional)

*morymurillo@comcast.net*

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

*Community Council 15 subarea 15.3*

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

*Marjorie Murillo*

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

*26604 SW 122 Pl Miami, FL 33032*

12. Telephone

*(305) 258-4921*

13. City

*Miami*

14. County

*Miam-Dade*

15. State

*FL*

16. Zip Code

*33032*

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

*1st National Bank*

20. Street Address

*25151 S Dixie Highway*

21. City

*Princeton*

22. County

*Miami-Dade*

23. State

*Florida*

24. Zip Code

*33032*

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

*6/14/10*

26. Signature of Candidate

**X** *Marjorie Murillo*

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

I, *Marjorie Murillo*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*6/14/10*  
Date

**X** *Marjorie Murillo*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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FRANKLIN COUNTY  
ELECTIONS DEPARTMENT

I, Marjorie Morillo,

candidate for the office of Community Council 15 subarea 153;

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

Florida Statutes.

X

Marjorie Morillo  
Signature of Candidate

6-14-10

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).

RECEIVED

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



10 JUN 14 PM 12:47

Candidate/Chairperson

Marjorie

Murillo

First Name

Middle Name

Last Name

Community Council 15 subarea 153

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:

Marjorie Murillo

Candidate/Chairperson Signature

Date:

6/14/10

Phone No.:

305-608-1722

Fax No.:

E-mail address:

marjmurillo@comcast.net

RECEIVED

10 JUN 14 PM 12:48

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



MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

- Candidate (office sought): Community Council 15 - Subarea 153
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, Marjorie Murillo  
(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.

Marjorie Murillo 6/14/10  
 Signature of Candidate or Chairperson Date

Day Time Telephone No: 305 - 608 - 1722

Email Address: marjmurillo@comcast.net

*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 PM 12:48

I. <u>Marjorie</u>		<u>Murillo</u> COUNTY ELECTOR'S DEPARTMENT
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. Marjorie Murillo

(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** 15 **Subarea** 153

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 15 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 153 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.**

<u>Marjorie Murillo</u>	<u>305-608-1722</u>	<u>marjmurillo@comcast.net</u>
Signature of Candidate	Daytime Telephone Number	Email Address

Address	City	State	Zip Code
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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 14 day of June, 2010 by M. Murillo.

Personally Known:  or  
Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Elizabeth G. Altare

Signature of Notary Public, State of Florida  
Print, Type or Stamp of Notary Public  
Comm# DD0726566  
Expires 11/28/2011  
Florida Notary Assn., Inc



OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 6478850

RECEIVED FROM MARJORIE MURILLO

DATE 6, 15, 10  
MONTH DAY YEAR

ADDRESS 26604 SW 122 PLACE  
STREET ADDRESS

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

Miami CITY FL STATE 33092 ZIP

CHECKS \$ 100.00

AMOUNT OF: One-hundred DOLLARS, AND \_\_\_\_\_ CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying fee for Community Council 15/53

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

DEPT.: Elections

By: Guido Reyes

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Marjorie Murillo Campaign Fund  
26604 SW 122 Pl  
Miami, FL 33032

63-514/670

DATE 6-14-10

PAY TO THE ORDER OF Board of County Commissioners \$ 100<sup>00</sup>

One hundred 00/100 DOLLARS

**Si National Bank**  
of South Florida  
MAIN OFFICE  
HOMESTEAD, FLORIDA 33039

MEMO elections

Marjorie Murillo MP

⑆067005145⑆ ⑈0853 122 5⑈

Security features included. Details on back.

MAIN STREET BLUE TRADITIONAL